

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

M-7

**Journal  
des débats  
(Hansard)**

M-7

**Standing Committee on  
the Legislative Assembly**

Providing More Care,  
Protecting Seniors,  
and Building More Beds Act, 2021

2<sup>nd</sup> Session  
42<sup>nd</sup> Parliament

Monday 29 November 2021

**Comité permanent de  
l'Assemblée législative**

Loi de 2021 visant  
à offrir davantage de soins,  
à protéger les personnes âgées  
et à ouvrir plus de lits

2<sup>e</sup> session  
42<sup>e</sup> législature

Lundi 29 novembre 2021

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Chair: Laurie Scott  
Clerk: Valerie Quioc Lim

Présidente : Laurie Scott  
Greffière : Valerie Quioc Lim

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
THE LEGISLATIVE ASSEMBLY**

**COMITÉ PERMANENT DE  
L'ASSEMBLÉE LÉGISLATIVE**

Monday 29 November 2021

Lundi 29 novembre 2021

*The committee met at 0900 in committee room 1 and by video conference.*

**PROVIDING MORE CARE,  
PROTECTING SENIORS,  
AND BUILDING MORE BEDS ACT, 2021**

**LOI DE 2021 VISANT  
À OFFRIR D'AVANTAGE DE SOINS,  
À PROTÉGER LES PERSONNES ÂGÉES  
ET À OUVRIR PLUS DE LITS**

Consideration of the following bill:

Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts / Projet de loi 37, Loi visant à édicter la Loi de 2021 sur le redressement des soins de longue durée et à modifier ou à abroger diverses lois.

**The Chair (Ms. Laurie Scott):** I'll call this meeting to order. We are meeting today for clause-by-clause consideration of Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts. Staff from Hansard and legislative counsel are joining us remotely today. Are there any questions? All right.

Before we begin, I propose that consecutive sections with no amendments or notices be grouped together unless any members would like to vote on a section separately. Do members agree? Thank you.

Since the majority of the bill is set out in schedules, I propose we stand down sections 1, 2 and 3 of bill and start with schedule 1, section 1. Do members agree? Thank you.

Are there any brief comments on the bill as a whole before we proceed to schedule 1, section 1? Yes, MPP Gélinas, please go ahead.

**M<sup>me</sup> France Gélinas:** Actually, we'll go to MPP Singh first, and then I'll be second.

**The Chair (Ms. Laurie Scott):** Oh, I'm sorry. MPP Singh, go ahead.

**Ms. Sara Singh:** Thanks, Chair. I was just going to say, it would have been fine for MPP Gélinas to start, but nonetheless.

I just want to speak a little bit about the process around the bill and committee and make sure that it's really understood that this was an extremely rushed process. Many of the stakeholders indicated those concerns as well. Many felt they didn't have enough time to share, in depth, the concerns they had with elements of the bill, and they also

felt that the process was not one that was transparent and fulsome enough.

I think that for a bill of this magnitude, which will have such an impact on our communities across the province, this committee should have allowed for more time, more space, more conversation from stakeholders and from people across the province who wanted to share their concerns and help strengthen this bill, frankly, to have it actually reflect what's needed in the long-term-care sector.

There are several concerns which we'll present through our amendments, and hopefully government members will be amenable to those amendments, because they are what people in our communities are requesting that this government do to help us transform long-term care and actually provide care with dignity to people across Ontario.

With that, I'll give some time to MPP France Gélinas to share some of her thoughts.

**M<sup>me</sup> France Gélinas:** My thoughts are really close to what MPP Singh just said.

This bill was last changed in 2007. That was 14 years ago. Since the Long-Term Care Homes Act was proclaimed in 2007—actually, proclaimed in 2008—there has been a push to make changes to that bill. Things have changed dramatically in long-term care in those 14 years.

I can tell you that in 2007, there were still residents of long-term care who drove to the long-term-care home. You would never see this anymore. You would never qualify for long-term care if you were able to have a driver's licence or were physically capable of driving.

Things have changed dramatically, and yet, the changes in the bill are small and do not reflect the push that people who live in long-term care, their caregivers and people who support long-term care have been wanting to see. And when there are steps in the right direction, such as working towards four hours of hands-on care, the bill leaves big loopholes behind.

There was huge, pent-up demand for changes to the Long-Term Care Homes Act. People were happy to see that a new bill was introduced. Once they read it, they were a whole lot less happy. A whole bunch of people wanted to make comments but did not make the deadline to submit. Of those who made the deadline to submit, a huge number of them never got to present, and here we are with—I agree with the Chair: quite a few amendments to bring forward.

We don't make changes to a bill every couple of years. What we have now, we will have for 10 to 15 years. It will be a long time before we change it again. Long-term care

will have changed a whole lot by the time we look at this again. But right now, the way it's written, it's not going to be able to guarantee quality care to the 78,000 people who live in long-term care. We have a responsibility to make changes, and I would say the same thing applies to retirement homes.

So I hope members of the committee will be open to looking to the future as well as listening to what they have heard to make the bill respond to the reality of Ontarians better than what it does now.

**The Chair (Ms. Laurie Scott):** I will just say we were joined by two members in the room here, MPP Kusendova and MPP Fraser.

I have MPP Triantafilopoulos, followed by MPP Berns-McGown. Is that okay? Please go ahead.

**Ms. Effie J. Triantafilopoulos:** Good morning, Chair, and good morning, colleagues. I would like to just reply on behalf of the government that in fact, this was not a rushed process, as has been suggested. We did a very wide-ranging consultation with local stakeholders, toured many long-term-care homes, spoke with many, many people, including our labour partners, on how to go forward. We're also continuing this consultation process via the Strategic Long-Term Care Advisory Table, which is being chaired by the Deputy Minister of Long-Term Care and myself as the parliamentary assistant.

In addition, you will remember that we had many third-party reports over the last 20-odd years, including, more recently, the long-term care commission report, the Gillespie inquiry, the Auditor General and other groups. All of these are reports that we have actually reflected on and included in the legislation that is before us that really dealt with the problems. The problems are well understood. We, as a government, are now addressing them.

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown, please go ahead.

**Ms. Rima Berns-McGown:** With all due respect to MPP Triantafilopoulos, I think it's very important to hear what my colleagues have said, and I want to add to it that I had a number of people reach out to me over the weekend who were quite distressed about the way their presentations were received by the government members last week at committee. They didn't feel heard. Instead of really listening to them and asking them questions, they found government members speaking at them and filling up the time with nonsense, really, and not hearing what they had to say. And they had to put it together in a very short time, and it was very, very difficult and emotional for many people.

I just want the government to really hear how much distress is out there.

**The Chair (Ms. Laurie Scott):** Thank you very much.

I believe MPP Fraser would like to make a few opening comments.

**Mr. John Fraser:** I appreciate the Chair's and the committee's indulgence in allowing me to say a few words. I will be participating in the clause-by-clause today for most of the day, and I do want to underscore one thing that's very important. A point that I want to make is, this is an

important bill. I asked a week ago to be placed on this committee. The government House leader refused, the government refused to do that. That's a lost opportunity. To say I'm disappointed is actually not the strongest word that I could use.

I had an opportunity to listen to most of the deputations last week, and there's really one clear theme there. That is that we're headed down the same path. We're doing the same thing we've done for 20 years and we're going to expect a different result. Thank you, Chair.

**The Chair (Ms. Laurie Scott):** We will move now to schedule 1, section 1. There are no amendments, but there can be discussion, if you wish. Okay. I don't see any hands.

Shall schedule 1, section 1 carry? All those in favour? All those opposed?

*Interjection.*

**0910**

**The Chair (Ms. Laurie Scott):** I apologize. I was supposed to start with, "Are members ready to vote?" I can see that you are. Are members ready to vote? Then just give Valerie time.

All those in favour, please raise your hands again. All those opposed? Schedule 1, section 1 is carried.

We'll now move to schedule 1, section 2. There are three amendments before us, so I will call on the official opposition member who was proposing the amendment. I believe MPP Singh—thank you so much. If you please, go ahead.

**Ms. Sara Singh:** I move that subsection 2(1) of schedule 1 to the bill be amended by adding the following definition:

"'equity share' means a share of a class of shares of a corporation that carries a voting right either under all circumstances or under some circumstances that have occurred and are continuing; ('action participante')"

**The Chair (Ms. Laurie Scott):** Any debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment would add a definition of "mission-driven organization." The term is used in the preamble and in the section dealing with the proposed Long-Term Care Quality Centre in section 44(2)(a) to describe the purpose and function of the centre.

The government intends to undertake consultations with key sector stakeholders on the development of the quality centre prior to developing regulations. If required, the bill would permit a definition of "mission-driven organization" to be included in the regulations.

The preamble also states that the government is committed to all long-term-care homes operating as mission-driven organizations that have resident-directed, safe, quality care as the primary goal. The proposed definition may create confusion, as the language responsible to the community may conflict with the governing structure and reporting responsibilities of individual long-term-care-home licences.

**The Chair (Ms. Laurie Scott):** Yes, MPP Gélinas?

**M<sup>me</sup> France Gélinas:** It was obvious through the deputations that there is a lot of anxiety and differing opinions about "mission-driven organization." This is something that many deputants asked to be clarified within the bill,

not to wait for regulations. The four hours of hands-on care was supposed to be in regulation back in 2007. Fast-forward to 2021: It's still not there. To tell people who have been waiting for a very long time for amendments to this bill, "Things will get clarified in regulations"—I don't blame them for not wanting this. They've been waiting for 14 years; it has not come.

**The Chair (Ms. Laurie Scott):** MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The amendment to introduce a definition of "equity share" is not required, as "equity share" is not referred to in the bill. The definition is included in the current Long-Term Care Homes Act, 2007, as the term is used in the definition of "controlling interest."

An analysis of corporate structure is included in the director's determination of licensee eligibility under section 101. If a person seeks to gain a controlling interest in a corporation that is a licensee through shares, they are required to obtain the approval of the director unless the regulations provide otherwise in section 112.

**The Chair (Ms. Laurie Scott):** Thank you so much. Further discussion? MPP Singh.

**Ms. Sara Singh:** I just want to reiterate the importance of this amendment. This is something that stakeholders, again, through the deputations, requested clarity on, because right now there are many concerns that the government is headed in a direction and continuing this trajectory of favouring for-profit corporations. There needs to be clarity with respect to ownership models as well as equity shares in those corporations. This is what this amendment seeks to achieve. It's unfortunate that the government doesn't understand why it is so important.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** Yes. I just can't emphasize enough how this came up over and over and over and over again in the deputations. There is a real concern because evidence indicates clearly that for-profit corporations do not run good long-term-care homes. They don't run safe long-term-care homes. Therefore, it's so important not to blur lines here and to be extremely clear about what we're talking about.

**The Chair (Ms. Laurie Scott):** Further discussion? Are members ready to vote? Any nods? Good. Okay. I will ask all those in favour to please raise your hands, and the Clerk will count. All those opposed? The amendment is lost.

We will now move on to the second amendment, yes? Yes. I'll get in a better rhythm here in a minute.

MPP Gélinas, please go ahead.

**M<sup>me</sup> France Gélinas:** All good, all good.

I move that subsection 2(1) of schedule 1 to the bill be amended by adding the following definition:

"mission-driven organization" means an organization that is responsible to the community in which it operates or serves and is guided solely by the primary goal of delivering resident-directed, safe and quality care for residents; ('organisme investi d'une mission')

**The Chair (Ms. Laurie Scott):** Discussion? Please, MPP Gélinas.

**M<sup>me</sup> France Gélinas:** This is something that the Advocacy Centre for the Elderly, ARCH, Mr. Armstrong, the Canadian Federation of University Women, Kingston Health Coalition, Ms. Lee, London Health Coalition, Ontario Council of Hospital Unions, CUPE, the Oxford Coalition for Social Justice, the Ontario Health Coalition, Ms. Parkes, Ms. Roebuck, Ms. Stamatopoulos—sorry for the pronunciation—Unifor, United Steelworkers, Waterloo Region Health Coalition and many others have asked for.

We cannot leave "mission-driven organization" the way it is in the bill, because the majority of beds are controlled by for-profit organizations, and a mission-driven for-profit organization could easily not include "guided solely by the primary goal of delivering resident-directed, safe and quality care for residents."

There is a lot of anxiety in the long-term-care field right now because of this introduction of "mission-driven organization." If the mission is to provide quality care, we're all on board. If the mission is to maximize the profits for our shareholders, written in language that only lawyers understand—there's a lot at stake. There are vulnerable people who depend on those organizations for their quality of care. It has made a lot of people very anxious and very worried.

I support this amendment and hope that everybody else will.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Singh.

**Ms. Sara Singh:** To reiterate MPP Gélinas's comments, I think that across the board, stakeholders have expressed serious concerns with "mission-driven organizations" and the government's reliance on "mission-driven" as a way to continue to promote for-profit care in the province of Ontario. Many of them signaled that "mission-driven organizations" did not signal to them that there was a commitment towards transforming our long-term-care system and that there was a lack of clarity with respect to what a mission-driven organization's goals were.

**0920**

Therefore, we have called for it to be removed, but also that the definition be clarified here, because this is what stakeholders in Ontario want to see. I hope that the government will be supporting this amendment.

**The Chair (Ms. Laurie Scott):** MPP Fraser, I believe, is next, then MPP Berns-McGown after that.

**Mr. John Fraser:** I would ask the government members to support this motion. "Mission-driven" is not defined in the legislation, and it would be a first step in empowering communities to build long-term care. There's a lot more in terms of access to capital and access to resources that needs to be done that's not in the bill, but this would be an important first step to define what the direction is that we need to go in.

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown, go ahead.

**Ms. Rima Berns-McGown:** I can't emphasize enough how important this is. We heard this over and over again

during the presentations last week. The fact that it's not defined means there is a blurring of the lines, which then leads one to believe that a corporation whose primary interest has to be the fiduciary interests of the shareholders—that's what is defined by "corporation;" it's what it means. That is not the same thing as a mission-driven organization that does not have the natural interests at heart, and that's just clear in law. So it's really important that it be clear here as well.

**The Chair (Ms. Laurie Scott):** MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment that's being proposed by the NDP would add a definition of "mission-driven organization." The term is used in the preamble and in the section dealing with the proposed Long-Term Care Quality Centre in section 44(2)(a) to describe the purpose and function of the centre.

The government intends to undertake consultations with key sector stakeholders on the development of the quality centre prior to developing regulations. If required, the bill would permit a definition of "mission-driven organization" to be included in the regulations.

The preamble also states that the government is committed to all long-term-care homes operating as mission-driven organizations that have resident-directed safe, quality care as the primary goal. The proposed definition may create confusion, as the language "responsible to the community" may conflict with the governing structure and reporting responsibilities of individual long-term-care home licences.

**The Chair (Ms. Laurie Scott):** MPP Singh.

**Ms. Sara Singh:** Thank you to MPP Triantafilopoulos. I think that the concern here that was raised by stakeholders—which I think the government is clearly missing out on—is the fact that these consultations did not happen prior to this bill being drafted, and the stakeholders that will be impacted are the ones that are raising the concerns on the lack of clear, defined boundaries and inclusion of their members, for example, in the not-for-profit sector. This definition continues to favour for-profit care, as there is no clear focus here on the sole goal being delivering quality resident care. So the mission-driven organizations can still be for-profit, and this is the concern that has been raised by stakeholders.

I understand that much of this will be left up to regulations, but as MPP Gélinas has already indicated, there are regulations from 2007 that still were not moved forward and fully developed by the government. So there is a real concern by people in the community who are responsible for delivering care that this definition does not include them and does not speak to the importance of transforming care in the province of Ontario.

Therefore, I think it is important that the government understand that the consultations they needed to do did not happen, and they are seeking to do these after the fact, which is just—it's inadequate to do that.

**The Chair (Ms. Laurie Scott):** MPP Kusendova.

**Ms. Natalia Kusendova:** Thank you so much, Chair, and good morning. I would like to beg to differ with my

colleague from Brampton Centre, because there were a lot of consultations done prior to this bill.

In particular, I led some consultations with our franco-phone stakeholders, I've talked to over 40 different organizations, I've had five round tables and I've actually tabled a report that I've submitted to Minister Mulroney and Minister Phillips on the consultations. So we've done a lot of groundwork, and we're very proud of that work. In fact, we are leading the country in the transformation that we're doing here. The four hours of direct care is something that only Ontario is tabling right now. And not everything can be done in a bill, and that's why some of these things have to be done in regulation.

But further to that, as you know, MPP Singh, we are doing a lot of other things as well, including training for our PSWs through our colleges and universities. We're providing free training to those PSWs. We're increasing the number of RPNs and RNs. In fact, we have talked to many, many stakeholders on this file, and the bill that is in front of us is a result of these consultations.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Singh.

**Ms. Sara Singh:** With all due respect to the member from Mississauga Centre, it was very clear from the last two days of hearings and delegations that folks did not feel like they were consulted by the government in developing this definition. This is the concern that we are raising.

I would encourage the member to read those transcripts and records, where almost every stakeholder, including those who were from the francophone community, highlighted concerns around the "mission-driven organizations" definition in the preamble. This is what we are seeking to do through this amendment. We are raising the voices of those stakeholders who did not feel they were a part of the conversation, or who raised these concerns and the government simply ignored the concerns that they raised.

I think it's important that we do understand what we are trying to achieve through our amendment here, and I'm sure that MPP France Gélinas has some more to add here.

**The Chair (Ms. Laurie Scott):** Please go ahead, MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I just want to point out to everybody that if you go to section 44 of the bill where it outlines the responsibility of the quality centre, it uses the same language, "to support mission-driven organizations." That's the first thing in its mandate and function. To put it in schedule 1 to define the "mission-driven organizations" to mean those that have a responsibility to their community and the primary goal of delivering care to residents, and not profit—it's the same sentence that is used in section 47, so it just makes sense. If you want the quality centre to do this, to make sure that it is being done, then you have to mandate the long-term-care homes to do that. The two have to be synced, otherwise the quality centre will have a very tough time mandating something that hasn't been mandated in the bill. It just makes sense.

**The Chair (Ms. Laurie Scott):** Further discussion? Are members ready to vote? Okay. I will ask all those in

favour to please raise your hands, and the Clerk will count raised hands. All those opposed, would you please raise your hands? The motion is lost.

We'll move on to the next amendment. MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** I move that section 2 of schedule 1 to the bill be amended by adding the following subsections:

“Meaning of ‘controlling interest’

“(3) Without limiting the meaning of controlling interest, a person shall be deemed to have a controlling interest in a licensee if the person, either alone or with one or more associates, directly or indirectly,

“(a) owns or controls, beneficially or otherwise, with respect to a licensee that is a corporation,

“(i) 10 per cent or more of the issued and outstanding equity shares, and

“(ii) voting rights sufficient, if exercised, to direct the management and policies of the licensee; or

“(b) has the direct or indirect right or ability, beneficially or otherwise, to direct the management and policies of a licensee that is not a corporation.

“Same

“(4) Without restricting the generality of subsection (3), a person shall be deemed to have a controlling interest in a licensee if that person, either alone or with one or more associates, has a controlling interest in a person who has a controlling interest in a licensee, and so on.

#### 0930

“Associates

“(5) For the purposes of subsection (3), one person shall be deemed to be an associate of another person if,

“(a) one person is a corporation of which the other person is an officer or director;

“(b) one person is a partnership of which the other person is a partner;

“(c) one person is a corporation that is controlled directly or indirectly by the other person;

“(d) both persons are corporations and one person is controlled directly or indirectly by the same individual or corporation that directly or indirectly controls the other person;

“(e) both persons are members of a voting trust where the trust relates to shares of a corporation;

“(f) one person is the father, mother, brother, sister, child or spouse of the other person or is another relative who has the same home as the other person; or

“(g) both persons are associates within the meaning of clauses (a) to (f) of the same person.

“Calculating shares

“(6) In calculating the total number of equity shares of a corporation beneficially owned or controlled for the purposes of this act, the total number shall be calculated as the total of all the shares actually owned or controlled, but each share that carries the right to more than one vote shall be calculated as having the number of shares equal to the total number of votes it carries.”

I think that it's extremely important that we, again, be absolutely clear what we're talking about here. It is the

blurring of lines that many, many presenters objected to and are concerned about for all the reasons that you've heard this morning. So clarity about who is controlling and what they're controlling and how they can be controlling is very important.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Leaving this type of information to be redefined in a regulation will make more and more people not support the bill. It will make more and more people think that whatever the government is trying to do—and part of what they're trying to do is good and going into the right direction. But as long as you don't take seriously the fact that many people are worried about for-profit corporations putting profits ahead of care and you don't address it with measures in law that would make absolutely sure that—if this bill will allow for-profits to continue, at least put legislated guidelines into the bill to make sure that care will always trump profit. As long as you refuse to do this, then you are telling millions of Ontarians that profit can trump care, and that's wrong.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** Further to what MPP Gélinas has shared, I think it is so important that we have some transparency for people in Ontario to understand who does have a controlling interest here and who is responsible for parts of delivery of for-profit care. I think what people in Ontario want to see is greater transparency and accountability and understanding of who is responsible in these entities. Often, it is shareholders who have a controlling interest in and are benefiting from the delivery of for-profit care, and there's no accountability and transparency for the public. So this amendment seeks to provide that clarity in law and not leave it up to regulation. I think that it's an important one, to signal to the public that the government is serious about being transparent and providing Ontarians with the clarity that they need with respect to these entities that are providing care in Ontario.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This motion being proposed is not required, as it would remove the ability for the proposed act to define “controlling interest” in regulation. As section 112 allows for regulatory exceptions for gaining a controlling interest, the government could propose a regulation that would outline what constitutes a controlling interest requiring directors' approval. As the regulation will include exceptions for gaining controlling interest approval, as drafted, if the bill is passed, the definition of “controlling interest” could be included in the regulation.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** The fact it can be doesn't mean it should be, and again, clarity is so important. What's at stake here is the issue that shareholders are not residents and families. They have different interests. It's so important that when a family is sending somebody to be in a long-term-care home, they need to know that that person's well-

being is in fact the only concern, not the fiduciary well-being of the corporation. And so there's a fundamental conflict of interest here, when there's a concern over the financial well-being of the corporation versus the wellness and human well-being of the resident and their families. That's the interest that we're trying to reconcile, and clarity and transparency are paramount when you're trying to get that done.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** All we are trying to do is to make sure that everybody will be able to know who is the owner of the licence to operate the long-term care. That's what this amendment does: It makes it transparent who the owner is. You will have heard me in the House many times saying that the owner of a long-term-care home is also the owner of a temp agency and has hired all of its staff through the temp agency that it owns. You will have heard me put on the record many times that the owner of a long-term-care home, the one that owns the licence, also owns a pharmacy and buys all of its drugs from the pharmacy that it owns etc., etc. I can go on and on.

It requires a ton of work to find this, and it shouldn't. It should be clear to the government—and to everybody else, for that matter; this is why we ask for transparency—who the owners of the licence to operate the long-term-care home are, so that we can hold them to account. This is how you build quality care. And right now, by refusing to do this, by saying it will be done in regulations at a time yet to be determined—we all know that there's an election coming. I can guarantee you that these regulations will not be passed before the next election, so what you're really saying is that you're leaving it up to thin air to have regulations on something as important as making sure that Ontarians can find out who owns the licence of the long-term care that their mom and dad live in.

