

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

---

**Official Report  
of Debates  
(Hansard)**

No. 40

**Journal  
des débats  
(Hansard)**

N° 40

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

Monday  
7 March 2022

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

Lundi  
7 mars 2022

---

Speaker: Honourable Ted Arnott  
Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

### **Hansard on the Internet**

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

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

### **Index inquiries**

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

### **Le Journal des débats sur Internet**

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

### **Renseignements sur l'index**

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

---

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



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

ISSN 1180-2987

# CONTENTS / TABLE DES MATIÈRES

Monday 7 March 2022 / Lundi 7 mars 2022

## MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

### Health professions

Ms. Jill Andrew .....2111

### Seasonal Agricultural Worker Program

Mr. Toby Barrett .....2111

### Long-term care

Ms. Catherine Fife.....2111

### International Women's Day

Mr. Stephen Crawford.....2112

### Anti-racism activities

Mr. Faisal Hassan.....2112

### Invasion of Ukraine

Mr. John Fraser .....2112

### International Women's Day

Ms. Goldie Ghamari.....2113

### Invasion of Ukraine

Mr. Jamie West .....2113

### Pamela and Harry Harakh

Mr. Michael Parsa .....2113

### Health care funding

Mr. Kevin Yarde .....2113

### Visitors

The Speaker (Hon. Ted Arnott) .....2114

## QUESTION PERIOD / PÉRIODE DE QUESTIONS

### Health professions

Mme France Gélinas .....2114

Hon. Paul Calandra .....2114

### Home care

Mme France Gélinas .....2115

Mrs. Robin Martin.....2115

### Government appointments

Mr. Taras Natyshak.....2116

Hon. Sylvia Jones.....2116

### Personal protective equipment

Mr. Randy Pettapiece .....2116

Hon. Ross Romano .....2116

### Public transit

Mr. Faisal Hassan.....2117

Hon. Stan Cho.....2117

### Child care

Ms. Kathleen O. Wynne.....2117

Hon. Stephen Lecce .....2118

## Release of public accounts

Ms. Goldie Ghamari.....2118

Hon. Prabmeet Singh Sarkaria .....2118

## Health care funding

Mr. Gurratan Singh .....2119

Mrs. Robin Martin.....2119

## Gaming control

Mrs. Belinda C. Karahalios .....2119

Mr. Will Bouma .....2120

## Mental health and addiction services

Ms. Effie J. Triantafilopoulos .....2120

Hon. Michael A. Tibollo .....2120

## Gasoline prices

Mr. Jamie West .....2121

Mr. Stephen Crawford.....2121

## Health professions

Mr. John Fraser .....2122

Hon. Paul Calandra .....2122

## Small business

Ms. Jill Andrew .....2122

Hon. Nina Tangri .....2122

## Social assistance

Mr. Mike Schreiner .....2123

Hon. Merrilee Fullerton.....2123

## Affordable housing

Mr. Wayne Gates .....2124

Mr. Jim McDonell.....2124

## Correction of record

Mr. John Fraser .....2124

## Supplementary estimates

Hon. Prabmeet Singh Sarkaria .....2124

## INTRODUCTION OF BILLS / DÉPÔT DES PROJETS DE LOI

### Getting Ontario Connected Act, 2022, Bill 93, Miss Surma / Loi de 2022 pour un Ontario connecté, projet de loi 93, Mlle Surma

First reading agreed to.....2124

Hon. Kinga Surma.....2124

### Climate Crisis Health Action Plan Act, 2022, Bill 94, Ms. Karpoche; Mr. Tabuns / Loi de 2022 sur le Plan d'action sur la crise climatique et la santé, projet de loi 94, Mme Karpoche; M. Tabuns

First reading agreed to.....2125

Ms. Bhutila Karpoche .....2125

<b>Long-Term Care Homes Amendment (Till Death Do Us Part) Act, 2022, Bill 95, Ms. Fife; Ms. Singh / Loi de 2022 modifiant la Loi sur les foyers de soins de longue durée (Jusqu'à ce que la mort nous sépare), projet de loi 95, Mme Fife; Mme Singh</b>	
First reading agreed to.....	2125
Ms. Catherine Fife.....	2125

### PETITIONS / PÉTITIONS

<b>Anti-racism activities</b>	
Mr. Faisal Hassan.....	2125
<b>Land use planning</b>	
Mrs. Belinda C. Karahalios.....	2125
<b>Municipal planning</b>	
Ms. Doly Begum.....	2126
<b>COVID-19 immunization</b>	
Mrs. Belinda C. Karahalios.....	2126
<b>Gasoline prices</b>	
Mme France Gélinas.....	2126
<b>Injured workers</b>	
Ms. Jill Andrew.....	2126
<b>Health professions</b>	
Ms. Jennifer K. French.....	2127
<b>Curriculum</b>	
Mr. Terence Kernaghan.....	2127
<b>Injured workers</b>	
Mr. Jamie West.....	2127
<b>Injured workers</b>	
Ms. Bhutila Karpoche.....	2128
<b>Injured workers</b>	
Mrs. Jennifer (Jennie) Stevens.....	2128

### OPPOSITION DAY / JOUR DE L'OPPOSITION

#### Home care

Ms. Andrea Horwath.....	2128
Mme France Gélinas.....	2131
Ms. Sara Singh.....	2131
Mme Lucille Collard.....	2132
Mr. Kevin Yarde.....	2132
Ms. Jennifer K. French.....	2133
Mrs. Robin Martin.....	2133
Ms. Jill Andrew.....	2139
Mr. John Fraser.....	2139
Mr. Wayne Gates.....	2140
Mr. Mike Schreiner.....	2140
Ms. Doly Begum.....	2141
Mr. Sol Mamakwa.....	2141
Ms. Christine Hogarth.....	2142
Mrs. Jennifer (Jennie) Stevens.....	2143
Mr. Faisal Hassan.....	2143
Mr. Tom Rakocevic.....	2144
Mr. Jamie West.....	2144
Ms. Catherine Fife.....	2144
Ms. Peggy Sattler.....	2144
Mr. John Vanthof.....	2145
M. Gilles Bisson.....	2145
Ms. Andrea Horwath.....	2145
Motion negatived.....	2146

#### Answers to written questions

Ms. Jennifer K. French.....	2147
Hon. Paul Calandra.....	2148

## LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 7 March 2022

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 7 mars 2022

*The House met at 1015.*

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

*Prayers.*

**The Speaker (Hon. Ted Arnott):** I want to acknowledge that we are meeting on lands traditionally inhabited by Indigenous peoples. We pay our respects to the many Indigenous nations who gathered here, and continue to gather here, including the Mississaugas of the Credit. Meegwetch.

This being the first sitting Monday of the month, I will ask everyone to remain standing for the Canadian national anthem, followed by the royal anthem.

*Playing of the national anthem / Écoute de l'hymne national.*

*Playing of the royal anthem / Écoute de l'hymne royal.*

**The Speaker (Hon. Ted Arnott):** Members may take their seats.

### MEMBERS' STATEMENTS

#### HEALTH PROFESSIONS

**Ms. Jill Andrew:** I'm rising on behalf of my community members in Toronto–St. Paul's who work as acupuncturists and traditional Chinese medicine practitioners. There are significant portions of the government's Bill 88, Working for Workers Act, that are not working for workers; namely, schedule 5. According to my constituents, this jeopardizes not only the careers of acupuncturists in Ontario, but also endangers the general public's health and safety. Section 2 essentially deregulates the profession and takes it backwards by decades. Nearly 40,000 folks have signed a Change.org petition in the last seven days and are against this government's plan to deregulate traditional Chinese medicine. If that isn't a dissenting voice, I don't know what is.

**1020**

My community wants to remind this government that dismantling their regulatory college paves the way for just about anyone to take up the profession regardless of their training. Schedule 5 will remove the safeguards, standards of practice and professional competencies required by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

Members have also flagged what they have reported as the "distinctively discriminatory nature of schedule 5," as it singles out traditional Chinese medicine, of which many practitioners are racialized. They've also flagged potential

conflicts of interest between this government and its pseudo consultation process around schedule 5.

Section 7 allows for the termination of all unresolved investigations, inquiries and proceedings related to fitness to practise or discipline that were being conducted by the college. How does this protect someone who may have a current investigation related to sexual harassment, clean needle techniques and so forth? How does section 7 promote accountability and protections for both practitioners and clients? It simply doesn't.

As one of our clinic owners in St. Paul's told me in an email, regulatory colleges are created to protect the public, not to create barriers for people who want to practise the medicine.

#### SEASONAL AGRICULTURAL WORKER PROGRAM

**Mr. Toby Barrett:** Good morning, everybody. I'd like to inform this House of what is, in my estimate, one of Canada's best foreign aid programs. It's a program that involves people who want to work to temporarily come to Canada, work at remuneration that, given exchange rates, is quite lucrative, bankrolling them to return home each year with significant savings. Speaker, I'm referring to the Temporary Foreign Worker Program and the Seasonal Agricultural Worker Program that contributes so much to Ontario's and Canada's agribusiness prosperity.

This year, something like up to 6,000 offshore workers will be arriving in Haldimand–Norfolk, primarily Norfolk county, initially early in the year for orchard pruning, then harvesting asparagus, and then on to planting and nurturing and ultimately harvesting and packing the plethora of fruit and vegetable crops, ginseng, tobacco and greenhouse products.

Quite simply, in my view offshore labour has been a welcome addition to our area's labour-intensive agriculture. It's a great, long-standing program and we cannot farm without it. All of Ontario's farm workers are a vital part of Ontario's food supply chain system. We've got a good system going here and we have to do everything we can to maintain this program in a safe and secure way.

#### LONG-TERM CARE

**Ms. Catherine Fife:** Later today, my colleague from Brampton Centre and I will reintroduce the Till Death Do Us part legislation. I first became involved with reunification of couples in long-term care back in December 2017, when I learned that Don and Patricia Deighton were

forced to live apart against their will after 64 years of marriage. He made a promise to her that he would never leave her alone. But so few options existed, they were never able to live together on the same care campus. It was never a priority. His lovely wife passed away. Ontario failed them.

Jim McLeod and his wife, married 60 years, have been separated for four and a half years. He travelled here to listen to the debate in 2019 and he wasn't impressed that that bill sat in committee for three years before prorogation. He delivered petitions for almost three years. He's not going to give up, and neither are we.

I've raised this issue with successive health ministers, including Eric Hoskins, Helena Jaczek, and the outgoing Minister of Health as well as the Minister of Long-Term Care. Five long years have passed. The pandemic revealed how broken the caring of seniors has become under successive governments. Dignity and integrity are at the heart of reuniting seniors in the last years of their marriage or partnership—one could also argue compassion and humanity. One bureaucrat at the former Waterloo LHIN said it's just not their policy—there are other priorities.

If we can agree that separating couples in their last years is wrong, let's change that. Let's make it a priority.

#### INTERNATIONAL WOMEN'S DAY

**Mr. Stephen Crawford:** Today I'm honoured to rise in the Legislature to bring attention to International Women's Day. Tomorrow, on March 8, we recognize International Women's Day. This day is significant because we reflect on the incredible achievements of women.

There are incredible organizations in Oakville that are empowering women in business, education, politics, and every part of our society. The Zonta club of Oakville was founded in 1973 and, since its creation, has been empowering women by providing resources, advocating for change, hosting fundraisers and establishing education projects. They are supporting women in my community and breaking barriers. Additionally, Zonta Oakville is celebrating International Women's Day with a beautiful archway in downtown Oakville. I encourage everybody in Oakville to go and visit and take a picture underneath to celebrate.

I would also like to bring attention to the Women of Halton Action Movement that is promoting women's advancement by developing and supporting social, political, cultural and economic strategies to achieve gender equality municipally, regionally, nationally and internationally. I'll be proudly joining their International Women's Day party that is raising funds for SAVIS of Halton and Canadian Women for Women in Afghanistan-Halton.

International Women's Day also reminds us that we need to continue to work towards creating a society that is free of discrimination, stereotypes and harassment, with equal opportunity. Being a father of four daughters and a

husband to my loving wife, Najia, women's issues matter greatly to me.

#### ANTI-RACISM ACTIVITIES

**Mr. Faisal Hassan:** On Wednesday, February 23, we marked a historic day in Ontario as the Ontario NDP officially introduced the Our London Family Act in the Legislature. Created in close collaboration with the National Council of Canadian Muslims, this new legislation will fight back against Islamophobia, hate and white supremacist groups.

On June 6, 2021, three generations of the Afzaal family were killed in an Islamophobic attack in London, Ontario.

In September 2020, Mohamed-Aslim Zafis had his life taken while volunteering his time at the IMO mosque in Toronto.

No one should be fearful of walking our streets, attending their places of worship and simply being a part of our society, based on their religion, their clothes or the colour of their skin.

The Our London Family Act takes bold and concrete action to tackle Islamophobia and hate in Ontario. This is not a partisan issue; it is a moral one.

Last week, the government, with no community consultation, took unprecedented action by moving the bill to committee before second reading debate. Words are not enough, Mr. Speaker. I urge the government to act in good faith and ensure that the Our London Family Act passes into law before the coming election, and I ask the government directly to provide assurances, a timeline and a plan to make sure this legislation becomes a reality. Our communities deserve no less than that.

#### INVASION OF UKRAINE

**Mr. John Fraser:** Last weekend, the Assumption of the Blessed Virgin Ukrainian Orthodox Cathedral in Ottawa held a donation drive for the people of Ukraine. Volunteers prepared boxes of donated priority medical and shelter-related items food, diapers, clothes and other desperately needed items. There was an outpouring of support to send much-needed humanitarian aid to the Ukraine, so much so that the donations had to be stacked outside the church. Ottawa came together, united, to support the people of Ukraine.

On Sunday, I attended the rally at Parliament Hill that was organized by the Ukrainian Canadian Congress. People from across Ottawa came to protest the war, call for peace and call for more action by their governments.

What is happening in the Ukraine is a horror, and in the face of this grievous suffering, we are all compelled to act, to help in any way we can to reduce that suffering.

It's important that governments take a leadership role in these efforts. While the province's contribution of \$300,000 was a welcome start, Ontario needs to do more. We need to do more to support communities that want to host refugees. We need to do more to match Ontarians'

contributions to the humanitarian effort, and we need to do that quickly.

#### INTERNATIONAL WOMEN'S DAY

**Ms. Goldie Ghamari:** Mr. Speaker, tomorrow is International Women's Day. It's a day to celebrate the achievements of women everywhere, to raise awareness, and to support equality.

I'm always inspired and supported every day by the wonderful women in my life, including my amazing mom, my sister and my grandmother, who are constant reminders that women can do anything.

International Women's Day is an opportunity to tell your family and friends how important they are.

I want to wish all of the amazing women and girls here in the Legislature and in my riding of Carleton, the ladies on my staff, and all of the women across the province a happy International Women's Day.

1030

I especially want to highlight that even though our politics might be different and we might not see eye to eye when it comes to policy, it's always a pleasure to see former Premier Kathleen Wynne, who was Ontario's first woman Premier, here in the Legislature. I also want to take a moment to recognize Jackie Gordon. Jackie Gordon is the first woman in Ontario to become Sergeant-at-Arms here in the Legislature.

Once again, thank you to all the amazing women, young girls and girls everywhere in my riding of Carleton and across the province. I want to thank everyone for being such a great inspiration. Happy International Women's Day to everyone.

#### INVASION OF UKRAINE

**Mr. Jamie West:** On February 24, Russia launched a wide-ranging attack on Ukraine. In Sudbury—just like every member of this House—we stand with Ukraine.

I've often said that Sudbury is a community that cares, and I want to give you a few examples. Last week, the Ukrainian Seniors' Centre began sewing Ukrainian flags as a fundraiser for those impacted by the war. Demand for the flags grew so quickly that they ran out of material.

The seniors are also fundraising by selling their hand-made perogies and their cabbage rolls. Within two days, they were completely sold out. Similarly, places like the Beef 'n Bird and the Caruso Club have also started fundraisers to stand with Ukraine. Sudbury is a community that cares.

Yesterday, on Sunday, I joined hundreds of Sudburians outside of St. Mary's Ukrainian Catholic Church. We had bad weather yesterday. Freezing rain filled our streets and our sidewalks with slush. It was a day where you could make an excuse about why you couldn't make it. But Sudbury doesn't make excuses. We are a community that cares. The sidewalk along Notre Dame, from Lloyd Street to Louis Street, was filled with Sudburians of all ages holding banners and waving blue and yellow Ukrainian

flags. Before we left, we stood outside of St. Mary's. We surrounded a giant blue and yellow Ukrainian flag as Halia Buba led us in chants of "Stand with Ukraine" and "Slava Ukraini."

In Sudbury, we are community that cares. We are a city that stands with Ukraine.

Slava Ukraini.

#### PAMELA AND HARRY HARAKH

**Mr. Michael Parsa:** Good morning to all my colleagues here in the Legislature.

On Saturday, I joined my colleagues from all levels of government—federal, municipal and, of course, myself and my colleague from the other ridings represented here in the Ontario Legislature—at the monthly meeting organized by two absolute champions in our area, Pamela and Harry Harakh of the Caribbean North Charities Foundation.

Every month, Pamela and Harry organize monthly meetings to be able to bring our community together to celebrate the history and arts and cultures of the various backgrounds that we are representing, making our community of Aurora–Oak Ridges–Richmond Hill so rich and unique.

On Saturday, it was an opportunity for us to celebrate and learn more about Nowruz. As you know, in a couple of weeks, it will be the beginning of Nowruz, which is Persian New Year. In the past, Pamela and Harry have brought all of us together every month to celebrate the lunar new year, Black History Month and many, many other celebrations.

Pamela and Harry Harakh are absolute giants in our community. The Caribbean north foundation's work is not only incredibly important in our area, but Pamela and Harry go above and beyond Ontario and Canada. Their charity supports many initiatives in Guyana.

I cannot thank them enough. These two tireless volunteers always go above and beyond to bring us together. Thank you very much. You make our community much better.

#### HEALTH CARE FUNDING

**Mr. Kevin Yarde:** It's estimated that up to a million Ontarians have been forced to postpone surgeries, including cancer surgeries, heart bypass surgeries and knee and hip replacements. Many of these folks will have to wait almost three years before receiving care, and yet this government has failed to adequately fund our health care. Their 2021 budget promised less than half of the funding identified as necessary by Ontario's Financial Accountability Officer and the Ontario Medical Association.

Brampton has been struggling with a surgery backlog as well. Brampton Civic Hospital continues to be overcrowded and suffers from chronic hallway medicine. The people of Brampton and our health care continue to be neglected by this government. We have just one hospital for over 600,000 people, and this government's expansion

plan to turn Peel Memorial into a hospital doesn't include an ER, and it doesn't even come close to the 850 new beds that Brampton urgently needs. Our urgent care centre at Peel Memorial has been closed for most of the pandemic due to capacity and staffing.

The staffing crisis in our health care system could be addressed if this government were to scrap Bill 124. This would return thousands of health care workers to the sector. Speaker, I'm calling on this government to repeal Bill 124 and immediately provide the funding necessary to address the 850 beds needed in Brampton, build a new emergency room and beds at Peel Memorial, and build a third hospital to appropriately address Brampton's health care needs.

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

### VISITORS

**The Speaker (Hon. Ted Arnott):** I'm very pleased to inform the House that page Tanisha Hossain, from the riding of Scarborough Southwest, is one of today's page captains. We have with us today at Queen's Park her mother, Nawshin Rumman Hossain, and father, Abdullah Hossain. We're also joined by the family of page captain Owen Shen, from the riding of Willowdale: his mother, Li Lei, and friend Ying Du; as well, the parents of page captain Lucia Wei, from the riding of Richmond Hill: her mother, Jing Yu, and her father, Xiaoning Wei.

Welcome to the Legislative Assembly of Ontario. We're delighted to have you here.

### QUESTION PERIOD

#### HEALTH PROFESSIONS

**M<sup>me</sup> France Gélinas:** Ma question est pour le premier ministre.

The Premier's plans to deregulate traditional Chinese medicine and acupuncture face strong opposition. Today, a large group of people are rallying against this move right here at Queen's Park, right now, in the pouring rain.

Let me be clear, Speaker: The NDP oppose this move and have committed to reversing it if we form government.

More than 2,700 health care professionals are registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. These practitioners help Ontarians live healthier lives. They help them cope with pain without drugs or medication. Yet it's clear that the Premier did not consult with any of them.

The Premier's plans to reduce the oversight of this important field of health care and undermine the profession and the status of their health care professionals were wrong. Why did the Premier try to deregulate traditional Chinese medicine and acupuncture in Ontario? People deserve to know why this government tried to do this.

**The Speaker (Hon. Ted Arnott):** To respond, the government House leader.

**Hon. Paul Calandra:** I appreciate the question from the member opposite. As you know, Mr. Speaker, the goal of this was to eliminate the barriers that had existed since the inception of the college, I believe back in 2006. In fact, Cantonese- and Mandarin-speaking Canadians were virtually eliminated from being able to provide traditional Chinese medicine, something that they brought to this province. They were virtually barred from participating in it. What we wanted to do, of course, was to eliminate those barriers. That is why last Thursday we sent the bill directly to committee, prior to second reading. Schedule 5 will be removed from the bill, and the college will be ordered to provide tests in both Mandarin and Cantonese so that we finally remove those barriers.

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

**M<sup>me</sup> France Gélinas:** Speaker, this move was reckless. Heather Kenny, president of Traditional Chinese Medicine Ontario, said that "there has been no consultation whatsoever on the part of the government that they were even considering this move." Dissolving the college and deregulating traditional Chinese medicine would have hurt the patients of Ontario, the standards of care and the reputation of all of those health care professionals. Small practitioners would have suffered, as the insurance companies would not cover treatment from a non-regulated health care professional.

