

Legislative  
Assembly  
of Ontario



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législative  
de l'Ontario

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of Debates  
(Hansard)**

No. 9

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des débats  
(Hansard)**

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Wednesday  
24 August 2022

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43<sup>e</sup> législature  
Mercredi  
24 août 2022

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Speaker: Honourable Ted Arnott  
Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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## ORDERS OF THE DAY / ORDRE DU JOUR

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Wednesday 24 August 2022

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mercredi 24 août 2022

*The House met at 0900.*

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

*Prayers.*

ORDERS OF THE DAY

MORE BEDS,  
BETTER CARE ACT, 2022  
LOI DE 2022 POUR PLUS DE LITS  
ET DE MEILLEURS SOINS

Resuming the debate adjourned on August 23, 2022, on the motion for second reading of the following bill:

Bill 7, An Act to amend the Fixing Long-Term Care Act, 2021 with respect to patients requiring an alternate level of care and other matters and to make a consequential amendment to the Health Care Consent Act, 1996 / Projet de loi 7, Loi modifiant la Loi de 2021 sur le redressement des soins de longue durée en ce qui concerne les patients ayant besoin d'un niveau de soins différent et d'autres questions et apportant une modification corrélative à la Loi de 1996 sur le consentement aux soins de santé.

**The Speaker (Hon. Ted Arnott):** When we last debated this bill, I understand the members for Burlington and Sault Ste. Marie had made their presentations together, sharing their time. We're now at the point of questions to the members for Burlington and Sault Ste. Marie, if there are any.

The member for Hamilton Mountain.

**Miss Monique Taylor:** Unfortunately, I was not here to be able to hear the members speak to this portion of the debate. But on this side of the House, we have real questions and concerns about this bill. So a question that I asked to the minister yesterday, I will put back to the members who did have the opportunity to speak to this bill yesterday.

We're greatly concerned about patients being charged when they refuse to leave the hospital and go to long-term care or to be sent home. This is something that I know I've heard in my office for years has been happening. This bill will definitely seem to seal the deal to allow hospitals to charge an uninsured amount to patients. Could the member answer what his government is doing to ensure that that does not happen to patients going forward?

**The Speaker (Hon. Ted Arnott):** The member from Sault Ste. Marie and chief government whip.

**Mr. Ross Romano:** To the member opposite: We're starting off a new day, but apparently the same message will continue, as has been going on for several days from the opposition members going into last week, who still are

incapable of reading the bill. Apparently, not enough time has yet passed for them to be able to do so. Mr. Speaker, I would really like to think of the words that you used earlier this morning, when you spoke about illusion to reality. Perhaps there's more delusion than any of it at this point in time.

I'm really, really hoping that the member opposite, and all of the members opposite, will take the time to read the bill and see that there is absolutely no change in policy. There is no situation that is going to arise where their consent would not be obtained first.

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

**Mr. Anthony Leardi:** I had the benefit of reading comments from the CAO of Windsor Regional Hospital, who reflected positively on this bill.

My question to the member today is about hospital capacity. How would Bill 7 play a role in supporting Ontario's broader health care system and perhaps even create hospital capacity?

**Mr. Ross Romano:** I want to thank the great member for that question.

That is really the goal and what we're trying to accomplish, Mr. Speaker: to ensure we're increasing that capacity by ensuring that we are making more space for seniors to have proper care where they need it most and the level of care that they need most. That's freeing up room in our hospitals and ensuring that the individuals who need that level of care within the hospital system are receiving the appropriate level of care. I look forward to being able to speak about this a bit in further questions.

I can just look at my own hometown riding, where I recall a waiting list, when we first got elected in 2018, of over 400 people in my city of Sault Ste. Marie, many of whom were in alternate levels of care within the hospital. With the investments our government has made over the last four years, my community is now looking at having reduced that wait-list by half, with only 204 people now left on a wait-list that was well over 400 back in June 2018, after years of neglect by the opposition parties, the coalition Liberal-NDP government that existed for so long here in the province of Ontario, where a measly 600 beds were created over that entire span of time.

I think it's absolutely critical and important that the opposition members recognize the outstanding work that our government is doing and that our Minister of Long-Term Care is doing to ensure that we are making more capacity within our hospitals, and that the people of this province—

**The Speaker (Hon. Ted Arnott):** Thank you. Once again, the member for Hamilton Mountain.

**Miss Monique Taylor:** Back to the member: His response to my last question was really so busy disparaging and taking away from the job of the official opposition instead of actually speaking to what's before us.