**The Chair (Ms. Laurie Scott):** Further discussion? Are members ready to vote on amendment number 3 of subsection 2?

*Interjection.*

**The Chair (Ms. Laurie Scott):** MPP Singh, are you ready to vote, or is it further discussion?

**Ms. Sara Singh:** I'd like a recorded vote for these sections, please.

**The Chair (Ms. Laurie Scott):** Okay. There will be a recorded vote.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The amendment is lost. MPP Singh, you have your hand up.

**Ms. Sara Singh:** Yes, thank you, Chair. May I request a recorded vote moving forward? It's just that there has been some confusion. I've seen government members putting up their hands in some instances, and it's not clear how the votes are being split, so I would just request that we have a recorded vote moving forward.

**0940**

**The Chair (Ms. Laurie Scott):** I'm afraid I still have to ask at each point, so thank you, but we'll take that.

Now we'll move to amendment number 4.

*Interjection.*

**The Chair (Ms. Laurie Scott):** I'm sorry. I have been given more information.

We will now move to schedule 1, section 2. Any debate? Now we'll move to—sorry, we have to have a vote on this, too. Are members ready to vote?

Just a reminder: If you do want a recorded vote, you do have to say now, at this point. MPP Singh?

**Ms. Sara Singh:** I suppose I'd like a recorded vote. Thank you.

**The Chair (Ms. Laurie Scott):** Thank you.

#### Ayes

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

#### Nays

Berns-McGown, Gélinas, Sara Singh.

**The Chair (Ms. Laurie Scott):** Schedule 1, section 2 is carried.

Now I'll go back. We will now deal with schedule 1, section 3, and amendment number 4. MPP Singh.

**Ms. Sara Singh:** I move that subsection 3(1) of schedule 1 to the bill be amended by adding the following paragraph immediately after the heading "Right to quality care and self-determination":

"15.1. Every resident has the right to receive care that is appropriate and consistent with the resident's religious, spiritual and cultural needs, values and beliefs."

**The Chair (Ms. Laurie Scott):** I'll now ask if there is debate. MPP Singh?

**Ms. Sara Singh:** Yes, absolutely. This amendment seeks to ensure that residents are receiving culturally appropriate care when necessary and that their values and beliefs are also being respected through the bill. The residents' bill of rights does not include this language. The amendment seeks to ensure that residents of long-term care receive care that is appropriate and consistent with their religious practices, as well as cultural or linguistic needs as well. It's a really important amendment, as we know that we have an aging population with diverse cultural needs, and long-term-care residents should be able to receive care that is culturally appropriate and respectful of their religious or spiritual beliefs as well.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I just want to reinforce what MPP Singh was saying and also to just mention again that we were hearing this so strongly during the presentations: Long-term-care needs to serve every community in the province, including First Nations, and it can't do that unless it is geared specifically at communities and micro-communities. It's so absolutely crucial, specially towards the end of life, and especially because when long-term care is taking a palliative approach—which, again, as we heard so eloquently, is not about ending life but about living fully in the closing years of life—it's so important that all of a resident's religious, spiritual and cultural needs, values and beliefs are taken into account and that they are actively provided for. I couldn't support this more strongly.

**The Chair (Ms. Laurie Scott):** MPP Fraser, on further discussion?

**Mr. John Fraser:** I would ask the government members to support this motion. It's a perfectly reasonable expectation, I think, of the families that we serve and our own families for these kinds of values to be included in this bill and included in every home.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** While the intent of this particular motion by the opposition is laudable, I would indicate that the proposed residents' bill of rights has been aligned with the grounds of discrimination in the Ontario Human Rights Code. The bill of rights and the fundamental principle will be used to guide interpretation of the bill, if passed. When read together, the fundamental principle and paragraphs 10 and 20 of 3(1) reflect the intent of the proposed motion, making the motion unnecessary.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** To reflect the intent of the motion and to put it in black and white are very different. The Sioux Lookout First Nations Health Authority spoke very clearly to this, that you need to put this in black and white. They shared what their reality looks like: that the model of 128 beds or 64 beds does not work for their community and sending members of First Nations into one of these homes—they just won't do it, because they know that the home is not going to be able to provide culturally adequate care to their loved ones.

It has to be put in black and white, not inferred from different parts of the bill. It has to be put in black and white so that it is easy for family members and their loved ones to hold a home to account; to say culturally appropriate care is a responsibility, it is in the bill of rights, it is there and they can point to it, not infer it through four different parts of the bill.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Singh.

**Ms. Sara Singh:** To echo the comments that MPP Gélinas just shared, I think it needs to be enshrined here. This is what families and also providers have asked for, because this gives them a clear framework to operate within, as well as to ensure that they are respecting the rights of

residents and meeting those cultural needs. For example, when it comes to nutrition, there is nothing enshrined to ensure that folks have culturally appropriate nutrition available to them. This amendment seeks to ensure that those rights are respected, they're enshrined in legislation and those providers have a framework in terms of how they're also held accountable for the services that they are delivering.

It shouldn't be a complicated ask here. When we are speaking of communities that come from diverse regions of this province as well as from around the world and call Ontario home, we should be able to deliver care that respects and meets their cultural needs and spiritual requirements. Currently, this is not the case in long-term care because it is not enshrined in legislation.

Again, I want to reiterate the importance of this and that it not just be something in passing, but something that is clear, that is well-articulated and clearly states the intent behind what we are trying to achieve, not just something that's in passing for someone to interpret or misinterpret to their liking.

**The Chair (Ms. Laurie Scott):** Thank you. MPP Triantafilopoulos, and then MPP Berns-McGown follows.

**Ms. Effie J. Triantafilopoulos:** I'd like to refer the committee members to paragraph 10 of subsection 1(3) of the legislation. It reads as follows: "Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential." We believe that these needs that you are articulating in your motion will be met through this section.

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown.

**Ms. Rima Berns-McGown:** A perfect teachable moment. MPP Triantafilopoulos, I beg you to go back to your caucus members and talk to them about the difference, with regard to your earlier remarks, between "intent" and "impact."

Anybody who has been doing anti-racism work will tell you that just because somebody doesn't intend to do harm doesn't mean they aren't doing harm. The ability to allow somebody to pursue their interests is not the same thing as the institution developing everything, looking through the lens of cultural specificity and care and ensuring that it isn't doing harm, and that it is providing all of the means available for somebody to actually pursue those interests.

You can, for instance, just as a for instance, not intend to do harm by serving somebody pork sausages when they don't eat pork, and it's really, really problematic for them to do so, as a for-instance. So it's really important that these issues be enshrined in the law and that the government members understand the difference between intent and action and impact, and understand the difference between allowing a resident to pursue a goal versus having the institution itself use a culturally sensitive lens in providing care.

**0950**

**The Chair (Ms. Laurie Scott):** Back to MPP Triantafilopoulos—MPP Singh, I'll get to you in a moment—just for rebuttal. Please go ahead.

**Ms. Effie J. Triantafilopoulos:** I'd also like to point out subsection 3(1) aligns with the Ontario Human Rights Commission: "Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of ... race, ancestry, place of origin, colour, ethnic origin, citizenship" and "creed." We believe that we're able to move forward beyond this motion, because we think that this is addressed in our proposed legislation, but I do thank you for your interventions.

**The Chair (Ms. Laurie Scott):** MPP Singh, please.

**Ms. Sara Singh:** I just want to again reiterate, as MPP Berns-McGown did, that there is a very clear and distinct difference between having a resident pursue these activities versus having it be enshrined as a right to receive that care. These are two very different things. What is currently in legislation does not ensure that residents have the right to receive that care that is culturally appropriate or that respects their religious beliefs. While they do have the ability to pursue those practices, if it is not enshrined in law, as we are seeking to do through this amendment, the institution itself does not have a requirement to provide that care.

MPP Berns-McGown provided an excellent example of someone being provided a meal that is not culturally or religiously appropriate. This amendment would ensure that this resident's care plan also reflected their religious beliefs or nutritional requirements. This is currently not what is happening in long-term care, and many residents have indicated that they are concerned that their cultural and spiritual beliefs are not being respected, despite requirements by the Ontario Human Rights Commission, for example, for homes to do so. This amendment seeks to make sure that those homes understand what the requirement is, but also that they can then develop care plans that stem from the resident's right to receive that care—not just pursue it, but actually receive care that is culturally appropriate.

I know the MPP is from Oakville and has done quite a lot of work with the Hellenic community, the Greek community, for example. I think she can understand the importance of celebrating cultures but also ensuring that people from those communities have the right to access care that is also culturally appropriate. That is what this amendment seeks to do. It goes above and beyond what is currently included in the bill of rights in this legislation to ensure that residents have the right and that that right is realized through the care that they receive.

**The Chair (Ms. Laurie Scott):** MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** Thank you so much for that intervention as well, MPP Singh. I would just like to reiterate: The proposed residents' bill of rights has been aligned with the grounds of discrimination in the Ontario Human Rights Code. The bill of rights and the fundamental principle will be used to guide the interpretation of the bill, when passed. When you read together the fundamental principle in paragraphs 10 and 20 of 3(1), they reflect

the intent of the proposed motion, making the motion that you're proposing today unnecessary.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready for a vote? MPP Singh?

**Ms. Sara Singh:** I'd like to request a recorded vote, please.

**The Chair (Ms. Laurie Scott):** We will do a recorded vote. This vote will be on amendment number 4, in schedule 1, subsection 3.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I will then declare the amendment lost.

Moving on to amendment number 5, in schedule 1, section 3, who would like to present this? MPP Gélinas? Or you guys decide. Just tell me.

**M<sup>me</sup> France Gélinas:** Sorry about this. I'll go.

**The Chair (Ms. Laurie Scott):** Okay.

**M<sup>me</sup> France Gélinas:** I move that subsection 3(1) of schedule 1 to the bill be amended by adding the following paragraph:

"20.1 Every resident who requires care and is admitted to the home to receive that care has the right upon admission not to be separated from their spouse and to have appropriate accommodation made available for both spouses to live together in the home."

I cannot tell you how many times this has come to my office, and it is just devastating. When the CCAC was there and when the LHIN was there—I haven't had a chance yet with Ontario Health since they changed names—I would have regular meetings with the CEO, and we would go through how we could reunite spouses together. I had gut-wrenching stories of a man who was at Finlandiakoti, a beautiful home. His wife was at the Sudbury municipal home for the aged, Pioneer Manor. Every single day, he called his care coordinator to know when his wife would be moving in with him or when he would move in with his wife. That went on for over two years. The day that we finally made arrangements for them to be reunited, his wife passed. They were never together again.

I have story after story after story of gut-wrenching—this is wrong. We know it's wrong. The system is done with its list of priorities. You have to be on list crisis 1A, to ever be able to get into a home. Once you're in a home, you're not in crisis anymore. Therefore, you're not the first to be moved. All of this makes no sense. We have to look at this through the eyes of people who have been married for 72 years and spent 72 years getting up together every day and could not be together in the same long-term-care home.

This has to end. It has to be legislated, because—I guarantee you; I have been at this for 14 years—regulations, goodwill, trying really hard never work. It takes forever, and most of the time, it takes bringing it to a friendly media who shames the home into doing the right thing, because the system is so set up against that.

It has to be in legislation. It isn't. We have a chance to put it in legislation now. Don't let it go by. Otherwise, it will be more 90-year-old husbands and wives, spouses, who will be in two different long-term-care homes and will never be reunited, no matter how wrong we all know that is.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** This is so basic and so easy and so simple. It's something that everybody instinctively would believe to be right. I can't imagine being separated from my partner at such a critical time of life. I'm sure that none of you can. I'm sure you all feel the same way. It's so easy, and as MPP Gélinas says, it doesn't work right now. The current system isn't working, so why not do this?

**The Chair (Ms. Laurie Scott):** MPP Singh?

**Ms. Sara Singh:** Just to reiterate—I think both my colleagues really captured the importance of this amendment and what it seeks to achieve and why it's so important. I just want to highlight that as beds and homes are being redeveloped, they are moving to more single-resident-occupational-style rooms, which means that spouses are going to be separated, as they have been already. This amendment would ensure that spouses are kept together, that they are in rooms that are adequate for both of them to be together in those spaces as well. There is currently nothing in this legislation that does this.

This picks up on some important work by our colleague, with the Till Death Do Us Part bill that was supposed to move forward but unfortunately, because the government prorogued the House, this is a bill that did not get moved forward. This is something that people across the province want to see happen, because seniors and their spouses, in their final days, deserve to be together, to support each other, to hold hands.

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Currently, there is nothing in the legislation that enables them to have that opportunity and to ensure it's a right that they have access to their spouse or partner in an appropriate accommodation. And I think the appropriate accommodation piece is very important, because it ensures that spouses will be able to stay together in that home.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Fraser.

**Mr. John Fraser:** I would ask government members to support this amendment. Just to echo the comments of MPP Gélinas, I've been at a community office—either mine or somebody else's—working on it for 22 years, and I've seen this. Unless you put it in legislation, you're not going to make the changes necessary. I've seen changes in policy. I've seen changes where we've made sure that there are beds that are specified for spousal reunification

in homes. It's not enough. We need to do more. By putting this into legislation, it will require the government to put more focus on it.

It's a good amendment. I hope you can support it. I strongly recommend you support it. It's the right thing to do.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** Other parts of the bill will address this by recognizing that couples who have spent their lives together can continue to stay together and receive the care they need. The residents' bill of rights supports a resident's choice to share a room with another resident according to their mutual wishes. The regulations provide priority access to spouses with critical health needs, those eligible for long-term care and those who are not eligible, but would like to continue to live with their spouse.

The government has also ensured equitable access to spouses to support their ability to live together by subsidizing the cost of a semi-private room. This way, couples only pay the basic rate when sharing the same room.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** If we don't put it in the bill—those three little clauses that she read are very close to that already existed in the previous bill. Those regulations were already in place through the previous bill and they did not work. It doesn't matter that you have a room that is fit, it doesn't matter that you're allowed to pay the basic rate. The system is made that if you're not crisis 1A, you are not moving. Because the hospital wants their ALCs out of there, they designate them as crisis 1A, and they are the only ones who will ever move.

If you don't put it in the bill, as much as I know you have a good heart, you will continue to see 95-year-old people crying on the phone, crying alone in their room, because they miss their spouse. This is horrible. It should not happen. We can fix this.

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** Just to pick up on what MPP Gélinas is saying, if the evidence in the system is telling you that the system as it is currently set up does not work, then you fix the system; and the systemic fix is to put this in legislation. It's clear. Everybody is telling you, who's been in MPPs' offices and trying to help reunite people, that what is out there is not working. Having those clauses in the residents' bill of rights doesn't do anything. It doesn't hurt, so why not do it?

**The Chair (Ms. Laurie Scott):** Further discussion? MPP Singh.

**Ms. Sara Singh:** As my colleagues have pointed out, I think it's very clear that the current legislation, despite having references to these aspects, failed to actually make sure that spouses were reunited and that they did have the opportunity to live together in long-term care. What this amendment seeks to do is to make it perfectly clear that this is a right that needs to be realized and that those

accommodations need to be provided when and if they are requested by those residents in long-term care.

This should not even be a debate. This is something that fundamentally needs to happen. We've heard from people across the province who have struggled to ensure that their parents and that spouses can stay together. This has, as MPP Gélinas has indicated, resulted in some extremely traumatic experiences for individuals in their final days.

When we have a power here to ensure that spouses can stay together in the same room and have access to the accommodations they need, why wouldn't we want to enshrine this in legislation to have that right realized? It's something we should do because it is the right thing to do, and it provides a framework for those homes to also ensure that they are following these pieces of legislation and that this isn't an "if they feel like there's space" or "if they feel like they have the capacity to offer the space." That is currently what is happening. This amendment will make sure that this is a right that is realized in every single case for anyone across the province.

**The Chair (Ms. Laurie Scott):** Further discussion? Are members ready to vote? MPP Singh.

**Ms. Sara Singh:** Yes, I will be requesting a recorded vote.

**The Chair (Ms. Laurie Scott):** Thank you very much. It shall be a recorded vote on amendment number 5 in schedule 1, section 3.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

I will move on to the next amendment, which is number 6, and look to MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** I move that subsection 3(1) of schedule 1 to the bill be amended by adding the following paragraphs:

"21.1 Every resident has the right to access their caregiver in accordance with the resident's needs and preferences.

"21.2 Every resident has the right that their caregiver not be treated merely as a visitor.

"21.3 Every resident has the right to choose to have their caregiver participate in and be fully informed of decisions regarding the resident and to choose the degree of participation.

"21.4 Every resident has the right to communicate in confidence, in their preferred manner and without interference, with their caregiver.

"21.5 Subject to any other act, every resident has the right to have access to their caregiver during a crisis or emergency."

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown.

**Ms. Rima Berns-McGown:** This amendment is so fundamentally, deeply basic and critical. Again, we heard this over and over again during the presentations last week. We've just lived through—it's not over, but we have been living through a terrible pandemic in which so many residents were deprived of their caregivers of choice, whether those be loved ones, chosen community members or blood family. Right when they desperately needed them and the long-term-care homes, frankly, desperately needed their help—because caregivers are not just visitors; they're crucial parts of somebody's often physical care and certainly mental and spiritual and emotional care. It's important that this not just be buried in the residents' bill of rights, but that it actually be enshrined in the act, so that it's never up to the long-term-care home to decide whether it's okay and under what circumstances. They have to be treated as a crucial part of the team, as is laid out in this amendment.

**The Chair (Ms. Laurie Scott):** MPP Singh.

**Ms. Sara Singh:** Just to echo the important points that MPP Berns-McGown highlights, caregivers provide an essential function in long-term care, in supporting residents. We saw that when caregivers were not permitted to enter homes, care collapsed for many of those residents, because they did not have access to their essential caregiver.

Essential caregivers help individuals communicate, ensure that their daily living needs are being met, and provide a supportive and familiar face and environment for those residents. Every resident should have the right to access their caregiver, and their caregiver should have the right to access the home and the resident in order to provide that care and continuity of care, especially as we saw through the pandemic that many, unfortunately, were left alone, because their caregivers were not able to enter the homes and provide the care and support that residents needed in their final days.

As MPP Berns-McGown has indicated and as many also shared with us through the delegations, residents in long-term care need to have access to their caregiver, and that should happen in a way that is dignified, that is respectful and where people don't need to fight with administration or a home in order to have access to their caregiver. Enshrining this through this bill ensures that that right is realized, that it is respected in every single instance and that there is no ambiguity around the essential caregiver and what their rights are in terms of accessing the resident or the resident accessing their essential caregiver.

**The Chair (Ms. Laurie Scott):** We probably have about three minutes left before we'll have to recess. MPP Gélinas?

**M<sup>me</sup> France Gélinas:** I'll be very brief. The pandemic has shown us the devastating impact of not allowing caregivers to continue their important work with their loved ones in residence in long-term care. It is clear that a caregiver, if she is sick—if there's a chance that you're going to make your mom or your dad sick, you're not going to go. You're there because you care for the person who is there. You want to go and help them.

It is safe. Public health has really changed course on allowing caregivers. It's time to put it into the bill, and I call for the vote.

**The Chair (Ms. Laurie Scott):** You want to call for the vote? I still have discussion. MPP Fraser.

**Mr. John Fraser:** Very quickly: I urge my colleagues on the government side to support this. If we've seen anything in the pandemic, it's the importance of essential caregivers and the problem that their absence created.

**The Chair (Ms. Laurie Scott):** MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** Other parts of the bill will address this motion, including paragraph 3(1)(20), which supports the right of residents to "ongoing and safe support from their caregivers to support their physical, mental, social and emotional well-being and their quality of life and to assistance in contacting a caregiver or other person to support their needs."

Also, item 21 ensures that every resident has "the right to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home," which would allow them to be part of and fully informed of important decisions.

Furthermore, the purpose behind this motion will be addressed through regulation, which will, for the very first time ever, define a caregiver.

**The Chair (Ms. Laurie Scott):** Further discussion? Are members ready to vote, then? MPP Singh?

**Ms. Sara Singh:** Just a recorded vote, thank you.

**The Chair (Ms. Laurie Scott):** Thank you very much.

We are voting on amendment number 6 in schedule 1, section 3.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I declare the motion lost.

I know we're getting close to 10:15. I think that we'll call a recess for now, and we'll resume at 1 p.m. and pick up where we left off. Thank you so much.

*The committee recessed from 1014 to 1300.*

**The Chair (Ms. Laurie Scott):** Good afternoon. We are resuming the clause-by-clause amendment for Bill 37. There we go. We will take up where we left off, if that's okay, and that will be the question: Shall schedule 1, section 3 carry? Now, any debate can happen or we can just proceed to the vote. Yes, MPP Singh?

**Ms. Sara Singh:** Thank you, Chair. I just am requesting again that we have a recorded vote for this section.

**The Chair (Ms. Laurie Scott):** Thank you very much for doing that. Okay.

Are members, then, ready to vote? I'm looking at both Zoom and in the room.

#### Ayes

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

#### Nays

Berns-McGown, Sara Singh.

**The Chair (Ms. Laurie Scott):** Schedule 1, section 3 is carried.

Now there are no amendments to sections 4 and 5 of schedule 1. Do we have agreement to bundle them together? Agreed? Is there any debate? Are the members ready to vote on schedule 1, sections 4 and 5? I'll ask all those in favour, please raise your hands. All those opposed? Carried.

We're going to move to amendment number 7, which is under schedule 1, section 5.1, a new section. MPP Singh, please go ahead.

**Ms. Sara Singh:** I move that schedule 1 to the bill be amended by adding the following section:

"Minister to ensure caregiver can be integrated into home during crisis or emergency

"5.1 Subject to any other act, the minister shall ensure that a resident receiving care, support or services has access to their caregiver during a crisis or emergency by ensuring that the long-term care home can safely integrate the caregiver into the home during the crisis or emergency."

**The Chair (Ms. Laurie Scott):** Debate? MPP Singh, please.

**Ms. Sara Singh:** I'm happy to get us started. I think, as we alluded to in earlier amendments as well, the importance of ensuring that the essential caregiver is present in the home, and making sure that this is enshrined through legislation, that during a crisis or pandemic that people not be separated from their essential caregiver.

We know and we saw throughout the pandemic that many residents of long-term care were forced to go without their essential caregiver because of protocols that were put in place and that perhaps could have assisted in the situation in terms of making sure that people had access. This amendment wants to ensure that should there ever be a crisis or pandemic or emergency in the future, no one should have to go without their essential caregiver in long-term care.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** Yes, again, this is something that was brought up again and again and again by presenters, including family members who were separated from their loved ones in long-term care during the COVID-19 pandemic and were never able to reunite with them when they passed. One presenter said that putting her mom

into long-term care was a more difficult day than the day that her mother passed, and being separated from her during the pandemic was extraordinarily painful. It feels as though this is something that should be enshrined in legislation. We should never again leave it up to the particular wishes of any long-term-care home. There are absolutely ways to keep caregivers and residents safe during crises, such as the one that we just witnessed, without withdrawing people's essential care and the crucial love and support as well as physical care, of course, that caregivers provide.

**The Chair (Ms. Laurie Scott):** MPP Gélinas?

**M<sup>me</sup> France Gélinas:** I would say the lesson learned from the first and second waves of COVID was really to look at the hardship we brought upon long-term-care residents by cutting off their access to their loved ones, to their caregivers, and the risk versus the benefits. Everybody agrees that there is a way to mitigate the risk. You ask for vaccinations; you ask for PPE; you ask that they go directly to their room, that they don't come out of their room, so you can really limit the risk of the spreading of COVID or any other airborne disease, and at the same time, let the residents of long-term care benefit from seeing the people they love.