There were always options to improve the college. Like every other health care college in Ontario, the government has many tools to help them, many tools at their disposal. So why did the Premier not consider helping the college, rather than threatening to close them and remove this important oversight from traditional Chinese medicine?

1040

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

**Hon. Paul Calandra:** Again to be clear, that section, section 5 of the bill, will be removed. Again, it's why we sent it to committee in advance of second reading.

But let's be clear: What the real challenge was is that back in 2006, when this college was created, it virtually banned people who spoke Cantonese and Mandarin from practising traditional Chinese medicine, and that was the case in the province of Ontario until we started to make these changes. That is why we are going to be removing those barriers. We're going to be re-inviting Chinese Canadians back into the medicine that they brought to this province and ordering the college to provide tests in both Cantonese and Mandarin.

This will bring more people back into Chinese medicine. It will still remain a regulated profession, but as I said, we will, once and for all, remove those barriers that have kept Chinese Canadians, those who speak Mandarin and Cantonese, out of the very same medicine they brought to this province.

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

**M<sup>me</sup> France Gélinas:** Tens of thousands of Ontarians were engaged in this issue with over 37,000 signatures on

one petition alone in just a few days. Ontarians deserve to know that the health care services they receive are professionally delivered and regulated, but this government would have taken all of that away: the professional certificate, the oversight and the accountability that patients need to receive quality care.

Ontarians deserve treatment from practitioners of acupuncture and traditional Chinese medicine who are fully regulated by a health care college, not simply checked for sanitation like this government was planning to do.

I'm glad that the Premier fixed his own mistakes. But now, will he apologize to the thousands of practitioners for the disrespect he has shown traditional Chinese medicine and acupuncture professionals?

**Hon. Paul Calandra:** Mr. Speaker, I think the disrespect that the member should be talking about is the fact that when this college was brought into place, those very same people who brought traditional Chinese medicine to this province were virtually banned from participating within it. That is what should be apologized for.

The Liberals brought in a program that didn't allow Chinese-speaking Canadians to participate in their very own traditional Chinese medicine. We're fixing that once and for all. If anybody should apologize, it should be the opposition that supported a college that took away so many people from being able to participate.

We're fixing that. That is why we moved very quickly to ensure that the bill went to committee. We'll remove that section and we'll guarantee Chinese Canadians access to the very same traditional Chinese medicine that they brought, once and for all.

#### HOME CARE

**M<sup>me</sup> France Gélinas:** My next question is also for the Premier.

Ontarians all know that the home care system in this province is broken. It fails more people than it helps. Seniors and people living with disabilities want to live in their own homes longer, supported, respected. People want to go home from the hospital, but far too often they cannot access the home care services they need. After years of big cuts and privatization by this government and the Liberal government before them, the system does not work. When patients are referred to home care, the services should be available, but way too often they are not.

Speaker, why hasn't this government fixed home care to be the public service Ontario needs and deserves?

**The Speaker (Hon. Ted Arnott):** The parliamentary assistant and the member for Eglinton—Lawrence.

**Mrs. Robin Martin:** We're committed to building healthier communities, strengthening our public health care system and ending hallway health care, and we're committed to saying yes to home care, which is what we've been doing for many, many years now, since we've been here in Queen's Park.

The health system response to COVID-19 has reinforced how important working as an integrated team of health care providers is. That's why we passed the

Connecting People to Home and Community Care Act, or Bill 175, last year—over opposition from the New Democratic Party, the opposition here—which set the groundwork for integrative, responsive home care and made sure that we can provide home care to all those people who would like to stay at home.

As you will recall, we removed service maximums in that legislation and we are making investments, including an additional \$548.5 million over three years invested in the home and community care sector, which will expand home care services, support additional staff—including personal support workers—and connect patients to the services they need, when and where they need them.

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

**M<sup>me</sup> France Gélinas:** Home care is a relationship between the care provider and somebody who needs care. There are not enough home care workers to deliver those important services. Vacancies in home care leave providers scrambling to fill over one quarter of nursing jobs as well as thousands and thousands of personal support workers' jobs.

The pay barriers of Bill 124 make it almost impossible to recruit and retain professionals and caregivers. The only idea that this government comes up with is to further privatize home care, which they did with Bill 175.

We should be investing in public home care, because these investments reduce overcrowding in our hospital and long-term-care facilities and treat people where they want to be: at home. Why would the government refuse to make much-needed investments in public, not-for-profit home and community care services?

**Mrs. Robin Martin:** The Del Duca-Wynne Liberals, supported by the opposition NDP all the time, have failed Ontarians when it comes to health care and certainly when it comes to home care. A report from 2015 from our Auditor General details the dire situation that the Liberals left in regard to home care, so much so that the Auditor General said that an entirely new delivery system was needed. That is what our government did by passing the Connecting People to Home and Community Care Act, or Bill 175.

Last year, during the pandemic, we were proceeding on this home and community care reformation, which is making great strides. The member opposite will know that we have embarked on the largest health care health human resource initiative for recruiting and retaining more health care providers, PSWs, RPNs and nurses in huge numbers. We've already hired over 12,700 health care providers during the pandemic, and we will continue to hire more to make sure that people get the care they need, where and when they need it.

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

**M<sup>me</sup> France Gélinas:** In the north, where I live, home care services are even more difficult to find because of the vast geography and the long distances that home care workers must travel between clients. Most home care workers are not paid for travel time. They have to absorb and often subsidize from their own pay the increase in the price of gas.

Speaker, we know how to fix home care. This is Ontario. We know how to provide good-quality home and community care. We know how to raise the staffing levels. We know how to close the accessibility gap. All we need is political will to get it done.

Will the Premier support our motion today to make much-needed changes and investments in home and community care so that we commit to transform to a public, not-for-profit system that puts care first?

**Mrs. Robin Martin:** Our government is committed to our public health care system and to improving home care in that system. That's why we have taken all the initiatives that I mentioned before.

The investment of \$548.5 million over three years in the home and community care sector will expand home care services, support additional staff including personal support workers and connect patients to the services that they need. The funding would support an estimated 28,000 post-acute surgical patients and up to an estimated 21,000 patients with complex health conditions every year by providing 739,000 nursing visits; 157,000 nursing shift hours; 117,000 therapy visits, including physiotherapy, occupational therapy, and speech language pathology; 2.118 million hours of personal support services; and 263,000 other types of home care visits. These are all important investments. We want to make sure that the home care is there for everyone who needs it, and we will deliver that to them.

#### GOVERNMENT APPOINTMENTS

**Mr. Taras Natyshak:** My question is to the Premier. The Premier's hand-picked appointee to the Ottawa Police Services Board was fired last week after he helped occupy his own city. When Mr. Swaita was asked if he was there, he said, "I'm not sure what you're talking about." A day later he admitted it, but said, "I did nothing wrong."

The Premier still doesn't seem to know how Mr. Swaita, a long-time PC donor, made it on the board in the first place. He told the media last week, "I'll be able to get the answer on who recommended these, and" to "tell you the truth, I didn't look into every single appointment."

Speaker, who recommended Mr. Swaita, and what qualifications did this guy have other than his long history as a PC donor?

1050

**The Speaker (Hon. Ted Arnott):** The Solicitor General.

**Hon. Sylvia Jones:** I think it's important to remind the member opposite just how the process works for police services boards—which, of course, are independent oversight of the individual police services boards. With the Ottawa Police Services Board, there are seven members, three of which are provincial appointees. Last week, those three provincial appointees made a determination after the city of Ottawa had said they are going in a new direction with their leadership, and they have submitted their resignation. We've accepted it, and we will work to ensure that those three positions are quickly filled, to make sure that

the Ottawa Police Service has the proper oversight that they continue to need.

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

**Mr. Taras Natyshak:** The Premier won't explain why in December he reappointed one member of the board for another three-year term. In late January, the Ottawa police briefed the board on the convoy's plan to occupy the city. Mr. Swaita skipped that briefing, instead making plans to actually attend the occupation—not once, but twice. This kind of action undermines the police services board. There were still protesters there this past weekend in Ottawa, but the civilian board to oversee the police is down to just three members, with no provincial appointees.

Speaker, will the Premier admit that he and his team didn't vet Mr. Swaita for the job? Will he also admit that by appointing his PC buddy, he has damaged the reputation of the Ottawa Police Services Board?

**Hon. Sylvia Jones:** Respectfully, Speaker, the member opposite is wrong. There is a very thorough process for people who apply to be provincial appointees in any number of Ontario boards and agencies, including police services boards. They have to apply, they go through an interview process and they have to go through a thorough police record check, all of which happens every single time we appoint a provincial member to a police services board, including in the city of Ottawa. That has happened.

As I said, the city of Ottawa made a determination that they were going in a new direction with their police services board. We accepted those resignations when they came forward, and we will go through another complete and thorough process to make sure that we get appropriate people sitting on the Ottawa Police Services Board.

#### PERSONAL PROTECTIVE EQUIPMENT

**Mr. Randy Pettapiece:** Speaker, my question is for the Minister of Government and Consumer Services. Ontario was faced with an immense problem at the beginning of the COVID-19 pandemic. Years of mismanagement and reckless spending in the wrong places by the Liberals left us exposed and vulnerable, particularly in our front-line sectors, which lacked the proper equipment to keep themselves, their colleagues and the people they serve safe.

Ontario has no shortage of procurement firepower, and Ontarians are counting on our government to unleash it. Through you, Speaker, I ask, what has the Minister of Government and Consumer Services done to strengthen our province and keep Ontarians safe?

**Hon. Ross Romano:** Thank you to the great member for Perth-Wellington for the question. Over the course of our pandemic, our ministry has procured millions upon millions of pieces of PPE, Mr. Speaker.

I really think it's important to go back in time to March 2020, when the pandemic's first wave struck our borders. Our Premier had to go into our warehouse, and he legitimately saw rotting PPE, expired PPE. He stood before this entire province and he said, "Never again will we be beholden to any other jurisdiction."

This PPE that we had in our warehouse was not only expired, but it was all purchased from foreign jurisdictions. Now I can tell you, Mr. Speaker, that we have purchased over 282 million masks, over 270 million gloves and 4.7 million litres of hand sanitizer. I look forward to chatting a lot more about this in the supplemental.

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

**Mr. Randy Pettapiece:** I thank the minister for the answer. This government has unequivocally made the health and well-being of Ontarians from all walks of life and all sectors a top priority through our massive procurement of protective and critical care equipment.

That being said, there are many people out there who are asking a rather simple question: Where is all this PPE coming from? Through you, Speaker, I ask the minister the same: Could he please share more with Ontarians about where it is we're getting these millions and millions of pieces of equipment from?

**Hon. Ross Romano:** Thank you again to the member for the question, and thank you, Mr. Speaker, for the opportunity to respond.

Simply put, most of our PPE is now coming from Ontario—outstanding news. Of 722 million pieces, to be exact, that we have purchased, as indicated earlier, 282 million masks are all coming from Ontario. Recently, we had a purchase, just before Christmas, of 79 million masks from Brockville's 3M plant—79 million N95s, and an additional 200 million cloth and other types of masks, all procured locally within the province of Ontario. And we stood up Supply Ontario and delivered over nine million Ontario-made N95s and nearly 16 million cloth masks for children and staff in our schools just at the start of this most recent wave. We did all of this to ensure that we were keeping our Ontario people safe, making sure that our government can gradually ease our public health restrictions. We have been able to do so because of the work that we have done. And it is in fact the case that never again will we be beholden to any other jurisdiction.

#### PUBLIC TRANSIT

**Mr. Faisal Hassan:** My question is for the Premier. I'm a big supporter of the Toronto Community Benefits Network. Its formation had roots in my community. Important agreements with Metrolinx were made, including, "Meeting employment thresholds for under-represented communities including Black, Indigenous and people of colour, and women."

The government recently announced removing equity hiring targets, local procurement and community consultation from transit agreements. This of course was met with much outrage, and the government has appeared to change its mind and will respect those clauses. How can my community trust this government to keep its word on this agreement, and what steps will be taken to ensure these important initiatives are not only met but tracked and measured?

**The Speaker (Hon. Ted Arnott):** Associate Minister of Transportation, responsible for the GTA.

**Hon. Stan Cho:** It's an important issue the member opposite raises, so I want to be clear that the project agreements still require contractors to submit their own apprenticeship and workforce development plans maintaining a 10% threshold for a diverse workforce.

I am the proud son of immigrants, immigrants who faced incredible difficulties and discrimination, sometimes at the hands of the members opposite, unfortunately, in this country.

Nobody takes diversity more seriously than this government. That is why we are looking beyond thresholds. The Liberals, when it came to the Eglinton Crosstown, wanted a 10% threshold for a diverse workforce but only achieved 5%, when you look at the data. Claiming a threshold is simply not good enough; you have to look at the system and make sure our workforce looks like the diverse community in our province. That's exactly what we're going to do.

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

**Mr. Faisal Hassan:** Thank you. I agree with the member. Racism is real, absolutely.

Back to my question to the Premier: Public dollars channelled through Metrolinx to build transit quite rightly involve community benefits agreements. Even under the original community benefits agreement, I have concerns that the initiatives were not being met. The equity hiring goal of 10% was sitting at less than half that target.

In my community of York South-Weston, the Mount Dennis community ecoNeighbourhood Initiative recently wrote a letter stating their concerns that included that "there has been no public engagement or information shared about Metrolinx's plan for community benefits agreement as part of its Eglinton Crosstown West extension project."

The community is losing faith in this government and needs to know exactly how these important initiatives are met and measured. Will the government give us more than words this morning?

**Hon. Stan Cho:** Speaker, let's talk about more than words, because that's a really ironic question coming from the opposition this morning. More than words means not saying no to creating more job opportunities for our workers, not saying no to recognizing the diverse talent of Ontario. It's the NDP and the Liberals who said no to \$11 billion in the construction of the Ontario Line; who said no to every single measure we have taken to build transit, to build a workforce, to create 5,000 jobs during the construction of the Ontario Line alone and to contribute \$11 billion back to local economic growth. When will the NDP show more than words and vote in favour of building transit and diversity in this entire province?

1100

#### CHILD CARE

**Ms. Kathleen O. Wynne:** Speaker, tomorrow is International Women's Day, and members of the government will be waxing eloquent about the supports they have put in place for women, whether the supports are adequate or not.

What we know is that, rhetoric aside, this government has actually rolled back supports for women over the past four years. Labour laws that provided for transparency and pay equity in workplaces, that required employers to provide rational scheduling in many female-dominated workplaces, that mandated sick days—all of those have been repealed by this government.

Young women living in poverty and single moms were among the groups who benefited the very most from the free tuition program that was cancelled by this government.

We know that COVID-19 has had a devastating effect on women, and there has not been any targeted support for women getting back into the workplace.

But the single most important support that women and families need is affordable child care. With more than \$10 billion on the table from the federal government, will the Ontario government use the opportunity of International Women's Day to finally, as the last jurisdiction in Canada to do so, announce a child care agreement with the federal government?

The question—

**The Speaker (Hon. Ted Arnott):** To reply, the Minister of Education.

**Hon. Stephen Lecce:** We appreciate the member opposite's question.

We do agree that affordable child care could help enable greater labour market participation of women. We understand that the consequence of 15 years of rising costs is that it created a great burden on working parents in Ontario. It's why the Premier, in his first act, in his first budget, introduced a tax credit to reduce costs on moms and dads in this province, and enriched it during the pandemic and expanded support directly to parents through the support for parents fund—\$1.8 billion, over \$1,000 on average per family.

In each and every example, when our government stood up to help working parents get through this pandemic, the opposition, led by the Liberals, opposed it.

The Premier of this province is standing up to Justin Trudeau. What we're going to continue to do is to get the best deal, a longer deal, with more investments. And yes, we can get to \$10-a-day for the people we serve.

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

**Ms. Kathleen O. Wynne:** Speaker, the Premier is failing the children and families of this province.

The Premier has said publicly that the deal is so close. I trust the Premier will tell the people of Ontario whether they have even shared that detailed plan that the federal government was looking for. Has that even happened?

But even if the government announces an agreement tomorrow, that will mean that the delay caused by this government will have cost families an average of \$25 a day. That's a cost of \$1,000 per child this year alone.

Ontario Liberals have committed that should we form government in June, we will get a child care deal with the federal government as a first order of business, and that the average family paying child care costs would receive a retroactive payment of \$2,750 per child.

If the government does announce an agreement tomorrow or in the next few days, will the Premier commit to the same retroactive payments to compensate families for their delay?

**Hon. Stephen Lecce:** We're absolutely committed to landing a good deal, a better deal, for the people of Ontario. That would ensure 50% savings would be realized in the first year of that deal. The Premier of Ontario and the mandate of our government is to make sure, in a constructive tone with the federal government, that we can get a better deal than the original one offered. I think we should all be aspirational in a negotiation to get the best possible deal for Ontario families.

If we took the lesson from the Liberal Party, as you've said on the public record in this House, you would have taken the first deal available to Ontario. You would have left, potentially, billions on the table and thousands of spaces that wouldn't have been funded. I just think that's irresponsible.

We've taken the time to get this right, to land the best deal for Ontario families to ensure we deliver \$10-a-day for moms and dads in this province.

**The Speaker (Hon. Ted Arnott):** I remind the members to make their comments through the Chair.

The next question.

#### RELEASE OF PUBLIC ACCOUNTS

**Ms. Goldie Ghamari:** This question is for the President of the Treasury Board.

My constituents know supports like the Ontario Small Business Support Grant and the Support for Learners program have been essential in our fight against COVID-19. However, they also know these programs come at a cost to the province. Members of my riding would like to know more about Ontario's public accounts and how the government's response to COVID-19 has impacted the province's finances.

Can the President of the Treasury Board please tell the House about this government's financial reporting commitments during the pandemic?

**Hon. Prabmeet Singh Sarkaria:** Thank you to the member from Carleton for that important question. The release of Ontario's public accounts builds on this government's commitment to transparency and accountability, even amid the unprecedented financial planning challenges faced by governments worldwide as a result of the COVID-19 pandemic. In fact, Ontario was the first jurisdiction in Canada to release a fiscal plan that reflected the potential impacts of the COVID-19 pandemic.

The public accounts are audited by the Auditor General, who provides an opinion on whether the financial position of this province is presented fairly. I am proud that for the fourth year in a row the Auditor General has given our public accounts a clean audit opinion, reinforcing this government's commitment to restoring transparency and accountability in the province's finances.

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

**Ms. Goldie Ghamari:** Thank you to the minister for his answer. It's comforting to know that this government has delivered on the commitment to restore transparency and accountability to the province's finances after years of disastrous Liberal mismanagement.

This government also committed to sparing no expense while protecting the businesses and families of Carleton and Ontario during the COVID-19 pandemic. Can the minister please tell this House about the historic investments made by this government in the 2020-21 fiscal year?

**Hon. Prabmeet Singh Sarkaria:** Thank you again to the member for that excellent question. The 2020-21 public accounts outlined \$19.1 billion in additional investments in response to the COVID-19 pandemic. These investments created real and measurable results for the people of Ontario, including:

- over \$3 billion in urgent and unprecedented support to over 110,000 small businesses;

- over \$3 billion in provincial investments to support 444 municipalities and 110 transit systems across the province;

- over \$1.6 billion in investments for the 2020-21 school year to support the safe reopening of over 4,800 schools; and

- \$1.5 billion in investments to support Ontario's 627 long-term-care homes.

Mr. Speaker, the health and safety of Ontarians is our number one priority and we will continue to deliver on that commitment.

#### HEALTH CARE FUNDING

**Mr. Gurratan Singh:** My question is to the Premier. Brampton is facing a health care crisis, and it's because our health care system was underfunded and neglected under 15 years of the Liberals. But after four years under the Conservative government, instead of things getting better, they're getting worse.

Our city of over 700,000 people still has only one chronically underfunded and overcrowded hospital. People are still being treated in the hallways, and for the past few months our health care system has been at its lowest because our only urgent care centre has been shut down because of the Conservative government's neglect.

My question to the Premier is this: Will he admit that he chose to not act, that he chose to neglect Brampton's health care crisis? He had four years to end our health care crisis. He did nothing, and he failed Brampton.

**The Speaker (Hon. Ted Arnott):** The parliamentary assistant, the member for Eglinton-Lawrence.

**Mrs. Robin Martin:** Thank you to the member opposite for the question. I want to start by thanking the President of the Treasury Board—the member for Brampton South—and the member for Brampton West for all of their advocacy for Brampton. They are really great advocates for their community.

Our government is the government that is making investments in Brampton health care after 15 years of the

Liberals, propped up by the opposition, making no investments in better health care in Brampton—and ignoring them, frankly. It is this government that is saying yes to a new hospital that will provide over 250 new beds and include a 24/7 emergency department.

As part of our comprehensive Keeping Ontarians Safe plan, William Osler also received more than \$17 million to fund an additional 87 net new acute medical/surgical beds to alleviate surge pressures.

**1110**

Let me be clear: It is this government that is funding Brampton hospitals. We will continue to do so. We will make sure that people who live in Brampton get the health care they deserve.

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

**Mr. Gurratan Singh:** Back to the Premier. The Conservative government can say whatever they want, but this is the reality: The Conservative government had four years to end our health care crisis, and when you talk to people in Brampton, they'll tell you that things are getting worse; they're not getting better. People are genuinely afraid to go to our city's only hospital, because they don't want to be treated in the hallway or face hours of waiting. So many people have had their medical procedures cancelled or delayed, and we have seen across the board that people are struggling because our only urgent care centre has been shut down for months.