**The Chair (Ms. Laurie Scott):** Further debate or discussion? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment relates to caregiver access during a crisis or emergency, which will be addressed in the proposed bill by allowing the regulations to define "caregiver" and enshrine the importance of a caregiver within the bill. The regulations under the proposed bill for the very first time will define a caregiver. Furthermore, the regulations will support the safety of the caregiver and other residents by requiring long-term-care homes to provide training to caregivers on infection prevention and control practices. This will be a critical discussion as well to be held at the strategic long-term-care advisory stakeholder table that the Deputy Minister of Long-Term Care and I, as the parliamentary assistant, are co-chairing.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I just want to remind everyone that there's an election coming in June; none of that work will be done before June. I don't wish any harm upon anybody, but there's a good chance that none of us will be there after June—or we may. We just don't know. But whatever it is, the people of Ontario want a guarantee now. They want to make sure that they will continue to have access, no matter which home their loved one happens to be in.

We could give them that reassurance right now by passing this motion and putting it in the bill. That does not keep you from further defining what "caregiver" could be and making it as broad as possible and all of this in regulations to come, in years to come, but at least we could give the standard caregivers right now the right of entry into long-term care, no matter what kind of pandemic,

epidemic, influenza or whatever is going on in the home of their loved ones, because we have seen the cost-benefit of not letting them in.

**The Chair (Ms. Laurie Scott):** MPP Singh?

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**Ms. Sara Singh:** I want to reiterate that, because I think MPP Gélinas raises a really important point in terms of the danger of leaving this up to regulation and not enshrining this in legislation; to ensure that as we potentially face new variants and other illnesses here in the community, this government be prepared to ensure that every resident in long-term care has access to their essential caregiver. If we leave this up to regulation, this may take years in order to ensure that someone has access to their essential caregiver.

People cannot wait in long-term care, should we face another emergency, to ensure that they will have that right realized. We saw too many people perish. We see that too many families are still struggling with the anguish and the mental health and the trauma that these protocols caused.

I think we can do the right thing here, and I urge this government to support this amendment.

*Interjections.*

**The Chair (Ms. Laurie Scott):** MPP Singh, we are getting a bit of background noise from you. I don't know what it is, but there's a bit of background noise.

Any further debate? Okay. Are the members ready to vote on amendment number 7 of schedule 1, section 5.1? MPP Singh.

**Ms. Sara Singh:** Yes, a recorded vote, but I also note that MPP Gélinas had her hand up.

**The Chair (Ms. Laurie Scott):** All right. No further debate. We're going to have a recorded vote. We're all ready? Okay.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

We will now turn to amendment number 8. We're in schedule 1, section 6. I will look to MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I move that subsection 6(3) of schedule 1 to the bill be amended by adding "mental health" after "personal support".

**The Chair (Ms. Laurie Scott):** Thank you. Any debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment would add mental health to the plan of care section of the bill. Seniors entering long-term care today are older and have more complex needs, including mental health needs. Supporting residents' mental health is part of a high quality of care and fosters the best quality of life. Requiring residents' plans of care to cover mental health acknowledges that

residents may have mental health needs and that a holistic approach to care is paramount.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I just want to make sure that—maybe this is for legislative counsel. We're talking about page 11, subsection (6). Is this the schedule that's being changed, "Development of initial plan of care"? For some reason, I got confused on where we are.

**The Chair (Ms. Laurie Scott):** Schedule 1, section 6. I don't know what page number in the—

*Interjection.*

**The Chair (Ms. Laurie Scott):** Amendment number 8. It's a government amendment, obviously.

What page did you think it was on, MPP Gélinas?

**M<sup>me</sup> France Gélinas:** I thought it was on page 11, but I don't see "personal support," so I know that I'm not on the right one. It should be close to there; I just can't find it.

**The Chair (Ms. Laurie Scott):** Okay. Just give us a moment. Thank you very much.

*Interjection.*

**The Chair (Ms. Laurie Scott):** Page 10, I'm told.

**M<sup>me</sup> France Gélinas:** Page 10?

**The Chair (Ms. Laurie Scott):** It says "(3)" right on the bottom. There's "(4)" at the bottom, and then "(3)" just above that, "Plan to cover all aspects of care." Is that correct?

**Interjection:** Yes.

**M<sup>me</sup> France Gélinas:** Okay. So it would read, "The licensee shall ensure that the plan of care covers all aspects of care, including medical, nursing, personal support, mental health, nutritional, dietary, recreational"—am I right?

**The Chair (Ms. Laurie Scott):** Yes, "mental health" would be inserted in there. I'll just double-check with everyone: Yes? Yes.

**M<sup>me</sup> France Gélinas:** Okay, all good. Good idea.

**The Chair (Ms. Laurie Scott):** Okay. I'm going to move to the vote, then, if we could. Any further debate? If all members are ready—okay. I will ask the members to—

*Interjection.*

**The Chair (Ms. Laurie Scott):** Sorry. Are all members ready to vote—I think I did, but it doesn't matter; I'll do it again—on government amendment number 8, in schedule 1, section 6? All those in favour, please raise your hands. All those opposed? The motion is carried.

Moving on to amendment number 9: MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same, plan to cover protection of other residents, staff and others

"(3.1) The licensee shall ensure that the plan of care for a resident with a history of physical or sexual violence includes provisions about protecting the health, safety and well-being of the other residents and staff, and others who provide direct care to the resident, while interacting with the resident."

**The Chair (Ms. Laurie Scott):** MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Unfortunately, every year the coroner's office gives us more and more examples where

residents with a history of physical or sexual violence are admitted into long-term-care homes and do damage, hurt and all the way to actual homicide. The coroner's office brings out the investigations of multiple homicides in our long-term-care homes and they're often linked to residents who already had a history of physical and sexual violence. We're asking that we protect the workers and the residents if there's somebody who is admitted with a history of abuse and violence, because, I would say, weekly in our long-term-care homes, we see the damage that those people can do to frail, elderly residents, as well as the people who work with them.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** Thank you, MPP Gélinas, for highlighting why this amendment is so important. There is a way that we can strike a balance to ensure that individuals' privacy is respected but that staff and other residents are aware of someone who may engage in violence or sexual violence in a home, as a way to protect those residents but also protect the staff. This has been something that has come out of repeated instances of violence and experiences in homes where staff, residents and family members want to see strengthened protocols to protect folks who are coming into the home but ensure that they're made aware. As we've been told, unfortunately there are limited mechanisms to alert homes to prior offences of residents, and something like this will help strengthen that and provide the homes and people in those homes the security and safety that they deserve.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Bill 37 contains multiple provisions that address the safety and well-being of all residents in long-term-care homes through provisions that protect residents against abuse. Homes are also subject to obligations regarding the safety and security of staff under the Occupational Health and Safety Act. The proposed bill would ensure plans of care consider the personal support needs of residents. Through the regulations, if the bill passes, the government intends to propose maintaining the requirement that care plans address any risks the resident may pose to others, including behavioural triggers and safety measures to mitigate those risks, and expanding on the types of personal support requirements within the plan of care. This amendment that is being proposed duplicates items already in Bill 37 and considered in regulation.

**1320**

**The Chair (Ms. Laurie Scott):** Further debate? I think MPP Singh goes next. Is that okay?

**Ms. Sara Singh:** That's fine. I'm sure both MPP Gélinas and I are about to say some very similar things in respect to the fact that what's enshrined here currently and presented by the government really doesn't go as far as what we proposed, which is that this is incorporated into the plan of care, so that staff are made aware, as well as residents, of this behaviour. It's important if someone has had a history of physical or sexual violence that the homes be made aware and that it is incorporated into this plan of care

of those individuals, and that it is legislated that they do that and that we don't, again, just leave this up to regulation.

But with that, I'll save some time for MPP Gélinas to share some thoughts.

**The Chair (Ms. Laurie Scott):** Please go ahead, MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Although I agree with the member that there are actually numerous places within the bill where we talk about protecting residents, because every year the coroners who investigate suspicious deaths into long-term care make the same recommendations over and over, we know that what we have in place, no matter how good, is not working, because we continue to have homicides and other serious forms of abuse from residents on residents in our long-term-care homes.

As much as I would like it to all go away, it is there. To put it in the bill is to open our eyes to what is really happening, to respect the recommendations we've heard year after year from the Chief Coroner of Ontario and to protect the frail, elderly people who live in our long-term-care homes. It doesn't hurt to have it specifically in black and white, linked to residents with a history of violence. It will just protect people.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** I would just add, again, that when the evidence is telling you that existing systems are not working, then you make the systemic fix that will ensure that you solve the problem. Having a plan that puts in place mention of this, so people are aware—everybody deserves to be cared for; everybody deserves to be safe. You're just moving in a more systematically solid fashion towards that result that you want.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready to vote? Okay. I will ask all those in favour of amendment number 9, schedule 1, section 6, to please raise your hands. All those opposed, please raise your hands. The motion is lost.

Shall schedule 1, section 6, as amended, carry? Any debate on that? No? All right. I'll ask the members in favour to please raise your hands. Those opposed? Carried.

Schedule 1, section 7: Any debate? Are the members ready to vote? Shall schedule 1, section 7 carry? All those in favour? All those opposed? Carried.

Now, moving on to schedule 1, section 8, amendment number 10, and I will look to MPP Berns-McGown. Please go ahead.

**Ms. Rima Berns-McGown:** I move that section 8 of schedule 1 to the bill be struck out and the following substituted:

“Direct hours of care—personal support workers, nurses

“8(1) This section establishes the average number of hours of direct care to residents to be provided by individuals who are hired by or otherwise work for licensees in a long-term care home as personal support workers, registered nurses, nurse practitioners or registered practical nurses.

“Average number of hours

“(2) An average of at least four hours of direct care, or such higher number as may be prescribed, shall be provided per resident per day.

“How average calculated

“(3) The average is to be determined by taking the total number of hours of direct care actually worked by personal support workers, registered nurses, nurse practitioners and registered practical nurses in the relevant long-term care homes and dividing that number by the total number of resident days in that long-term care home for the applicable calculation period provided for in the regulations.”

**The Chair (Ms. Laurie Scott):** Thank you very much. I'll turn to further debate. MPP Berns-McGown or—

**Ms. Rima Berns-McGown:** Do you want to go first, Sara?

**The Chair (Ms. Laurie Scott):** MPP Singh or whoever? Go ahead, MPP Berns-McGown. I think she's signalling.

**Ms. Rima Berns-McGown:** This is really crucial because we heard over and over and over again that it's not good enough to average the amount of care that any individual is getting across the whole system. We heard this over and over again by presenters. It doesn't tell you anything about how much a particular resident in a particular long-term care home is getting. So the current formulation simply does not work, and you're going to have, over and over again, bad actors getting covered by good actors. We don't want that to happen because that is exactly what is happening at the moment. So, what this is doing is attempting to fix that situation in the bill.

**The Chair (Ms. Laurie Scott):** MPP Singh?

**Ms. Sara Singh:** Thank you to MPP Berns-McGown for articulating that so well. I think the concern that was raised by nearly every presenter was around the average of direct care that would be received and the fact that the current legislation would actually mask and allow bad actors to continue providing a lower standard of care while others perhaps picked up the slack or exceeded expectations, and so there was no way to account for that.

What we've proposed is that there is an average of at least four hours of direct hands-on care, and that this be done per resident and that this is determined across the board. So it's to help clarify and ensure that the targets are actually per home and not an average across the system. It's an important amendment.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Four hours of hands-on care is something that we have been debating at Queen's Park since I first introduced it in 2016, brought it for second reading and it got all-party support. The House prorogued, brought it again, and we have been doing this consistently since then.

The government has agreed to do the right thing. It is time for the writing in the bill to do the right thing. To leave it the way it is right now, you have set targets and set timelines in the bill. This is not the same as requiring four hours of hands-on care. I'm not a lawyer, but, believe you me, many, many lawyers have looked at the wording of section 8 of schedule 1, because this is the big, I would

say—what people had been waiting for in long-term-care reform was to have mandated in legislation a minimum standard of care for every resident. You address this in section 8 of schedule 1, but not without loopholes.

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If you look at everybody that has come—ARCH, the Alzheimer Society, the advocates for long-term care, the Canadian Federation of University Women, CUPE, Hamilton Health Coalition, the Kitchener-Waterloo chapter of the Council of Canadians, Ontario Council of Hospital Unions/CUPE, Ms. Lee, the Oxford Coalition for Social Justice, the Ontario Health Coalition, the Ontario Nurses' Association, OPSEU, Registered Nurses' Association of Ontario, Ms. Roebuck, Mr. Russell, Unifor, United Steelworkers, Waterloo Region Health Coalition, and the list goes on—almost everyone who came to do a deputation all read section 8 of the bill the same way that the lawyers are reading them: That you are leaving big loopholes open.

Your goal is good, but put it as a legislated goal, not as a target. That's first. Second, it cannot be for the 626 homes as a whole, because we all know that some homes will exceed and some homes will never get there. You have to report and it has to be a standard that applies to every single home, and that you report on those homes on a regular basis—that will come a little bit later.

For now, it's really fix the loopholes. What you have there are targets with timelines. Those are not a legislated minimum standard of care, which is what you have promised to do and which is what most of the deputants are asking you to do, and most people who care about long-term-care, including me.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** Section 8 of the bill, as drafted, sets out a higher amount of direct care for long-term-care residents than the motion in front of us. This amendment would add nurse practitioners to the individuals whose time would count toward the average hours of direct care, provide that the four-hour target would be a minimum average and remove the staggered target dates, including the ability to create additional higher targets.

The government is investing \$4.9 billion to increase the average hours of direct care provided by personal support workers, registered nurses and registered practical nurses to four hours per resident per day. The funding also supports an increase in the average care time provided by allied health care professionals by 20%, to 36 minutes. This is a historic investment and will provide a daily increase of one hour and 22 minutes of more direct care over four years. This compares to a 22-minute increase over seven years versus the previous government.

As announced in the fall economic statement, the government is also investing \$57.6 million beginning in 2022-23 to hire 225 new nurse practitioners in the long-term-care sector. The care that nurse practitioners currently provide to long-term-care residents, and will be providing through this new investment, is in addition to the four hours of care.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I know that MPP Triantafilopoulos is a very intelligent woman, and I just want to say that it's really frustrating to have listened to all the presentations and have everybody saying over and over again that an average across the system does nothing to ensure that a particular resident in a particular long-term-care home is going to be getting four hours of care. So nothing that the MPP just read out answers that concern, and I really think that the government needs to answer that specific concern and not keep repeating talking points about moving towards an eventual target of an average of four hours of care across the system.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** To echo the concerns that my colleague MPP Berns-McGown just highlighted, it seems as though the government is really having a hard time with understanding the difference between the average and the actual target of providing four hours of direct hands-on care.

Outside of this motion, the Financial Accountability Officer has already indicated that they will not meet the targets they've outlined because they aren't addressing the staffing crisis. However, what this motion seeks to address is to ensure that that direct hands-on care is provided per resident, per home, not an average across the system, which, as almost every single presenter outlined and as MPP Gélinas outlined—all of those stakeholders also understand that what the government has proposed does not go far enough and, in fact, does not address the issue of ensuring that residents have at least four hours of direct care.

It is important that it's not an average across the board, as many presenters indicated that homes in the not-for-profit and municipal sectors were already meeting and exceeding these targets. However, homes in the for-profit sector were not able to provide for or meet these targets. You are again going to allow for-profit operators to get away with not providing a minimum standard of care, while those in the not-for-profit and municipal sectors continue to deliver excellent quality of care.

It is important that we make this fair and that there are targets that are measurable and enshrined in legislation, not just left up to regulation yet again. I urge the government to understand the nuances in this amendment and support it, because it will ensure that residents will get the care they deserve in a timely manner and not be waiting and waiting, as they currently are.

**The Chair (Ms. Laurie Scott):** MPP Gélinas.

**M<sup>me</sup> France Gélinas:** When the minister was there on Monday last week, I asked about this, and they are getting, per home, average hours of long-term care. He even went as far as saying that the first round of increases they had given to all of the homes of the \$4.9 billion was going towards increasing to four hours of care. The next round would be really focused on the homes that have lower ratios of hours of care per resident.

You already have that information. You already know that it's different from home to home. Although the homes funded through the four different funding streams are pretty much the same based on the levels of care from one home to the next, we all know full well that the money that goes to profit does not get reinvested into care. So now, we will be in a situation where the homes that do the poorest will get even more money without looking at where is that money going—if lots of it is going to shareholders rather than to care. When you go into a not-for-profit, it is not the PSW who brings the meals—because the PSW will serve it, but the dietary doesn't count into the four hours.

The for-profits are unlimited in their ways to make sure that they squeeze every penny out of the billions of dollars that we give them to funnel to shareholders. If you don't have a minimum standard of four hours of hands-on care legislated clearly, I guarantee you, we're not going to get there. There will continue to be homes that will want to pay their shareholders more than they want to make sure that they have four hours of care, because it will be averaged among 626 homes.

You can't do this. You have to legislate a minimum standard of four hours of hands-on care. This is your opportunity to do this. What you have in schedule 8 is not going to bring you there. Lawyer after lawyer, deputant after deputant, have told you that. All of those people cannot all be wrong and you right. Sometimes you have to listen. Realize that you had the best of goals, but you did not get to where you wanted to end up, and listen to the deputants and all of the lawyers who tell you this has to be rewritten.

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**The Chair (Ms. Laurie Scott):** MPP Kusendova, please?

**Ms. Natalia Kusendova:** I'd just like to take the opportunity to inform our members of the opposition—maybe they've missed our staffing announcement from October 6, so I would like to read it into the record.

The government has announced \$270 million this fiscal year for increased staffing. We've also announced \$673 million in 2022-23. Further to that, we've announced \$1.25 billion in 2023-24 and \$1.82 billion in 2024-25. All of these investments are above and beyond the existing base funding, and homes have received funding allocations for the next three fiscal years, which will allow them to plan appropriately for human resources.

Just to help illustrate this point: What does it mean for a typical 160-bed home? I was very excited when we announced this, because this is something that many stakeholders, including nurses and PSW organizations, have been calling for, for years, but our government is actually doing it and delivering on our promise. For a typical 160-bed home, that means that they will be able hire six more registered nurses, 12 more registered practical nurses and 25 more personal support workers, for a total of an additional 43 staff. In terms of funding, what does that mean in dollars in 2024-25? That's \$3.2 million more for a home of 160 beds than currently.

I also wanted to address another point that the opposition made, that we are not addressing the crisis in staffing. Yes, we are. We are working with our partners and colleges and universities. We are investing in both our private and public colleges, because we need all hands on board right now to train more PSWs. This will result in 16,000 more PSWs which will get free education funded by the government. We need 27,000 more staff to be inserted into the long-term-care sector, so we're giving incentives to nurses and to registered practical nurses who actually sign up to work in the long-term-care sector.

So we are actively addressing all of the issues that you've mentioned. I really do hope you read over some of our announcements, because these are unprecedented announcements and we are not only doing this in legislation; we are also committing funding to this.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** Thank you to the member from Mississauga Centre for reading off government announcements during the committee here. I think what she is failing to realize is that deputant after deputant indicated that they understood, as the government's legislation is proposed, that the targets would not be met. I specifically asked presenters this question because I wanted to ensure that we, in fact, weren't missing the mark here, and presenter after presenter indicated that the targets outlined in the government's legislation would not be met, because current staffing plans proposed by the government would not keep up with demand, but also would not be addressing the critical crisis in staffing and issues of retention in the sector.

And so, I think it's appreciated that the member is sharing what the government feels it is doing; however, in reality, when assessed by others, it is clear that these targets will not be met.

What we are seeking to do is to actually listen to what deputants and experts in the sector have indicated is a shortcoming in section 8 of this bill, which outlines an average of care across the sector rather than an average of direct hands-on care. The staffing crisis is another part of this conversation that isn't being addressed; however, you can address mandating four hours of direct hands-on care through section 8.

As the opposition has indicated, we have bills before the House that we have put forward. As well, as we've said, deputants, stakeholders and experts in the sector have indicated that this section does not meet its intended goal and will not meet its intended goal, and that is why we are asking you to amend it. Thank you.

**The Chair (Ms. Laurie Scott):** Further debate? And I go to MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** I've got a couple of points that I would like to make, I believe, to a comment that perhaps MPP Gélinas had made, and that is specifically with respect to the fact that the funds from the care envelope are accounted for by each home and are not something that can be used for profit. I might have misheard that comment, but I wanted to clarify that is the case: that

funds are not being used for profit; they're in the care envelope.

Secondly, just to re-emphasize what my colleague MPP Kusendova was mentioning, we have made record investments when it comes to our health care professionals to make sure that PSWs, registered nurses and registered practical nurses are going to be part of that investment and recruitment so that we have more than 27,000 to be able to meet our needs over the next four years. But the other important point I'd like to make is our investment, which is a separate investment, into new nurse practitioners. We'll be hiring 225 with an investment of \$57.6 million.

This motion in particular I really need to clarify, because the opposition for some reason has put forward a motion including that category that will actually decrease the average amount of care a resident receives, and I'm not sure that that point was really one that you had addressed when you first put together the motion. You're actually decreasing the average amount of care by including nurse practitioners in your motion.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Yes. We are fully aware that you cannot take profit out of the care envelope, so what they do is work that is being done in other envelopes from which they can take money gets put into the laps of the people who work in care. So things like linens: In not-for-profit homes, the people who work in linens fold and bring them to the different floors, put them in front of the different rooms, blah, blah, blah, so that they can be used by the care. But in for-profit homes it is the PSW and the nurse who have to do all of this. Same thing with the meals, same thing with a whole bunch of stuff that should not be done by the care providers who provide hands-on care, but they end up having to do this on top.

But anyway, the idea is really that you have to mandate four hours of hands-on care in legislation. Mandating four hours of hands-on care in legislation is what everybody who came for deputations told you to do, what lawyers for long-term care told you to do. All of those people cannot be wrong. You have to mandate four hours of hands-on care in legislation; otherwise, you miss the boat. You've left loopholes behind that the for-profit homes will exploit like they do every other loophole that exists.

We have a chance right now to close those loopholes. Our goals are the same as yours. We want four hours of hands-on care. We want it mandated. Do that, mandate it and we will be way further ahead than where we are now with section 8.

**The Chair (Ms. Laurie Scott):** Further debate? I go to MPP Triantafilopoulos again, please.

**Ms. Effie J. Triantafilopoulos:** And I thank Madame Gélinas very much for her thoughtful comments. I would just simply address the fact that our government has been doing extensive consultations for many months on this legislation with all of the stakeholders, particularly our health care stakeholders, and we're more inclined to listen and implement the advice we receive from health care professionals rather than the lawyers you spoke about.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I gave the example of the lawyers, but I mean, CUPE represents professionals, the Ontario Nurses Association represents professionals, the registered nurses' association represents professionals, and the list goes on and on. The Ontario Medical Association represents professionals. Those are all professionals who came to make deputations who told you to mandate the four hours of hands-on care. It's in Hansard. Everybody can read it. Everybody can see it. And once you've covered physicians, registered nurses, registered practical nurses, people representing PSWs, and nurse practitioners, you've covered pretty much most of the—I mean, physiotherapists and social workers and all this work in there also, but they also asked for four hours of hands-on care to be mandated. So if you are going to listen to health professionals, listen to what they told you during deputations. They asked you to mandate four hours of hands-on care, not the way you have it written now.

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**The Chair (Ms. Laurie Scott):** Further debate? I go to MPP Triantafilopoulos again, please.