Will the Premier admit—will he finally admit—that he failed to end Brampton's health care crisis and that he failed Brampton?

**Mrs. Robin Martin:** This government has made unprecedented investments in health care and support for the health of all Ontarians through the pandemic, including \$16 billion in COVID-19 investments, \$5 billion specifically in hospitals. That includes \$1.8 billion we dedicated to surgical backlogs, and of that, \$300 million and another \$200 million last fall to clear the surgical backlogs. We're working very hard to do that with Ontario Health, and we're making great strides in that regard, with many people getting those things scheduled right now.

The opposition just opposes, but we are making tons of investments—I can list some of them for you—including in diagnostic imaging recovery, providing \$81.6 million in funding supports for hospitals, to extend OR hours into evenings and weekends and catch up on surgeries; providing \$16.9 million for MRI and CT imaging, adding 107,000 MRI additional hours and an additional 167,000 CT hours to the system, on top of already over 500,000 hours and 550,000 hours—

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

#### GAMING CONTROL

**Mrs. Belinda C. Karahalios:** My question is for the Premier. In 2020, the Toronto Star company, Torstar, which owns about 70 papers, was sold for \$52 million, and it seemed like they were on their way to going out of

business. So in stepped this PC government, to grant the Toronto Star our province's first online gambling licence, for a market that could be worth more than \$500 million in revenue and also a market that is going to decrease government revenues in the hundreds of millions.

The owners of the Toronto Star have said this venture will be used to fund their struggling journalism business, which focuses on pushing left-wing, high-tax, big-government journalism they disguise by calling it "social justice" and "progressive." Does this government think it is ethical and healthy for journalism integrity and the free press that the largest left-wing newspaper distributor in the country fund its operations through the revenue generated by online gambling, based on a licence provided by one of the very governments they're supposed to write about?

**The Speaker (Hon. Ted Arnott):** The parliamentary assistant, the member for Brantford–Brant.

**Mr. Will Bouma:** I really appreciate the question on iGaming from the member from Cambridge. Indeed, the province of Ontario is moving forward on opening up an iGaming framework, and I would like to thank my predecessor, now the Associate Minister of Transportation.

We are very excited to be bringing somewhere between \$1 billion to \$2 billion into the gross domestic product of the province of Ontario without job losses. We are very, very excited about this, and I'm looking forward to being able to say more about it in the follow-up.

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

**Mrs. Belinda C. Karahalios:** The online gambling industry relies heavily for profits on those with addictions, or those who can least afford to gamble: poor and low-income Ontarians, the kind of people the Toronto Star pretends in their writing to stand up for, but then publishes a front page with social media messages wishing unvaccinated Canadians dead, or the kind of writing that seeks to destroy people's reputations by labelling them with woke leftist labels.

We know that last year the member for Chatham-Kent–Leamington gave this province an A- grade, calling their performance excellent. I wonder, what grade does this government give itself in the rollout of an online gambling market in Ontario, with this government issuing the first such licence to operate an online casino to the Toronto Star? An A+; a B; a C? A passing grade? Let us know.

**Mr. Will Bouma:** Again, I can't say enough good things about the plans we have going forward to have a responsible iGaming framework in the province of Ontario. Indeed, for land-based casinos, we have had the best responsible gaming platform in the world for many, many years. It's been so gratifying to see the work being done with the Responsible Gambling Council so that we see equal and even better.

Right now there's at least a billion dollars of grey-market and black-market gaming that happens in the province of Ontario with absolutely zero responsible gaming being put in place. To bring that into a regulated framework so that Ontarians can be kept safe and that they can have a very good experience is very good to see. Thank you again for the question.

## MENTAL HEALTH AND ADDICTION SERVICES

**Ms. Effie J. Triantafilopoulos:** Speaker, my question today is for the Associate Minister of Mental Health and Addictions.

Minister, studies have shown that opiate-related deaths have surged during the pandemic by as much as 79% during the first two waves of COVID-19, with northern regions of the province seeing three times the number of deaths. We know that thousands of individuals have lost their lives due to the ongoing opiate crisis and polysubstance crisis seen in our province.

Constituents in my community of Oakville North–Burlington have been worried about the impacts of COVID-19 on their mental health and especially around substance use increasing in their communities and across Ontario. We know the problem extends far beyond the GTA.

Minister, could you explain to the members of the Legislature what our government is doing to address substance use across the province?

**Hon. Michael A. Tibollo:** Thank you to the member from Oakville North–Burlington for that excellent question. Mr. Speaker, addictions and substance use is something I have a very deep and personal connection to, having worked in the sector for a decade prior to becoming its minister.

After years of previous governments saying no to expanding addictions treatment in the province, our government has said yes by recently announcing a historic \$90-million investment through the province's new Addictions Recovery Fund that is expanding addictions treatment services across the province and adding almost 400 new addictions treatment beds in the system. This is truly a historic investment in addiction treatment in the province of Ontario, and it will help thousands of Ontarians access the supports they need.

After so many years of previous governments neglecting our mental health and addiction system, our government is taking real action in ensuring all Ontarians are fully supported.

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

**Ms. Effie J. Triantafilopoulos:** Speaker, I would like to thank the minister for his response. I know that constituents in my riding will be pleased to hear this news, and I know that our government is continuing to take addiction, overdose and the ongoing opioid crisis seriously. It is clear that our government is taking real and meaningful action to ensure the people of this province have access to the addiction supports they expect and deserve.

Minister, we know that more still needs to be done to protect and support Ontarians living with addiction challenges. As the minister has mentioned in this House before, we know that the mental health impacts of the pandemic will exist beyond COVID-19 itself.

Minister, what other actions is the government taking to ensure Ontarians have access to high-quality addiction care, when and where they need it?

**Hon. Michael A. Tibollo:** The new Addictions Recovery Fund is truly the first of its kind in Ontario. It's the first time a government in this province has taken the important step to build a continuum of care in communities across the province, including northern, Indigenous and rural communities.

On Friday, I was in Sudbury to announce \$2.5 million for 15 new treatment beds that will help hundreds of Ontarians in accessing the support they need. This is just one of many investments we're making across the province to address the surge in demand for addictions services.

In addition to adding almost 400 new beds, the new Addiction Recovery Fund is adding six new youth wellness hubs, supporting new Indigenous-led, land-based healing services and funding three new police-partnered mobile crisis teams.

Mr. Speaker, our government is doing whatever it takes to finally build a connected mental health and addictions system that meets the unique needs of all Ontarians no matter where they are in the province.

#### GASOLINE PRICES

**Mr. Jamie West:** My question is for the Premier.

Ontario is already dealing with the high cost of living. We have higher food costs, higher rent, higher hydro rates and more. My constituents in Sudbury are dealing with another rising cost: gas prices. Peter says that high gas prices are eroding his pension. Leanne and Nancy wrote to my office about having to choose between getting gas or getting groceries. Stacey can barely afford to get to work every day, and Christina is a single mom who has had to take on a second job just to make ends meet.

1120

The north has always seen higher gas prices than southern Ontario, but recently the difference has been astronomical. There is always a 10-cent difference between Sudbury and gas stations that are only 45 minutes away, and that number jumps to 20 cents or more the further south that you drive. That's gas gouging, Speaker. For years, the Conservative government said they'd bring gas prices down, and the previous Liberal Minister of Energy also promised to fix this issue, but nothing was ever done.

When will the government require the Ontario Energy Board to regulate the retail price and wholesale markup of petroleum products in Ontario, protecting drivers from being gouged at the pump?

**The Speaker (Hon. Ted Arnott):** To reply, the member for Oakville and the parliamentary assistant.

**Mr. Stephen Crawford:** Thank you to the member opposite for the question, but I must admit, I cannot believe what I'm hearing coming out of the mouths of the opposition. The opposition is trying to pretend that they care about affordability for Ontarians. We know they are advocating for carbon taxes. When elected, our government took immediate action to make life more affordable for Ontarians by scrapping the cap-and-trade, which lowered gas by 4.3 cents a litre. We continue to

fight for Ontarians, to scrap the federal carbon tax, to which the NDP is quiet.

Now, what has the NDP done? (1) They've been supporting the carbon tax, which penalizes everyday working Ontarians and Canadians; (2) they are against pipelines to get ethical, safe oil delivered within our country; and (3), when the NDP was previously in power, they increased Ontario's excise tax and it went up by 15%, from 11.3 to 13 cents a litre.

I'll have more to say in the supplementary.

*Interjections.*

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

The supplementary question.

**Mr. Jamie West:** Speaker, the minister wants to talk about four cents; gas today in Sudbury is over \$1.80—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The government side will come to order. Allow the member for Sudbury to ask his question. I have to be able to hear him.

Please start the clock. I apologize to the member for Sudbury.

**Mr. Jamie West:** Thank you, Speaker. They're frustrated because they haven't done anything.

In Sudbury and in the north, we don't have access to the same kind of transit opportunities because our geography is vast and our winters are tough. Most of us need our vehicles just to get to work. It's the only option.

Shannon and her family live outside of Sudbury. Both she and her husband commute to work every day and are forced to budget close to \$1,000 a month for gas. If most of your paycheque goes towards gas, how do you survive? Life has become unaffordable. Gas prices shouldn't be another burden to Ontarians. It shouldn't keep people like Shannon from their job. It shouldn't keep people like William from going to camp to visit their family. It shouldn't be a hardship for Mitch to drive his daughter to daycare in the morning.

Speaker, gas gouging can end by implementing predictable and consistent retail pricing of petroleum products so that we don't see the steep fluctuations that are currently happening. When will the Conservatives implement this plan?

**Mr. Stephen Crawford:** Thank you to the member opposite, but, again, I want to look at the NDP's track record and where they stand: The member from Ottawa Centre is in favour of a tax increase and carbon tax of 35 cents a litre. That would make it so painful for everyday residents to drive to soccer practices, to have business here in the province. We have stood up to the federal government's carbon tax. I would love the opposition to join us against that.

With respect to regulation that you've talked about, there are a few provinces in this country that have regulation: Newfoundland, for example, where it's currently \$1.92 per litre, 10 cents more expensive than Ontario. And in NDP-led British Columbia, the price is \$1.91 per litre. So my question to you is, will you join us and fight the federal government on this carbon tax?

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock. If the outbursts continue, I'm going to start calling you out by riding name or ministerial title.

Start the clock. The member for Ottawa South.

#### HEALTH PROFESSIONS

**Mr. John Fraser:** My question is for the Premier. We learned this morning that the government has moved to strike schedule 5 from Bill 88. That was good news for the people rallying outside, but they're nervous. Why? Because they don't trust the Premier. They know the college protects patients. They know that the college of traditional Chinese medicine elevated it from a practice to a profession. And they also know the Premier wanted to eliminate all that, treating practitioners more like tattoo artists than the healers they are. The community knows that they can't trust this government, because they were willing to make this change without any consultation, and they might very well do that again.

Speaker, through you to the Premier: Who whispered in the Premier's ear and told him this was a good idea?

**The Speaker (Hon. Ted Arnott):** To respond, the government House leader.

**Hon. Paul Calandra:** Mr. Speaker, do you know what the people out on the lawn know? They know that for over 12 years, because of Liberal legislation that set up this college, Chinese-speaking Canadians were virtually forbidden from participating in the very medicine that they brought to this province.

What we're doing is fixing the Liberal mistake so that more people can participate in traditional Chinese medicine. We're going to fix the college to ensure that happens. As the member acknowledged in his question, we are eliminating schedule 5. That is why we took the step of moving it to committee before second reading. Ultimately, we are going to fix the problems that the Liberals set in. I don't know why they did it. Frankly, I don't know who would bring forward legislation, back in 2006, that took so many people out of the traditional medicine that they were practising.

Thankfully, the member for Markham–Unionville, the member for Richmond Hill and the member for Don Valley North were, of course, on top of this, working with us. Ultimately, we're going to have the best solution in place for more people.

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

**Mr. John Fraser:** Thanks to the House leader for bringing it up—the Premier said making this change was all about language as a barrier to practice. But the Premier and the cabinet members know that this change could have easily been done in regulation in five minutes at the cabinet table. He could have done it in five minutes and solved the problem that he said he was trying to solve.

Instead, without any consultation or any forewarning, the Premier was going to eliminate the college. It took the community standing up and telling the Premier that he was wrong for the government to backtrack. That's the only

reason that happened. Otherwise, we'd still be going ahead with schedule 5.

The community is right not to trust the Premier or this government.

The question really is, if making this change wasn't going to benefit patients or the profession of traditional Chinese medicine, just exactly who was it going to benefit?

Again, Speaker, through you: Who whispered in the Premier's ear that this was a good idea? And will the government commit today to strengthening the college of traditional Chinese medicine and never threatening it again?

**Hon. Paul Calandra:** Let's look at the question the member just asked. He said that it could have taken five minutes at the cabinet table to make that change. So in 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017 and 2018, the Liberals could not find five minutes to allow Chinese Canadians to practise their traditional Chinese medicine in the province of Ontario. It took a Conservative government to fix the mistake that they made—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock.

The House will come to order. I had to cut off the government House leader because I couldn't hear what he was saying.

*Interjections.*

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

Start the clock. The next question.

#### SMALL BUSINESS

**Ms. Jill Andrew:** My question is for the Premier.

The last two years have been absolutely devastating for small businesses across Ontario and also in my community of St. Paul's. This last lockdown was the breaking point for many.

That was the case for Karina, a wedding planner in our community who had four winter weddings cancelled—income that would have helped her get through some of the hardest bumps until business picked up again. Despite receiving the first two rounds of the Ontario Small Business Support Grant, after many, many, many emails and hours and calls to our office, she was not eligible for the Ontario small business relief grant and got no explanation as to why.

1130

Speaker, my question is to the Premier. After two years of these programs being flagged with problems that left small businesses to shutter, how is it that this government still hasn't gotten this right, to support Ontario entrepreneurs like Karina? Why is there no appeals process to support small business owners who need help if their grants applications have been denied—

**The Speaker (Hon. Ted Arnott):** The Associate Minister of Small Business and Red Tape Reduction.

**Hon. Nina Tangri:** I do want to thank the member from Toronto–St. Paul's for her question. It was this

Premier and this government that recognized that small businesses impacted by public health measures required immediate support so they could continue serving their communities and employing people across our province. It was our goal to get money to businesses quickly. Through the new COVID-19 small business relief grant, we're providing \$10,000 for eligible businesses. This builds on the nearly \$3 billion that we provided last year through the Ontario small business program to over 110,000 businesses across the province.

Speaker, I'd like to give you our updated numbers from March 4: We have currently given out to over 9,800 applicants a total amounting to over \$98 million, with another 8,500 applicants that are currently in progress.

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

**Ms. Jill Andrew:** Back to the Premier: Karina's situation is not a solo situation. She is joined by many hundreds of businesses in Little Jamaica. She's joined by many of our local BIAs and other businesses that cannot access funding from this government. For some, they've applied and were told that they would receive confirmation, which never comes. It's impossible to follow up when you don't know if there's a status on your application. Others have been waiting well over a month, and when calling to inquire, they're simply told to keep waiting. This is in a climate where this government, the Conservative government, gave out over \$200 million to businesses that were ineligible. Some weren't even in Ontario.

The Ontario small business relief grant program is closing this Friday, when evidently it hasn't worked for the people it was supposed to work for, by no fault of their own, of course—all systems. My question to the Premier: Given this reality, will he extend the deadline of this program to ensure that every business owner eligible to receive support is able to?

**Hon. Nina Tangri:** I'd like to remind the member opposite that it was this government that provided \$300 million to help offset fixed costs, including property taxes, hydro, natural gas bills, for businesses impacted by public health measures—who provided a one-time grant of \$1,000 for eligible businesses for PPE.

But sometimes it becomes, unfortunately, very comical. Let me remind the member opposite: They voted against doubling the employer health tax exemption that allows 30,000 businesses—employers—to no longer pay the payroll tax. They voted against reducing the business education tax by \$450 million. They voted against \$680 million in broadband infrastructure. They continue to vote against.

But one thing I will say is, Speaker, I do want to thank the members opposite for supporting Bill 84, because that helps small businesses—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock.

Once again, I had to interrupt the minister because I could not hear what she was saying, even with the earpiece in, because of the volume of the clapping and the shouting.

The next question.

## SOCIAL ASSISTANCE

**Mr. Mike Schreiner:** Good morning, Speaker. My question is for the Premier. People living on the Ontario Disability Support Program live well below the poverty line. The average rent for a one-bedroom apartment in the province is over \$1,000. The average rent for an apartment in Toronto is over \$1,800. Yet the basic needs and shelter allowance for ODSP is just \$1,169, an amount that has not kept up with the rising levels of inflation, nor has it been increased since the planned 3% increase was cut in half in 2018.

People with disabilities are hurting, and it's not right. Speaker, will the Premier double the rates for ODSP in the spring budget?

**The Speaker (Hon. Ted Arnott):** To reply, the Minister of Children, Community and Social Services.

**Hon. Merrilee Fullerton:** Thank you very much to the member opposite for the question. To be clear, our government raised ODSP and OW rates when we took office. Knowing the challenges posed by the pandemic, we invested more than \$1 billion in social services relief and expanded access to temporary emergency assistance for those in financial crisis. OW and ODSP clients continue to have access to the government's discretionary benefit program to assist with exceptional expenses. These investments back up our transformation of social assistance to build a more responsive, person-centred, effective and efficient system that will get people back to work and help the province recover from the COVID-19 crisis.

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

**Mr. Mike Schreiner:** Let's be clear: According to the Financial Accountability Officer, the government underspent on social services by \$1.2 billion. People on ODSP are forced to live on \$1,100. You ask anywhere in Ontario where you can survive on that kind of money. That's exactly why over 50% of the people on social assistance, surveys show, go days without eating. This is the province of Ontario. People on social assistance can't afford rent, can't afford food. We can do better, because we are better.

I ask the government through you, Speaker, will they increase ODSP rates above the low-income cut-off line in the spring budget?

**Hon. Merrilee Fullerton:** Thank you once again to the member opposite for that important question. To be clear and to clarify the issue with the underfunding, as you term it, I say that this is an application-based program. It requires people to apply. During the COVID-19 pandemic, we saw a lot of people using resources from the federal government, and the applications did not come in in the same amount.

To be clear, MCCSS's budget saw an increase in the third quarter to over \$18.1 billion as a result of a \$9-million increase as part of the COVID-19 response fall preparedness plan. Our government spends roughly \$8.3 billion annually on our programs for ODSP. In addition to that, we have a micro-credential strategy that I'm working on with the Ministry of Labour, Training and Skills

Development; as well as on the mental health aspect, with the Associate Minister of Mental Health and Addictions; as well as working with the Minister of Education for the \$1 billion to build thousands of new—

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

Next question.

#### AFFORDABLE HOUSING

**Mr. Wayne Gates:** My question is to the Premier. In Niagara, one of the most concerning things we are seeing is housing costs—it's a full-blown crisis. The median price for a home in Niagara has increased by 33% in four years, and a recent report shows housing costs are set to rise another 14% next year.

Under this government's watch, young working-class Ontarians don't have a chance of owning a home in Niagara. I hear it from young people in my community. They tell me they can't picture owning a home in the future. The government's own task force showed that the housing price average in Ontario has increased from \$329,000 to nearly \$1 million, a 180% increase, while at the same time wages only increased 38%. This government said hydro rates would go down by 12%. They have actually gone up 5%.

Again, my question to the Premier: After four years of the cost of living skyrocketing, four years of your broken promises, how can young families and seniors afford to live in this province of Ontario?

**The Speaker (Hon. Ted Arnott):** To reply, the member for Stormont–Dundas–South Glengarry and parliamentary assistant.

**Mr. Jim McDonell:** The province has a shortage of housing. Since we got elected, under the leadership of Premier Ford, we are saying yes to building more homes, yes to expanding more long-term care and yes to building more transit. We have been using MZOs, which have helped accelerate the creation of over 4,000 long-term-care beds and 30,000 new or renovated long-term-care beds. Also, MZOs have helped the construction of over 54,000 housing units and well over 600 supportive housing units. MZOs have helped create more than 50,000 new jobs by getting shovels in the ground sooner.

Speaker, in 2021, two years after More Homes, More Choice was announced, Ontario had over 100,000 housing starts, the highest level of housing starts since 1987 and the highest level of rental starts in 30 years, since 1991. This government has said yes to more housing units, and that side has said no.

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

#### CORRECTION OF RECORD

**The Speaker (Hon. Ted Arnott):** The member for Ottawa South has informed me he has a point of order that he wishes to raise.

**Mr. John Fraser:** Yes, Speaker. I'd like to correct my record. This morning, in my member's statement, I said, "What is happening in the Ukraine is a horror." What I meant to say is, "What is happening in Ukraine is a horror." It's an important distinction—I got it right earlier in my statement—and I want to thank the Minister of Northern Development and Mines for pointing that out to me this morning.

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

*The House recessed from 1141 to 1300.*

#### SUPPLEMENTARY ESTIMATES

**The Speaker (Hon. Ted Arnott):** Point of order, the President of the Treasury Board.

**Hon. Prabmeet Singh Sarkaria:** I have a message from the Honourable Elizabeth Dowdeswell, the Lieutenant Governor, signed by her own hand.

**The Speaker (Hon. Ted Arnott):** The Lieutenant Governor transmits supplementary estimates of certain sums required for the services of the province for the year ending March 31, 2022, and recommends them to the Legislative Assembly.