**Ms. Effie J. Triantafilopoulos:** All of those stakeholders that you mentioned, Madame Gélinas, are part of the group that are forming our ongoing consultations on our Strategic Long-Term Care Advisory Table that the Deputy Minister of Long-Term Care and myself, as parliamentary assistant, are co-chairing.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** I just wonder, then, if all those folks who made presentations and very clearly articulated the need to amend section 8 and provide clear targets—I understand they're a part of the advisory committee—why are we not listening to their advice? Why are we not using this as an opportunity to amend this legislation now? Why are you waiting to actually provide the four hours of direct, hands-on care that residents need and that people across this province are requesting right now?

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready to vote? Okay. So now we are going—yes, MPP Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote, just in case Sara forgot.

**The Chair (Ms. Laurie Scott):** Okay. All right, members are ready? So this will be voting on amendment number 10, schedule 1, section 8.

**Ayes**

Berns-McGown, Gélinas, Sara Singh.

**Nays**

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I will declare that the motion is lost.

We'll move on to the next question. Is there any further debate on section 8? Shall schedule 1, section 8 carry? Are members ready to vote? All those in favour, please raise your hands. All those opposed, please raise your hands. I will then declare the vote carried.

Now moving on to amendment number 11 of schedule 1, section 9: MPP Singh, you have the floor.

**Ms. Sara Singh:** Thank you, Chair. I do think I'm having some connection issues. There may be a bit of a delay. So after presenting this motion, I will log off and log back in. Just giving you a heads-up.

I move that subsection 9(2) of schedule 1 to the bill be struck out and the following substituted:

"Target

"(2) The target is for an average of one hour of direct care to be provided by allied health professionals per resident per day."

**The Chair (Ms. Laurie Scott):** I'll ask for debate.

**Ms. Sara Singh:** Yes, absolutely. I'll start us off.

**The Chair (Ms. Laurie Scott):** Okay. I'm sorry, just before we do that I would just welcome MPP Pettapiece and ask him to state his name and that he is broadcasting from Ontario.

**Mr. Randy Pettapiece:** Hi. It's Randy Pettapiece and I am in Ontario.

**The Chair (Ms. Laurie Scott):** Thank you so much.

I will go back for debate to MPP Singh.

**Ms. Sara Singh:** This amendment seeks to increase the number of minutes that allied health professionals are able to provide care to residents. We heard from numerous presenters at committee as well as previous to that that one hour of direct care should be provided by health professionals. This was also included in the long-term-care commission's report as a recommendation that this government has chosen not to implement. What this amendment seeks to do is increase the amount of time that allied professionals can provide care per resident per day.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** We had the opportunity to hear from a number of associations representing allied health professionals, who told us that the 36 minutes that is presently in the bill is not sufficient and should be increased to 60 minutes. Listening to the deputations that have been made by the different organizations representing the dietitians and the social workers and other allied health professionals, we listened to their recommendations and went from 36 in the bill to 60.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I think that if one is going to really take seriously that mental health of residents needs to be cared for and is a part of health, as we know and as your own amendment makes clear, then this target of an average of one hour as opposed to closer to half an

hour makes a lot of sense, and it's just good care to put it into the bill.

**The Chair (Ms. Laurie Scott):** Further debate? I'll go to MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The government is investing \$4.9 billion to increase the average hours of direct care provided by personal support workers, registered nurses and registered practical nurses to four hours per resident per day. This funding also supports an increase in the average care time provided by allied health care professionals by 20% to 36 minutes. It's a historic investment and will provide a daily increase of one hour and 22 minutes of more direct care over four years. This compares to a 22-minute increase over seven years by the previous government. Section 9(5) would permit the government to set a higher target for allied health care through regulation going forward.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh is back on. Okay, MPP Gélinas.

**M<sup>me</sup> France Gélinas:** You have to understand that people have waited for a long time for changes to this bill, and people also know that there's an election coming in a few months, and anything that you tell them will be done in regulations, you have to understand that they've heard this song before, and it led to nothing good. It doesn't matter how good of a committee you've put together and how good the objectives—I have no doubt that you want to do good, but you are not the first government who says that it wants to do good, and then there's an election, and then long-term care is not sexy anymore, it doesn't grab headlines anymore and nothing gets done, just like the last Long-Term Care Homes Act of 2007.

They want action now. How do we guarantee options now? We put it in the legislation right now. We don't wait for the regulations to come later.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think, as MPP Gélinas highlights, there are many people in the allied health professionals sector who also want to see that this government values the work that they do in long-term care. By increasing the number of hours that they can be in homes and providing this care to residents, it really signals that they are valued and the work that they do matters as a part of a care plan for residents, as well, whether that's addressing their nutritional needs or mental health needs. Allied professionals do a lot of very important work that complements the work of PSWs and nurses and others providing that direct hands-on care.

So if we want to really, I think, improve the overall quality of care and of life for residents in long-term care, increasing the number of minutes that allied health professionals can provide that care on a daily basis is important to ensure that people are receiving dignified care in a meaningful way, as well.

1400

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote? MPP Gélinas?

**M<sup>me</sup> France Gélinas:** [*Inaudible*] recorded vote.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Pettapiece, Triantafilopoulos, Wai.

**The Acting Chair (Mr. Vijay Thanigasalam):** The motion is lost.

MPP Gélinas?

**M<sup>me</sup> France Gélinas:** Can I move the next motion?

**The Acting Chair (Mr. Vijay Thanigasalam):** We are not there yet. We are on schedule 1, section 9. Any debate? Are members ready to vote? All those in favour? All those opposed? Carried.

Next, we are on schedule 1, section 10. Are members ready for the debate? This is amendment number 12. MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I move that subsection 10(1) of schedule 1 to the bill be struck out and the following substituted:

“Measuring progress

“10(1) The minister shall assess, and publicly report before the achievement date of the next target in subsections 9(3) and (4), the progress that is being made or that has been made towards achieving the targets set out in section 9.”

Basically, what we are asking for here is that it be assessed. I think the government had already agreed to this, that it be reported on publicly, but that this be done before the achievement date of the next target so that we do not wait to make that information available and that the information becomes available more quickly. We are talking about that the current legislation calls for the minister to report on progress before the achievement of the date of the next target.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This amendment being proposed would remove the requirement to report on the progress being made towards achieving the four hours of care because, in motion 10, the four hours would come into effect immediately.

Section 10(1) of the bill as drafted already requires that the minister assess and publicly report before the achievement of the next relevant target, i.e. before March 31, the progress that has been made towards achieving the following: the relevant direct care, personal support workers' and nurses' target, and the relevant allied health care target. As motion 10 was defeated, this motion becomes illogical to approve and impossible to implement.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** While I can appreciate what the member is saying, I think having clear targets that are set out prior to changing the targets is important so that there is transparency for the public to know whether homes are meeting them or not. I can appreciate that previous motions were voted down, but it is important that there are clear targets being laid out in legislation as well and that these targets are publicly reported so that the public is aware of progress or gaps in homes meeting targets of providing four hours of direct hands-on care.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote? Amendment 12, subsection 10(1): All those in favour? All those opposed? The motion is lost.

Next, amendment 13, subsection 10(1.1): MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I move that section 10 of schedule 1 to the bill be amended by adding the following subsection:

“Same

“(1.1) The minister shall assess, and publicly report on a quarterly basis, the progress that is being made or that has been made towards achieving the direct hours of care set out in section 8.”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate? MPP Rima—MPP Berns-McGown. My apologies. Go ahead.

**Ms. Rima Berns-McGown:** It's all right. MPP Rima is fine, too.

The purpose, again, is to increase transparency and accountability, because if we're going to be moving towards a target, we're going to need all of the frequent public accountability in getting there.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Singh.

**Ms. Sara Singh:** Just reiterating the same, there need to be clear, publicly reported targets that are shared with the minister and the public so that that data is being gathered to track and to understand the progress that's being made, but more importantly, to identify any gaps and, as many stakeholders indicated, also work with those homes to identify those gaps in meeting the targets and help to provide capacity or support in achieving those targets.

The motion has a dual purpose, one in terms of providing that transparency and accountability, but also to identify gaps and ensure that they're addressed in a timely manner and support those homes in meeting the targets.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I can tell you that before the bill from 2007, that particular reporting, every three months, was not enacted until 2011. So up to 2011 in Ontario, every three months, you had the average hands-on care for every one of the long-term-care homes. I can guarantee you that at the time, it was not made public. We had to ask for it through freedom of access of information.

Every three months, I had my freedom of access of information ready, and so did many others. We made that information public, and it was used by the public tremendously. It motivated homes to really work on their average when every other home in that community provided more hands-on care. It was obvious that more people selected other homes, and it went on and on. So the power of numbers cannot be overstated.

When the minister was there last Monday, I asked this question directly to him. He is open to making that information available publicly without an FOI and to have it every three months, because this is how often they are going to be collecting it.

1410

So I say let's give the people of Ontario what they want. They want access to that information. Make that information accessible every three months. I guarantee you it will change things for the better in many, many long-term-care homes. Let's not let that opportunity go by.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Similar to motion 13, section 10(1) of the bill, as drafted, already requires that the minister assess and publicly report before the achievement of the next relevant target—i.e., before March 31—the progress that has been made towards achieving the following: the relevant direct care, personal support worker and nurses target, and the relevant allied health care target.

As motion 10 was defeated, this motion becomes illogical to approve and impossible to implement.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** What we have in the bill right now is a requirement that reporting be done once a year. Once a year is not enough. Lots can go on in a year. The aim of the amendment is really to make it every three months.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I think it's important to acknowledge that, in any organization, whether that's a private corporation or a public not-for-profit, if one is trying to drive towards a target, one doesn't only revisit progress on that target once a year. That doesn't make any sense. No manager would do that. Asking for quarterly progress so that we can hold people accountable and make sure that everybody is moving in the right direction is very, very reasonable and consistent with how solid management works in any organization.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think just to build on that from a continuous-improvement perspective here, not measuring these targets on a quarterly basis does mean that concerns or issues can continue on for an entire year before they're realized. I think that in order to increase what the public wants, which is transparency and accountability in those targets and how homes will be moving towards those

targets, this amendment seeks to just provide further clarity and more transparency and accountability to work with the sector towards meeting the goals.

This really shouldn't be a difficult thing for government members to support. This is about increasing transparency and accountability for the public, but also helping to build that capacity that the sector needs by identifying problems sooner rather than later.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 13, subsection 10(1.1)? Ms. Singh.

**Ms. Sara Singh:** I was going to request a recorded vote if it's not too late.

**The Acting Chair (Mr. Vijay Thanigasalam):** No, it's not too late.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Pettapiece, Triantafilopoulos, Wai.

**The Acting Chair (Mr. Vijay Thanigasalam):** The motion is lost.

Next, amendment number 14, subsection 10(6): MPP Singh.

**Ms. Sara Singh:** I move that subsection 10(6) of schedule 1 to the bill be struck out and the following substituted:

“Consultation

“(6) In satisfying the requirements of subsection (4), the minister shall consult with individuals, municipal homes, non-profit long-term-care homes, residents' and family councils of long-term care homes and any relevant professional associations and regulatory authorities that may have an interest in the target.”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate?

**Ms. Sara Singh:** Yes. As we've outlined, many stakeholders have indicated through presentations that prior to the bill coming to committee, there really hasn't been adequate consultation with the public and stakeholders who would be impacted by this bill. This section sets in place requirements that the minister shall consult with individuals and other relevant stakeholders in creating the targets, as well, to help work with them, to make sure this is something that is feasible and deliverable by the sector. We need to meet with them and have conversation and consultation, and enshrining this in legislation makes sure that those practices and processes are embedded moving forward.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** For reasons that escape me, the language that is used in the bill is very vague. The language in the bill talks about consultations with individuals and organizations, which basically could mean just about

anything. The idea of this motion is really to narrow it down to people who know long-term care and have an interest in making long-term care better for the residents. I'm assuming this is what they want to do, but that's not what the legislation says.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This amendment being proposed would expand and make mandatory the entities the minister would be required to consult under this section. The government engaged extensively in developing the long-term-care staffing plan, including through the 2020 Long-Term Care Staffing Study and its advisory group.

The advisory group that supported this work engaged with multiple stakeholders, partners and individuals representing care providers, residents and family; operators, nursing organizations, labour unions, and training and research organizations. We have also heard the advice of multiple oversight entities, including the independent Ontario's Long-Term Care COVID-19 Commission, which considered extensive input from these expert voices.

The government has committed to working together with all partners to implement the long-term-care staffing plan, including the hours-of-care targets, to ensure that long-term-care homes are a better place to live and a better place to work. This motion would actually reduce the consultation that the government is doing when it comes to fixing long-term care.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh?

**Ms. Sara Singh:** I'm not sure how we would be reducing the consultations by expanding the definition of those that should be included and consulted with in creating targets and creating legislation. I think that the member maybe isn't fully aware of what the intended impact of this amendment is. Again, why would we be voting against including other stakeholders and being more specific about those that should be included, as they're involved in the process of creating new targets, or creating new legislation or regulations? I don't understand why the government would oppose having more voices at the table in terms of those from the sector, rather than fewer.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment number 14, subsection 10(6)? MPP Singh.

**Ms. Sara Singh:** Sorry, just looking for a recorded vote on this one.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Pettapiece, Triantafilopoulos, Wai.

**The Acting Chair (Mr. Vijay Thanigasalam):** Motion lost.

Schedule 1, section 10: Is there any debate? Are members ready to vote? All those in favour? All those opposed?

1420

Schedule 1, section 11: Is there any debate? Are members ready to vote on schedule 1, section 11? All those in favour? All those opposed? Motion carried.

Schedule 1, section 12: I see amendment number 15, subsection 12(1.1). MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 12 of schedule 1 to the bill be amended by adding the following subsection:

“Required contents

“(1.1) The palliative care philosophy must comply with the following requirements:

“1. Residents must not be forced into palliative care that is inappropriate for their needs.

“2. Palliative care shall not be implemented until medically necessary.

“3. Palliative care shall only be addressed as part of the intake process or a resident's initial plan of care if medically necessary.”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate?

**M<sup>me</sup> France Gélinas:** The idea of bringing a palliative care philosophy could be something good. Palliative care means that we make sure that you're not in pain; we add more life to your day than days to your life. We all get that. But in the long-term-care home, this philosophy sometimes works against the residents. We've heard numerous stories where family members had to argue with the home to have their loved one brought to a hospital for treatment.

In a palliative care home, I fully understand: People went into palliative care, we treat them in the hospice where they are. But that's not the case for long-term care. On average, people are in long-term care for 18 months. During that 18 months, something may happen to you where you will need hospital care. So the idea is that the palliative care philosophy, where you come through the front door and you exit through the front door and all of this—the philosophy of supportive caring: We are all for it, but when it comes to the plan of care, many of the people going into a long-term-care home, especially young people going in to a long-term-care home, should not have their plan of care focused on palliative care. Those people are not palliative. They are frail, they have high needs with activities of daily living, but they are not palliative.

So the idea is that to use a philosophy that is very caring sounds good. When you apply it to the reality of the overworked, underpaid, overly stressed staff in a long-term-care home, it doesn't work so well. We already know where this philosophy will fail families who basically want their loved ones to be transferred into a hospital, who are young, being admitted, and don't want anything to do with palliative care. They have a life to live and they intend to live it, no matter if where they live happens to be in the long-term-care home. So this is really to keep the good part of the palliative care philosophy, but to really mitigate it so that it's focused on people who need palliative care.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Singh?

**Ms. Sara Singh:** Just to reiterate: Providing further clarity around the palliative care philosophy is important, as many stakeholders did indicate that they were worried that there weren't going to be the appropriate resources necessary to actually deliver high-quality palliative care, but also that without a real strategy or guidelines in place with when that care strategy should be implemented, many residents, perhaps, were not going to receive the appropriate type of care that they needed. We heard from individuals with, for example, intellectual disabilities or cognitive impairments that these types of strategies often limit their ability to live their lives to the fullest, as they are deemed as needing care before they're actually needing that care.

What we're asking is that a palliative care philosophy and plan of care not be implemented until it's actually medically deemed necessary that this takes place. Providing this clarity ensures that people are receiving the appropriate type of care. As I've said, unfortunately many of these presenters and stakeholders also indicated that the staffing strategy, again, will not meet the needs of ensuring that a palliative care philosophy is entrenched in long-term care, in people's care plans, because the specialized geriatric care or palliative care specialists are not being adequately trained to provide care in long-term care, and there is a staffing shortage in the sector to meet those needs.

So what we're trying to do is ensure that there are some parameters around a palliative care philosophy being incorporated in an individual's plan of care, but also I want to echo that we need the appropriate training and resources to ensure that that care plan is actually realized when the time comes.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This motion, in our opinion, is somewhat duplicative. A resident cannot be forced to receive palliative care or any other care. Section 7, "Consent," of the proposed legislation does not allow a licensee to assess a resident's needs or provide care to a resident without their consent. Section 7 is specifically referenced in subsection 1 of section 12 of the proposed legislation, the section that is referenced in this motion.

The proposed motion also appears to reflect concerns based on a narrow definition of palliative care as only end-of-life care. The bill allows for the development of regulations about palliative care and the palliative care philosophy, and the government intends to further define requirements regarding palliative care philosophy, through regulations and through the work that is being done with the strategic long-term-care advisory committee that has been struck, which the deputy minister and myself are chairing.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I think part of the issue here is that there is still a fair amount of misunderstanding societally about what palliative care entails and how it is well enacted. I think that what the amendment is trying to do is deal with a lot of fear and concerns that people have

with what is perhaps an overly narrow definition of palliative care, as MPP Triantafilopoulos was suggesting. But it is a problem when, in practice, you don't have well-trained or sufficiently trained staff who also may misunderstand what the definition is and therefore act in ways, as MPP Gélinas was saying, that don't always take the patients' specific interests into account in the moment. So it's a really delicate issue and that's what this amendment is trying to ease around.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 15, subsection 12(1.1)? All those in favour? All those opposed? Motion lost.

**1430**

Section 1, section 12: Any debate? Are members ready to vote? All those in favour? All those opposed? Motion carried.

Schedule 1, section 13: amendment number 15.1. MPP Triantafilopoulos?

**Ms. Effie J. Triantafilopoulos:** I move that clause 13(1)(b) of schedule 1 to the bill be struck out and the following substituted:

"(b) where relevant to the resident's assessed care needs includes, but is not limited to, care or services that address psychosocial needs and" psychotherapy "and other therapy services, any of which may be either arranged or provided by the licensee."

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Triantafilopoulos, can you please read it one more time?

**Ms. Effie J. Triantafilopoulos:** Sure.

"(b) where relevant to the resident's assessed care needs includes, but is not limited to, care or services that address psychosocial needs and physiotherapy and other therapy services, any of which may be either arranged or provided by the licensee."

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This amendment would add "psychosocial" as part of the needs covered under the organized interdisciplinary program with a restorative care philosophy. Seniors entering long-term care today are older and have more complex needs, including psychosocial needs. Supporting all aspects of residents' well-being, including caring for and providing further psychosocial needs, is part of a high quality of care and fosters the best quality of life. Taking a holistic approach to residents' health and well-being requires acknowledging and addressing their psychosocial needs.

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Just to say that I think it's a good idea to include the psychosocial needs, and I will be voting in favour.

**The Acting Chair (Mr. Vijay Thanigasalam):** Are members ready to vote on amendment 15.1, clause 13(1)(b)? All those in favour? All those opposed? Carried.

Shall schedule 1, section 13, as amended, carry? Any debate? All those in favour? All those opposed? Carried.

There are no amendments to sections 14 to 18 of schedule 1. Do we have agreement to bundle them together? Any debate? Are members ready to vote? Shall schedule 1, sections 14 to 18 carry? All those in favour? All those opposed? Carried.

We are on schedule 1, section 19, amendment 16. MPP Berns-McGown?

**Ms. Rima Berns-McGown:** I move that section 19 of schedule 1 to the bill be amended by adding the following subsections:

“Specific duties re temperature

“(3) Every licensee of a long-term care home shall ensure that,

“(a) the home is maintained at a temperature of between 21 and 24 degrees Celsius; or

“(b) if central air conditioning is not available in the home, each room in the home is equipped with an air conditioning system that is operated, as necessary, to maintain a temperature of between 21 and 24 degrees Celsius in the room.

“Definition

“(4) In this section,

“‘air conditioning’ includes any mechanical cooling system that is capable of maintaining the temperature at a comfortable level for residents during periods of hot weather.”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate?

**Ms. Rima Berns-McGown:** This is really important, because it's just crucial that long-term-care homes, regardless of where they are and who is running them, be kept at a temperature in the summer that is not going to impair the health and well-being of frail or elderly residents. What evidence there is shows that if not compelled, long-term-care homes will often not adhere to that, which results in distress, to say the very least, for residents, so putting it into legislation is actually important.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think this is a very important amendment, as this summer we saw record-breaking temperatures and many homes that were not providing air conditioning and cooling opportunities for residents in long-term care. By enacting this amendment, we can ensure that residents are receiving air conditioning in their rooms and throughout the long-term-care homes, because this is critical, that residents are able to receive at least this basic aspect of care. Many of them are not able to provide that care to themselves, so mandating a home to ensure that there's adequate cooling and temperatures being maintained for residents throughout the home is essential. We can't just leave this up to regulation. We do need to, I think, enshrine this in legislation.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I would say, with climate change, we have seen the heat waves that come earlier, that last longer, that get hotter, and to think that you live in a home

with 130 other residents and you may have air conditioning in the dining room but you don't have it in your room, where you spend a lot of time, is becoming more and more inhuman. You cannot bring everybody's bed into the dining room during a heat wave. You need air conditioning in people's rooms.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This amendment would add subsections to the accommodation services section of the bill to include provisions regarding temperature maintenance and the definition of air conditioning. Through regulation, our government was the first to mandate air conditioning in all long-term-care homes, and made significant strides in addressing this long-neglected area in long-term care. By mandating a temperature of 21 to 24 degrees, we are actually taking away resident choice to set their own temperature. Licensees are currently required to ensure that the temperature in a long-term-care home is measured and documented in writing throughout the year to keep residents comfortable.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I don't know too many long-term-care residents who would choose to have their room cooler than 21 in the winter, and I don't know too many staff who work in residents' rooms who would like it to be much hotter than 24 in the summer. So residents' choice right now is zero. They don't have a choice. To report that it's 29 degrees in your room does not force the long-term-care operator to put in a room air conditioner or a window air conditioner. It's just that you report to the government that it was really hot, too hot to work, too hot to sleep. What we're asking for is action, not reports.

1440

I agree with you: This is a long-standing issue. For people who have been waiting a long time, to be told that it will be in regulation is a non-starter. They want it in legislation.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think it's absolutely incorrect to say this would take away the residents' ability to ask for a certain temperature. I think what we've seen across the board and what we continued to see throughout the summer was that residents actually were in sweltering hot rooms, and the requirement of the regulation was that they simply just be taken out of their rooms and put into common areas to cool down. This does not address the issue of not having a cooling unit and air conditioning in the resident's room, which is what this amendment seeks to do: ensure that every resident and every room in long-term care is providing air conditioning and other cooling opportunities for residents in those homes.

It's not fair to ask residents and staff to only have a portion of the home actually have cooling stations. It's inhumane, I think, to do this to seniors and to expect staff to cart seniors out of their rooms into common areas to cool down. Logistically, I don't know if the committee

members, government members, understand what that will look like and what is happening in our long-term care homes in the summers.

Our motion in this amendment seeks to rectify the situation and build upon some of the good work that is happening, but ensure that every resident, regardless of where they live in this province, has access to air conditioning in their rooms at a temperature that is feasible. As MPP Gélinas said, it's not just enough to report it. We need to legislate it so that it is enforced and regulated across the sector.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Berns-McGown?

**Ms. Rima Berns-McGown:** Once again, it's just important to recognize that when the evidence is telling you that the current way of doing things isn't working and you need a systemic fix, then you undertake the systemic fix that needs to be taken, not one that allows long-term-care operators seeking to minimize their costs to avoid putting air conditioning in people's rooms at a time of rising temperatures in the summer, when elderly residents of long-term-care homes really need their own spaces to be cool and not just common areas.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 16, subsections 19(3)(a) to (b) and 19(4)?

**M<sup>me</sup> France Gélinas:** Recorded vote, please.

**The Acting Chair (Mr. Vijay Thanigasalam):** Thank you. Are members ready to vote?

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Pettapiece, Triantafilopoulos, Wai.

**The Acting Chair (Mr. Vijay Thanigasalam):** It's lost.

For schedule 1, section 19, any debate? Are members ready to vote on schedule 1, section 19? All those in favour? All those opposed? Motion carried.

There are no amendments to sections 20 to 22 of schedule 1. Do we have agreement to bundle them together? Any debate? Are members ready to vote? Shall schedule 1, sections 20 to 22, carry? All those in favour? All those opposed? Carried.

Schedule 1, section 22.1, amendment 17, subsections 22.1(1) and 22.1(2)(a) to (c): MPP Singh.

**Ms. Sara Singh:** I move that schedule 1 to the bill be amended by adding the following section:

“Written plan for staff

“22.1(1) Every licensee of a long-term care home shall ensure that there is a written plan of the programs and services provided by the staff to the residents.

“Contents of written plan

“(2) The licensee shall ensure that the written plan,

“(a) provides for the staffing of the programs and services that is consistent with the residents' care, needs and preferences;

“(b) specifies the amount of funding available for the delivery of the programs and services; and

“(c) meets the requirements of this act and the regulations.”

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh?

**Ms. Sara Singh:** Yes, thanks, Chair. I think I was just muted there.

This is an amendment that seeks to ensure that residents of the home, as well as family members, are aware of the programs and activities that are planned in the home. We heard from many who were concerned that there wasn't enough stimulation, activity, leisurely time being built in for residents and they weren't sure of the types of programs or activities that were going to take place in the home. So this amendment seeks to ensure that there is a written plan of those activities and services and that those are provided by staff to the residents so they're aware of what is planned and what they can participate in, should they wish to, in terms of activities that are being planned.

It also requires that the amount of funding for the delivery of the program and services also be made available, as, often, we know that funding is extremely limited in many of the homes and perhaps is being redirected to other things. So this will outline the costs related to delivering those programs to ensure that adequate materials and supplies are also there to ensure that those activities can be performed.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** We heard from family members and caregivers that if they would go into a home, often it's a casual worker who is there from a temp agency who does not know the home, who does not know what's going on, and they could have taken—they were there. They know how to transfer them into the wheelchair. They could have brought them in to go see if there was a religious service going on or if there were activities going on in another part of the home, but they did not know.

The idea is to make that information a whole lot more accessible so that even if you continue to have lots of temp workers who don't know what's going on in the home, at least the caregivers will have access to that information, and for people who are very involved with the management of care of their loved one, then they can have a say as to what are some of the activities that are there. They may cost a lot of money and very few people attend, versus other types of activities where more people would attend and maybe make better use of those funds. The idea is to give residents and their caregivers more of a voice and more information.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

1450

**Ms. Effie J. Triantafilopoulos:** This motion 17, we consider to be duplicative. Section 6 ensures the requirement for a written plan of care and gives the resident the right to participate in the creation of that plan. Section 14 includes the requirement for every licensee of a long-term-care home to have an organized program of recreational and social activities for the home to meet the interests of the residents. Furthermore, section 85 of Bill 37 includes the requirement for licensees to post information for residents on a variety of topics and includes regulation-making authority for additional topics. For these reasons, this amendment becomes unnecessary.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are we ready to vote on amendment 17? MPP Singh.

**Ms. Sara Singh:** Just again requesting a recorded vote.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Pettapiece, Triantafilopoulos, Wai.

**The Acting Chair (Mr. Vijay Thanigasalam):** The motion is lost.

Next is schedule 1, section 23, amendment 18. MPP Gélinas?

**M<sup>me</sup> France Gélinas:** I move that clause 23(2)(d) of schedule 1 to the bill be struck out and the following substituted:

“(d) measures to prevent the transmission of infections, including pandemic simulation exercises for staff and maintaining a supply of personal protective equipment that could meet the needs of residents and staff for a minimum of three months in accordance with the precautionary principle;”

The idea of this amendment is to have a pandemic simulation exercise, which we know that we didn't and our long-term-care home sector was certainly not ready for this pandemic. Unfortunately, we all know that there will be others.

Second, many homes did not have an adequate supply of personal protective equipment on hand, and it became very problematic. We all have seen the images of a personal support worker wearing a garbage bag over top of their uniform and going to the dollar store to buy a facial mask. That particular picture is of a PSW who unfortunately died of COVID. I think we can do better. We have to do better. This is to enshrine in law the need to have an inventory of PPE and the need to have simulation exercises so that we're ready for the next infections that will come and go after our long-term-care residents.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Singh?

**Ms. Sara Singh:** To build on what MPP Gélinas has shared, this is also a recommendation of the commission on long-term care to ensure that there was adequate preparedness and planning taking place, as we know that, unfortunately, because of the lack of pandemic preparedness and ensuring that there was enough PPE after the SARS commission, we found ourselves in much of the state of what we experienced during this pandemic with COVID-19. And so to be proactive and to be prepared for what may potentially come in one year, 10 years, however long it may be, the government should ensure that homes are adequately running simulation exercises, going through those processes, taking stock of the PPE that they have and ensuring that it's going to be readily distributed to staff when needed. It's similar to running fire preparedness plans. We have to have those plans in place and test them to ensure that they will work, and that's what this amendment seeks to do, to build on that important work and the recommendations of the commission to ensure that homes are prepared when and if another pandemic hits us.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Berns-McGown?

**Ms. Rima Berns-McGown:** After our experience with SARS, we should have been prepared for this pandemic. We shouldn't have had to put up with the complete absence of PPE and absence of preparedness that we saw in the first months of the pandemic, when all of us as MPPs heard horror stories from PSWs and families in our ridings about what was going on in long-term-care homes.

The fact that it did happen despite the experience with SARS shows us that we can't say, “Okay. It's fine. We now know what we're doing. We've learned our lessons.” No, no, no; we need it enshrined in legislation. We need it carved in stone, and we need to ensure that individual homes do actually keep up with these exercises and make sure that there is enough PPE on-hand for that minimum of three months. It's the least that we can do, as a lesson learned after this horrific experience.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Triantafilopoulos?

**Ms. Effie J. Triantafilopoulos:** While I think that the idea behind this motion is laudable, I believe that if you look at Bill 37, it already contemplates that the requirement for a home's IPAC programs include measures to prevent the transmission of infections, which would include personal protective equipment. Subsection 90(2) of schedule 1 of the bill also contemplates that a home's emergency plans be “tested, evaluated, updated and reviewed with the staff of the home as provided for in the regulations.”

The government intends, if the bill passes, to set out additional requirements related to IPAC programs and emergency plans through regulations and related policy and guidance.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I agree that there are bits and pieces in the bill, but there's a difference between testing your IPAC plan and doing a pandemic simulation exercise for staff. Doing a pandemic simulation exercise for staff is

something that happens for people who work in our hospitals. They do actual simulations, and everybody participates.

Testing is something that already was supposed to be taking place in our long-term-care homes—I don't know if it was or not—but it's different from a pandemic simulation exercise. So to put it in the bill that you will have to do pandemic simulation exercises for your staff and to put the minimum supply of PPE at three months, I think, is something very prudent to do, given the disaster we saw in long-term care in the first wave of COVID.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 18? MPP Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Pettapiece, Triantafilopoulos, Wai.

**The Acting Chair (Mr. Vijay Thanigasalam):** Motion lost.

Schedule 1, section 23: Any debate? Are members ready to vote on section 23? All those in favour? All those opposed? Carried.

### 1500

There are no amendments to sections 24 and 25 of schedule 1. Do we have agreement to bundle them together? Thank you. Any debate? Shall schedule 1, sections 24 to 25 carry? All those in favour? All those opposed? Carried.

Schedule 1, section 26, amendment number 19: MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I move that subsection 26(1) of schedule 1 to the bill be amended by striking out “and” at the end of clause (a) and by adding the following clause:

“(a.1) ensure that the written procedures include information about how to make a complaint to the Patient Ombudsman under the Excellent Care for All Act, 2010 and to the ministry; and”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Long-term-care-home residents and their loved ones deserve to have their voices heard when they have concerns about the care they receive. All residents, family members and advocates should know that they have the option to file a complaint with the Patient Ombudsman or the ministry, and should they choose to do so, clear instructions must be provided. The role of the Patient Ombudsman is essential in promoting quality care and accountability in the long-term-care system.

Furthermore, section 85 of Bill 37 includes the requirements for licensees to post information for residents

on a variety of topics and includes regulation-making authority for additional topics.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Adding information about the Patient Ombudsman is a good idea, and we'll be supporting it.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 19? All those in favour? All those opposed? Carried.

Schedule 1, section 26, as amended: Any debate? Are members ready to vote on schedule 1, section 26? All those in favour? All those opposed? Carried.

There are no amendments to sections 27 to 39 of schedule 1. Do we have agreement to bundle them together? Any debate? Are members ready to vote? Shall schedule 1, sections 27 to 39 carry? All those in favour? All those opposed? Carried.

Schedule 1, section 40, amendment number 20: MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I move that section 40 of schedule 1 to the bill be struck out and the following substituted:

“Residents’ advocate

“40. (1) There shall be a residents’ advocate who is an independent officer of the Assembly.

“Role

“(2) The residents’ advocate shall advise, in an independent manner, the assembly, the minister, public officials and persons who fund or deliver residents’ services.

“Functions

“(3) The residents’ advocate shall,

“(a) monitor the provision of residents’ services, including those provided by the government of Ontario and its agencies;

“(b) analyze the policies of the government of Ontario with respect to their impact on residents;

“(c) analyze issues that the residents’ advocate believes to be important to the welfare of residents generally; and

“(d) advocate in the interests of residents and their family members who act as caregivers.

“Residents’ councils and family councils

“(4) Residents’ councils and family councils may refer complaints and concerns to the residents’ advocate for consideration.

“Referral

“(5) If the residents’ advocate learns of a matter that, in the opinion of the residents’ advocate, should be dealt with through an individual complaint rather than as part of a systemic analysis, the residents’ advocate may, with the consent of the individual concerned, refer the matter directly to the person or body responsible for the matter.

“Inspection

“(6) If the residents’ advocate learns of a matter that, in the opinion of the residents’ advocate, should be assessed by an inspector, the residents’ advocate may, with the consent of the individual concerned, order the director to conduct an inspection under part X.

“Compliance

“(7) The director shall comply with every order made by the residents’ advocate under subsection (6).”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I think this is a really important amendment, particularly given the dire need for transformation of the sector. It’s so important that if we are finally trying to fix this extremely broken sector, that we be able to keep track of how the measures that have been taken with this legislation are working, and that if people find that they have concerns, they have somewhere to go.

We have heard over and over and over in the presentations last week of the fear of both staff and families when they want to report issues, so a residents’ advocate effectively functions as a safe whistle-blower avenue. It’s a third party, somebody who is safe. There won’t be repercussions in terms of loss of employment or the fear of repercussions in terms of treatment to a resident if caregivers or residents or staff want to report on issues that are going wrong.

So I think that this is a really key and important way of ensuring that whatever we’re doing moving forward is working and alerting us to issues that might have to be fixed either within a particular home or systemically. I really urge government members to vote in favour of this amendment.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** Just building on what MPP Berns-McGown highlighted, we’ve heard from families, we’ve heard from caregivers and we’ve heard from resident and family councils as well who are very concerned that there isn’t an independent voice that advocates for residents. What this amendment seeks to do is ensure there is an independent officer of the Legislature who is tasked with listening to those concerns, acting upon them and holding homes more readily accountable for infractions that may take place. What we heard from family councils and resident councils was a need to be empowered and have their voices and concerns legitimized and heard.

Unfortunately, this is not the reality currently in long-term-care homes. Even with family councils and residents who are banding together to raise concerns, they don’t have an independent mechanism outside of the home to actually have these concerns addressed.

1510

So what we have proposed through this amendment is what community members and residents want to see: an independent advocate who is looking out for their interests, listening to the concerns that they are raising, but also holding those homes accountable on the issues that are brought to their attention. This amendment empowers an independent officer of the Legislature to act upon and to take these concerns seriously, but to also really provide that space for families, residents and caregivers to feel that they’re actually being listened to when they raise these concerns.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This amendment would strike out the provisions of the Office of the Long-Term Care Homes Resident and Family Advisor and replace them with a residents’ advocate who would be an independent officer of the assembly. What is outlined in the amendment is duplicative of the role that the Patient Ombudsman plays in the long-term-care sector which serves to investigate and facilitate resolution of complaints from residents and caregivers in health sector organizations, including long-term care.

Further, long-term-care homes will continue to be required under part 5 of the proposed act to establish resident councils and, if requested, family councils, which serve not only to advise residents and families of rights, but also to support resolution of disputes between a resident and a home operator.

We believe this is another amendment which, again, while well-intentioned—the function already exists in the bill, and the motion would be duplicative.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Just to make sure that everybody understands: The difference between the Patient Ombudsman and the residents’ advocate is that the residents’ advocate would have a proactive role. The ombudsman responds to complaints, so their work is complaint-driven. Somebody has to be assured enough of themselves that their loved one is not going to face repercussions to pick up the phone and phone the ombudsman, who will do an investigation into the complaint if it meets the number of criteria.

The advocate works proactively, so if you look, the advocates will monitor the provision of resident services paid for by the government. They will analyze the policies of the government of Ontario. They will analyze the issues the residents’ advocate believes to be important. The advocate does not have to wait for a complaint to be brought to their attention; the advocate will proactively look at how you make things better in long-term care. They will have opportunity to talk to residents, their loved ones, their caregivers, their staff and anybody else who is interested.

But the role is very proactive, versus an ombudsman, whose role is basically ombudsman of last resort. Once everything else fails, you phone the ombudsman and you make a complaint. This role is proactive and a lot more broad than what you have. The Office of the Long-Term Care Homes Resident and Family Advisor is there to assist and provide information to residents and their families. The advocate does way more than provide information; it analyzes the information and it looks at what is going on to see how improvement can be done before disaster strikes.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think, as MPP Gélinas highlights, this advocate is meant to be proactive and is meant to empower families to address concerns before they even

perhaps need to be taken to the Patient Ombudsman—again, working with those residents and family councils to empower their voices, to address these concerns, to put in place proactive measures. This is really what the intent here is. It's a separate entity.

This is something that family councils and residents have been asking for, because they do feel that there are quite a lot of muddy waters in terms of who they should speak to and how these concerns should be addressed. Often it has to get escalated to the Patient Ombudsman, when perhaps if we have an advocate that is working more proactively with residents and with the home to address these concerns, those issues can be mitigated before they become a larger problem.

Again, as MPP Gélinas highlights, this advocate is meant to continuously monitor the data, continuously understand what's happening to suggest and address those concerns. So it goes well above and beyond what's currently being proposed. And again, I think the underlying piece here is empowering residents and family councils to have their voices heard, to have their concerns addressed and to make sure that it's being done in a meaningful way.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Fraser.

**Mr. John Fraser:** I encourage my Conservative colleagues on the other side of the table to support this motion. I think it's perfectly reasonable.

I think the thing that we forget is that residents pay often all of their income or almost all of their income to be in a residence, and some don't get the kind of accommodation they want because they can't afford that. I think it would be fair and reasonable of them to do this, to give them an advocate that is separate from government. The Patient Ombudsman should be separate from government as well; that's another issue.

So I just encourage members opposite to support the motion.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote? Schedule 1, section 40, amendment 20: All those in favour? All those opposed? The motion is lost.

Schedule 1, section 40: Any debate? Are members ready to vote? Schedule 1, section 40: All those in favour? All those opposed? It's carried.

There are no amendments to sections 41 to 79 of schedule 9. Do we have agreement to bundle them together? Any debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I think you have it wrong, Chair. There is no amendment to 41 to 78; there is an amendment to 79.

**The Acting Chair (Mr. Vijay Thanigasalam):** It's 79.1, so it's after 79.

We are looking at sections 41 to 79. Is there any debate? Are members ready to vote on sections 41 to 79? All those in favour? All those opposed? Carried.

Now, schedule 1, section 79.1, amendment 21: MPP Singh.

**Ms. Sara Singh:** I move that schedule 1 to the bill be amended by adding the following section:

“Continuity of care—minimum number of permanent full-time employees

“79.1 In order to provide a stable and consistent workforce and to improve continuity of care to residents, every licensee of a long-term care home shall ensure that no less than 70 per cent of the employees in each category of employment in the home are permanent full-time employees.”

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**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Singh?

**Ms. Sara Singh:** Yes, there is some debate. This amendment seeks to provide a baseline in terms of staffing ratios, ensuring that there is a level of full-time staff that are hired. We heard repeatedly, and we saw through the pandemic, that understaffed homes relying on agencies and part-time, precariously employed individuals has meant that we have a fractured and sometimes disconnected staffing strategy here in the province of Ontario.

Stakeholders time and time again indicated that there do need to be ratios in place to ensure that homes are required to hire full-time employees and ensure that a certain percentage—as we proposed, 70%—be full-time so that we can address a number of different concerns in the sector. One is a clear retention and recruitment issue within our health care resources. By providing full-time work, we can ensure that staff are adequately employed and not forced to work in two, three, sometimes more homes in order to make ends meet. This also ensures that residents will have the direct hands-on care they need, because there are adequate staff being resourced in these homes.

We encourage the government to support this motion, as we need to ensure that there is an adequate number of full-time positions being created and that homes, especially those that are for-profit, are actually mandated to ensure that a certain percentage of their workforce is full time.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I couldn't agree more with my colleague MPP Singh. We heard this over and over again. We heard it during the pandemic; we heard it over and over again last week in the presentations, just how important it is. Fixing-the-staffing piece to ensure that people have full-time employment that comes with decent pay and benefits is a big part of the retention piece, which is such an issue right now. It's not just a question of getting more young people in. They're not going to stay if they have to run around like rabbits from one poorly paying job to another.

This idea of 70% of permanent full-time employees gives room to those who don't want to work full-time while still ensuring that you can fix the retention issue and have good jobs for people who just want one solid job at one place.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Gélinas.

**M<sup>me</sup> France Gélinas:** We all have to remember that quality of care is directly linked to continuity of care, and continuity of care can only happen with continuity of

caregivers. If you have a different person giving you your bath every week, it leads to nothing but problems, but it is also poor care.

Most of the care in a long-term-care homes is very personal care. To have a different provider all the time—we are all human beings. We don't like this. They don't like this. So to mandate 70% of permanent full-time makes a whole lot of difference.

We had the same issue in hospitals retaining nurses 40 years ago—I was there—and we solved it the same way. We mandated 70% full-time work in our hospitals for nurses and for most other categories, and hospitals fixed their recruitment and retention problem. It will work the same way for long-term care. If we are serious that we want to solve the problem with recruitment and retention, then we put in legislation 70% permanent full-time. I guarantee you the same thing will happen to our long-term care that happened to our hospitals. It will help solve the human resources problem we have now.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** There is a regulation-making authority at subsections 92(2)(h), (i) and (j) that accompanies section 80, as currently drafted in the bill, that would allow regulations to be made on the issue of staffing. As you know, our government has made historic investments of \$4.9 billion to increase the average hours of direct care provided by personal support workers, registered nurses and registered practical nurses to an average of four hours per resident per day. This will create over 27,000 new, full-time-equivalent positions in long-term-care homes. These investments will also support a 20% increase in average care time provided by allied health care professionals.

A key area of action in Ontario's long-term-care staffing plan focuses on improving working conditions, including increasing full-time employment. This is, once again, one of the discussion areas that is being held at the stakeholder table that the deputy minister and I, as parliamentary assistant, are chairing.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** That's okay. I'll let MPP Singh go.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Singh.

**Ms. Sara Singh:** Thank you, MPP Gélinas. I think that the government may be missing the point here in terms of why we're proposing this amendment in terms of the staffing ratios that are needed. As we've outlined as opposition members, this will help address the staffing crisis in long-term care by signalling to folks in the sector that the government is serious about ensuring that there are adequate staffing levels. I think the continuity-of-care piece is essential to highlight again: By ensuring that 70% of the workforce in those long-term-care homes are permanent staff, we can ensure that there isn't—

*Interruption.*

**The Acting Chair (Mr. Vijay Thanigasalam):** You are muted.

**Ms. Sara Singh:** Sorry, I think I got muted because of an incoming call. I apologize. It's actually a health care worker calling me, but that's not the point.

Back to this conversation here about why it's so important: It's critical because it's going to ensure that that continuity of care continues for residents, that they continue to see the same faces and that those staff have the security that they need through stable employment to do the great work that they do.

I'll throw it over to MPP Gélinas to share a little bit more.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Gélinas?

**M<sup>me</sup> France Gélinas:** No, all good.

MPP Triantafilopoulos, to know that there is regulation-making authority doesn't cut it. People have waited too long to see changes in long-term care. There was regulation-making authority way back in 2007 to mandate a minimum standard of care. In 2007, it was to be 3.5 hours of hands-on care. They gave themselves the regulation-making authority; they never did it. So to tell people that we have regulation-making authority to make 70% of jobs permanent full-time, nobody believes that you have an intention of doing it. If you have an intention of doing it, put it in legislation right here, right now.

**The Acting Chair (Mr. Vijay Thanigasalam):** Are members ready to vote on amendment 21? MPP Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote.

**The Acting Chair (Mr. Vijay Thanigasalam):** Recorded vote. Are members ready to vote on amendment 21?

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Harris, Kusendova, McDonell, Pettapiece, Triantafilopoulos.

**The Acting Chair (Mr. Vijay Thanigasalam):** It's lost.

Before we move on to the next amendment, I think it's time to take a health break for five minutes or, if you want, 10 minutes. Why don't we come back at 3:35? Okay.

*The committee recessed from 1530 to 1535.*

**The Acting Chair (Mr. Vijay Thanigasalam):** Welcome back to the committee. We are on schedule 1, section 80, amendment 22: MPP Gélinas?

**M<sup>me</sup> France Gélinas:** I move that section 80 of schedule 1 to the bill be struck out and the following substituted:

"Continuity of care—limit on temporary, casual or agency staff

"80(1) In order to provide a stable and consistent workforce and to improve continuity of care to residents, every licensee of a long-term care home shall ensure that the total number of temporary, casual and agency staff in each category of employment in the home does not amount to more than 10 per cent of the employees in that category.

“Exception, minister may increase percentage amount

“(2) The minister may increase the percentage amount referred to in subsection (1) in the case of emergencies or exceptional and unforeseen circumstances.

“Agency staff

“(3) In subsection (1),

“‘agency staff’ means staff who work at the long-term care home pursuant to a contract between the licensee and an employment agency or other third party.”