#### INTRODUCTION OF BILLS

##### GETTING ONTARIO CONNECTED ACT, 2022

##### LOI DE 2022 POUR UN ONTARIO CONNECTÉ

Miss Surma moved first reading of the following bill:

Bill 93, An Act to amend the Building Broadband Faster Act, 2021 and the Ontario Underground Infrastructure Notification System Act, 2012 / Projet de loi 93, Loi modifiant la Loi de 2021 sur la réalisation accélérée de projets d'Internet à haut débit et la Loi de 2012 sur un système d'information sur les infrastructures souterraines en Ontario.

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

*First reading agreed to.*

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

**Hon. Kinga Surma:** Absolutely, Speaker. The proposed Getting Ontario Connected Act, 2022, would amend the Building Broadband Faster Act, 2021. The proposed changes would make it easier for Internet service providers to build their high-speed Internet projects. Completing projects faster will help government meet its goal of bringing high-speed Internet to everyone by 2025.

The Getting Ontario Connected Act, 2022, would, if passed, also amend the Ontario Underground Infrastructure Notification System Act, 2012, to, among other things, help improve the processes and requirements related to determining the location of underground

infrastructure. This will benefit broadband project proponents and other infrastructure sectors.

CLIMATE CRISIS HEALTH  
ACTION PLAN ACT, 2022

LOI DE 2022 SUR LE PLAN D'ACTION  
SUR LA CRISE CLIMATIQUE ET LA SANTÉ

Ms. Karpoche moved first reading of the following bill:  
Bill 94, An Act to provide for the development of a strategic action plan respecting the impacts of the climate crisis on health, as well as the establishment of the Climate Crisis and Health Secretariat and a science advisory board / *Projet de loi 94, Loi prévoyant l'élaboration d'un plan d'action stratégique contre les effets de la crise climatique sur la santé et la constitution du Secrétariat de l'action relative à la crise climatique et à la santé et d'un conseil consultatif scientifique.*

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member for Parkdale–High Park care to briefly explain her bill?

**Ms. Bhutila Karpoche:** Yes, Speaker, thank you. The COVID-19 pandemic has shown the devastating costs of failing to prepare for a crisis. We must be prepared for the health impacts of the climate crisis. As such, the climate crisis health action plan requires the Minister of Health to take action to address the health impacts of the climate crisis by:

(1) developing and publishing a strategic action plan to prepare Ontario's health systems for the health risks caused by the impacts of the climate crisis;

(2) establishing the climate crisis and health secretariat; and

(3) establishing a science advisory board to advise the minister with respect to climate change science and health sciences and the impacts of the climate crisis on public health.

The act requires that the strategic plan be reviewed and, if necessary, be updated at least every four years.

LONG-TERM CARE HOMES  
AMENDMENT (TILL DEATH  
DO US PART) ACT, 2022

LOI DE 2022 MODIFIANT  
LA LOI SUR LES FOYERS  
DE SOINS DE LONGUE DURÉE  
(JUSQU'À CE QUE LA MORT  
NOUS SÉPARE)

Ms. Fife moved first reading of the following bill:

Bill 95, An Act to amend the Long-Term Care Homes Act, 2007 to provide spouses with the right to live together in a home / *Projet de loi 95, Loi modifiant la Loi de 2007 sur les foyers de soins de longue durée afin d'accorder aux conjoints le droit de vivre ensemble dans un foyer.*

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member for Waterloo care to briefly explain her bill?

**Ms. Catherine Fife:** The bill amends the residents' bill of rights set out in section 3 of the Long-Term Care Homes Act, 2007, by adding the right of residents not to be separated from their spouses upon admission but to have accommodation made available for both spouses so that they may continue to live together. I'm hoping that this bill moves forward this time.

PETITIONS

ANTI-RACISM ACTIVITIES

**Mr. Faisal Hassan:** "Take Action on Islamophobia.

"To the Legislative Assembly of Ontario:

"Whereas three generations of a Muslim family were killed in an Islamophobic terror attack in London, Ontario;

"Whereas Islamophobia, white supremacy and hate crimes are on the rise in Ontario;

"Whereas no one should be scared to go for a walk while wearing a hijab, or fear worshipping at their masjid;

"Whereas we must take urgent action to eradicate Islamophobia, white supremacy and hate crimes;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to take urgent action against Islamophobia, white supremacy and organized" crime "and unanimously pass the Our London Family Act."

I give it to Kristian to take to the table.

LAND USE PLANNING

**Mrs. Belinda C. Karahalios:** It's big congratulations to the good people of the village of Blair, who prepared this petition and got signatures in less than 24 hours—hundreds of signatures.

"To the Legislative Assembly of Ontario:

"Whereas the Minister of Municipal Affairs and Housing approved an MZO requested by the city of Cambridge and Broccolini real estate group to develop a 1.3-million-square-foot fulfillment centre in the Blair heritage conservation district; and

"Whereas local residents have raised concerns over the lack of public consultation, and specifically that the newly proposed 1.3-million-square-foot fulfillment centre is completely different and has a 300% larger foot print than the previously agreed 2012 plan for a 14-unit prestigious business park; and

"Whereas the Minister of Municipal Affairs and Housing stood in the Legislature on November 15, 2021, and stated that the city of Cambridge must complete their due diligence before requesting the MZO and that he would revoke the MZO unless the city of Cambridge demonstrated meaningful public consultation; and

“Whereas the Cambridge Municipal Heritage Advisory Committee, a group of independent volunteers, consulted with nearly 30 concerned residents on February 17, 2022, in its largest public delegation ever and responded by denying development of the 1.3-million-square-foot fulfillment centre in the historic Blair village;

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

“That the assembly ask that the minister confirm that the city of Cambridge has failed to meet its obligations to complete public consultation and that the Blair MZO be revoked.”

I affix my signature to this petition and hand it to page Julia.

#### MUNICIPAL PLANNING

**Ms. Doly Begum:** I have a petition here entitled “Metrolinx Train Tracks Construction.

“To the Legislative Assembly of Ontario:

“Whereas households within the vicinity of the north side of the Metrolinx train tracks in the Danforth and Oakridge area are faced with construction and removal of mature trees, which increased noise and vibration, caused a loss of beauty and privacy, and raised many environmental concerns for residents;

**1310**

“Whereas the construction of an additional train track will not bring direct benefit to the community members but is instead causing a loss of natural space, increasing noise/air pollution and may result in a decrease in property valuation;

“Whereas there has been no community consultation about train tracks being placed closer to residential houses and addressing concerns about risks to houses in the area through vibration of tracks and other environmental concerns;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario demand Metrolinx of the following:

“(1) Provide a noise barrier and/or tree replacements to supplement the removed trees;

“(2) Consider building the train tracks on the south side of the existing tracks (which consist of vast undeveloped lands compared to the north side);

“(3) Consult with the community to provide transparency on timeline and plans;

“(4) Ensure the community receives fair treatment and benefits from transit construction.”

I fully support this petition. I thank the members of the Oakridge community who have worked together to get these signed. I will affix my signature to it and give it to the Clerk through page Zane.

#### COVID-19 IMMUNIZATION

**Mrs. Belinda C. Karahalios:** “To the Legislative Assembly of Ontario:

“Whereas unprecedented COVID-19 vaccine mandates have disrupted the lives of many Ontarians, causing loss of livelihood and loss of access to facilities; and

“Whereas many injuries and even deaths have been documented by official Canadian, US and European adverse-event reporting systems; and

“Whereas article 7 of the International Covenant on Civil and Political Rights (medical experimentation) and article 6.1 of the Universal Declaration on Bioethics and Human Rights (all medical interventions) require consent; and

“Whereas Ontario’s Health Care Consent Act ... states that treatments (including “preventive” ones) shall not be administered without consent and that the consent “must be” “informed,” “given voluntarily,” and “not be obtained through misrepresentation or fraud;”

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

“That existing laws and treaties protecting us against assault, abuse, and intimidation, including the Canadian Charter of Rights and Freedoms, the Criminal Code and the Health Care Consent Act, be enforced by all officials at all levels;

“That all vaccine mandates in the public and private sectors be ended immediately.”

I affix my name to this petition and hand it to page Kristian.

#### GASOLINE PRICES

**M<sup>me</sup> France Gélinas:** I would like to thank Mr. Djuro Vojnovic from Levack in my riding for these petitions.

“Gas prices....

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

“Whereas five provinces and many US states already have some sort of gas price regulation; and ... jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities” as well as “lower annualized gas prices;”

They petition the Legislative Assembly as follows:

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I support this petition, will affix my name to it and send it to the table with page Benjamin.

#### INJURED WORKERS

**Ms. Jill Andrew:** This petition is entitled “Petition to Fix Broken WSIB System.

“To the Legislative Assembly of Ontario:

“Whereas 50% of injured workers end up living in poverty;

“Whereas 50% of the homeless population have suffered a traumatic brain injury;

“Whereas the WSIB is designed to discourage claimants, forcing many injured workers to give up on their legitimate applications;

“Whereas workers with complex injuries are often treated unfairly by the WSIB and have their claims denied unfairly;

“Whereas the process of ‘deeming’ has forced injured workers from Ontario to take their cases to the United Nations for violating the human rights of workers;

“Whereas injured workers are only entitled to 85% of their date-of-injury income if they’re awarded full loss-of-earnings ... benefits;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to call on the WSIB to:

—immediately review their policies to ensure that injured workers are treated fairly, regardless of their type of injury;

—ensure that the experts are listened to and that their analysis is not disregarded;

—immediately end the practice of ‘deeming’;

—increase WSIB rates to 100% of lost income, index benefits to inflation, with an option for communication, and ensure acknowledgement of loss of future earning potential.”

Thank you to the residents of St. Paul’s, especially Steve and Jana, who have done considerable work on trying to advocate for better through the WSIB. I have affixed my signature and will pass it over to Leah.

## HEALTH PROFESSIONS

**Ms. Jennifer K. French:** We have all been receiving these petitions in our office. While the government has promised to repeal schedule 5, I’d like to congratulate and acknowledge the efforts of so many to pressure the government to make this change, but as we know, until it is done, it hasn’t been done. So I’ll read this petition to the Legislative Assembly of Ontario:

“Whereas we, the members and stakeholders of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, the undersigned, respectfully request and petition that:

“(1) The Legislative Assembly of Ontario reconsider and remove schedule 5 of Bill 88, Traditional Chinese Medicine Repeal Act, 2022 from the Working for Workers Act, 2022;

“(2) The Legislative Assembly of Ontario allow public hearings with input from stakeholders and experts during the review-by-committee phase after the second reading;

“(3) The Legislative Assembly of Ontario investigate and answer the question of why only the TCM Act and the members of its self-governing professional body are targeted in Bill 88, Working for Workers Act, 2022;

“(4) The Legislative Assembly of Ontario investigate the legality of the proceedings that led to schedule 5 of Bill 88, Traditional Chinese Medicine Repeal Act, 2022 from the Working for Workers Act, 2022 and bring to light the

conflict of interest and failure of the CTCMPAO to fulfill their fiduciary duties to their members due to infiltration of known associates of the FOTCMA.”

I will affix my signature and send this to the table with Tanisha.

## CURRICULUM

**Mr. Terence Kernaghan:** This week, we’re recognizing International Women’s Day. I’d like to thank Effie, Eunice, volunteers with the Safe Campus Coalition and the Western University Students’ Council, as well as all the students at Western who signed and are working so hard on this issue. It’s titled, “Support Survivors of Gender-Based and Sexual Violence.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas upstream prevention education and prioritizing the voices of survivors are vital; and

“Whereas prevention work should be progressive, evidence-informed, and survivor-centric in order to proactively mitigate sexual and gender-based violence before it happens; and

“Whereas post-secondary students should be equipped with campus and community sexual- and gender-based violence response resources; and

“Whereas institutions’ sexual violence policies must take a trauma-informed and survivor-centric approach;

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

“Immediately amend section 17 of the Ministry of Training, Colleges and Universities Act and the Ontario curriculum to:

—require that post-secondary institutions participate in a gender-based and sexual violence campus climate survey administered every three years;

—require post-secondary campuses to employ an appropriate and proportional number of gender-based violence educators;

—require that all staff and faculty be trained in how to respond to disclosures of gender-based and sexual violence in a way that is survivor-centric and trauma-informed;

—include sexual health in all subject areas of the K-12 curricula and, specifically, amend the health and physical education curriculum to include research-based education about consent and safe relationships.”

I fully support this petition, will affix my signature and give it to page Elya to deliver to the Clerks.

## INJURED WORKERS

**Mr. Jamie West:** This petition is called “Petition for an Official Statement of Apology on Behalf of the” Government “of Ontario to the McIntyre Powder Project Miners.” These were all mailed in to me. I want to thank Judith Jaeger from Whitby, Serge Bastien from Iroquois Falls, Karan Larabee from North Bay and Ms. Laforest, who mailed her petition in from Florida. She is a resident of Nepean. It says:

“To the Legislative Assembly of Ontario:

“Whereas over 25,000 Ontario mine workers were subjected by their employers to mandatory, non-consensual inhalation of finely ground aluminum dust known as ‘McIntyre Powder’ between 1943 and 1979, as a scientifically unproven industrial medical treatment for the lung disease silicosis; and

“Whereas the government of Ontario supported and sanctioned the McIntyre Powder aluminum prophylaxis program despite the availability of safe and proven alternatives to effective silicosis prevention measures such as improved dust control and ventilation, and also despite expert evidence from the international scientific and medical community as early as 1946 that recommended against the use of McIntyre Powder treatments; and

“Whereas the miners who were forced to inhale McIntyre Powder experienced distress, immediate and long-term health effects from their experiences and exposures associated with aluminum inhalation treatments, as documented through their participation in the McIntyre Powder Project;

“We, the undersigned, petition the” government “of Ontario to provide an official statement of apology to the McIntyre Powder Project miners.”

I support this petition. I’ll affix my signature and give it to page Julia to provide to the table.

1320

#### INJURED WORKERS

**Ms. Bhutla Karpoche:** This petition is titled “Petition to Fix Broken WSIB System.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas 50% of injured workers end up living in poverty;

“Whereas 50% of the homeless population have suffered a traumatic brain injury;

“Whereas the WSIB is designed to discourage claimants, forcing many injured workers to give up on their legitimate applications;

“Whereas workers with complex injuries are often treated unfairly by the WSIB and have their claims denied unfairly;

“Whereas the process of ‘deeming’ has forced injured workers from Ontario to take their case to the United Nations for violating the human rights of workers;

“Whereas injured workers are only entitled to 85% of their date-of-injury income if they are awarded full loss-of-earnings ... benefits;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to call on the WSIB to:

“—immediately review their policies to ensure that injured workers are treated fairly, regardless of their type of injury;

“—ensure that the experts are listened to and that their analysis is not disregarded;

“—immediately end the practice of ‘deeming’;

“—increase WSIB rates to 100% of lost income, index benefits to inflation, with an option for communication,

and ensure acknowledgement of loss of future earning potential.”

I support this petition and will affix my signature to it.

#### INJURED WORKERS

**Mrs. Jennifer (Jennie) Stevens:** This is from a signature that was mailed into my office from Dave Musgrave from South Porcupine, hometown of Councillor Kushner from St. Catharines.

“To the Legislative Assembly of Ontario:

“Whereas over 25,000 Ontario mine workers were subjected by their employers to mandatory, non-consensual inhalation of finely ground aluminum dust known as ‘McIntyre Powder’ between 1943 and 1979, as a scientifically unproven industrial medical treatment for the lung disease silicosis; and

“Whereas the government of Ontario supported and sanctioned the McIntyre Powder aluminum prophylaxis program despite the availability of safe and proven alternatives to effective silicosis prevention measures such as improved dust control and ventilation, and also despite expert evidence from the international scientific and medical community as early as 1946 that recommended against the use of McIntyre Powder treatments; and

“Whereas the miners who were forced to inhale McIntyre Powder experienced distress, and immediate and long-term health effects from their experiences and exposures associated with aluminum inhalation treatments, as documented through their participation in the McIntyre Powder Project;

“We, the undersigned, petition the Legislative Assembly of Ontario to provide an official statement of apology to the McIntyre Powder Project miners.”

I affix my name and hand it to page Pania.

#### OPPOSITION DAY

##### HOME CARE

**Ms. Andrea Horwath:** Speaker, I move the opposition day number 2 motion, which is as follows:

Whereas over 90% of Ontario’s seniors and people living with disabilities report that they prefer to receive care at home instead of entering institutionalized long-term care, and many Ontarians would benefit from culturally relevant home and community care; and

Whereas 85% of doctors surveyed by the Ontario Medical Association believe that increased access to home care would improve health outcomes for patients and allow people to stay in their homes longer, and the Ontario Hospital Association estimates that lack of access to home and community care costs the province hundreds of millions of dollars each year; and

Whereas home care providers have seen their ability to meet service requests cut in half since the start of the pandemic, leaving thousands of frail Ontarians without

care due to underfunding and massive health care staffing shortages; and

Whereas cuts to home care and community care by successive Conservative and Liberal governments have failed patients, PSWs and nurses in home and community care even before COVID-19, with jobs that pay anywhere from 10-30% less than those in hospitals and long-term-care settings while forcing some support workers to pay for the cost of travel between clients out of their own pockets; and

Whereas the Protecting a Sustainable Public Sector for Future Generations Act, 2019—previously Bill 124—has made it nearly impossible for the home and community care sector to support hiring and retaining PSWs and nurses in full-time work, and has contributed to soaring vacancy rates for nurses and PSWs across the province; and

Whereas, despite the hard lessons of the pandemic, the Ford government failed to provide adequate funding for hiring and retention of home and community care workers in both the 2021 budget and the 2021 fall economic statement;

Therefore, the Legislative Assembly calls on the Ford government to make much-needed investments in public, not-for-profit home care via a strategy that increases access to affordable, high-quality, culturally relevant home and community care services throughout the province; establishes provincial standards for the delivery of care across Ontario; commits to a public, not-for-profit system; and ensures adequate staffing levels for nurses, PSWs and other care providers in the sector by closing the pay gap and repealing Bill 124.

**The Speaker (Hon. Ted Arnott):** Ms. Horwath has moved opposition day number two. I look to the Leader of the Opposition to lead off the debate.

**Ms. Andrea Horwath:** Thanks to my caucus colleagues, our fantastic team here. I'm really glad that we are talking about home care today, because it's very, very clear that home care is what people prefer, rather than being institutionalized in long-term care, once they find it more difficult to meet their own personal needs and health care needs or have other disabilities and conditions that prevent them from having those kinds of services or attempting to fulfill their own need for service.

Family members have said for some time now that they want to keep their loved ones at home receiving long-term care, as opposed to sending them into an institutionalized setting like long-term care. In fact, I've been on many tours of this province over the years talking about home care and talking about long-term care, and I can tell you that virtually every person I've spoken to has said either their parent or loved one begged them—begged them—not to send them into long-term care; or they felt guilty, felt badly about the decision that they finally had to make to send a loved one unwillingly into long-term care because there were no other options. There was nothing else they could do to make sure their loved one got the services they needed.

We all know that services in the home are the healthiest kinds of services, or the services where people feel the

happiest. They are in your home surroundings that you're accustomed to, that you know very well, that make you feel confident, that are close to your community. There's just no doubt that that's exactly where you should be able to spend the vast majority of your life, including as you begin to age or as conditions deteriorate and you require some extra help.

Ninety-six per cent of seniors prefer to be at home instead of in long-term care; 85% of doctors say home care access improves health outcomes. People deteriorate more quickly when they're in long-term care, but when they're receiving home care, they're able to maintain their well-being for longer amounts of time. People deserve that service. People really deserve to have adequate, quality home care, fully funded, accessible, provided in the home or in the community, to make them comfortable and keep them well for as long as possible.

For our disabled loved ones and our elders, our parents, grandparents, aunts, uncles, home care really is about quality of life. It's about dignity. It's about the freedom to be able to stay home instead of being sent into an institution. So let's do that. Let's make sure that folks can stay home safely. Let's make sure that our loved ones can get the home care that they need. It's critical: It's critical for aging parents and loved ones; it's critical for BIPOC communities; it's critical for people who don't have English as their first language, people who are immigrants. To have culturally appropriate care is something that would be amazing. We don't have that in Ontario, but it's exactly what we need. It's exactly what we need.

**1330**

Lois Frazier-Blakeney, an 85-year-old home care recipient, describes it in this way, Speaker: "I wish people were more informed about the importance of home care, what it means to the" person "they're helping, what it means to society in general.... No one wants to go to long-term care if they can avoid it. No one."

As I said, I've heard this for many years now across Ontario. It's a sentiment that is broadly shared, and it's obviously something that we need to move on, that we need to act on here in Ontario. We can actually give people the quality of care, give our loved ones the quality of care they need and deserve, that protects them, that improves their quality of life. But for the longest time, we've been doing the exact opposite. We've been taking away that freedom, taking away that quality of life; eroding their well-being much more quickly by putting them into long-term care, and in some cases people end up in hospital when they don't have the care they need.

Shamefully, in Ontario, things are getting worse and not better. We're eighth in the provincial pecking order in terms of per capita spending on home care, so we spend less than eight other provinces. In the last five years under the Premier, the current Ford government, as well as under the Del Duca Liberals, the share of home care spending in the last five years, in terms of the overall health care budget, has actually decreased. That is something to say, Speaker. How do you actually improve a system when you're reducing the amount of resources that you're putting in that sector?

What that means is that far too many folks who are seniors, people with disabilities, who can't get enough home care—as I said, they end up in long-term care or they end up in our hospitals. The Canadian Institute for Health Information says that one in nine newly admitted to long-term care could have been kept at home if quality home care was accessible.