So the idea behind this is to really focus on continuity of care, and that means having full-time permanent staff. We are not banning them completely, but we are putting a target of no more than 10% unless you explain and the ministry agrees in unforeseen circumstances. A maximum of 10% of agency temporary casual staff should improve the continuity of care, because it’s directly linked to continuity of caregivers.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** Just to echo the comments by MPP Gélinas: What we’re proposing here with this amendment is to ensure that there is continuity of care, that there are adequate full-time positions being created, and that the reliance on agency staff which we heard time and time again was contributing to major concerns within the sector is addressed.

Agency staff are often overworked, underpaid and not being given opportunities towards full-time employment, either. And so, what we proposed is to address what we heard from people in the community, to limit the number of agency staff that are able to work in the homes and to ensure again that we’re addressing the retention and recruitment issues within the sector by creating and providing full-time work for individuals.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Berns-McGown.

**Ms. Rima Berns-McGown:** Again, we heard over and over and over again last week that conditions of work are conditions of care, which is what my colleagues have effectively been saying. When you provide people with a consistent working environment, you are also providing residents with consistent care, and that means somebody who understands them, who doesn’t have to start from scratch every time. It’s good for everybody.

It feels like this is such a solid move towards fixing the sector. It also means that we’re not going to see a lot of issues that we saw during the pandemic that brought the tragedy to the flare-ups that it did. This is just such an important step forward, and I hope that the government members will support it.

1540

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I agree with my colleagues that continuity of care is important. However, where no other immediate staffing solution is available, limiting a home’s flexibility to bring on the staff they need could have a critical impact on meeting the care needs of residents.

Bill 37 already includes regulation-making authority in subsection 92(2)(h) which would enable the Lieutenant Governor in Council to make regulations that could place limits on the use of temporary, casual and agency staff by licensees. Any such requirements would require consultation to ensure risks and any unintended consequences are fully understood and addressed.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** I thank MPP Triantafilopoulos for her comments, but I think we’ve heard from a number of experts in the sector who indicated that the reliance on agency staff is contributing to concerns around staffing continuity, as well as the fact that many long-term-care operators actually were operators of agencies themselves, and so this created a disincentive to have full-time work and employees in the homes, because the operators themselves were also benefiting by the reliance on agency staff, as well.

I can appreciate what the member is sharing, but we need to address this fundamental issue, to ensure that both agency staff are not being exploited but that real full-time work is being created in these homes to address the fundamental issue in long-term care, which is a staffing crisis.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 22? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Recorded vote.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Harris, Kusendova, McDonell, Pettapiece, Triantafilopoulos.

**The Acting Chair (Mr. Vijay Thanigasalam):** The motion is lost.

Schedule 1, section 80: any debate? Are members ready to vote on schedule 1, section 80? All those in favour? All those opposed? Carried.

Schedule 1, section 80.1, amendment 23: MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I move that schedule 1 to the bill be amended by adding the following section:

“Paid sick days

“80.1(1) An employee who has been employed by a licensee for at least six consecutive months is entitled to a minimum of 10 paid sick days each calendar year because of a personal illness, injury or medical emergency.

“Same, limit

“(2) An employee’s entitlement to sick days under this section is limited to a total of 10 days in each calendar year.

“Advising licensee

“(3) An employee who wishes to take a paid sick day under this section shall advise the licensee that the employee will be doing so.

“Same

“(4) If the employee must take the paid sick day before advising the licensee, the employee shall advise the licensee of the sick day as soon as possible after beginning it.

“Paid sick days deemed to be taken in entire days

“(5) For the purposes of an employee’s entitlement under subsection (1), if an employee takes any part of a day as a paid sick day under this section, the licensee may deem the employee to have taken one paid sick day on that day.

“Evidence

“(6) A licensee may require an employee who takes a paid sick day under this section to provide evidence reasonable in the circumstances that the employee is entitled to the paid sick day.

“Paid sick day taken under employment contract

“(7) If an employee takes a paid sick day under an employment contract in circumstances for which the employee would also be entitled to take a paid sick day under this section, the employee is deemed to have taken the paid sick day under this section.

“Same, application of subs. (5) to paid sick days

“(8) Subsection (5) applies with necessary modifications to a paid sick day deemed to have been taken under subsection (7).”

**The Acting Chair (Mr. Vijay Thanigasalam):** Any debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** We’ve had a really fulsome debate in the House on multiple occasions, as well as in the media and on social media and within various political campaigns over this issue. There really is coming to be a consensus in society that you do not want to force people to choose between going to work sick, particularly when they work with vulnerable people, and being able to pay their rent and their bills and put food on the table for their families. This is not a choice that, in a society like Ontario, we should be forcing people to make. Unfortunately, I think all of us have seen the repercussions of not having paid sick days. We allowed the pandemic to spread much further, we caused people unnecessary illness and even death and we, frankly, caused people to face eviction because we did not have a proper amount of paid sick days. I cannot think of a more important amendment that needs to be added to the bill, and I urge government members to pass this.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Singh?

**Ms. Sara Singh:** I just want to reiterate the same. I think we know, and evidence clearly shows us, that many health care workers and those in our long-term-care sector do not have access to paid sick days. This amendment seeks to provide those paid sick days so that if workers in our long-term-care sector are not well and are unable to come to work, they are not penalized, they do not fear losing their job and do not come into work if they are sick because of fear of losing pay. I urge the government to support this amendment to help provide our health workers in our long-term-care sector the paid sick days they need not only to protect themselves, but to help keep our vulnerable residents safe as well. The evidence is

clear. The calls to action from groups and stakeholders across the sector for paid sick days for workers in general are very supportive, but I think now, more than ever, we understand the importance of ensuring those employed in our long-term-care sector also have access to the paid sick days they need and that they deserve.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Gélinas?

**M<sup>me</sup> France Gélinas:** I couldn’t agree more. The issue of paid sick days is directly linked to how fast we can put this pandemic behind us, because I can tell you that in the Sudbury public health area right now, things are not doing good. I’m stuck working from home—I shouldn’t say stuck; I respect the public health directives to work from home. The arenas have just closed. A lot of the privileges that we finally—the reopening plan is not reopening; it’s closing up on us. And why? Well, because many of the outbreaks that we have right now are in people who had symptoms of COVID but could not afford to take a day off without pay, and this pandemic then spread in their workplace, they brought it back to their kids, who spread it to their classes and to their school bus, and we are in the mess we are in now.

1550

We know that paid sick days will have a direct impact on how much longer our economy suffers from the pandemic lockdowns, how much longer we look at outbreaks in areas of care such as our long-term-care homes. We can do something to shorten and put this pandemic behind us faster and sooner—and it couldn’t be soon enough for me—by bringing about 10 paid sick days. Let’s do that.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** “Paid sick leave” is negotiated as a term through collective bargaining where that is applicable within the long-term-care sector and in compliance with the applicable law.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Well, I can tell you that pay increases are negotiated also, but the government passed Bill 124 that limited their power to negotiate pay increases. If you can limit the power to negotiate pay increases, you can also put forward legislation that gives them paid sick days. It’s not something that needs to be negotiated; it’s something that can and should be put in law right here, right now, for everybody who works in long-term care.

**The Acting Chair (Mr. Vijay Thanigasalam):** MPP Fraser.

**Mr. John Fraser:** I would encourage the government members to vote for this. Ten paid sick days are critical to keep people healthy, but particularly critical in long-term care because they are the most vulnerable people among us. I think that the argument in terms of employment contracts—you can stipulate this in legislation and make sure that everyone is covered, even those people who aren’t represented.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? Are members ready to vote on amendment 23 on schedule 1, section 80.1?

**Ms. Sara Singh:** I'd like to request a recorded vote.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Harris, Kusendova, McDonell, Pettapiece, Triantafilopoulos.

**The Acting Chair (Mr. Vijay Thanigasalam):** The motion is lost.

Schedule 1, section 81: Any debate? Are members ready to vote? All those in favour? All those opposed? Carried.

Schedule 1, section 82, amendment 24: MPP Singh.

**Ms. Sara Singh:** I move that paragraph 2 of subsection 82(7) of schedule 1 to the bill be struck out and the following substituted:

“2. Caring for persons with Alzheimer’s disease, dementia or other mental health issues.

“2.1 Caring for persons with intellectual or cognitive disabilities.”

**The Acting Chair (Mr. Vijay Thanigasalam):** I just want to clarify: It’s amendment 24. Any debate? MPP Singh.

**Ms. Sara Singh:** This amendment seeks to expand the definition of training and opportunities for training for staff related to Alzheimer’s and dementia, as well as other mental health concerns, and specifically, training around individuals with intellectual or cognitive disabilities. We heard from many stakeholders that training related to Alzheimer’s and dementia and caring for people with intellectual disabilities was limited and it needed to be expanded to account for the changing needs of residents in long-term care, but also adequately prepare staff for the reality of care in long-term-care homes. These shortcomings need to be addressed through legislation so that staff and residents feel confident in the care that they are receiving and able to provide.

Our amendment seeks to expand those definitions to include advanced diseases for the aging population, as well as cognitive or intellectual impairments, and ensure that staff understand how to ensure that care is being provided in a compassionate and dignified way to individuals experiencing either Alzheimer’s, dementia or other mental health concerns and those living with intellectual or cognitive impairments.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I am fully aware that section 7 talks about additional training and direct-care staff. They have to be trained in abuse recognition, mental health, dementia and other areas provided for in regulation.

Let’s face it: 90% of residents of long-term care have cognitive impairment. Two-thirds of them have a diagnosis of dementia and close to half of them have a diagnosis of Alzheimer’s disease. It makes sense to make sure that we add to the list, directly in legislation, people living with Alzheimer’s, as well as—they are not as numerous, but they exist in pretty much every one of our long-term-care homes, where we find often younger people living with a cognitive disability. Again, those should be specifically listed in the list of additional training that the home must provide to their staff.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I agree that training for long-term-care staff is critical. Bill 37 already sets out training requirements in subsection 82(7) for staff who provide direct care to residents. The language is much broader than the language in this motion and is inclusive of a range of mental health-related issues including dementia care and Alzheimer’s care. This motion is already captured in Bill 37. Therefore, I would suggest the motion is redundant and not necessary.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I agree that there is a longer list. We are keeping the longer list. The only thing that we are changing—paragraph 2 right now reads: “Mental health issues, including caring for persons with dementia.” We add to this “caring for people with Alzheimer’s disease, dementia and other mental health issues,” plus we add “caring for persons,” but the rest of the list is still there. We’re not taking anything away. We’re not shrinking it or anything. We’re just adding.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh.

**Ms. Sara Singh:** As MPP Gélinas highlights, we’re not trying to take away anything or limit the scope of the definition here at all. In fact, we’re trying to expand it and make sure that it’s as inclusive as possible.

We heard from a number of stakeholders who were concerned that there wasn’t explicit mention of individuals with intellectual disabilities or dementia, for example, and some of the elements of training. I know that those stakeholders want to see this amendment so that they can ensure that the definitions are expanded and that it is explicitly clear. So I hope that the government will be able to support this.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Triantafilopoulos?

**Ms. Effie J. Triantafilopoulos:** We believe that our language on this is much broader. It’s inclusive of all sorts of mental health issues, so we’ve captured dementia under our amendment on mental health. Alzheimer’s limits the language; dementia is specifically mentioned. I would recommend to my colleagues that they support what we have already set out in our legislation.

**The Acting Chair (Mr. Vijay Thanigasalam):** Further debate? MPP Singh?

**Ms. Sara Singh:** I can appreciate what MPP Triantafilopoulos is sharing with us; however, there isn't language here that's specific to people with intellectual disabilities.  
1600

As we've highlighted and many have indicated—and the data is very clear—more and more young people with intellectual disabilities are being forced into long-term-care homes as their housing solution and care. Despite them being very young in age, some as young as 30 are calling long-term care home because government after government has failed to provide the adequate supports for individuals with intellectual disabilities to live independently in their communities. Therefore, we're calling on the government to do the right thing here: to implement and ensure that there is adequate training available to staff to identify, to understand and to work with people specifically with intellectual disabilities.

Your legislation does not do that. Our amendment seeks to expand that definition to ensure that everyone is feeling supported and that there is an inclusive environment being created in our long-term-care homes, despite their not being the appropriate housing solution for those individuals.

**The Chair (Ms. Laurie Scott):** Thank you. Further debate? I will ask, are the members ready to vote? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Recorded vote.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I will declare the motion lost.

We will then move on to schedule 1, section 82. Any debate? Seeing none, I will ask if members are ready to vote. All those in favour, please raise your hands for the Clerk to count. All those opposed, please raise your hands. Thank you very much. That part is carried.

There are no amendments to sections 83 to 92 of schedule 1. Do we have an agreement to bundle them together? Any debate? No. Shall schedule 1, sections 83 to 92 carry? All those in favour, please raise your hands. All those opposed? Carried.

We're now moving on to amendment number 25 of schedule 1, section 93. I believe someone may have their hand up somewhere. MPP Gélinas, please go ahead.

**M<sup>me</sup> France Gélinas:** I move that section 93 of schedule 1 to the bill be amended by adding the following subsection:

“Same, capital costs to establish for-profit long-term care homes

“(2.1) Without restricting the generality of subsection (2), the minister may recover any funding the minister provided as capital costs to establish a for-profit long-term care home if the home,

“(a) has its licence suspended or revoked; or

“(b) is otherwise not using its premises as a long-term care home.”

The idea behind this amendment is really that right now, the government pays the for-profits that build a home the complete costs of building over a 30-year period. They do this by every month sending an amount of money that will cover the costs over 30 years. So the taxpayers pay for those buildings.

The residents pay a monthly rent. The monthly rent goes directly to the for-profit, and we all know that all of those homes are full all the time, with 38,000 people waiting to get in. Yet there are some homes who don't provide long-term care and need to have their licence suspended and otherwise are not using their homes, so this will give the government the legislative tools that it needs to stop paying for the building costs of a building that is not being used as a long-term-care home but was granted a licence as a long-term-care home.

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** This just seems like a good business practice, right? You wouldn't keep giving money to somebody, when you have stipulations around it, when they're not keeping those stipulations or whether they have done something wrong that means that their licence needs to be suspended. This is just good business. You don't do this, and particularly when it's public money, it's important because it's accountability for public funds.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think MPP Berns-McGown hits the nail on the head there. This is really about accountability, as well, and ensuring that a provider who is not providing care doesn't continue to receive public dollars. I think that this is something that the government should support to ensure that there is transparency, that there is accountability and that homes that aren't providing the level of care or care that they've outlined in their contracts they are required to do are not continuously rewarded with lucrative contracts and more taxpayers' money.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** This motion appears to demonstrate a misunderstanding of how long-term care is funded. This motion is not required, as the capital funding subsidy is provided for over 25 years of the home operating, and not provided upfront. Should a licence be revoked or for any other reason should the home stop operations, the funding would no longer be provided. In addition, the development agreement, which is an agreement under the act, already provides for mechanisms to recover funds, including the development grant, in a series of circumstances.

**The Chair (Ms. Laurie Scott):** Is there further debate? Seeing none, are the members ready to vote? MPP Singh.

**Ms. Sara Singh:** I'm just requesting a recorded vote here.

**Ayes**

Berns-McGown, Gélinas, Sara Singh.

**Nays**

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

Now, shall schedule 1, section 93 carry? Any debate? All those in favour? All those opposed? Carried.

There are no amendments to sections 94 to 111 of schedule 1. Do we have agreement to bundle them together? Okay. Shall schedule 1 of sections 94 to 111 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

1610

We'll now go to schedule 1, section 112, and government amendment number 26. MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I move that subsection 112(2) of schedule 1 to the bill be amended by striking out "under section 104 and subject to section 105" and substituting "under section 100 and subject to section 101".

**The Chair (Ms. Laurie Scott):** Debate?

**Ms. Effie J. Triantafilopoulos:** This amendment will make a technical correction to ensure subsection 112(2) is referring to the correct sections in the bill.

**The Chair (Ms. Laurie Scott):** Further debate? Are members ready to vote? Can all those in favour please raise your hands? All those opposed, please raise your hands. Carried.

Shall schedule 1, section 112, as amended, carry? Any debate? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

There are no amendments to sections 113 to 118 of schedule 1. Do we have agreement to bundle them together? Any debate? Shall schedule 1, sections 113 to 118, carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Moving to schedule 1, section 119, government amendment number 27: MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** I move that subsection 119(1) of schedule 1 to the bill be struck out and the following substituted:

"Review by minister

"119(1) A person, including a licensee, may request the minister to review a decision of the director under this part with respect to a decision to,

"(a) issue or not to issue a licence;

"(b) approve or not approve the transfer of a licence or beds under a licence; or

"(c) give or not to give an undertaking to issue a licence."

**The Chair (Ms. Laurie Scott):** Debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment would add a licence transfer to the items that may be subject to a minister's review of a director's decision and establishes which director's decisions may be subject to review.

The amendment is required to provide additional transparency and oversight of decisions of the director on the issuance of a licence, transfer of a licence and giving of an undertaking.

**The Chair (Ms. Laurie Scott):** Further debate? Seeing none, are members ready to vote? I'll ask all those in favour to please raise their hands. All those opposed, please raise your hands. Carried.

I will then move to amendment number 28. MPP Triantafilopoulos, please carry on. Sorry.

**Ms. Effie J. Triantafilopoulos:** I know it's late in the day, Chair.

I move that section 119 of schedule 1 to the bill be amended by adding the following subsection:

"Minister's decision

"(3) Following a review under subsection (1), the minister may make any decision provided for in the regulations."

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The amendment is required as it would add the ability for the regulation to set out the decisions the minister may make during a minister's review. This enables the regulation to further define the decisions that the minister can make in relation to the review. The regulation would set out the minister's powers for the review.

**The Chair (Ms. Laurie Scott):** Further debate? Seeing none, are members ready to vote? I will ask all those members in favour, please raise your hands. All those opposed, please raise your hands. I declare it carried.

Moving on, shall schedule 1, section 119, as amended, carry? Any debate? Seeing none, are the members ready to vote? All those in favour, please raise your hands. All those opposed, please raise your hands. I declare the motion carried.

There are no amendments to sections 120 to 143 of schedule 1. Do we have agreement to bundle them together? Yes. Any debate? Shall schedule 1, sections 120 to 143 carry? All those in favour, please raise your hands? All those opposed, please raise your hands. Carried.

We'll now turn to schedule 1, section 144, NDP amendment number 29. MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** I move that section 144 of schedule 1 to the bill be amended by adding the following subsection:

"Skills, training and qualifications of inspectors

"(4) The minister shall ensure that any inspector appointed for the purposes of this act possesses the proper skills, training and qualifications to inspect a long-term-care home and any place operated in connection with the home and providing services to it."

**The Chair (Ms. Laurie Scott):** Debate? MPP Berns-McGown, please go ahead.

**Ms. Rima Berns-McGown:** This is another section of the act that really needs some careful attention. As we have discovered to our collective horror over the pandemic, but also before it, the inspections of long-term-care homes are so very important. So to have people equipped with the proper training and skills and qualifications to do those inspections seems to be absolutely crucial.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think, as MPP Berns-McGown highlights, it's fundamental that we ensure that inspectors are adequately trained to carry out inspections. We understand how important these inspections are to ensuring that there is quality of care being provided that meets the standards that the government outlines, but often we note that that is not the case. We need inspectors who are trained, who understand the sector, who understand health care, and we need to legislate what that training looks like.

We heard in committee and through our consultations with stakeholders that there are a lot of concerns with the lack of training or lack of clarity around inspections and inspectors. As MPP Berns-McGown says, this is certainly an area in this legislation that needs some improvement and just some clarity with respect to the requirements of inspectors and their training.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** There are many other places in this bill where we insist on certain care providers having certain training. I think it is appropriate for the inspectors to also have the skills, training and qualifications to do the job.

1620

**The Chair (Ms. Laurie Scott):** Any further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** I do appreciate the intent of this motion that my NDP colleagues have brought forward, but the amendment would add new requirements surrounding the appointment of inspectors. Stringent hiring policies are in place to ensure inspectors are qualified and able to competently fulfill their duties under the act. To be currently considered for the position, inspectors must be part of a regulated health profession and be members in good standing with their respective professional colleges. Once hired, all inspectors undergo a rigorous six-to-eight-month-long certification process that includes training, education and fieldwork to ensure that they are fully prepared for their role. This amendment is unnecessary, as the professional Ontario Public Service is the best way to determine the skills of the inspectors.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Fraser.

**Mr. John Fraser:** I would encourage members of the government to support this motion. Look, there's no harm in putting this into legislation, because you're putting it there to create some permanence. The way that it is right now, there is no permanence in the requirements for people being hired. I don't think it's in regulations. It sounds to me like it's a policy. This is a perfectly reasonable thing. I encourage the government to put it in.

**The Chair (Ms. Laurie Scott):** Any further debate? Seeing no further debate, are the members ready to vote? This vote will be on amendment number 29 in schedule 1, section 144. And MPP Singh—I'm sorry. Please, yes?

**Ms. Sara Singh:** It's okay. I'm just requesting a recorded vote. I don't know, Chair, if there is a mechanism through committee to request a UC of some kind to have all votes

recorded moving forward, just to save us time. I would certainly ask for some indulgence around that, if that's possible.

*Interjection.*

**The Chair (Ms. Laurie Scott):** I'm afraid that the Clerk is giving information that we do have to do it each time. If it's not done, it's not recorded, and it has to be done to be recorded. Sorry, MPP Singh. Thank you for that. But this is a recorded vote right now on amendment number 29 of schedule 1, section 144.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

Moving on now to amendment number 30 of schedule 1, section 144, I am looking for someone to move the amendment. MPP Singh, please go ahead.

**Ms. Sara Singh:** I move that section 144 of schedule 1 to the bill be amended by adding the following subsection:

“Restriction

“(5) The minister shall ensure that an inspector is not permitted to inspect a long-term care home if the inspector is employed or was previously employed at the home.”

**The Chair (Ms. Laurie Scott):** Debate? MPP Singh.

**Ms. Sara Singh:** Absolutely, and thank you, Chair. This amendment is extremely important. We have heard from folks in the sector that they are very concerned that inspectors who were previously employed by the home in which they are conducting inspections are perhaps not always acting in the best interest of the home or staff in the home. This amendment seems like pretty common sense to ensure that those who are employed in the sector are not then employed as inspectors in our long-term-care sector either.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown?

**Ms. Rima Berns-McGown:** It's just so clear that you need to avoid conflict of interest, and you actually need to avoid the appearance of conflict of interest also. They're two separate but equally important pieces. This is such a clear and obvious amendment that needs to be passed.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Fraser.

**Mr. John Fraser:** I'd encourage the government members to vote for this amendment. It's pretty much a no-brainer. Avoiding conflict of interest is something that protects all parties. I would suggest that this should go further and talk about corporations, because that would be a conflict as well, but in any event I support it. Again. I can't vote for it, but I encourage the members of the government to support this motion.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** Upon starting their employment, public servants are to required swear or affirm the oath of affirmation of allegiance, in which the duty to act in an ethical manner is emphasized. Inspectors are bound by conflict of interest rules which prohibit them from, among other things, giving preferential treatment, disclosing confidential information, accepting gifts or using their position of employment to benefit themselves or others. To be considered for the role of inspector, candidates must not be currently employed by a long-term care home, be part of a regulated health profession and be members in good standing with their respective professional colleges.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** What I heard from MPP Triantafilopoulos is that members may not be currently employed by a long-term-care home, but that doesn't take care of the fact that they may have been past employees and isn't really addressing the concern that we're raising through this amendment, which again seems like common sense and helps us avoid a potential conflict of interest.