I can say that years ago, Speaker, the Auditor General did a report on how our hospitals operate, and one of the things that came to light was an estimation that up to as many as 25% of people who are leaving hospital don't need to be going into long-term care. Of the people in long-term care that came from hospital, 25% of them didn't have to be in long-term care, but there was just no option. They were in hospital for an extended period of time and when they were discharged they either had no more home or apartment to rent, or they didn't have the home care that would have kept them in their home, or in a home with their loved ones. So it's really, really apparent that this is a piece of our health care system that has been woefully ignored by this government and the previous government, and we need to address it.

But, instead, we've had cuts and privatization and bad decisions, starting with the Harris government's privatization of our home care system, the competitive bidding model that was then supported as the Liberals took over, and it just continued to privatize the system and create situations where profits were the motive, profits were the impetus, and the care of people is what suffered. Already dwindling government investments were diverted into the pockets of big corporations instead of being utilized for the provision of care. That's a problem.

Now we're left with a system—even before the COVID-19 pandemic, and I think some MPPs who are here, perhaps those who have served for many years, will know that every single January, from January to March, the calls would come into the constituency office from people whose home care hours were being clawed back or were being squeezed or being reduced. Why? Because it was the end of the fiscal year; there wasn't enough money. The Liberals weren't going to cough up any more, so people had their services reduced or appointments missed. That's happened for years and years.

We know that that continues to happen now. Appointments are missed at the last minute. People absolutely don't get the services that they need, and of course, on top of that, with the staffing shortages that we now face as a result of COVID-19, the pandemic, what we have is that the staff—not dissimilar from what we've seen in long-term care—just don't have the time to give the patients the kind of supports that they need.

I have to say that the member for Nickel Belt shared a constituent's story in question period the other day. A woman from Whitefish, partially blind, with several amputations, who lives 40 minutes away from a hospital and doesn't drive, had her home care opportunities denied. She could not get home care because the service couldn't find a nurse to go to her. There were no funds available for that to happen. So that woman from Whitefish had to

actually get to the hospital three times a day to get the services she needed. That's just not acceptable in a province like ours, Speaker.

We know there are far too few staff in our home care system, and the ones who are there are run off their feet, they're underpaid, and they therefore are not able to provide people with the help that they need.

We lost 4,000 nurses in our home care system, hundreds of skilled therapists, thousands more PSWs. There was a 421% increase in vacant RN positions and a 331% increase in vacant PSW positions. Instead of turning things around and stepping up for seniors and disabled folks, this government didn't increase the amount of budget allocation in the 2021 budget when they should have.

We know that the disrespect, the attack on our health care workers continues to be in existence with Bill 124, and that affects nurses, of course, and PSWs and others, which just feeds into the cycle of burnout and the exiting of people from these kinds of positions. We know that that bill is an insult. It adds insult to injury. It's an insult to all home care workers—in fact, to all workers who are covered by that legislation, but in home care it is even that much more challenging. Why? Because the wages are even lower than in other settings. Home care has some of the lowest wages of all of the health care positions. PSWs in home care make 19% less than PSWs in a hospital. RNs make 32% less than hospital RNs—that's \$11 an hour less, Speaker. It's significant.

Dr. Samir Sinha, policy research director for the National Institute on Ageing, says this:

“Wage parity can solve some of the problems.

“A nurse working in an acute-care hospital makes far more than a nurse working in a long-term-care home who makes far more than a nurse working in home care.

“What we've” seen “is a huge cannibalization of our home care workforce, especially when it comes to nursing.”

We've had decades of increasing staff shortages in our health care system here in Ontario, and it has led to a number of things—lower acceptance rates on home care referrals. In fact, right now, 50%—half—of all referrals to home care are denied. That's because there's no capacity in the system. Rising alternative-level-of-care rates continue to plague our system—folks in the hospital beds, of course, as we've already mentioned, because there's simply no other alternative. That's not where those folks belong. It's not good for them, and it's not good for our hospitals, and it costs way more money. Moving people into long-term care, of course, is the other thing that happens, and again, as I mentioned, that is happening far too often, simply because people have no options. We've also seen, of course, the burnout of our caregivers.

What we really need is significant investments in our home care system. We need home care and community care to be a much, much bigger part of our seniors' care—and that's what they want. That's what they want.

In fact, I met a PSW today who works in home care, and what she said is, “Home care is where it's at.” And she's right—Janet Stokes, today, this morning, in

Scarborough. Home care is where it's at. She is reflecting the voices of not only seniors, but of their family members as well.

We can fix this, though. That's what this motion is all about. We can fix the home care system by making sure we prioritize it and we fix the problems that are inherent in that system. Every dollar that we invest in home care needs to go to the care of people—not to profit margins, not to return on investments and shareholders, but to the actual care of people. And we don't have to wait for the election to change these things around. We can start right now—start by getting the profits out, start by making sure that folks don't have to wait for endless hours or weeks or months to actually get the home care they need, make sure that people are removed from long-term care and have services at home.

**1340**

There's just no doubt that when people have the services they need at home, it will help us solve other huge problems in our health care system, like our ALC concerns, like our long-term-care system, where people wait for years and years for a bed they don't even want to be in. So let's do that. Let's give everybody more affordable access to home care. Make sure it's universally available. Make sure it's properly funded. Make sure it has proper standards. Make sure we have the proper resources through the whole calendar year, and make sure we respect the people who work in that system. Make sure we're respecting the PSWs, the nurses, the other care providers. We can do that by retaining staff, by recruiting staff, by returning staff who have left the system.

That's what this is all about, Speaker. It's about saying to the government: Work with us now. We have a plan to fix the home care system. That's what people deserve, and we have an opportunity to give it to them. We don't have to wait till the next election.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**M<sup>me</sup> France Gélinas:** I would like to give some real-life examples of what it means that our home care system is broken. The first one is my constituent Simone Mathieu, from Gogama. She's a tough lady. She had to be emergency-transferred to Health Sciences North in Sudbury, and now she wants to go back to Gogama. Her daughter, who is a nurse, wrote to me:

"Bonsoir France, hope this message finds you well. Just reaching out to you out of curiosity...."

"Naturally my mother is quite eager to get back home to Gogama but the nursing services are not available to meet her needs. My question is why remote communities are deprived of health care services such as community nursing?"

"Well all know that CCAC and Bayshore have funding to serve this communities but are cutting back on services to gain financially.

"I would love to see my mom in the comfort of her own home receiving nursing care from Monday to Thursday.

"I would be more than able to change her dressing on Friday, Saturday and Sunday." Her daughter is a nurse. She would go see her mom on her days off.

"Can you steer me in some direction to possibly make this happen.

"My mom's dressing will likely take months to heal.

"She has a 45-centimetre packing dressing which requires daily changing at the moment.

"Merci France. Hope you are able to look into this and help us. Take care."

There is no way for Mrs. Mathieu to go back to her home, to her own bed, where she will feel better, because the home care system is failing her.

I have Deborah Burke: "I am writing to you because I have a growing concern for home care (Bayshore) not being provided for days at a time to the French River area. My husband is terminally ill and requires daily nursing for checkups and ... meds. On October 29 ... I received a phone message from Bayshore telling me that there was no nurse for the weekend that they would be doing a virtual visit on the phone. I called back to Bayshore ... and left a message this was not acceptable as my husband needs meds drawn up daily."

Then she called her case coordinator to report this. The case coordinator said that she would look into it. She called Bayshore and told them that this was not acceptable, that this patient needs to have daily care. Bayshore assured the case coordinator that her husband would have a nurse. No nurse showed up. She goes through many, many other days where no nurses showed up. She ends by saying, "If Bayshore has a contract to fulfill they need to fulfill it." I fully agree, Speaker.

This is Ontario. We know how to provide home and community care services. We know how to recruit staff. Give them permanent, full-time, well-paid jobs with benefits, sick days and a pension plan, and they will show up. There are hundreds of PSWs in my riding that are just dying to go back to doing what they do well, looking after people, but they cannot make ends meet. They cannot pay their rent and feed their kids when they work for home care as PSWs. We need to change this. The NDP will change that.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Sara Singh:** It's an honour to rise here today and contribute to the debate and support the opposition day motion here, because as we've heard and as we know, the home care system is broken here in Ontario. We have a plan to fix that, and I hope that this government is going to listen and help support this, because seniors and people with disabilities are languishing and falling through the cracks because of Conservatives and Liberals cutting and privatizing our home care system.

I have spoken with many seniors across my diverse riding of Brampton Centre from the Tamil Seniors Association to the international seniors' association as well, who have all said—and, as we know, 96% of seniors want to stay at home. They want to age in place. They want to live with dignity and be surrounded by their families. But the current system does not allow them to do that.

This is not just something that I hear from my constituents; it's something that I personally experienced when my grandfather had a stroke and needed 24-hour

care at home. We got 12 hours of support. That meant that my dad had to become his primary caregiver and had to provide him support 24 hours a day, to the point that he burned himself out. When I hear from constituents and they share these stories of what they're experiencing—the burnout, the fatigue, the exhaustion—I understand that the system is broken and this government is failing them.

When people need 24 hours of care and they're provided maybe 10, maybe 12, someone else has to pick up the pieces or those seniors languish in their beds, not getting the appropriate care they need. When their appointments are cancelled, that means a senior is not getting support, not getting the feeding or the changing that they need. How can we allow this to continue on in our province when we all know that the system is broken and needs to be changed?

We need to take care of the caregivers and we need to take care of the people who take care of our elders and our vulnerable community members. As the member from Nickel Belt clearly articulated, if we provide people with proper pay, proper benefits and the supports that they need they will continue to thrive. But the system has continued to cut their wages, denied them benefits and kept them precariously employed, which means they cannot make a decent life out of taking care of others. That should not be the reality in our province.

As we've heard from people like Deborah Simon, the CEO of the Ontario Community Support Association, "Our member organizations can no longer maintain current service levels without adequate resources. These are non-profit organizations that rely on government support and fundraising. Many have long wait-lists and no staff to service the clients. The shortage has led to longer wait-lists, triaging of clients, and the current trajectory will lead to cancellation of programs or services and with it, increased caregiver" burnout "as well as added pressures on long-term care and hospitals across Ontario."

It not only makes economic sense to invest in home and community care; we can save money in the system because people are getting the supports they need. We don't need more warehouses and large-scale institutions. What we need is to value elders in our community and create community supports so that they can live with dignity. That's what New Democrats are fighting for and we're not going to give up, because we know that change is possible. You as the government have an opportunity in your upcoming budget to fund and support home and community care. I urge you to do the right thing. Stop letting vulnerable seniors fall through the cracks. They are worth every single dollar.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**M<sup>me</sup> Lucille Collard:** I'm really pleased to have the opportunity to rise this afternoon in support of this important motion. I think that we can all agree that what we've seen in long-term-care homes across the province during this pandemic has shaken the confidence of Ontarians in these institutions. That's because during this pandemic residents in long-term-care homes, unfortunately, faced a one-in-three chance of dying of COVID. It's

no wonder that no one wants to send their loved ones or end up there themselves.

That's why we need to support and invest in home care so that Ontario seniors and people with disabilities can continue to live in the environment they feel most comfortable in and where they feel a sense of dignity, and that's at home.

Maybe we can take the example of Denmark and reconsider how we fund the care sector for seniors. While Canada spent 87% of long-term-care funding on putting people into institutions, Denmark spends two thirds of their long-term-care money on in-home care. Studies have shown that home care can actually save money when compared to Ontario's current approach.

But even with more home care available we know that long-term care will remain a necessity for some. That's why we should provide adequate funding to implement the lessons learned during COVID. The government of Ontario has committed to reaching four hours of daily care by 2025, and that's great, but this is an average, and we need to ensure that residents with more specialized needs are receiving the care that they need as well.

**1350**

Seniors' homes are not all equal. I have visited the majority of them in my riding. That's over 20. I was shocked by the wide inequality in service standards. I accept that seniors with more financial resources should access more upscale services, but we need to raise the minimum standard to ensure all can live with dignity. This is not the case right now, and the government needs to acknowledge this and fix it.

Recognizing the value of home care, we can appreciate that seniors have much wisdom to share with us. We should not be isolating them from communities if they want to remain in their homes. I've had the chance of having my mother living with us for more than 13 years now, and we each benefit from helping each other and living as a family. Seniors have given so much for us over their lives, and we should not be abandoning them when they get to the point where they require care.

To conclude, Madam Speaker, expanding home care can provide so many benefits to seniors and to communities, and I am proud to support this motion.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Kevin Yarde:** It's an honour to rise and speak to this motion. I have to say it's a little bit worrying when we hear that the government wants to continue to privatize our health care, but we're not surprised. We've been seeing them privatize pretty much every sector of our economy. We've seen the result of privatization in health care. During the pandemic, people living in for-profit long-term-care homes paid the biggest price, not just monetarily, but also with their lives. Their own science table even mentioned that twice as many COVID infections were in for-profit long-term-care homes, with 78% more deaths than in non-profit and public homes. Despite this, the government continues to want to push through a bill to privatize home care in the middle of our health care crisis.

When I look at Brampton, home care is stretched thin, because of this government's cuts to Bill 124. Brampton Civic and Peel Memorial continue to struggle with staffing as well as health care problems because of what we've been seeing since day one, our hallway medicine. These are supposed to be health care heroes. The government touts them as health care heroes. However, they have capped their salary at 1%. Of course, we all know inflation has gone through the roof: Gas, groceries, rent, home prices are soaring. I'm urging this government to stop the health care privatization and help these so-called health care heroes that you tout them as.

Madam Speaker, lack of access to home care is costing Ontarians hundreds of millions of dollars. That is why I support this motion.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Jennifer K. French:** I'm glad to talk about home care. My wonderful grandma is nearly 101 years old and has relied on PSW support and home care to support her and help her be safe and supported where she has lived at home. She is now transitioning into long-term care. It has been caring PSWs who try to have the time to care for her with dignity but who are run off their feet and facing staffing challenges. While I am glad to be her essential caregiver, certainly she requires professional care.

Our broken home care system isn't enough to help seniors age in place. People who need home care often get less than they need and less than they're entitled to, and while it shouldn't matter where someone lives, it does. In many places in Ontario, folks are basically on their own without the support that is needed. About half of all home care referral requests are denied because home care is stretched too thin. This Premier and PC government are privatizing and undermining Ontario's home care system further, even letting private corporations determine and develop people's care plans. We have to fix this, and we can.

Our NDP platform is excellent, and we are committed to investing at least \$1 billion more into home care, because we believe people deserve and need it. We'll recruit and retain staff with better pay and full-time jobs, because we believe people deserve and need it. We will also establish provincial standards, repeal Bill 124, close the pay gap, and make the whole system public and not-for-profit.

It has been sickening to watch this government get giddy about privatization, allowing the profits and public dollars to be funnelled through for-profit long-term care and home care into investor pockets of many of the PC Party faithful. It's wrong. It has damaged the system terribly. Instead of to profits, provincial dollars should go to care, full stop.

This government will holler about the cost of doing the right thing, but the cost paid by families and seniors has devastated communities. This government will give \$1 billion back in sticker fees just before the election, and they will forgive \$1 billion to the 407 ETR when they owe it to the province fair and square. They are fine with

throwing billions away when it suits them but not with investing in care for those who need it.

I call on the government to support this motion, support home care, and support the NDP plan to fix it.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mrs. Robin Martin:** As I rise to begin the response to the opposition motion on home care for the government, let me start by thanking all of our health care providers for all of their hard work, especially, of course, during the last two years that have been so challenging. I wouldn't want to forget to say how grateful everybody is, I think, for all the hard work that they do, which is so important, obviously, to helping Ontarians stay healthy and safe.

I also want to take a moment to take this opportunity—the first time I've spoken since I heard about it—to thank the Deputy Premier and Minister of Health, Christine Elliott, who announced late last week that, while she is remaining as our Minister of Health right up until the election, she will not be seeking re-election. I've had the extraordinary privilege and honour, frankly, to serve as her parliamentary assistant since we came into office, and I have been so impressed with her leadership and her vision throughout, especially these very strenuous last two years, during the pandemic. She really has done a fantastic job. I can honestly say I never heard her raise her voice once in any of the stressful situations which she had to endure and to make some hard decisions on behalf of all Ontarians during. So I just want to say how much I appreciate what she did.

Let's remember, not only was she making decisions for us during the pandemic, but she was also trying to move forward the government's agenda on home care reform and on health care reform more broadly, both—that was before, during, and, hopefully, we're after, but at this wind-down, hopefully, stage of the pandemic. The Minister of Health has been working very, very hard to reform Ontario's health care system broadly, and home care is certainly a big part of that. The Minister of Health managed our health care system, and she reformed it in such a way as to set us up to really take care of the health and well-being of the people of Ontario, both by increasing spending significantly—\$16 billion for COVID-19 supports for front-line heroes etc., and \$5 billion for hospitals—but more importantly, by creating some fundamental reforms that will fix long-standing problems that money alone will not solve, although it's a favourite solution for some to throw money at a problem without fixing some of the issues that make the problem continue. That is not the approach of our Minister of Health, Christine Elliott, who has done a very good job, I think, in bringing a whole change to our health care system.

Our government is committed to building healthier communities, to strengthening our public health care system, and to ending hallway health care. The health system response to COVID-19 has certainly reinforced for everybody how important it is for health care providers to work together as one team.

I can really say honestly that I'm really glad that we're talking about home care today as well, as the Leader of the

Opposition did, because our government has been focused on fixing home care since we got elected. As the Leader of the Opposition said, we know that people prefer to stay at home as long as they can and we have been taking steps to make sure that that can happen, because it is the best choice that people can make. Frankly, it's better for the health care system as well if people can stay in their own homes longer. We want to promote the kind of healthy living which will allow them to do that, which will allow people to be able to take care of themselves in their homes for longer. That is the ideal scenario. So fixing the home care system is critical to everything we're doing to reform our health care system.

**1400**

The Leader of the Opposition mentioned that decades of increasing home care staffing challenges have happened. Well, I wasn't here for those, but I can certainly see that we've had some home care staffing challenges. However, I do know that, pre-COVID, 92% to 98% of assignments for home care were being accepted, which is much better than I think the 35% to 74% that existed under the former Liberal government, supported by the members opposite. We do value the elders and their ability to stay in community, in their homes, and we want to support them to do that. That is why we are making all the changes we are doing.

We want people to stay out of hospital, if they can. So we made lots of reforms to get people out of hospital into alternative level of care and also into long-term care if that's where they should be, but there were no places when we took office. There was a 36,000-person wait-list for long-term care because the former government didn't build any beds.

Granted, people would prefer to stay in their homes and not go to long-term care, but at a certain point in many people's lives, they need the support that long-term care provides, and so we had a huge lift to try to fix our long-term-care system. It became very evident during COVID-19, as we all know, that the problem wasn't just the lack of beds in long-term care, although that was a huge problem that we had to fix, it was also the fact that the level of care being provided in long-term care was not adequate.

That is why we made a commitment that no other government has done—to fund the four hours of care on average per resident—at great expense, a \$4.9-billion commitment, to hire 27,000 more nurses, PSWs, RPNs to make sure we could deliver on that commitment over a number of years, four years, to get that in place. But all of these things are fixing the system so that people don't go to hospital or long-term care when they can stay at home. That's what all this is about. We're building a system so people can get the care they need, where and when they need it, as the minister always says, and she's so right. That's what we want to do. So the issue is not funding.

We've increased health care spending by some \$4.8 billion from last year to this year, so we've really increased the spending and, every year, even home care spending has increased. When the opposition says we're cutting, I don't

know what they're looking at. I'm looking at the billions of dollars on home care, and it's gone up every year. I have that right here in my hand. So I don't think there's been any cutting. I know there hasn't. We've been investing every year more in home care, and I know we want to keep building our home care workforce and our home care provision for people because, as everybody knows, people want to stay in their homes. We want them to stay there. It's better for them, and it's better for the system if they do. Home care funding has definitely not decreased, and we are definitely not hollering about the cost of care. We are investing billions of dollars into health care.

I want to just talk about the major reform that the Minister of Health brought forward, which was the Connecting Care Act. A large part of the inspiration for the Connecting Care Act, which was building Ontario health teams, was to provide this integrated care, which is patient- or client-centred to make sure that the transitions that people have from one level of care to another are smoother so that people don't have to continually repeat their health care story over and over again for providers. The minister was very focused on bringing that forward right away, and she brought forward the Connecting Care Act.

With that act, Ontarians can expect a system that will ensure that patients experience these seamless transitions across different care providers and settings; that will promote active involvement and participation of primary care providers throughout a person's care journey; that will take care of a person's complete physical and mental health needs, and not one condition at a time in a silo; that will encourage and enable health behaviours and activities and self-care, and promote physical and mental health and well-being—a system that is interconnected so that patients don't have to repeat the health history, as I said, over and over again—one that's easy to access and navigate; one that has the level of care that the person needs in the right setting; one that achieves better value by delivering better quality for the same or even lower cost; and one that is built on collaboration, on partnership, on trust, on communication and mutual respect between patients, caregivers, families and communities.

One of the impetuses for that was something that the minister saw at Southlake hospital called Southlake@home, where they had a wonderful system where a patient being discharged from a hospital would meet their home care provider in the hospital. The home care provider would be able to meet the nurse who was taking care of them and the doctor who was in charge of their care. They would know where they were going to go, when the home care provider was going to show up and who the home care provider was, and she would go home with the patient and provide services right away. Because often we find that people discharged from hospital have not got the home care support that they need right away and they end up back in hospital, which is not good for anybody. That's not what we want. This integrated system is really designed to address those kinds of things.

Our government, of course, recognizes the crucial role that home care plays in our health care system. It's critical

that home and community care are part of our integrated health care system, not stand-alone. That's why, right after the Connecting Care Act, we passed the Connecting People to Home and Community Care Act, to modernize the delivery of home care services by bringing an outdated system, designed in the 1990s, into the 21st century, and to build upon the successes of prior health care modernization under The People's Health Care Act, which was the Connecting Care Act and our development of Ontario health teams. These two critical pieces of legislation will soon have Ontarians have that kind of integrated health care that they have been asking us for, that they need and want, so Ontario health care can be delivered faster and where Ontarians live. We're doing this by bringing forward that legislation.

I remember, when we brought forward that legislation, having that legislation at committee. I remember the members of the opposition complaining that we were bringing forward legislation about home care, because the pandemic had started and we shouldn't be doing that. We said home care is such an important piece of our health care system that we need to bring forward this legislation because we need to fix home care, because it is critical to allowing people to get the care they need where they need it. That's why we brought that legislation forward. That's why we're aiming, with that legislation, for seamless coordination of services for patients while maintaining and strengthening oversight and accountability. Along with significant investments to achieve this integrated goal, this home and community care system will be modernized.

The government's vision includes providing Ontario with high-quality and connected care that will improve these transitions from hospital to home, from primary care to home care that are often neglected but are also very important. It will make home care delivery timelier and more responsive to changing client needs. It will introduce new models of care and expand models that have demonstrated improved patient care. And it will improve the care experience for clients and caregivers. Our government has engaged with numerous sector partners, including patients, providers, front-line professionals and labour organizations, and they were all very supportive of that legislation that passed in July 2021. It received royal assent.

**1410**

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

Deborah Simon, who was mentioned earlier, said, "OCSA thanks the government for their collaborative approach towards modernizing home and community care legislation for all Ontarians. We look forward to seeing the details of the legislative and regulatory changes ...

proposed. We believe a system that works to ensure Ontarians can receive the services that they need with fewer barriers will successfully allow more people to live well at home."

I could go on. There are many more quotes here. But for now, I'll just leave that aside.

As we implement our vision, changes to home and community care are being done with careful planning and engagement to protect the continuity of care for clients and families, and ensure a stable and robust workforce. Our government has consulted with hundreds of participants from a wide range of organizations to update stakeholders on the regulations as we work on them and solicit their feedback, and we're proud to have their support.

Let me just talk a bit about funding commitments to home care. As I said before, the funding has increased every year. It was \$2.61 billion in 2017-18; \$2.78 billion in 2018-19; \$2.88 billion in 2019-20; and \$3.08 billion in 2020-21. In 2019-20, we invested \$155 million to expand home and community care. On November 4, 2021, the government announced—and I mentioned it earlier today, I think—an investment of \$548.5 million over three years in home care. This investment will help us end hallway health care; will support health system recovery from COVID-19; will care for people waiting longer for long-term care while that sector expands capacity and undertakes important system improvements; and will support the government's health system transformation agenda, enabling modern, integrated care, home care modernization, the transition of home care to health service providers within the Ontario health teams that I've mentioned; and will sustain or create jobs in the health sector in all communities—rural, urban, and all regions of the province. That will also support the economic recovery of Ontario, which is obviously important for us to continue to be able to pay for all of these things.

In real terms, the funding will allow Ontario to provide 739,000 nursing visits; 157,000 nursing shift hours; 117,000 therapy visits, including physiotherapy, occupational therapy, speech-language pathology; 2,118,000 hours of personal support services; 236,000 hours for other types of home care visits. These are real investments that will make real improvements in the lives of Ontarians.

Home care is obviously not just for the elderly. It's also for other vulnerable members who need assistance at home. It could be for people in palliative care. There are some adults who get it and some children who receive home care services. But our government recognizes its importance for all these groups, and we're committed to getting the care Ontarians need to them, where and when they need it. Allowing people to receive the quality care they need at home is, as I said, a key component of our health care strategy, and as we move on from COVID-19 once and for all, it is critical that we get this right and make sure that people have the home care they need. Allowing people to receive care at home, as I said, not only benefits the patient but the system as a whole, as those patients don't have to be serviced in hospital or long-term care or in other formal health care settings.

To make this vision a reality, in 2021-22 the government provided \$100 million in new funding to support services to address the rising costs of care delivery. Furthermore, an additional \$100 million was provided to support patients with complex needs at home, a particular group I met with recently who have a lot of very severe challenges, but can be cared for at home if the right supports are there. That funding was part of the province's COVID-19 fall preparedness plan, Keeping Ontarians Safe: Preparing for Future Waves of COVID-19, and was intended to enable the province to respond to surges and waves of the virus, while preserving our hospital capacity, which, of course, we succeeded in doing. More than 2,000 patients have already been supported by that particular funding.

In addition, we're investing \$61 million to protect the health of Ontarians through expanded home care services, and to transition complex patients out of hospitals and back into the community and to their homes, where they would also like to be cared for. That funding will benefit up to 19,000 patients and their caregivers. This added investment will help the sector to attract and retain the workforce needed to care for patients, clients and residents in response to the COVID-19 pandemic, or other conditions that they need to have cared for.

Let's discuss the real issue here, which is health human resources. As everyone knows, under this government, and Premier Ford's leadership, frankly, Ontario has embarked on the largest health human resource recruitment, retention and training initiatives ever undertaken. The Leader of the Opposition mentioned that, for decades, this didn't happen; for decades, there was a staffing challenge that was mounting. But under this government, home care providers were providing care, accepting patients, 92% to 98% of the time before COVID-19. Unfortunately, COVID-19 has created more challenges for health care staffing, and we're working with this largest recruitment ever to make sure we have the people there to do it. My understanding is that we have already hired 6,000 health care providers during the pandemic, and by the end of this March we are to have hired another 6,700 health care providers, for a total of 12,700 new health care providers during the pandemic, which I think is an extraordinary result. We know it's important to get more health care providers, and that's why we're investing so much in recruitment, retention and training of health care providers, to make sure those health care providers are there and can provide care to people when and where they need it.

I just want to mention that one of the things we did in the Connecting People to Home and Community Care Act was to take the service maximums off home care. Before, you could only get four hours of home care, and now we have taken that maximum off. With the staffing that we're bringing on, the idea is that if people need more help at home, they should be able to get it, and they should have that home care so that they can stay home—stay out of hospital, stay out of long-term care, and be where they would like to be, which is in their home. That was the reason for taking off the service maximums. We want them to be able to have that care at home.

This health human resource recruitment, retention and training is going to help us to meet the demand for home care services. Obviously, during a pandemic, we have had challenges with health human resources in every sector, but certainly also in home care, and we're moving very quickly to try to recruit people to be there.

I just want to stop at this moment and comment—I spoke with a personal support worker the other day in my community. Yes, of course, everybody would like to be paid more. That's always helpful. I think she would like to be paid more. I don't think that's in doubt. But she also recognized that just paying more per hour is not the answer to the difficulties that some home care providers are facing. She talked about scheduling and how important that is. She also said that the relationship with the client is very important. I just wanted to mention it because I think it is really important.

There are a number of indignities that come with old age, but one of the worst has to be having to strip down, bare, in front of whoever happens to be coming to give you a home care visit, to have a bath. So it's better if we can have stable relationships, where a home care provider goes to one person and is with that person for an extended period of time. That's what we're working towards so that we don't have people who are just changed because of some rule that the agency that sent them has. We have people who are there to have a real relationship with the patient and the client. That's what the patients, or the clients, would like as well: to preserve their dignity, to have a relationship. It's one of the most intimate things that can happen, I think, in care. They would like to have that relationship be one that is a continuing relationship, not just somebody coming and going from time to time.

**1420**

I think that's critical. The personal support worker was the person who mentioned this because the agency she works for has people changing shifts once in a while just because. At least that's how they understand it, her and her colleagues, and she objected to that. She thought that this isn't the way to do it because it's hard for the clients and the patients.

We know that recruitment is very, very important, and we want to build our supply of dedicated personal support workers, RPNs and nurses who are working, especially in home care. So to really move the needle, we have to ensure more opportunities for Ontarians to choose home care as personal support worker, an RPN, a nurse or those other allied professionals that provide health care that I mentioned earlier.

I mentioned in the Legislature before the importance of scheduling to success in home care. It makes no sense for our valued home care providers to spend their much-in-demand time, especially now, travelling great distances from one client to another and, wherever possible, we should be doing everything we can to improve that scheduling so that they can spend all of their time providing the services that they're trained to provide and spending time with our elders whom we value so much, so those elders can stay in the community.

Before COVID-19, I was working with the minister on initiatives for personal support workers' scheduling, like what they call cluster scheduling, to ensure that service provider organizations were arranging the schedules to minimize travel for the personal support worker. While I know this is much harder to achieve in rural and remote areas than it is in densely populated areas like Toronto, it really should be the default position that the care provider's time should be used to be providing care, not travelling.

I've been advised that, in Toronto here, there are apartment buildings where a PSW, a nurse or an RPN will live in and will visit all of the people in a single building and provide care to the residents in that building who need care, so that a PSW can service a few or all of the neighbours in that area. You can do this with a number of square blocks as well, but a geographic organization of where they're providing care makes sense, and that's what some of the changes we're working on will allow.

We had been working on this pre-COVID to try to make this cluster scheduling happen, but surprisingly when we came to office, this was not the way people were scheduled. In my own personal experience, when I had a PSW coming to look after my mother, that PSW had this appointment in the Bayview-Eglinton area and then had to go way out to Mississauga. So it was one hour in the centre of the city, one hour out in Mississauga, no car, travelling on the subway. What a waste of her time.

Honestly, it doesn't matter what you pay her per hour, how could anyone make a living like that? It just doesn't work. So having a number of hours together to be able to provide care to people, that you can provide the service, you get paid, that is the way to go. We need to have that kind of scheduling, and that is what a lot of these initiatives that we brought forward are doing.

Nurses also play a vital role in our health care system in ensuring Ontarians have access to high-quality care and support, and they do it in a number of settings, including in home care. Clearly the COVID-19 pandemic has impacted our health human resource capacity, including our nurse capacity. That's why we invested in initiatives that support the recruitment and retention of nurses, some of which include the following: Nursing Graduate Guarantee and Community Commitment Program for Nurses—I should also mention the one that happened today, which was a \$5,000 incentive payment for nurses—the Tuition Support Program for Nurses, which reimburses nurses for one year of eligible tuition for up to four years of service, 1,500 hours per year, in an eligible underserved Ontario community, and the Nursing Education Initiative, which provides up to \$1,500 to nurse applicants to pursue educational or professional development. These investments help improve access to nursing services in the province and support nurses navigating the health care system. They build leadership skills and further develop careers.

Our government is working to bolster our supply of nurses through new investments in nursing education. We're investing \$35 million to increase enrolment in nursing education programs, to add 2,000 nurses to our health care system. Further, the investment also helps

ensure quality clinical placements in nursing programs by providing for dedicated supervision time from clinical experts to support student learning. It also supports nurses to extend their careers.

We've also made unprecedented investments in personal support worker education in the province. In January 2021, the government announced the tuition-free personal support worker pilot program at Willis College in the Ottawa area, which offers experience and learning through a 30-week program for 300 PSW students.

In February 2021, the government announced the Accelerated Personal Support Workers Program to train 8,200 personal support workers. This program, delivered at Ontario's 24 publicly assisted colleges, offers a six-month tuition-free PSW training program, including clinical placement stipends for students.

In April 2021, the government announced a personal support worker bursary program, providing tuition grants and clinical placement stipends to as many as 4,000 personal support workers at 23 district school boards and 4,000 personal support worker students at private career colleges in Ontario.

The government has committed over \$200 million to these programs, which will add over 16,000 needed personal support workers to our health care system over the coming months and into next year.

When you consider that in any given year, the number of PSWs we train runs to approximately 6,500, it is fair to say that adding over 9,500 this year is as bold as it is unprecedented for our system. Indeed, Ontario has recruited, as I said, over 6,000 new health care providers since the start of the pandemic, and will recruit 6,700 by the end of March, for a total of 12,700 new health care providers.

We also worked on retention, because retention is important as well, to keep our trained PSWs, nurses and RPNs. The fall preparedness plan invested in a Personal Support Worker Return of Service Program, offering a \$5,000 incentive to PSWs in return for a six-month commitment to work in a high-need area in long-term care or home and community care. The program placed over 600 PSWs in long-term care and home and community care. Importantly, the program matched these PSWs and their health care workers with places that needed them most.

While COVID-19 has been a testing time for the entire system, the Personal Support Worker Return of Service Program is an example of the type of program that could be instrumental in the future as we continue to distribute our workforce effectively, placing our precious resources—our precious PSWs, nurses and RPNs—where system gaps appear and where service demands are greatest. A second iteration of the program launched in the fall of 2021 and placed more PSWs in long-term-care homes and with home and community care support service providers.

Our fall preparedness plan also supported the Community Commitment Program for Nurses, which offers registered nurses, registered practical nurses and nurse

practitioners a \$10,000 incentive in return for a one-year commitment to practise in a hospital, a long-term-care or a home and community care agency in high need. The program was very successful and placed hundreds of nurses with health care employers in need in the province. Indeed, since October 1, 2020, Ontario has invested over \$1.3 billion to temporarily enhance wages for personal support workers and direct support workers to help stabilize, attract and retain the workforce needed to provide a high level of care.

To strengthen and support our workforce, Ontario is investing \$342 million, beginning in 2021-22, to add over 5,000 new and upskilled registered practical nurses, as well as 8,000 personal support workers.

#### 1430

In addition, Ontario is investing \$57.6 million, beginning in 2022-23, to hire 225 nurse practitioners in the long-term-care sector.

This initiative is one of the largest health care recruiting and training initiatives in the province's history, as I think I mentioned.

Our government remains committed to working with our sector partners and our valued health care workers to ensure the health and well-being of Ontarians.

In response to COVID-19, the government implemented the temporary pandemic pay, effective for 16 weeks at that time, which we have extended since then. It included a significant per-hour wage increase and a lump sum bonus. For those eligible employees working 100 hours per month, a lump sum of \$250 per month for each of the four months was provided.

On October 1, 2020, the Ontario government announced that it was supporting personal support workers and direct support workers in home and community care, long-term care, hospitals and social services by enhancing wages.

And I have heard from some of those organizers how important those things were to help them retain people through the pandemic.

On October 28, 2021, an additional investment of \$373 million was announced by the Ontario government to extend the temporary wage increase for PSWs and direct support workers. The temporary wage increase has been provided to over 158,000 workers who deliver publicly funded personal support services, and includes \$3 an hour for approximately 38,000 eligible workers in home and community care, as well as similar things for hospital workers and long-term-care workers.

So there are a lot of supports that we have in place. I know that we've been working very hard to make sure that we have the health care workers to respond to the needs of our population, to allow them to have the care they need when and where they need it. We have had a health human resource challenge during COVID-19, and I think it's a bit unfortunate that the opposition is focusing on this in the middle of a pandemic, to suggest that we're not doing a lot of investments, to suggest that we're cutting, when I have read to you how we are increasing, and also to scare

seniors by saying things like—and the vulnerable, who are looking for home care.

The member from Brampton North was talking about the government wanting to push through a bill to privatize health care. Well, as far as I know, we're not pushing any health care bill at this point, never mind one to privatize health care. So I don't know what he's talking about. But let's be clear: We're not privatizing anything.

Let me just say that our approach to home and community care will give future governments the flexibility to update the framework as needed.

One of our updates was to expand the definition of private hospitals. This is what they're referencing, perhaps—our legislation from 2021—as a bill we're pushing through, when it has already passed. It received royal assent in July 2021. To be clear, the opposition health critic, the member for Nickel Belt, already said in the Legislature that she was open to this model.

Our updating of outdated definitions is a key part of enabling new models of care.

I want to point out that the opposition has presented no plan to improve home and community care, despite the fact that they say they have a plan. That plan just, I think, entails throwing more money at the issue.

As I've shown, we have been putting lots of money into the health care system. We've been increasing the money specifically for home care. We've certainly been supporting recruitment, retention and training of PSWs, RPNs and nurses through all of these investments.

As our government has said time and time again, this government, under the leadership of Premier Ford, is 100% committed to our publicly funded health care system. We will continue to work hard to transform the public health care system, to finally solve the problems that Ontarians have been facing.

As you can see, our government is working diligently with our PSW, RPN, nursing and education partners to ensure a high-quality health human resource workforce in our province. This is fundamental to ensuring our vision of patient-centred care for Ontarians.

While our current interventions are certainly supporting health human resource capacity in the province, I can tell you that the work of developing and planning for the health human workforce that we need is never done. We are always examining ways to improve home care and how we can ensure that Ontarians receive the right size and mix of workforce that will be responsive to the needs of Ontarians, enable them to stay in their homes as long as they would like—which is what most of them want to do, as we all agree—and make sure that they have the assistance they need. As I said, this is, after all, not only better for them, it is better for our health care system as a whole.

I would like to include that we are continually listening to the feedback of our home care workforce, clients and providers on the issues that matter most to them and the changes that will improve their work environment. We're working to determine where supply should be increased through our traditional channels of education. We're working with our system partners always to understand

what our workforce needs to do its job and what our health care workers need to thrive while they are doing it so that they can ensure that they're part of a respectful, team-based approach which enables their input and values it, offering opportunities for career-long learning and professional development through working with our system partners to ensure that working conditions for our providers are the best that they can be, and also by making sure that we can distribute the workforce across the province and across the sectors of the system. It is always what we're trying to do. We're working on all of these things. It's a very complicated system, but it deserves all of this attention to make sure that care is there for our seniors and vulnerable people who need home care, who we do value so much.

As with planning and distributing our workforce during the pandemic, the government, of course, cannot and should not do this alone. When you're planning a system, you need the help of all of those who work in and use that system to get it right. In this regard, let me just reiterate my thanks to all of our health care providers, of course, who have done so much for us during COVID-19, and before and after, I'm sure. We know, however, these last two years have been truly testing and trying times, and I want to just say that we really appreciate everything they're doing, and we will continue to do all we can to support them and to support proper care for all Ontarians.

I want to thank Deputy Premier and Minister of Health Christine Elliott for setting us up for success, for setting us up to really care properly for the people, for their health and well-being, by increasing spending; but more importantly, by having the vision and the leadership to have these fundamental reforms to our health care system, which have been needed. They've been very needed. These reforms will lay the foundations for future success. And we have the right answer: We have to have the manpower, which is why we're so intent on getting that manpower now and working so hard to make that happen.

Thank you for your time today, and I really hope that we can get home care to everybody who needs it, quickly, as soon as possible, so that they can have the care that they need at home.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Jill Andrew:** The Conservative government, we learned just a few days ago from the Financial Accountability Office, is sitting on \$5.5 billion that should have been spent in our health care system, our education system—\$5.5 billion. So when the government says, “We're spending, we're spending” and that they don't know what the NDP is talking about, that is just simply not the truth. They're choosing not to spend—

**The Acting Speaker (Mrs. Lisa Gretzky):** I'm going to ask the member to withdraw that unparliamentary comment, or rephrase.

**Ms. Jill Andrew:** It is simply not accurate. Sitting on \$5.5 billion during a pandemic when folks need health care, they need home care, they need education, it's heartless. I'm standing up today—

**Mr. Randy Pettapiece:** Point of order, Speaker.

**The Acting Speaker (Mrs. Lisa Gretzky):** I recognize the member for Perth—Wellington on a point of order.

**Mr. Randy Pettapiece:** I didn't hear the member withdraw that comment.

**The Acting Speaker (Mrs. Lisa Gretzky):** Thank you. I return to the member for Toronto—St. Paul's.

**Ms. Jill Andrew:** I withdraw.

One of my constituents is taking care of her 91-year-old mother: full-time, unpaid, of course. Why? Because of the PSW shortage—a shortage that this government has created because PSWs are chronically underfunded, they're disrespected and they're under-protected.

**1440**

If this government wanted to make a real impact for workers, for folks like this woman in my riding who is taking care of her 91-year-old mother on her back, they would repeal Bill 124. Since this mother was discharged from the hospital—she's in and out of the hospital, because that's where people end up: They end up getting institutionalized and warehoused when there aren't the supports at home—she hasn't been able to connect to her cardiologist. Why? Because her cardiologist is juggling the backlog of procedures and appointments, again, because of this government and their lack of investment in health care. Care and profit simply do not go hand in hand.

I want to take an opportunity to thank organizations like Reena, Community Living, Oakwood Vaughan Community Organization, Ontario Health Coalition, Retired Teachers of Ontario and so many others that understand the value of keeping seniors, of keeping folks at home as long as they can, in homes that they love, with dignity, as opposed to warehousing them in institutions or having long-term care as the only option.

I want you to know, Speaker, that an NDP government would make the system whole. That means providing public care, non-profit care, home care, community-based care that matters, and we would recruit and retain our staff with much better salaries and much better full-time jobs. That's how we keep folks in the profession and that's how we make sure that our residents, like my resident here, can take care of their loved ones.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. John Fraser:** I'm glad to be speaking to this motion. I want to thank the Leader of the Opposition for bringing it forward. As with many of the motions that get brought forward by the Leader of the Opposition, there's always something in the motion that I don't agree with, but that's fine. I can still vote for the motion, because I think what's contained in here is very important. I'll get to that in just a second.

I just know that we invested 5% annually in home care. We raised the wages of PSWs. Was it enough? Clearly not.

From a family perspective, I've gone through—I'm in my fourth aging parent in the home care system. So I've seen it first-hand. More importantly, I talk to constituents regularly about their experiences in home care. What's clear is that it's not working for the people who get the

care and it's not working for the caregivers. It's not working for the PSWs and nurses and other home care professionals who come into homes.