Despite inspectors taking this oath, we have heard from folks in the sector that there are concerns of those who have been previously employed in long-term care homes are now being employed as inspectors. Not only does this create a conflict of interest potentially, but it also does not create confidence in the inspection process that is being carried out in those homes where inspectors were previously—

*Failure of sound system.*

**The Chair (Ms. Laurie Scott):** Madame Gélinas?

**M<sup>me</sup> France Gélinas:** There's nothing wrong with someone who has worked in a long-term-care home becoming an inspector. They know the system. They were there before. They know the tricks and know what to look for. The problem comes when they are sent to do the inspection of the home they used to work in, and that happens a lot. It takes away the legitimacy of most of her—because they are mostly women—recommendations. We can fix that, and that's what this amendment will do.

**The Chair (Ms. Laurie Scott):** Further debate? Are members ready to vote? MPP Singh.

**Ms. Sara Singh:** A recorded vote, please.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

Just to raise this point before we go to the next part: The Clerk has said that during debate, you can ask actually for a recorded vote. So if that makes it easier when you're speaking, just say you'll have a recorded vote. Since we're

on Zoom, it's harder to chase everybody down, so if that makes it easier—thank you very much, Valerie.

Shall schedule 1, section 144 carry? Any debate? Seeing none, I'll call for the members to vote. All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Schedule 1, section 145: Any debate? Seeing none, I'll ask all members in favour to please raise your hand. All opposed, please raise your hand. Carried.

**1630**

Now we'll go to schedule 1, section 146, amendment 31. I look to MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 146 of schedule 1 to the bill be struck out and the following substituted:

“Annual comprehensive inspection

“146(1) Every long-term care home shall undergo a comprehensive inspection at least once a year.

“Minimum requirement for comprehensive inspection

“(2) A comprehensive inspection of a home shall include, at a minimum,

“(a) at least one inspector for every 64 or fewer beds inspecting the physical premises of the home over at least a four-day period;

“(b) the random selection of 10 per cent of residents or a minimum of five residents, whichever is larger, for the purposes of,

“(i) interviewing some or all of the selected residents,

“(ii) inspecting the selected residents' health records, including medications, and

“(iii) interviewing the selected residents' family members and the staff and others who provide direct care to the selected residents;

“(c) interviews of the residents' council and family council of the home;

“(d) observations of the home, including of the provision of food and fluids to the residents;

“(e) an examination of the infection prevention and control program of the home;

“(f) an analysis of the information collected from clauses (a) to (e) and the identification of areas of the home that require further inspection; and

“(g) any other requirements provided for in the regulations.”

**The Chair (Ms. Laurie Scott):** Debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** We all know that comprehensive inspections have been useful. They are useful for homes to learn from their mistakes, to change things, to learn what's going on in other homes so that we can develop best practices in long-term care. The proactive inspections that are in legislation right now have not been defined and leave a lot of definitions and stuff to regulations. The people of Ontario do not want to leave things to regulations a couple of months before an election. They want to be clear that comprehensive inspections will take place yearly in our long-term-care homes, and this is what this amendment sets out to do, so that we can protect the 78,000 vulnerable people who live in our long-term-care homes.

**The Chair (Ms. Laurie Scott):** MPP Singh.

**Ms. Sara Singh:** Just to echo what MPP Gélinas has shared, it is critical that we define the types of inspections and the minimum requirements for those inspections as well. We know that throughout the pandemic, inspections were not being conducted on a regular basis and, prior to that, they had been whittled away. We need to ensure that residents, as well as families and people working in the sector, have confidence in the types of inspections that are being conducted, and that's what this amendment seeks to do.

I urge the government to support it, as we need to provide that clarity and we need to legislate what these inspections will look like.

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I can't agree more. Imagine if these inspections in this way had been in place during the pandemic as well as before—but if during the pandemic, we would not have ended up with the nightmares that we did. I think it's a really clear illustration of why they are needed in the way that they have been laid out.

To MPP Gélinas's point, people are paying attention right now. They know that this bill is going to be putting together a badly needed set of reforms for this sector. They're looking to see this in the bill; they don't want it left to regulations.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The ministry launched a new proactive inspection program in November 2021, under a framework that is resident-centred, and it includes direct discussions with residents and families. The program focuses on the care needs of residents and the homes' programs and services, and will ensure every home is inspected annually. Inspectors will conduct observations of residents and their care and follow a standard set of inspection protocols for consistency across all long-term-care homes.

The results of the proactive inspections will assist the ministry and long-term-care homes in determining areas of focus where the long-term-care homes can benefit from additional tools, such as guidance material and best practices. Steps that have already been taken and that have been put into action by the professionals of the Ontario Public Service make this section and this motion unnecessary.

**The Chair (Ms. Laurie Scott):** Is there any further debate? Are the members ready to vote? We're voting now on schedule 1, section 146, amendment number 31. All those in favour, please raise their hands. All those opposed, please raise your hands. The motion is lost.

Shall schedule 1, section 146 carry? Any debate? Seeing none, all those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

There are no amendments to sections 147 to 149 of schedule 1. Do we have agreement to bundle them together? Any debate? Shall schedule 1, sections 147 to 149 carry? All those in favour? All those opposed? Carried.

Moving on to amendment number 32 of schedule 1, section 150: MPP Berns-McGown, please go ahead.

**Ms. Rima Berns-McGown:** I move that section 150 of schedule 1 to the bill be amended by adding the following subsection:

“Same

“(3.1) Despite subsection (3), if an inspector makes a demand under clause (1)(c) and the person having custody of the record or other thing is a staff member of a long-term care home, the inspector shall provide the staff member with a reasonable period of time to produce the record or other thing and production shall be done during normal business hours.”

**The Chair (Ms. Laurie Scott):** MPP Berns-McGown, go ahead.

**Ms. Rima Berns-McGown:** This amendment is intended to just regularize the process by which a record or evidence would need to be produced and to make sure that there is a reasonable period of time for that to happen and to ensure that it does happen. So there won't be excuses, and it's all about a question of ensuring that we have transparency and accountability, again, for our homes.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** I'm not exactly sure on this particular motion why my colleagues would propose a motion that would make it easier for homes to delay in providing information to ministry inspectors. This amendment would add a requirement that would allow a person obligated to produce a record or a thing to an inspector to have a reasonable period of time to produce it and require the production to be done in normal business hours. To maintain the integrity of the inspection, the person having custody of the required record must produce it within the time frame specified by the inspector, and so long-term-care-home inspections are unannounced and may take place at any reasonable time at any home or place operated in connection to a home. Where important records are required as part of an inspection, long-term-care-home staff must assist the inspector in accessing and interpreting that record in a timely way. Despite the opposition's desire to keep inspections to business hours, I would recommend that we should be voting against this motion for these reasons.

1640

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** I think that perhaps the member misunderstands the intent of this motion, which is to ensure that staff in those long-term-care homes, who are ready are understaffed, under-resourced, burnt out, do not have adequate staff supports available for them, have a reasonable amount of time to produce the materials that are requested of them during an inspection. That's what this motion seeks to achieve: not to take away from the timeliness of that thing or material being produced but to ensure that staff have the adequate time to produce the thing that is being requested of them.

**The Chair (Ms. Laurie Scott):** Further debate? Are members ready to vote? I'll ask all those in favour to please raise their hand. This is on amendment number 32

of schedule 1, section 150. All those in favour? All those opposed, please raise your hands. I declare the motion lost.

Shall schedule 1, section 150 carry? Any debate? Seeing none, all those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

There are no amendments to sections 151 to 153 of schedule 1. Do we have agreement to bundle them together? Yes. Any debate? No. Shall schedule 1 of sections 151 to 153 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. It's carried.

Schedule 1, section 154, amendment number 33: I look to MPP Singh, please.

**Ms. Sara Singh:** I move that subsection 154(2) of schedule 1 to the bill be struck out and the following substituted:

“Where non-compliance remedied in certain cases

“(2) Despite subsection (1), an inspector is not required to take an action under subsection (1) if,

“(a) the inspector finds that the licensee has not complied with a requirement under this act but,

“(i) the licensee remedied the non-compliance prior to the conclusion of the inspection, or

“(ii) the inspector is satisfied that the licensee has implemented a plan to remedy the non-compliance by a date specified by the inspector; and

“(b) the inspector documents their findings in accordance with subsection 152(3), as well as the remedy.”

**The Chair (Ms. Laurie Scott):** Debate? MPP Singh.

**Ms. Sara Singh:** This amendment seeks to ensure that homes that are doing their part to remedy a complaint or address findings in an inspection are not unnecessarily fined or penalized if they are taking the necessary actions to address the complaint or findings in the inspection.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I would say the second part of the motion is just as important, that it still has to be documented. The fact that there was non-compliance, that they fixed it before—all good, but it still has to be part of their findings. The remedy has to be part of the findings as well, and the timeline, just to make it absolutely clear to everyone that this has happened, it was fixed very quickly, and we moved on.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** Again, it seems to me that this motion is actually making it easier for a home to avoid an issue of non-compliance. This amendment would prohibit an inspector from issuing non-compliance findings if a licensee was able to immediately remedy the non-compliance, or remedy by a future date. This amendment could result in inspectors taking no action, even if the non-compliance posed a risk of harm or caused harm to a resident.

Section 154(2) of the bill provides a narrower scope so that inspectors could still issue findings of non-compliance in instances where a home has immediately remedied the issue where there was a risk of harm or actual harm to a

resident. This motion would remove accountability for non-compliance by licensees.

The bill seeks to improve accountability and enforcement to ensure residents get the care they deserve. Additionally, the requirement for an inspector to require a licensee to prepare, submit and implement a written plan for achieving compliance is captured under “Compliance orders,” subsection 155(1)(b), which would ensure follow-up by the inspector.

So I wonder if you could address why it is that you are intent on making inspections and accountability easier for homes, and not following the recommendation that we have in our act?

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** What we have heard time and time again from front-line workers and those in the long-term-care sector, specifically those in not-for-profit homes and municipally operated homes, is that there is a culture of fear being created by this government with respect to inspections. What we're trying to do though this amendment is provide supports, and reward those who are addressing complaints in a proactive and timely manner by not penalizing them but ensuring that their efforts are acknowledged.

As MPP Gélinas says, number 2 here is critical. It's not that there is no documentation of non-compliance that is in place. There is documentation of non-compliance. There is also documentation of the efforts being taken to mitigate the issue in the first place and to proactively address it. So I think that this helps address the culture of fear that this government has created in our long-term-care homes, but it would actually help those homes that are acting on the inspections, that are being proactive to try to address the complaint, to feel confident.

Again, it goes back to some of our continuous improvement conversation that we had earlier. If homes are seeking to improve the conditions in those homes, then we should support them in that process and acknowledge that good work. We shouldn't just continue to penalize them and create this culture of fear in those homes as well.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** The process of inspections in our long-term-care homes is like in no other parts of our health care system. In other parts of our health care system, everybody gets inspected. Don't get me wrong. The labs get inspected, the primary care, the hospitals. But when the inspection is in place, it is in part to show, “Here's what you do, here's what the best practice looks like and here's how you can improve.” So we're trying to insert language in our long-term care that would show the inspection—sure, you do something that is detrimental, you're not in compliance. But to also have inspectors who see the best practice in the other homes that are under their jurisdiction, and talk to them about it, that “Here's the best practice.” And if you see them interested in improving their quality of care, you document everything but you don't find them in non-compliance.

This is how it's done in many, many other parts of our health care system, and it works. It motivates people to work toward best practice. Having a fine and having somebody come and do a whole bunch of non-compliance just puts fear in everybody. It doesn't motivate them to provide better care.

1650

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** [*Inaudible*] because I think what we heard through many of the presentations was that there was a lack of coaching and capacity-building being built into the sector to acknowledge those best practices, but also to help homes build the capacity they need to address those concerns in a constructive way. Again, as MPP Gélinas highlighted and we are reiterating, it's not to not hold bad actors accountable. That's not what this amendment seeks to do. What it seeks to do is to enable those who want to address those concerns in a constructive way to be able to have the capacity to do that.

**The Chair (Ms. Laurie Scott):** Further debate? Seeing none, are members ready to vote? Okay. Let's vote on schedule 1, section 154—

*Interjection.*

**The Chair (Ms. Laurie Scott):** Oh, Lord. Sorry. The hands are going. Okay, MPP Singh.

**M<sup>me</sup> France Gélinas:** Recorded vote, please.

**The Chair (Ms. Laurie Scott):** MPP Gélinas, thank you. That's fine.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

Does schedule 1, section 154, carry? Any debate? No. All those in favour, please raise your hand. All those opposed, please raise your hand. Carried.

There are no amendments to sections 155 to 157 of schedule 1. Do we have agreement to bundle them together? Okay. Any debate? No. Shall schedule 1, sections 155 to 157 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Moving to schedule 1, section 158, amendment number 34, I'm looking for someone from—MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** Thank you, Chair. Sorry, MPP Gélinas, was this one yours?

**M<sup>me</sup> France Gélinas:** All good.

**Ms. Rima Berns-McGown:** I move that section 158 of schedule 1 to the bill be amended by adding the following subsection:

“No application to municipal, joint, First Nations or non-profit long-term care homes

“(1.1) Despite subsection (1), an administrative penalty may not be issued to a licensee of a municipal home, joint home or First Nations home approved under part IX or a non-profit long-term care home.”

**The Chair (Ms. Laurie Scott):** Debate, MPP Berns-McGown?

**Ms. Rima Berns-McGown:** I actually do not know what this is trying to fix, so perhaps MPP Gélinas can—

**The Chair (Ms. Laurie Scott):** No problem. MPP Gélinas, further debate?

**M<sup>me</sup> France Gélinas:** Sure. In line with the comments I just made is that in health care, in the not-for-profit long-term-care homes, the inspection should be there to try to improve, to bring best practice into the long-term-care home. The way we have it is that if a long-term-care home is not in compliance, we will take money away from a not-for-profit—except that in a not-for-profit home, all the money that comes basically gets directed toward care. It gets reinvested toward care.

In the for-profit, they take money out of the system and give it to their shareholders, but in a not-for-profit, in a charitable home, in a First Nations home, in a municipal home, every dollar that the government spends will be invested into the care. So if a home is having a tough time—and that happens; every health care provider, at times, has a tough time—taking money away from them is actually going to take opportunities for them to do better. That makes no sense. Let's get rid of this. We'll keep it for the for-profit—we can see how it could have a role to play in for-profit—but it has no role to play in not-for-profit, charitable, municipal and First Nations homes.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Fraser, and then MPP Singh.

**Mr. John Fraser:** I encourage the government caucus members to support this amendment. It's right on the money. The reality is the reason why we have this legislation and we have these regulations is because we have for-profit corporations. Essentially, what we're doing here in this legislation is what we've done for 20 years. It's a franchise agreement. That's not what we have with our not-for-profit partners. We don't do it to schools. We don't do it to hospitals. We don't do it to child care. So I encourage you to support this motion.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** To echo the comments that have already been made: As I said earlier, there is a real culture of fear that is being created with the administrative penalties that would be put in place, especially for the not-for-profit sector and municipally operated homes that do reinvest all of their excess revenues back into care, ensuring that it is going into direct care, not the pockets of their shareholders. Applying an AMP to those homes would mean that they are forced to take money out of their operating budgets, for example, to pay these administrative penalties, rather than reinvest that money into care.

What we have heard from folks in the not-for-profit and municipally operated homes in that sector is that any administrative penalties that are applied would actually take away from care, and that is a huge concern. What this amendment seeks to do is, again, not to penalize those homes any further and take dollars out of care. We want to make sure that we're building in coaching and capacity in the sector and that we're not unnecessarily penalizing those that are investing directly into care.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The Ministry of Long-Term Care funds homes equally. The laws, regulations and policies apply equally, regardless of ownership model. Administrative monetary penalties are intended to encourage compliance and hold all long-term-care homes to the same standard. Excluding some homes from this enforcement tool could result in a two-tiered accountability framework, which could negatively impact some residents' care and quality of life. The bill, if passed, would give the director the authority to reduce the amount of the penalty if it was deemed excessive or punitive in nature when taking into account the circumstances.

**The Chair (Ms. Laurie Scott):** Further debate? Are members ready to vote? MPP Singh, please.

**Ms. Sara Singh:** Just a recorded vote, please.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I declare the motion lost.

We will now move on to amendment number 35 of schedule 1, section 158. Could I ask MPP Singh or Gélinas—whichever one wants to, just start speaking.

**M<sup>me</sup> France Gélinas:** I'm unmuted. I'll go. Rima and I switched places there, Sara. Sorry about that.

I move that section 158 of schedule 1 to the bill be amended by adding the following subsection:

"Payment of administrative penalty by for-profit long-term care homes

"(12) A licensee of a for-profit long-term care home who is required to pay an administrative penalty under this act shall not use any funding provided by the minister to the licensee under this act to pay the penalty."

This is really trying to help the residents by making sure that the money that was to be used for the running of the long-term-care home does not end up being the money that is paid for non-compliance. It's as simple as that.

1700

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The Liberal government is the government that put administrative monetary penalties in legislation in 2017 but never proclaimed them into force. It was at a time when our colleague Mr. Fraser was, in fact, the parliamentary assistant to the Minister of Health and Long-Term Care. Administrative monetary penalties are intended to encourage compliance and prevent a licensee from deriving economic benefit from non-compliance. Administrative penalties will not take funds away from resident care, as those funds are dedicated exclusively to resident care.

Further to the ministry funding policy, monetary penalties would not be an eligible expense from this funding envelope. Furthermore, this is an area where regulations can provide further clarity if needed. Regardless of ownership model, penalties may only be paid from revenues derived from non-long-term-care sources or the "other accommodation envelope."

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh?

**Ms. Sara Singh:** I appreciate MPP Triantafilopoulos outlining that the Liberal government, in fact, had administrative penalties in legislation since 2017, but it's also this government since 2018 who chose not to move forward with proclaiming those penalties into law. As a result of that, we know that through the pandemic, homes with the worst actors, with inspections revealing clear instances of neglect, were still, and to this day, not held accountable for what happened in those homes. So I think it's important to highlight that as well.

I think that one of the concerns that has been raised by many through these consultations is that homes in the not-for-profit sector do not have alternative revenue-generating opportunities, as those in the for-profit sector may, to be able to pay the fines. So the concern that we raised in a previous amendment and we're raising here again is that these administrative penalties can have a negative consequence in terms of the outcomes of care because dollars will need to be taken from care in these homes in order to pay any penalties that would be applied. It's not clear where the minister and the ministry expect these homes to generate this additional revenue to pay these penalties from if it's not going to come out of the care envelope. So we need clarity around that, and I encourage the government to ensure that homes have that clarity and that they should, in fact, hold the homes that had inspections that clearly outlined neglect—that those homes actually be held accountable. That hasn't happened yet, and I think it's unfortunate.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready to vote? MPP Gélinas was first.

**M<sup>me</sup> France Gélinas:** Recorded vote.

**The Chair (Ms. Laurie Scott):** Thank you.

**M<sup>me</sup> France Gélinas:** We'll get there someday.

**The Chair (Ms. Laurie Scott):** I know. Don't hesitate to mention it within your debate also, if you wish.

**Ayes**

Berns-McGown, Gélinas, Sara Singh.

**Nays**

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I then declare the motion lost.

Schedule 1, section 158: Any debate? Okay. Are members ready to vote? All those in favour? All those opposed? Carried.

Moving on to amendment number 36: schedule 1, section 159. MPP Singh, please go ahead.

**Ms. Sara Singh:** I move that section 159 of schedule 1 to the bill be amended by adding the following subsection: “Director shall revoke licence

“(2.1) The director shall make an order revoking a licence if, in the director’s opinion,

“(a) the licensee has not complied with a requirement under this act and has not taken reasonable action to remedy the non-compliance within a reasonable period of time; and

“(b) it is in the public interest to revoke the licence.”

**The Chair (Ms. Laurie Scott):** Thank you. Debate? MPP Singh, please go ahead.

**Ms. Sara Singh:** Thank you, Chair. We’ll certainly be requesting a recorded vote on this. I got it in there.

I think this amendment is important because we have seen, as I said earlier, in many instances that there have been homes that have been non-compliant, but there has been no accountability in place to hold those homes accountable or to have those licences revoked.

We know that through the pandemic, some of the worst actors, such as Orchard Villa, will continue to see their licences renewed despite what inspections detailed. This amendment seeks to ensure that that never happens again, that homes that are found to be in non-compliance are held accountable and that their licences are revoked and they aren’t continuously rewarded with more public dollars in our long-term-care sector.

There needs to be transparency, there needs to be accountability, and this amendment seeks to achieve that by revoking a licence if a home is found to be non-compliant and hasn’t, within a reasonable time, remedied the non-compliance or the complaint that has been brought against them.

I think it’s a fair amendment and something that this government should support to help provide trust and accountability in our long-term-care sector.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** People are desperate for accountability, and that accountability has to come with the possibility of people losing their licence if they don’t show that they are acting always in the interests of residents and families.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Right now, there are many actors within long-term-care homes who see getting a licence for long-term care as an opportunity to print money forever on end. Every month, the government will pay for your building, so your building ends up costing you nothing. Every single one of your rooms, no matter how old, no matter how small, no matter how poorly maintained it is, will be packed, and you will get \$1,800 minimum per room for this.

There is no incentive for the for-profits to focus on care. They are making money hand over fist. To have in law that you could lose your licence—remember, a licence to print money—will make for-profit homes look at their behaviour a little bit more than they do now. It will also give the government the tool they need to be able to enforce this, because I guarantee you, the day that a government tries to take a licence away, there will be a lineup of lawyers from Sudbury to Toronto to defend the for-profit long-term-care homes so they do not lose their licence to print money, their licence to run a long-term-care home.

By putting it into law, you make it feasible for government to do this, because Orchard Villa is a perfect example of a home that should never have their licence renewed.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment, as proposed, provides vague conditions where the director may revoke a licence. The bill already provides grounds for which a licence may be revoked. If this amendment were to be adopted, the bill might have to be further amended to provide a definition of “public interest” to use in this context, as it is defined for use in other sections of the bill. Given that the powers and conditions already exist, this motion is clearly unnecessary.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready to vote? We are going to have a recorded vote.

1710

**Ayes**

Berns-McGown, Gélinas, Sara Singh.

**Nays**

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I declare the motion lost.

Schedule 1, section 159: Is there any debate? Seeing no debate, we will ask all the members if they’re ready to vote on schedule 1, section 159. All those in favour? All those opposed? Carried.

There are no amendments to sections 160 to 179 of schedule 1. Do we have agreement to bundle them together? Agreed. Any debate? Shall schedule 1, sections 160 to 179

carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Now, moving on to amendment number 37, schedule 1, section 180: MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 180 of schedule 1 to the bill be amended by adding the following subsection:

“Same, publication timeline

“(2) The director shall publish the information described in clauses (1)(a) to (f) on a website of the government of Ontario.”

This is very simple. It makes that information easily available and accessible to all so that we have licensee information for the different homes on a government of Ontario website, so you don't have to search.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** Given what we're trying to do here, transparency is everything.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** Just to build on that, we heard from presenters who wanted to see this amendment. Information should be readily accessible to the public, and this amendment calls for that to happen.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The government is indeed committed to transparency as one of the key pillars in fixing long-term care. This amendment would amend the bill by requiring the director to publish certain information on a government website. A user-friendly portal is being launched to provide comprehensive and comparable information on all homes. Specifying that information is published on a website would limit the director's flexibility in publishing method. Not all information might be best suited to publication on a website, especially as technology continues to evolve.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** Sorry, Chair, I'm just trying to get some clarity from the government members who are suggesting that a website isn't the best place to make information publicly available. How else do we then intend to ensure that the public has access to this information, if not through a website?