We've got a health care human resource problem that's been exacerbated by the pandemic—people retiring, people not wanting to work in a certain field because they're getting paid more in other fields. They don't want to work in the community because they can go to a hospital and not just make more money—and here's a really important point: They have a pension. They have a HOOPP pension.

It's amazing how important that pension is to people. They'll take a little less money if they have a pension. They won't go to the highest-paying job because they've got some security for their family—and that's the thing that lacks for many in home care, many people who work in home care. So the first thing is, we have to address that. I think one of the most important ways we can do that is not just with wages, but with our pensions and benefits as well. I think that's critically important.

Then, the next piece that I've witnessed myself is the connection between other health care providers and the people providing care at home. Sometimes, we've created great distances between the family physician and the people who are ultimately getting to the door, getting into the house. That's got to shrink. I know there are some efforts in that regard, talking about bundled care, but we have to do more to make sure that the primary care providers or hospitals, who are asking for home care for a client—that we don't fill up that space with too much administration, too many people. That's been a fair criticism, I think, of the way home care has worked. We need to address that.

Then, we also have to look at—look, every one of us, almost every one of us, wants to stay in our own home. We want to live there right to the end. That's what my mom wants to do. She's at home. She's been there for four years, post stroke. We're lucky, because I've got three wonderful sisters and we've got some help coming in. But we're lucky.

That comes to the next point—not for my family because we're lucky, but there are so many caregivers out there who are exhausted, who are tired, who turn to home care for respite, for help, for support. We not only have to support them by making sure the home care is there for them when they need it, but we have to look at what we are doing to make it easier for them. What are we doing to make it easy for people who are forgoing incomes to care for a loved one?

That's something that I don't see being addressed right now. I think it's something that, as a group, we have to address. We have to recognize the millions and millions and millions of hours that family members and friends provide for loved ones. We can't pay them what they're worth, but we should have some form of acknowledging them and giving some sort of substantive support. I think that's really important for us to do.

As I said, Speaker, I support this motion and thank you for your time.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Wayne Gates:** It's a pleasure to rise. I don't have a lot of time so I'm just going to talk about Bill 124. I listen to you guys stand up and say that nurses are heroes and everybody is a hero. Well, what are you doing with Bill 124? I wish the labour minister was still here, because Bill 124—oh, I can't say that. Sorry.

**The Acting Speaker (Mrs. Lisa Gretzky):** I remind members you cannot reference who is or isn't in the House.

**Mr. Wayne Gates:** I retract that. I appreciate it. But I want to be very clear: If you want people to get into being PSWs in home care, you've got to get rid of Bill 124. I don't know how any of you guys sleep at night. You can't say you support our nurses. You can't do it—our correction officers, people who work in public service, and you've got Bill 124. Get rid of it. Tomorrow is International Women's Day. Most of the ones affected by Bill 124 are women. What the hell are you doing?

I want to finish by saying this. I want to say to the unions, I want to say to the non-union workers: As long as you have a government that supports Bill 124, there shouldn't be a worker or a union in the province of Ontario that supports your government, period.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Mike Schreiner:** It's an honour to rise in the House today to speak in favour of the opposition day motion to support home and community care, because the reality is that our home care system is broken, underfunded, understaffed and with staff who are underappreciated. I can't tell you how many people reach out to my office, desperate for additional—or even to have access to—home care. The burden that the lack of access to adequate home care places on families is tremendous.

People, especially as we have an aging population—over 90% of people are saying they want to age at home. People with disabilities are saying they want to stay at home. In order to support these families and build the caring Ontario we want and need, we have to make sure we make the investments that are needed, in a publicly funded, non-profit home and community care, a system that's going to prioritize people over profits, that's designed in a way that improves people's quality of life, their health, their well-being and, at the end of the day, saves money—saves money.

The reality is, if we're going to take pressure off of our hospitals and our long-term-care homes, we need to ensure an adequately funded home and community care system so people can be cared for in their home in the community where they live, where they want to be cared for. That's the only way we're going to address so many—well, it's not the only way, but it's an important way that we're going to address so many of the challenges we're facing with hallway medicine and lack of access to long-term-care beds.

**1450**

Don't just take my word for it. The Ontario Hospital Association has stressed over and over again that an

adequately funded and resourced home and community care system is critical to addressing the capacity issues we're confronting in hospitals: hallway medicine that happened pre-pandemic and has only, obviously, gotten worse during the pandemic.

So here's the bottom line, Speaker: If we're going to address the human resource capacity issues that I know the PA talked about, that many of us have talked about, you have to treat workers with respect. You have to pay them what they deserve, and that's exactly why we need to revoke, repeal, get rid of, put Bill 124 in the dustbin of history. And let's be clear with the people of Ontario who are watching here today: Bill 124 not only capped wages at 1% at a time when inflation is going up as high as 5%, which is essentially a wage cut to front-line health care workers, but it's also a total compensation cap, so it means a cap on benefits. Imagine, nurses or PSWs have gone through two years of being on the front lines of this pandemic. Not only are their wages being capped, but their benefits to access things like mental health services are being capped. Speaker, that isn't how I think most Ontarians want to treat the people we call heroes during this pandemic.

And when it comes to home care, we have to ensure that the people delivering those home care services are paid the same as the people working in hospitals or long-term care, that they're paid for their mileage. Imagine having a job where almost half your day is travelling between clients' homes to take care of them, and you're committed to taking care of them, and you're not even compensated for your travel time. What kind of job is that?

These are the people who care for our elders and people with disabilities. And let's be clear: The quality of care is affected and determined by how much we care for the people who provide that care. That's why they deserve fair compensation.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Doly Begum:** "My biggest fear is growing old in Ontario," a daughter whose elderly father is living in a long-term-care home said to me recently.

According to Stats Canada, in Ontario, there are now more than 2.3 million seniors who are trying to navigate the next phase of their life, and that number is expected to rise by at least 1.7 million from now in the next 10 years. Now, instead of a number or a statistic, let's think of who they are. Let's remember who these numbers represent: They are someone who cared for us, brought us up, worked hard, sacrificed for their family, contributed to this province and this country, fought for this country. They're our parents, grandparents, our neighbours and, one day, some of us, as we grow older or face a situation where we need a little bit or maybe a lot of support to get up, to get through the next day.

Today, we are here to make a decision about the way we want that support, that care to look. And the question is simple: How do I want to spend the last years of my life, or how do you want that someone, that loved one, to spend the last years of their life or when they need a little bit of

support? Every time I speak with a senior or a family member or a caregiver, that answer is, "At home in my community, with the people I love and want to spend my time with."

When someone returns home from the hospital after a fall or when you're already home and just need a little bit of support to stay home, to do the groceries, help to take a bath, the best and most preferred approach is home care, to have personal support at home, to better manage your health. In fact, research shows that it's actually less expensive, not only for that individual or their families, but for our province. It's more effective and more convenient, and it helps them stay away from the hospital. For that, we need those who we want to be cared for by to be skilled. That means we need to invest in our province for a home care system that works, to have nurses and PSWs. It means giving them good pay and retaining those with experience and allowing them to grow and make a living in Ontario. That means repealing Bill 124, because we can't be losing caregivers. They build familiarity, build trust, become a family member.

I hear it all the time from my constituents in Scarborough Southwest, the difference it makes for families that can have loved ones stay home or for a couple who are able to stay together at home because they have that support, Speaker. This is why we must commit to investing in home care, to have enough hours of care with enough care providers so that seniors who need that home care support can be independent, healthy, active, safe and socially connected.

This is Ontario. One shouldn't fear growing old here. Instead of fear, let's give our loved ones a life of respect and dignity.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Sol Mamakwa:** *Remarks in Oji-Cree.*

It's a good day. I'm very honoured to be able to speak on this very important motion about improving home care in Ontario. I know one thing that's very clear: In the Far North, issues of jurisdiction lead to increased, unnecessary suffering for those who need home care on reserve. As an example, if you're an elder who lives in Kingfisher Lake, my home community, or another fly-in First Nation in the north, and who needs IV antibiotics, wound care, physiotherapy or geriatric services, you have to leave your home, away from your family and the comforts of home, and you have to stay in a hotel. You have to stay in a hostel, whether it's in Sioux Lookout, Thunder Bay or Dryden, for up to six to eight weeks at a time. If you live in Sudbury, if you live in Toronto, all those things are possible in your home, but not in the Far North.

The difference in services provided is night and day. In the Far North, we don't have home care; we have away care. We have away-from-home care. We have away-from-family care. Again, we do not have home care. That is why we need to be able to move this motion forward and improve the health and the lives of people in far northern Ontario: because we are in a different Ontario. We need to support this motion. Meegwetch.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Christine Hogarth:** I rise today to add my thoughts to improving home care in Ontario for our seniors and other vulnerable people living among us. But first of all, I just wanted to make some comments with regard to Bill 124, which we heard mentioned today by the opposition. I just want to put some clarity around that. Bill 124 is designed to protect public sector jobs and vital front-line services which have been essential during our fight against COVID-19. This is a fair, consistent and time-limited approach that will enable us to protect our front-line jobs and our workers.

It is inaccurate to suggest that Bill 124 caps wages at 1% annually. Under this legislation, Ontario's public sector employees will still be able to receive salary increases for seniority, performance or increased qualifications, as they do so currently.

Madam Speaker, we acted quickly as a government to ensure that our health care workers were recognized for their work through programs like pandemic pay, and we're very proud that Ontario's temporary pandemic pay was the most generous in Canada. I just wanted to make sure that people out there who are listening were aware of that side of the story. This is what is happening to people. These are the facts, and people deserve to know that.

Now, back to the opposition day motion at hand. We here in the western world, in Canada and particularly here in Ontario, have a lot to be proud of when it comes to the way we have organized in our societies. We are free. Our institutions are solid and stable. We are a democracy. We believe in rights as well as obligations. Our technologies and our skills in food production are the envy of the world, as is our standard of living. But none of this is to say that we don't have something to learn from other cultures, from other faraway places.

**1500**

In the spirit of the subject at hand, with a particular focus on elderly citizens, I did a little homework over the weekend and came across a remarkable summary in the Huffington Post dated February 2014. It is about how other cultures support, respect and even celebrate their elders—their parents and grandparents, those who have lived full lives and bring wisdom and value to successor generations, those who still have so much to offer. Despite this article being somewhat dated, there is no reason to think that some of these ancient patterns of conduct have changed in the last few years. Let me summarize what it said country by country.

In Greece, old age is revered, and respect for elders is central to the role of their families. As Huffington Post founder Arianna Huffington said herself in this regard, "The idea of honouring old age, indeed identifying it with wisdom and closeness to God, is in startling contrast to the way we treat aging in America."

Indigenous elders are revered for their wisdom and life experiences. Within their families, it's common for elders to be expected to pass down their learnings to younger members of their families.

In Korea, elders are highly respected. Younger members of the family have a duty to care for their aging ones. And even outside the family unit, Koreans are socialized to show deference to older individuals. It's also customary for Koreans to have big celebrations to mark an elder's 60th or 70th birthday—at 60, it's called the hwan-gap; at 70, it's called the kohCui, which actually means "old and rare."

Madam Speaker, in India, the article says that many Indians live in joint family units, as many Indo-Canadians do here in Ontario. The elders are supported by younger members of the family, and they, in turn, play a key role in raising their grandchildren.

In African American cultures, according to the article, death is seen as part of a natural rhythm of life, which loosens the culture's fear around aging. This, the article explains, is why funerals tend to be life-affirming and have a celebratory air intermingled with sorrow. There is no reason to think that this tradition is much different here in Ontario.

Lastly, I learned that ancient Rome made good use of their elderly—even though life expectancy was around 25 years of age—and had faith in their wisdom and experience. Cicero apparently said, "For there is assuredly nothing dearer to a man than wisdom, and though age takes away all else, it undoubtedly brings us that."

Speaker, in view of this global summary, the question arises: Do we here in Canada and in Ontario, despite our many advances and high quality of life, have something to learn from other cultures about the way they treat their elderly citizens and other vulnerable members of their communities? The answer, I believe, is yes.

This government has worked hard to address the challenges among our elderly and our vulnerable citizens that were exposed during COVID-19. The Ministry of Health, for example, has taken several steps to modernize home and community care. It is deeply involved in implementing measures to:

- provide Ontarians with high-quality connected care that will improve transitions from hospital to home, while strengthening linkages with primary care;
- make home care delivery more timely and responsive to changing patient needs;
- introduce new models of care and expand models that are proven to improve patient care; and
- improve supports for personal support workers and other caregivers.

To ensure this continuity and stability, in April 2021 the ministry transferred health system planning and functions of the 14 local health integration networks, or LHINs, to Ontario Health. Those LHINs are now operating as Home and Community Care Support Services, reflecting a more focused mandate for home care delivery, long-term-care-home placement, and referrals to other community service providers. These entities will continue to manage and deliver home care services, including nursing, personal support and therapy services.

To enable all this, our government enacted new legislation in July 2020. The Connecting People to Home

and Community Care Act is expected to come into force this spring, and will enable Ontarians to have the integrated care that patients and families have been telling us they need. Supporting regulations will follow. That need for integrated home and community care and support services has never been more evident than during the pandemic. The act will also strengthen oversight and accountability across the system.

Speaker, when it comes to related home care services, this government is directly addressing the needs of seniors, frail elderly persons with physical disabilities and chronic diseases, and children and others who require ongoing health and personal care to live safely and independently in their community.

Just as significant, in November of last year, we announced an additional \$549-million investment into home care over three years. These funds will help end hallway health care. They will help support the system's recovery from COVID-19. These funds will help assist people waiting for access to long-term care while that sector expands capacity, and these funds will help create and sustain jobs in health care in our communities, which is so important. This is all part of a total expenditure of more than \$3 billion on home care in Ontario for 2021.

Lastly, Speaker, this government is acting on a long-standing need to better support our province's personal support workers, or PSWs, on the front lines of home and institutional care. After all, they suffered right along with their clients during the pandemic. PSWs play a critical role in helping Ontario seniors live at home. They reduce or delay the need for more costly care in hospitals and long-term-care homes. They deserve our support, and under this government they are getting it through the following measures, among others.

Since October 2020, Ontario has invested over \$1.3 billion to temporarily enhance wages for our PSWs and direct support workers, to help stabilize, attract and retain the workforce in the face of COVID-19. That wage enhancement was subsequently extended to March 31 of this year.

We provided temporary pandemic pay to some health care workers, including PSWs. Those eligible received a \$4 wage increase from April to August 2020.

We improved scheduling practices for PSWs, enabling them to work more hours per day, reducing their travel and augmenting their income.

In September 2020, this government launched the PSW return-to-service program, which offers a \$5,000 incentive for a six-month commitment to work in a long-term-care home or a home and community care agency. This has led to some 1,500 PSWs being hired.

We also invested over \$200 million, including federal funding, in financial assistance to students to support training of up to 16,200 PSWs at dozens of learning institutions, and this is great news. As of this past January, 13,700 students have enrolled, and 8,600 students have graduated. Congratulations to them.

Speaker, in conclusion, the Leader of the Opposition is right when she cites in her motion that more than 90% of Ontario's seniors and people with disabilities would prefer

to receive care in their homes, as opposed to an institution. I agree. She is also correct to note that 85% of the Ontario doctors surveyed by the Ontario Medical Association say that greater access to home care would improve health outcomes and enable people to stay in their homes longer. On this side of the House, we agree, so it is my hope that here in the content of my remarks and the remarks of my colleague, we demonstrate measurable progress towards addressing these hopes and aspirations.

But Speaker, beyond that, I would submit, as I did in the outset of my remarks, that we should also pay heed to examples of other cultures around the world when it comes to supporting our elders and our most vulnerable in ways government cannot, with ordinary individual human compassion and respect. Maybe—just maybe—we'll show them all up yet.

1510

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mrs. Jennifer (Jennie) Stevens:** Speaker, we have an aging population in Niagara. Niagara is one of the oldest communities in the entire country. These are not just facts that sit on spreadsheets in the offices of government employees; these are real people. These are our parents. These are our grandparents. These are individuals, the ones who built this great province from the ground up and gave us our foundation today. How can they be neglected so badly?

When it comes to senior care, most seniors would choose to age in their own homes if given the opportunity. We have a responsibility to give them that. Seniors deserve a commitment from this government to fix home and community care.

What I have heard time and time again is that the residents in my community want safe, publicly funded, not-for-profit senior care that guarantees a quality of care. This is across the board. This is exactly what this motion does: It moves it in the right direction.

Cuts to home and community care by successive Conservative and Liberal governments have failed patients; and yet, after everything we've learned through COVID-19, we still have legislation on the books today that means this government is not changing course.

Repealing Bill 124 should be common sense when you look at it through the lens of the home and community care sector—a sector that historically pays far less than hospitals and struggles to hire and retain staff. In other words, this government's Bill 124 is bad for front-line health care workers, but what it does for the labour market makes it catastrophic for the seniors and their families that depend on these services.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Faisal Hassan:** I appreciate the opportunity to speak to home care and the important connection it has to our great residents of York South–Weston.

York South–Weston is home to many essential workers, those front-line heroes who have worked so hard to carry us through the pandemic. In health care, we are

speaking of nurses, personal support workers, cooks, cleaners and dietary aides, who collectively improve the lives of our elders each and every day.

The pandemic has really shown how stressful it has been on families and seniors in our community. I have heard from countless family members with their frustrations with this government's inaction on senior care and their ignoring the importance of family members being allowed to directly participate and interact in the well-being of their loved ones.

We all should know that home is the healthiest and happiest place for seniors to be. Our home care system, under the Liberal and Conservative governments, is broken and has been weakened by privatization and budget cuts. We need to invest in public home care and not the for-profit model. Every dime of public taxpayers' dollars needs to be directed to the well-being of seniors. This means attracting and retaining trained health care workers, and repealing the Ford government's draconian Bill 124 is a good start in making this happen.

We need to invest at least \$1 billion into home care. When our elders are able to live at home as long as possible, it is not just honouring them as they should be honoured, but it makes economic sense. This motion is about investing in home care and investing in our seniors. They deserve no less.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Tom Rakocevic:** A few days ago, an old friend and constituent named Carmelo called me for help. He said, "Tom, you know, my wife hasn't been doing too well for some time now. Well, she caught COVID and was hospitalized, but thank God she survived and is now back home with me.

"But, Tom, she's in really bad shape now and there's only so much I can do because we are both getting up in the years. Someone comes to the home to help out a bit, and I really appreciate it, but it's just not enough. Please help me."

Speaker, there's Joe, whose mother had a stroke and can no longer see and needs more home care. There's Filomena, who lives alone—a stroke left her with a speech impairment and a wheelchair; she needs more home care—and Pasqualina, who suffered a stroke and needs more home care.

The names and their stories go on and on. We all hear them. They were once so strong, so full of vigour. They gave everything to their families, their friends, their neighbours, their communities. They gave us life. They built the world we live in, and now, they need our help. They want to stay in the homes they built. They want to hold on to their independence and the little joys they have earned after a long life of work and supporting others. But now, they're just sitting at home, watching the door, hoping for someone to walk in and give them the help they need, the help they deserve.

It's not just the elderly; thousands and thousands of people of different ages are facing different struggles. Some are alone; some have family members who are

trying their best while facing their own challenges. They all need help, and we can give it to them by voting for this vital NDP motion to improve home care in Ontario. We must all support this NDP motion to give Ontarians the public and non-profit, high-quality home care they deserve. They are counting on us. Let's get it done.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. Jamie West:** It's important today that we talk about home care and how important it is to the people of Ontario. We know that it's a broken system. The Conservative government are just like the Liberals before, where they think that the system is working properly. They think that if they throw some trinkets like free tuition forward, they'll attract people, but that's like filling a bathtub without having a plug in it. They ignore the fact that people are exiting the market, and we know that people are exiting. They're exiting because of the low pay. They're exiting for the fact that they have to work 12 to 14 hours to be paid for eight. They're exiting because they pay out of pocket for travel and it's unaffordable. There is not a shortage of PSWs; there is a shortage of good-paying PSW jobs. The Conservative government could fix it. They choose not to, Speaker, and the NDP will.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Catherine Fife:** It's a pleasure to join the debate today. At the end of the day, this motion is essentially about home care being an integral extension of publicly funded health care, which it should be. It is not right now, because the profit agenda trumps the quality of care. Money is essentially being siphoned away from care, so if you are resource-shy, as this government appears to be with regard to home care, that money is not going to the very people who are doing the caring.

Linda called me this week. She's at a point right now with her husband where she needs home care almost every single hour of the day. She does not want to put him into long-term care. These are decisions that are happening right now in the province of Ontario. Because she can't find a long-term-care placement, because she cannot find quality home care—her husband has dementia; her own health is being compromised—she is contemplating abandoning her husband at the hospital. That is the extent—that is why we brought this motion forward today, to the floor of the Ontario Legislature: to let you know that this broken system cannot continue on the way that it has been right now.

Without repealing Bill 124, you are ignoring the voices of the very people who are essentially trying to hold this system together. Repeal Bill 124. Invest in home care. Remove the profit agenda out of this formula, because it is not working for the people of this province.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Ms. Peggy Sattler:** Dr. Cathy Faulds is a London West palliative care physician who cares for people dying at home. She told me that almost 40% of the costs of home care are not funded by OHIP, leaving patients to pay out

of pocket, or feeling they have no choice but to go to hospital or long-term care.

Take the cost of blood work, for example. The palliative patients Dr. Faulds treats need monthly blood work so she can prescribe the right medication, but while OHIP covers the cost for blood work taken in a lab, there is no coverage for the \$35 cost of sending a lab tech to get a specimen at home. For many palliative patients, those on ODSP or those without private insurance, this cost is prohibitive.

As a result, many of these patients go without blood work, potentially compromising their treatment. Or, if they must have blood work, they are admitted to hospital, at a cost of \$800 a day, where their blood work is covered. How in the world does forcing a dying patient on ODSP to be admitted to hospital at a cost of \$800, in order to avoid a \$35 cost to get blood work at home, make sense? It doesn't, Speaker.

I call on this government to support the Ontario NDP motion, invest in home care, invest in the people who deliver the care and repeal Bill 124. Give Ontarians the humane, compassionate and quality care they deserve.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. John Vanthof:** It's always an honour to speak in the House, and today to talk about improving home care. There is not a person in this province who doesn't want to age at home or doesn't want their family members to age at home, so why isn't that happening? Because home care nurses and home care PSWs are paid at the bottom of the list. They are paid at the bottom, so they try and get onto other rungs of the ladder.

1520

What we have to do is not only recruit these people but pay them what they're worth. It's a career to take care of our loved ones; it should be paid like a career, with a pension and full-time benefits. Then you will not only get people, you will retain them.

The member from Eglinton–Lawrence kept saying, “We're spending so much more money in home care.” But where is that money going? Not to the people who are actually doing the work. We need to direct it, Speaker, to the people who are actually doing the work.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**M. Gilles Bisson:** Écoute, c'est un débat qui est important pour tous les citoyens de cette province, parce que quand ça vient au choix, le monde ne veut pas rentrer dans une institution ou rentrer à l'hôpital. Ils veulent être capables de rester à la maison avec les soutiens dont ils ont besoin pour les soutenir à la maison.

C'est un débat que je suis un peu surpris qu'on ait besoin d'avoir en Ontario aujourd'hui, considérant que le système médical—les médecins, les hôpitaux et tout—nous dit la même affaire : ça coûte beaucoup plus d'argent pour garder le monde dans une maison de soins de longue durée ou un hôpital que ça va coûter pour les garder à la maison. Ce qui est plus important, madame la Présidente, c'est que le monde veut rester à la maison. Pourquoi?

Parce que c'est leur chez-eux. Ils veulent être capables d'être là, pour avoir la dignité de vivre dans la situation chez eux et chez elles.

Ce qu'on a vu depuis que les libéraux ont pris le pouvoir, suivis par les conservateurs : on a vu des réductions dans les budgets qui supportent ces services-là. Tous les députés de cette Assemblée, d'un bord de la Chambre ou de l'autre, on a tous eu les coups de téléphone. Ils nous disent tous la même affaire : « Les services dont j'ai besoin ne sont pas là. » On a besoin d'avoir tel et tel, et on se fait dire qu'on ne peut pas avoir tel et tel parce que les services ont été réduits. Pourquoi? Parce qu'il y a plus de monde dans le système. On voit ce qu'on appelle les « baby boomers » qui commencent à rentrer dans le système. Eux autres, ils prennent de plus en plus de ces services-là. Et à la place de donner l'argent nécessaire et de réorganiser notre système pour s'assurer que ce monde-là est capable de rester à la maison avec dignité, qu'est-ce qu'on fait? On dit : « Bien, il y a plus de monde »—avec le même pot d'argent, et même une réduction des budgets, et le monde se retrouve dans une situation où ils n'ont pas les services dont ils ont besoin.

C'est pour cette raison que moi, j'appuie cette motion que ma chef, M<sup>me</sup> Horwath, a mise en place. On a parlé à combien de personnes dans cette province et dans nos comtés qui nous ont dit qu'on a besoin d'aller dans cette direction? C'est une direction qu'on a besoin de prendre.

With that, Madam Speaker, I'd like to thank you and leave the time for my leader to do the right of reply.

**The Acting Speaker (Mrs. Lisa Gretzky):** I recognize the leader of the official opposition for her right of reply.

**Ms. Andrea Horwath:** Thanks very much, Speaker, I appreciate the opportunity.

I want to say that once again we see the difference between a party that would like to govern this province in a way that prioritizes everyday people, that prioritizes seniors, that prioritizes folks who need help from our health care system—not one like the governing side, that prefers to see how they can squeeze money out of the health care system for their profit-making friends. That's the real dichotomy we have here: One side of the House—the governing party—wants to see more and more of our health care system privatized, wants to see more of their buddies and friends make more money out of our health care system, whereas what we want to do on this side of the House is make sure we provide the highest quality health care for all of our residents that we possibly can. And we can. Every single dollar in our home care system needs to be invested in the care of our loved ones so that they can have quality home care that they can rely on, so that they don't have to have situations where, at the last minute, an appointment is being cancelled or, because of where they live in the province, they're not able to even access home care services and instead have to find their way to a hospital to get those services.

Why would a government want to see that happen, to bring more people into our hospitals and more people into long-term-care homes, when what we know is that people

don't want to be in those places? Our hospitals can't actually accommodate those folks, nor should we ask them to.

Many experts have said very clearly, Speaker, that if we fix our home care system it will take the pressure off the alternative-level-of-care folks who are in our hospitals—opening up beds, if you will—and it will also take the pressure off the long wait-lists for long-term care: Because let's not forget: Really, clearly, people don't want to be in long-term care in this province. So this ill-informed government is bragging about building beds—they have no staffing plan, mind you, for the beds in long-term care—and yet what people say, what 96% of seniors say, is that they prefer to be at home instead of long-term care. Oh, but wait, if we build more beds, we can make sure we give those beds to our friends to make profits off of. That's what this government's all about.

Instead of the 96% of seniors who would rather have home care, this government refuses to take note. Some 85% of doctors say that home care access improves health outcomes. People don't deteriorate as quickly. They have a better, happier existence getting home care in their homes. They're more comfortable. They don't have the stress and anxiety of being institutionalized, and of course they have the presence and accountability of their loved ones that will help and that do help with the provision of home care and the translation, if you will, of the person's personality and of their culture. Let's face it, we could be providing home care in this province that is culturally appropriate, that is dignified.

We can and should absolutely should be doing that, but this government's not interested in that. That's why we thought we should bring this motion forward: to actually show the members on the governing side that it doesn't have to be the way you describe it or the way you plan on not fixing it. In fact, it can be fixed, and we can fix it by exactly the kinds of things that my colleagues and I have been talking about for the last well over two hours, I'd say. So let's do that. Let's absolutely do that.

What's the problem with making sure people get the kind of care they want, where they want it? There's no problem at all. But when we do that, we have to make sure, as I said, every dollar goes into the care but also into the dignity of the job. We know that PSWs and nurses in home care and community care make far, far less in terms of wages and earnings. That has to change. We have to make sure that they are getting paid properly, that they have full-time hours so that they can feed their own families, that they have decent wages and decent benefits, and then we will not only be able to retain the folks who are currently in that system, but we will be able to return some of the folks who have left home and community care, even though it's the type of care that they love to provide, and we can make sure that we're recruiting new people into the profession.

That's what we need to do in Ontario. We can fix the system we have now, give people what they need in terms of home care and make sure that the folks who work in home care are treated with respect and dignity.

**The Acting Speaker (Mrs. Lisa Gretzky):** Ms. Horwath has moved opposition day number 2. Is it the pleasure of the House that the motion carry? I heard a no.

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

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

In my opinion, the nays have it.

Call in the members. This will be a 10-minute bell.

*The division bells rang from 1528 to 1538.*

**The Acting Speaker (Mrs. Lisa Gretzky):** Ms. Horwath has moved opposition day number 2. All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

#### Ayes

Andrew, Jill	Gélinas, France	Schreiner, Mike
Begum, Doly	Hassan, Faisal	Simard, Amanda
Bisson, Gilles	Horwath, Andrea	Singh, Gurratan
Blais, Stephen	Kernaghan, Terence	Singh, Sara
Collard, Lucille	Mamakwa, Sol	Stevens, Jennifer (Jennie)
Fife, Catherine	Mantha, Michael	Vanthof, John
Fraser, John	Natyshak, Taras	West, Jamie
French, Jennifer K.	Rakocevic, Tom	Yarde, Kevin
Gates, Wayne	Sattler, Peggy	

**The Acting Speaker (Mrs. Lisa Gretzky):** All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

#### Nays

Anand, Deepak	Harris, Mike	Piccini, David
Babikian, Aris	Hogarth, Christine	Rasheed, Kaleed
Bailey, Robert	Jones, Sylvia	Rickford, Greg
Barrett, Toby	Kanapathi, Logan	Romano, Ross
Bethlenfalvy, Peter	Ke, Vincent	Sabawy, Sheref
Bouma, Will	Kusendova, Natalia	Sandhu, Amarjot
Calandra, Paul	MacLeod, Lisa	Sarkaria, Prabmeet Singh
Cho, Raymond Sung Joon	Martin, Robin	Scott, Laurie
Cho, Stan	McDonell, Jim	Skelly, Donna
Clark, Steve	McKenna, Jane	Smith, Todd
Coe, Lorne	McNaughton, Monte	Surma, Kinga
Cuzzetto, Rudy	Miller, Norman	Tangri, Nina
Downey, Doug	Mulroney, Caroline	Thanigasalam, Vijay
Dunlop, Jill	Oosterhoff, Sam	Thompson, Lisa M.
Fedeli, Victor	Pang, Billy	Tibollo, Michael A.
Fullerton, Merrilee	Park, Lindsey	Triantafilopoulos, Effie J.
Ghamari, Goldie	Parsa, Michael	Wai, Daisy
Gill, Parm	Pettapiece, Randy	Yakabuski, John

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 26; the nays are 54.

**The Acting Speaker (Mrs. Lisa Gretzky):** I declare the motion lost.

*Motion negatived.*

**1540**

**Hon. Paul Calandra:** Point of order.

**The Acting Speaker (Mrs. Lisa Gretzky):** The government House leader on a point of order.

**Hon. Paul Calandra:** Madam Speaker, I think if you seek it, you'll find unanimous consent to move a motion with respect to private members' public business to allow the expediting of second reading for Black Mental Health Day, standing in the names of Ms. Karpoche and Mr. Hassan, to allow it to be debated this Thursday, March 10.

**The Acting Speaker (Mrs. Lisa Gretzky):** The government House leader is looking for consent to move a motion without notice. Agreed? Agreed.

**Hon. Paul Calandra:** Madam Speaker, I move that notwithstanding standing order 101(e), the order for second reading of Bill 87, An Act to proclaim Black Mental Health Day and to raise awareness of related issues, standing in the names of Ms. Karpoche and Mr. Hassan, shall be called during ballot item number 30 on Thursday, March 10, 2022, during the time for private members' public business.

**The Acting Speaker (Mrs. Lisa Gretzky):** Mr. Calandra has moved that notwithstanding standing order 101(e), the order for second reading of Bill 87, An Act to proclaim Black Mental Health Day and to raise awareness of related issues, standing in the names of Ms. Karpoche and Mr. Hassan, shall be called during ballot item number 30 on Thursday, March 10, 2022, during the time for private members' public business.

I recognize the member for London West.

**Ms. Peggy Sattler:** I would just like to make a few comments on this government motion. There are notice requirements that are set out in our standing orders and in the order paper that talk about the notice date and the ballot date for private members' public business. This government motion allows the government to determine what ballot item is going to be brought forward on Mr. Hassan's ballot date of March 10.

This should be a decision that is made by the private member. There is a reason why we have a special time set aside for private members' public business. There is a reason why ballot items that are debated during private members' public business are in the name of the member. It is the right of the member to determine what they are going to be debating during their ballot item. This motion has the government making that decision that really should be the member's. It's a parliamentary right of all of us in this Legislature to determine the items that are the priorities of our community that we are going to bring forward for debate.

I want to remind this Legislature how we got to this place, where a government motion is being brought forward to determine the order of business in private members' public business on March 10. There was a bill that the MPP for York South–Weston was going to be bringing forward for debate. It was co-sponsored by the three London MPPs: myself, the MPP for London West; the member for London North Centre; and the member for London–Fanshawe. That bill was called the Our London Family Act. That was a bill that the official opposition developed in close consultation with the National Council of Canadian Muslims. It responded directly to the horrific, hate-motivated act of Islamophobic terror against the Afzaal family in London. The Muslim community was looking forward to the debate on that bill and to unanimous consent to pass that bill immediately into law.

Now this government is claiming to be fast-tracking that bill by removing it from the order paper and sending it to a committee, but they have not indicated any timelines

around when that bill will come back from committee and if that bill will actually be passed prior to the election, which is the one thing that the Muslim community in London, in Ontario, is looking for. They want to see the concrete actions that are set out in that bill passed into law so that we can deal with Islamophobia, so that we can deal with white supremacy, and so that we can deal with incidents of hate, which murdered four members of the Afzaal family in London. Speaker, that government chose not to allow that bill to be debated. They're sending it to committee.

But it should still be the right of the member for York South–Weston to determine the item that is going to be debated on Thursday, March 10. It should not be a government decision.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Mr. John Fraser:** I support the member from London West. It should be the member's decision.

The bill that we're talking about, in question, is actually not about us here. It's about a bill that a community put together that they're expecting for us to deal with in a relatively normal fashion here—to have debate, to support them, and then pass the bill. So I would hope that this move is not to disallow the member the right to have that bill debated—but more importantly, that that bill get debated here for the people who put that bill together: the community in London and across Ontario.

I support my colleagues' House leader in her request.

**The Acting Speaker (Mrs. Lisa Gretzky):** Further debate?

**Hon. Paul Calandra:** Point of order.

**The Acting Speaker (Mrs. Lisa Gretzky):** The government House leader on a point of order.

**Hon. Paul Calandra:** Given the fact that there is no agreement on that, I withdraw the motion.

**The Acting Speaker (Mrs. Lisa Gretzky):** The government House leader has moved a motion to withdraw. Agreed? Agreed.

Orders of the day? Government House leader.

**Hon. Paul Calandra:** No further business.

#### ANSWERS TO WRITTEN QUESTIONS

**Ms. Jennifer K. French:** Point of order.

**The Acting Speaker (Mrs. Lisa Gretzky):** I recognize the member for Oshawa on a point of order.

**Ms. Jennifer K. French:** I am rising on a point of order regarding written questions.

Speaker, 102(d) says, "The minister shall answer such written questions within 24 sessional days, unless he or she indicates that more time is required ... in which case a notation shall be made on the Orders and Notices paper following the question indicating that the minister has made an interim answer, the approximate date that the information will be available, or that the minister has declined to answer, as the case may be."

I'm referring to question 12, which was an inquiry to the Minister of Infrastructure regarding the Ontario Connects broadband procurement process. I tabled that on

November 1, and 24 sessional days, here we are—I think it has been 28, if I’m not mistaken. I am requesting, as per the standing orders, to have that answer four days ago.

**The Acting Speaker (Mrs. Lisa Gretzky):** I remind the minister—

*Interjections.*

**The Acting Speaker (Mrs. Lisa Gretzky):** Order.

You are required, under standing order 102(d), to file an answer to a written question within 24 sitting days. Your response is now overdue. I will ask that you give the

House some indication as to when the response will be forthcoming.

Government House leader.

**Hon. Paul Calandra:** We will endeavour to have a response very shortly.

**The Acting Speaker (Mrs. Lisa Gretzky):** The government House leader has indicated there is no further business. Therefore, this House stands adjourned till tomorrow at 9 a.m.

*The House adjourned at 1550.*



**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.

Speaker / Président: Hon. / L'hon. Ted Arnott

Clerk / Greffier: Todd Decker

Deputy Clerk / Sous-greffier: Trevor Day

Clerks-at-the-Table / Greffiers parlementaires: Valerie Quioc Lim, Wai Lam (William) Wong,

Meghan Stenson, Christopher Tyrell

Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
<b>Arnott, Hon. / L'hon. Ted (PC)</b>	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (IND)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Bisson, Gilles (NDP)	Timmins	
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Minister of Long-Term Care / Ministre des Soins de longue durée Government House Leader / Leader parlementaire du gouvernement
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
<b>Cho, Hon. / L'hon. Stan (PC)</b>	Willowdale	Associate Minister of Transportation (GTA) / Ministre associé des Transports (RGT)
<b>Clark, Hon. / L'hon. Steve (PC)</b>	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
<b>Elliott, Hon. / L'hon. Christine (PC)</b>	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
<b>French, Jennifer K. (NDP)</b>	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
<b>Fullerton, Hon. / L'hon. Merrilee (PC)</b>	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
<b>Gill, Hon. / L'hon. Parm (PC)</b>	Milton	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
<b>Gretzky, Lisa (NDP)</b>	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
<b>Hatfield, Percy (NDP)</b>	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Solicitor General / Solliciteuse générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (NBP)	Cambridge	
Karpoche, Bhutilla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>MacLeod, Hon. / L'hon. Lisa (PC)</b>	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
<b>McKenna, Hon. / L'hon. Jane (PC)</b>	Burlington	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (IND)	Chatham-Kent—Leamington	
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (IND)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Pettapiece, Randy (PC)	Perth—Wellington	
<b>Piccini, Hon. / L'hon. David (PC)</b>	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Rakocevic, Tom (NDP)	Humber River—Black Creek	
<b>Rasheed, Hon. / L'hon. Kaleed (PC)</b>	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Associate Minister of Digital Government / Ministre associé délégué de l'Action pour un gouvernement numérique
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development, Mines, Natural Resources and Forestry / Ministre du Développement du Nord, des Mines, des Richesses naturelles et des Forêts
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
<b>Romano, Hon. / L'hon. Ross (PC)</b>	Sault Ste. Marie	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
<b>Tangri, Hon. / L'hon. Nina (PC)</b>	Mississauga—Streetsville	Associate Minister of Small Business and Red Tape Reduction / Ministre associée déléguée aux Petites Entreprises et à la Réduction des formalités administratives
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	
<b>Walker, Bill (PC)</b>	Bruce—Grey—Owen Sound	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Vacant	Ajax / Ajax	
Vacant	Don Valley East / Don Valley-Est	
Vacant	Elgin—Middlesex—London	

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

**Standing Committee on Estimates / Comité permanent des budgets des dépenses**

Chair / Président: Peter Tabuns  
Vice-Chair / Vice-président: Randy Pettapiece  
Teresa J. Armstrong, Toby Barrett  
Lorne Coe, Rudy Cuzzetto  
Goldie Ghamari, Randy Hillier  
Christina Maria Mitas, Judith Monteith-Farrell  
Michael Parsa, Randy Pettapiece  
Peter Tabuns  
Committee Clerk / Greffière: Thushitha Kobikrishna

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

Chair / Président: Ernie Hardeman  
Vice-Chair / Vice-président: Ian Arthur  
Ian Arthur, Will Bouma  
Stephen Crawford, Catherine Fife  
Ernie Hardeman, Mitzie Hunter  
Logan Kanapathi, Sol Mamakwa  
Jeremy Roberts, Dave Smith  
Vijay Thanigasalam  
Committee Clerk / Greffier: Michael Bushara

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

Chair / Président: Logan Kanapathi  
Vice-Chair / Vice-président: Mike Schreiner  
Jill Andrew, Robert Bailey  
Will Bouma, Guy Bourgouin  
Chris Glover, Mike Harris  
Logan Kanapathi, Sheref Sabawy  
Amarjot Sandhu, Mike Schreiner  
Daisy Wai  
Committee Clerk / Greffier: Isaiah Thorning

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

Chair / Président: Gilles Bisson  
Vice-Chair / Vice-président: Aris Babikian  
Deepak Anand, Aris Babikian  
Gilles Bisson, Lorne Coe  
Wayne Gates, Robin Martin  
Norman Miller, Billy Pang  
Amanda Simard, Marit Stiles  
John Yakabuski  
Committee Clerk / Greffière: Tanzima Khan

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

Chair / Président: Daryl Kramp  
Vice-Chair / Vice-présidente: Lucille Collard  
Lucille Collard, Christine Hogarth  
Daryl Kramp, Natalia Kusendova  
Jim McDonell, Suze Morrison  
Randy Pettapiece, Gurratan Singh  
Donna Skelly, Effie J. Triantafilopoulos  
Kevin Yarde  
Committee Clerk / Greffière: Thushitha Kobikrishna

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

Chair / Présidente: Laurie Scott  
Vice-Chair / Vice-présidente: France Gélinas  
Rima Berns-McGown, France Gélinas  
Goldie Ghamari, Mike Harris  
Faisal Hassan, Jim McDonell  
Sam Oosterhoff, Laurie Scott  
Vijay Thanigasalam  
Committee Clerk / Greffière: Tanzima Khan

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

Chair / Président: Taras Natyshak  
Vice-Chair / Vice-présidente: Christine Hogarth  
Deepak Anand, Toby Barrett  
Jessica Bell, Stephen Blais  
Stephen Crawford, Rudy Cuzzetto  
Christine Hogarth, Michael Mantha  
Taras Natyshak, Michael Parsa  
Amarjot Sandhu  
Committee Clerk / Greffier: Christopher Tyrell

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

Chair / Président: Aris Babikian  
Vice-Chair / Vice-président: John Fraser  
Aris Babikian, Lorne Coe  
John Fraser, Vincent Ke  
Laura Mae Lindo, Paul Miller  
Billy Pang, Jeremy Roberts  
Dave Smith, Daisy Wai  
Jamie West  
Committee Clerk / Greffier: Isaiah Thorning

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

Chair / Présidente: Natalia Kusendova  
Vice-Chair / Vice-présidente: Bhutila Karpoche  
Aris Babikian, Jeff Burch  
Amy Fee, Michael Gravelle  
Joel Harden, Mike Harris  
Bhutila Karpoche, Natalia Kusendova  
Robin Martin, Jim McDonell  
Effie J. Triantafilopoulos  
Committee Clerk / Greffière: Vanessa Kattar

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

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