**The Chair (Ms. Laurie Scott):** I'll ask for further debate. Seeing none, are members ready to vote?

**M<sup>me</sup> France Gélinas:** A recorded vote.

#### Ayes

Berns-McGown, Gélinas, Sara Singh.

#### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

I will now ask, in respect to schedule 1, section 180, if there's any further debate. Shall schedule 1, section 180 carry? All those in favour, please raise their hands. All those opposed, please raise your hands. Carried.

Schedule 1, section 181: Do we have any debate there? Shall schedule 1, section 181 carry? All those in favour? All those opposed? Carried.

Moving to amendment number 38, schedule 1, section 182: Go ahead, MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** I move that section 182 of schedule 1 to the bill be struck out and the following substituted:

“Compellability, civil suit

“182. The director, an inspector or a person who, at the request of an inspector, accompanies an inspector, or a person who makes an examination, test, inquiry or takes samples at the request of an inspector, is not a compellable witness in a civil suit or any proceeding unrelated to the administration of part X of this act, except an inquest under the Coroners Act, a proceeding, inquiry or investigation under the Ombudsman Act or a proceeding, inquiry, investigation or audit of an officer of the assembly acting under any other act, respecting any information, material, statement or test acquired, furnished, obtained, made or received under this act or the regulations.”

**The Chair (Ms. Laurie Scott):** Debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** This amendment would allow inspectors to be a compellable witness in expanded circumstances, including under the Ombudsman Act and where officers of the assembly are involved. The Ombudsman of Ontario and other parliamentary officers have an important role in investigating complaints about issues in the broader public sector, including within long-term care. This proposed amendment further ensures the safety of long-term-care residents by ensuring the proceedings of the Ombudsman of Ontario or other audits of an officer of the assembly acting under any other act are unencumbered.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** We have pretty much the exact same motion coming, number 39, so just forewarning you that we will be withdrawing.

We support this as it restores the power of the Ombudsman that had been taken away in the bill, and that will make sure that the Ombudsman has the power to compel the ministry to give information and produce documents during investigation, which is something the Ombudsman has asked for.

**The Chair (Ms. Laurie Scott):** Is there further debate? Are the members ready to vote on amendment number 38? All those in favour, please raise your hands. All those opposed? Carried.

Amendment number 39 is withdrawn, so we shall now move on.

Shall schedule 1, section 182, as amended, carry? I'll ask if there's any debate. Seeing no debate, I'll ask members to vote. All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

There are no amendments to sections 183 and 184 of schedule 1. Do we have agreement to bundle them together? Is there any debate? I see none. Shall sections 183 and 184 of schedule 1 carry? All those in favour, please raise your hands. All those opposed? Carried.

1720

We'll move to schedule 1, section 184.1, a new section. It's amendment number 40. I'll look to MPP Berns-McGown, please.

**Ms. Rima Berns-McGown:** I move that schedule 1 to the bill be amended by adding the following section:

“Financial disclosure

“184.1 The minister may require a licensee to disclose to the minister all purchases the licensee has made for a time period if the purchases were,

“(a) made for the long-term care home of the licensee, and

“(b) made from an entity under the ownership or partial ownership of the licensee.”

**The Chair (Ms. Laurie Scott):** Further debate?

**Ms. Rima Berns-McGown:** This is really important, because it enables full transparency around the interests of the licensee and how they may be benefiting from policies and procedures that they have set up that might benefit them financially, especially if they're a corporate owner.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Unfortunately, it's becoming more and more common practice for long-term-care licensees in the private sector to hire from temp agencies that they own themselves, so that they can make a profit on every single hour of every single staff they hire through a temp agency. It is becoming more and more common for private, for-profit long-term-care-home licensees to also own a pharmacy and drug distribution. They buy all of the drugs that are needed for the residents of the long-term-care home through drug purchasing and pharmacy entities that they own. Those would now become a whole lot easier to identify, and the bill would make it clear that this is something that the ministry and the government can and will look at.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** It seems to me that the scope of the motion is not defined and so it's difficult to determine its impact. Licensees are subject to robust policies, terms and conditions associated with ministry funding and accountability agreements. Given that transfer policy agreements and ministry policies already include significant oversight and requirements, this motion seems unnecessary.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I would like to take this moment to ask for a recorded vote.

I would like to point out that it's not unnecessary, because we have a situation at the moment where, as MPP Gélinas has pointed out, long-term-care-home licensees are using temp agencies that they themselves own, which means that they are committed to the temp agency model

because they benefit from it financially. That actually is not, as we've discussed, in the interests of their residents. So you have a conflict of interest of profit versus a health and well-being interest at odds with one another. In fact, this kind of disclosure and open discussion is extremely important and apt.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** We all know that long-term-care homes are not allowed to take money out of the personal care envelope. The care envelope is supposed to be solely used for care, but once you start to use it to buy staff through temp agencies that you own, you are actually making a profit out of the personal care and support envelope that you're not supposed to make a profit out of. The creativity of the long-term-care system to make money knows no bounds. This would allow us to basically bring disclosure of financial purchases so that we can see where the money goes. If you're not supposed to make a profit out of the personal care support envelope, then they should not be buying temp workers through agencies that they own because they are making a profit out of a financial line that they are not allowed to make a profit out of.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Singh.

**Ms. Sara Singh:** Just to echo what my colleagues are sharing here, this is about increasing transparency and accountability for public dollars by requiring homes to disclose to the minister all purchases that those licensees have made. We've heard from many residents, families and staff in long-term-care homes that they are concerned that dollars are not being reinvested into care. So this is an ask that homes make it transparent how they are spending those dollars, and disclose to the public, as well as to the minister, those financial allocations and any revenues that are generated, how those are spent and reallocated.

I think it's a very, very important amendment that the public wants to see, because many homes, especially those in the for-profit sector, are being provided lucrative contracts by the government and there is a lack of clarity and a lack of transparency around how their finances are spent, and the disclosure processes as well. So this is what this amendment seeks to achieve, and I hope that the government will support it to ensure that there is greater transparency and accountability for licensees as well.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** It appears to me that the official opposition wants every purchase, from lifts to paperclips, accounted for, and it seems like an unusually heavy burden on the licensee to be able to be asking for this kind of measure to be approved.

**The Chair (Ms. Laurie Scott):** Is there further debate? Okay. I know this is a recorded vote.

MPP Gélinas, did you want to add anything else?

**M<sup>me</sup> France Gélinas:** I don't care about paper clips, but I care a whole lot about where the staff comes from and why we continue to have temp agency staff, with a revolving door of different people who come and give you

your bath every morning. That's not quality care. That's something that falls on the shoulders of the government to fix. You have an opportunity to fix it with this amendment. Bring transparency so that you will see where the money really goes, and when they're not supposed to make a profit and they're still making a profit, you will be in a position to act.

I don't care about paper clips; I care an awful lot about temporary workers in long-term care.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready to have a recorded vote? Okay.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** The motion is lost.

There are no amendments to sections 185 to 192 of schedule 1. Do we have agreement to bundle them together? Yes. Any debate? Shall schedule 1, sections 185 to 192 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We will now move to schedule 1, section 193, amendment number 41 by the official opposition. I will turn to MPP Singh.

1730

**Ms. Sara Singh:** I move that paragraph 4 subsection 193(2) of schedule 1 to the bill be struck out.

**The Chair (Ms. Laurie Scott):** Debate? MPP Singh.

**Ms. Sara Singh:** I believe that this motion seeks to remove language around "controlling interest" and is something that I think is needed to provide some more clarity.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The spirit of this amendment is captured under motion 3. The motion is not required, as it would remove the ability for the Lieutenant Governor in Council to make a regulation that defines "controlling interest" informed by the applicable sections in the regulation. As section 112(2) allows for regulatory exceptions for gaining a controlling interest, the government could propose a regulation that would outline what constitutes a controlling interest requiring director's approval.

As the regulation will include exceptions for gaining controlling interest approval, as drafted, if the bill is passed, the definition of "controlling interest" could be included in the regulation.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready for the vote? This is for amendment number 41, schedule 1, section 193. All those in favour, please raise your hands. All those opposed, please raise your hands. The motion is lost.

Schedule 1, section 193: Any debate? Shall schedule 1, section 193 be carried? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

There are no amendments to sections 194 to 206 of schedule 1. Do we have agreement to bundle them together? Okay. Any debate? Shall schedule 1, sections 194 to 206 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We'll now turn to the preamble, amendment number 42. The government member MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** I believe the next two motions, the government's and the NDP's, are out of order. I will move motion 42 now, and ask for unanimous consent to consider it if the Chair rules it out of order. But I would like to ask my colleagues from the NDP that, if they grant unanimous consent to consider and debate our motion 42, we will grant unanimous consent to consider and debate their motion 43.

**The Chair (Ms. Laurie Scott):** Does the government member choose to move?

**Ms. Effie J. Triantafilopoulos:** I would like to move motion 42. Shall I proceed to do so?

**The Chair (Ms. Laurie Scott):** Yes, please.

**Ms. Effie J. Triantafilopoulos:** Okay. I move that the fifth paragraph of the preamble to schedule 1 to the bill be amended by adding "emotional" after "psychological".

**The Chair (Ms. Laurie Scott):** If I could do a ruling, please, first. In the case of a bill that has been referred to a committee after second reading, a substantive amendment to the preamble is admissible only if it is rendered necessary by amendments made to the bill. I find that the bill has not been amended in such a way to warrant this amendment to the preamble. I therefore find this amendment out of order.

**Ms. Effie J. Triantafilopoulos:** Chair, I'm seeking unanimous consent to debate this motion.

**The Chair (Ms. Laurie Scott):** Do we have unanimous consent? MPP Gélinas. Yes, please go ahead, MPP Triantafilopoulos—oh, I'm sorry, MPP Gélinas. I'm sorry. Go ahead.

**M<sup>me</sup> France Gélinas:** I'm trying to find it in the bill. What page are we on?

**The Chair (Ms. Laurie Scott):** It's in the front. We're just going to get you the page number here: page 6.

**M<sup>me</sup> France Gélinas:** Thank you.

**The Chair (Ms. Laurie Scott):** MPP Triantafilopoulos?

**Ms. Effie J. Triantafilopoulos:** Have we got unanimous consent?

**The Chair (Ms. Laurie Scott):** Have we got unanimous consent to debate? Yes.

**Ms. Effie J. Triantafilopoulos:** Thank you. Seniors entering long-term care today are older and have more complex needs, including emotional needs. Supporting all aspects of residents' well-being, including caring and providing for their emotional needs, is part of a high quality of care and fosters the best quality of life. Taking a holistic approach to residents' health and well-being

requires acknowledging and addressing their emotional needs. It is for this reason that we're adding the word "emotional" to the preamble and asking for your support of this.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I think this is a good idea. It should have been there in the first place, but I'm happy to add it now.

**The Chair (Ms. Laurie Scott):** Any further debate? Are members ready to vote? All those in favour, please raise your hands. All those opposed, please raise your hands. I declare the vote carried.

Moving on to the preamble, amendment number 43. Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I'm not sure. Sara, did you want to take it?

**Ms. Sara Singh:** It's absolutely fine. I'm happy to start it off and then we'll kick off the debate, if that's all right, since I have the floor now.

**The Chair (Ms. Laurie Scott):** Sure. MPP Singh.

**Ms. Sara Singh:** All right. Thank you so much.

I move that the preamble to schedule 1 to the bill be amended by,

(a) striking out "and mission-driven" in the second-to-last paragraph; and

(b) striking out "mission-driven" in the last paragraph.

I'm also requesting a recorded vote.

**The Chair (Ms. Laurie Scott):** To committee members, in the case of a bill that has been referred to a committee after second reading, a substantive amendment to the preamble is admissible only if it is rendered necessary by amendments made to the bill. I find that the bill has not been amended in such a way to warrant this amendment to the preamble. I therefore find this amendment out of order.

I believe, MPP Singh, you might want to ask for—

*Interjection.*

**The Chair (Ms. Laurie Scott):** I didn't want to say the words, but yes.

Yes, MPP Singh?

**Ms. Sara Singh:** I believe that I am asking for unanimous consent to have debate and have this motion heard.

**The Chair (Ms. Laurie Scott):** Thank you so much. Do we have unanimous consent? Yes, we do.

Please, whoever wants to go—MPP Singh or MPP Gélinas?

**Ms. Sara Singh:** I'll certainly start us off, and then I'm sure both MPP Gélinas and MPP Berns-McGown have thoughts on this, as this is a major, major concern for stakeholders across the province. Throughout committee hearings and prior to this, once this bill was tabled, we heard from stakeholders serious concerns with respect to language around mission-driven entities and the fact that this needed to be removed from the preamble.

Earlier amendments by the NDP sought to define mission-driven organizations and entities to provide further clarity. However, what stakeholders have shared with us as opposition members, but also to the government and in committee, is that "mission-driven" needs to be removed from the preamble, and that's what this amendment seeks to achieve.

I'm happy to move this amendment, because I think it's one that's really important and one that I hope the government will be willing to support.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I want everybody to remember that the Advocacy Centre for the Elderly, ARCH—which works for people with cognitive disabilities—Dr. Armstrong, the Canadian Federation of University Women, the Kingston Health Coalition, Ms. Lee, the London Health Coalition, the Ontario Council of Hospital Unions, CUPE, the Oxford Coalition for Social Justice, the Ontario Health Coalition, Ms. Parkes, Ms. Roebuck, Dr. Stamatopoulos, Unifor, United Steelworkers, Waterloo Region Health Coalition, as well as many others have all asked us to take "mission-driven" out of the preamble.

1740

Because the long-term-care system in Ontario is, in majority, by for-profit agencies whose mission is to make money and bring more money to their shareholders, they are very worried about this commitment to mission-driven organizations being in the preamble. If there was a clear commitment to not-for-profit long-term-care homes, that would change everything, but we don't have that, and pretty much every deputation and most of the people who wrote in all said the same thing: Take that out of the preamble.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** I just want to make the point, as my colleagues have been doing, that this was addressed in powerful, emotional, thoughtful presentations last week. There was a great deal of passion that came through—and I really want the committee to hear this. This was not, "Hmm, maybe we should think about taking this out." This was, "If this redo and reboot of the long-term-care system is going to work, it is absolutely vital that 'mission-driven' be taken out of the preamble, because it completely thwarts the whole notion of what it is that we're trying to do here and who is best equipped to do it." So it is absolutely essential that this happen.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Triantafilopoulos, please.

**Ms. Effie J. Triantafilopoulos:** The proposed legislation before us was, in fact, informed by recommendations of third-party reviews, including Ontario's Long-Term Care COVID-19 Commission. The preamble also states that the government is "committed to all long-term-care homes operating as mission-driven organizations," regardless of ownership model, "that have resident-directed, safe, quality care as the primary goal." The preamble recognizes many of those recommendations, including the important role of mission-driven organizations within the long-term-care sector.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Fraser.

**Mr. John Fraser:** I strongly recommend that the government reconsider their position. Simply put, we did hear from almost all the deputants that this needs to be removed from the bill. It's basically because the language has been

taken from the long-term care commission—the words have been taken from that—but there are no definitions and there’s no real clarity about what that means. It could mean a whole bunch of stuff. I think that having it there leaves it pretty wide open to interpretation, and it’s not going to achieve what the government thinks it’s going to achieve. It’s not clearly defined in your legislation. You’re borrowing language without defining it. I strongly recommend that you support this amendment.

**The Chair (Ms. Laurie Scott):** Further debate? MPP Berns-McGown.

**Ms. Rima Berns-McGown:** In MPP Triantafilopoulos’s explanation, she actually laid out the conflict of interest that is happening here. Just because the language has been taken from the long-term care commission doesn’t mean it actually applies here. Any organization or corporation can say that its mission is to do X, Y or Z, but in law, its fiduciary duty is to its shareholders, and that is a conflict of interest when you’re trying to ensure that your shareholders maximize their profits, on the one hand. That is in conflict with the idea that your goal is intended to be to maximize well-being and good health in all of the ways that we’ve talked about, including the psychological and emotional health of the residents and, therefore, their families as well. The problem is that these things are at loggerheads, and so if we take “mission-driven” out, then it’s clear at least what we are talking about.

**The Chair (Ms. Laurie Scott):** Further debate? Are the members ready to vote? Okay. MPP Gélinas?

**M<sup>me</sup> France Gélinas:** Did we say “recorded vote”?

**The Chair (Ms. Laurie Scott):** Yes, it’s a recorded vote.

### Ayes

Berns-McGown, Gélinas, Sara Singh.

### Nays

Kusendova, McDonell, Thanigasalam, Triantafilopoulos, Wai.

**The Chair (Ms. Laurie Scott):** I declare the motion lost.

Shall the preamble of the bill, as amended, carry? Any debate? Are the members ready for the vote? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Now, shall schedule 1, as amended, have any debate? Okay. Can we call for the vote then? Are members ready to vote? All those in favour of schedule 1, as amended, please raise your hands. All those opposed, please raise your hand. Carried.

We are now on schedule 2. There are no amendments to sections 1 to 30 of schedule 2. Do we have agreement to bundle them together? Yes. Any debate? Okay. Shall schedule 2, sections 1 to 30 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Now we will look at schedule 2 as a whole. Any debate? Are we ready to vote? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We’re on schedule 3 now. There are no amendments to sections 1 to 12 of schedule 3. Do we have agreement to bundle them together? We do. Any debate? Shall schedule 3, sections 1 to 12 carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We shall now move to schedule 3, section 13, amendment number 44. I go to MPP Wai.

**Mrs. Daisy Wai:** I move that section 13 of schedule 3 to the bill be amended by striking out subsection 113(2.3) of the Retirement Homes Act, 2010 and substituting the following:

“Purpose for collection

“(2.3) The authority may use the contact information collected under” substitution “(2.1) for the purpose of carrying out the authority’s objects set out in clauses 16(a) and (b).”

**The Chair (Ms. Laurie Scott):** Thank you. MPP Wai, I believe you might have said “substitution” instead of “subsection (2.1).” Just to clarify, you meant “subsection”? 1750

**Mrs. Daisy Wai:** Oh, yes; “subsection.”

**The Chair (Ms. Laurie Scott):** Okay. Thank you very much.

Any debate? Seeing none, are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. Carried.

Any debate on schedule 3, section 13, as amended? Are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. Carried.

Schedule 3, section 14: Any debate? Okay. Are the members ready to vote? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We’ll now move to schedule 3, section 15, amendment number 45. I’ll go to MPP Wai, please.

**Mrs. Daisy Wai:** I move that section 15 of schedule 3 to the bill be amended by adding the following subsection:

“(1.1) Subsection 121(1) of the act is amended by adding the following paragraph:

““20.1 governing the training of external care providers and information to be provided to external care providers by licensees;””

**The Chair (Ms. Laurie Scott):** Any debate? MPP Wai.

**Mrs. Daisy Wai:** I recommend voting for this motion, because allowing regulations that require licensees to ensure the external care providers are provided with information about the home’s policy to promote zero tolerance for abuse and neglect of residents, including the prohibition on borrowing. Emergency plans and infection prevention and control programs would ensure the external care providers have critical information to promote the safety and security of the residents and themselves. A regulation to this effect cannot be made without the motion to amend schedule 3.

**The Chair (Ms. Laurie Scott):** Further debate? Seeing none, are the members ready to vote on schedule 3, section 15, amendment number 45? All those in favour, please raise your hands. All those opposed, please raise your hands. I declare the motion carried.

Moving on to amendment number 46 of schedule 3, section 15. MPP Wai.

**Mrs. Daisy Wai:** I move that subsection 15(2) of schedule 3 to the bill be amended by adding “or receiving or holding a resident’s money or property” at the end of paragraph 28.1 of subsection 212(1) of the Retirement Homes Act, 2010.

**The Chair (Ms. Laurie Scott):** MPP Wai, we just want to double-check: It is subsection 121. I think you might have said “212.” You do mean “subsection 121”?

**Mrs. Daisy Wai:** Subsection 121. Did I say—

**The Chair (Ms. Laurie Scott):** It’s okay. That’s fine, as long as we have it clarified.

**Mrs. Daisy Wai:** Thank you.

**The Chair (Ms. Laurie Scott):** Any debate? MPP Wai.

**Mrs. Daisy Wai:** Yes. I recommend voting for this motion, because allowing a regulation to prohibit receiving or holding a resident’s money or property, in addition to the proposed prohibition against borrowing, would ensure that the act allows a regulation to be made that addresses multiple ways in which residents could be financially exploited. A regulation to this effect cannot be made without the motion to amend schedule 3.

**The Chair (Ms. Laurie Scott):** Further debate? Seeing no further debate, are the members ready to vote? All those in favour, please raise their hands. All those opposed, please raise your hands. Carried.

Shall schedule 3, section 15, as amended, carry? Any debate? All those in favour, please raise your hand. All those opposed, please raise your hand. Carried.

Schedule 3, section 16: Any debate? Are the members ready to vote? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Shall schedule 3, as amended, carry? Any debate? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We have to go back to the beginning and sections 1, 2 and 3. Can I bundle them together? Is it okay to bundle them together? Okay. Any debate? No. We’ll go to the vote, then. Shall sections 1, 2 and 3 of the bill carry? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

We’re going back to the title of the bill. Is there any debate on the title of Bill 37? Seeing no debate, I will ask for the vote. All members in favour, please raise your hands. All members opposed, please raise your hands. Carried.

Shall Bill 37, as a whole, as amended, carry? Any debate? All those in favour, please raise your hands. All those opposed, please raise your hands. Carried.

Shall I report the bill, as amended, to the House? All those—I’m so sorry. One moment. MPP Fraser?

**Mr. John Fraser:** I’d just like to make one comment. Thank you very much, Chair.

It would have been good for the government to have allowed an independent member—I’m considering myself—to participate in this committee. I’m not satisfied with what’s come out of this committee. Having said that, I just want to say to the Chair and to all my colleagues here that I appreciated the opportunity to participate in a limited way and for how you allowed that to be conducted. That’s all I wanted to say. Thanks, Chair.

**The Chair (Ms. Laurie Scott):** Thank you, MPP Fraser.

Shall I report the bill, as amended, to the House? All those in favour, please raise your hands. All those opposed, please raise your hands. So carried.

Thank you very much, everyone, for your patience and your time. We’re getting in right at 6 o’clock, so I declare the session adjourned. Thank you, everyone.

*The committee adjourned at 1759.*

**STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY**

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Ms. Laurie Scott (Haliburton–Kawartha Lakes–Brock PC)

**Vice-Chair / Vice-Présidente**

M<sup>me</sup> France Gélinas (Nickel Belt ND)

Ms. Rima Berns-McGown (Beaches–East York ND)

M<sup>me</sup> France Gélinas (Nickel Belt ND)

Ms. Goldie Ghamari (Carleton PC)

Mr. Faisal Hassan (York South–Weston / York-Sud–Weston ND)

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Ms. Natalia Kusendova (Mississauga Centre / Mississauga-Centre PC)

Mr. Randy Pettapiece (Perth–Wellington PC)

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

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

Mrs. Daisy Wai (Richmond Hill PC)

**Also taking part / Autres participants et participantes**

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

**Clerk / Greffière**

Ms. Valerie Quioc Lim

**Staff / Personnel**

Mr. Ralph Armstrong, legislative counsel