What I said in my question is that, for years, patients have been charged and threatened to be charged—so that is existing legislation. Where in this bill does it protect patients going forward? The hospitals are going to have the ability to move ahead, to push people out of hospital into long-term care, particularly when they're not wanting to be there. And if they're refusing to do so, what is going to happen? Did the government think to put a protection in this bill to make sure that patients wouldn't be charged any further?

I would appreciate a reasonable answer from this member instead of just throwing stones back on this side. Let's talk—

**The Speaker (Hon. Ted Arnott):** Thank you. The member for Sault Ste. Marie to reply.

**Mr. Ross Romano:** I'm happy to enlighten the member opposite. I know that there was an inability to catch my comments from yesterday, as she noted earlier.

Perhaps I can help, because there are two critical components in terms of the work that we are doing to support the long-term-care sector here in the province of Ontario. The first part of that, as I referenced in my comments yesterday, is that we're ensuring that we're improving staff levels and hours of care within our institutions. Specifically, a key pillar of that plan is making sure that we're hiring more staff.

An additional key pillar to that plan we spoke about yesterday as well is to address the wait-lists, and we're ensuring that we're building more modern, safe and comfortable beds for our seniors.

At no point in time is anybody going to see them being moved without their consent and being billed for whatever—I'm not sure I understand the member's question, because it's premised on something false.

So it's going to be important that the member opposite does read the bill so that they can appreciate what it is we're actually doing.

0910

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

**Hon. Paul Calandra:** It was interesting to hear the member for Niagara Falls talk about reading the bill, colleagues. He started off last week saying that we were going to move people into ward rooms. That was not correct. Then he switched it over to, we're going to be moving people without their consent. That was incorrect. Then he said that hospitals were going to be discharging people again and moving them hundreds of miles away. That was incorrect.

Now they've trotted out a policy that has existed in the province of Ontario since 1979—and one of the previous governments to actually increase that rate was the Bob Rae government, the NDP government. The reason I think the member is having trouble finding that in this bill is because it's actually not in the bill.

More importantly, I wonder if the member could expand on his earlier comment about how a policy like this, working with patients, actually improves the quality of care, to get the service where it is best for the patient, as opposed to what the NDP thinks.

**Mr. Ross Romano:** I really want to thank the minister for that question.

I think we all should really thank the minister for the outstanding work that he has been doing on this file. When you look at the work that's being done in reducing wait-lists and ensuring that patients—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The member for Niagara Falls will come to order. The government House leader and Minister of Long-Term Care will come to order.

**Mr. Ross Romano:** Again, thank you to the minister for the question.

It really is unfortunate that the members opposite don't want to listen and they don't want to read and they don't want to understand that the work we are doing has helped so many people in our province. One only need look at the makeup of this room after June 2, 2022, and it's evident that we are helping so many in our communities across all of Ontario, and the people of this province are seeing the results, are appreciating that response and responding in turn.

I look forward to being able to speak a little further in the next opportunity here about the outstanding work that we are doing.

**The Speaker (Hon. Ted Arnott):** I don't think there's time for another question.

Further debate?

**Ms. Peggy Sattler:** It's always an honour to rise in this place and speak on behalf of the people we represent in the communities that brought us here.

To anyone who is watching the proceedings this morning, I just want to provide some context for the debate that is under way today. This is the third government bill that has been brought to this floor in this very rare summer session of the Legislature. As the Speaker will know, typically the Legislature does not sit in the summer. But this government brought MPPs back in August to presumably engage in very important legislative debates about urgent issues that are facing this province.

The first bill that we considered was the budget bill. That was a bill that the government had tabled prior to the election. So that bill was brought to this floor.

The next bill was the strong-mayor bill. That was something of a surprise, because never in the election did we hear the government mention its priority focus on increasing the mayor powers in Ottawa and Toronto. Regardless, that was the bill, that was the second piece of legislation the government brought forward.

That brings us to today and Bill 7, the More Beds, Better Care Act. This is a bill that purports to address the health care crisis we are facing in this province. All of us are seeing in our communities that the health care system is crumbling before our eyes.

There are at least 25 emergency rooms across this province that have either closed or reduced hours over the past many months—and it hasn't only just been this summer. This is a problem that we have seen in Ontario for quite some time.

As the representative of London West, I want to acknowledge that many of these closures have occurred in some of those small, rural communities in southwestern Ontario that surround London. Some of those closures are under way right now. We know that St. Marys hospital closed overnight hours this very week. This is the second closure of St. Marys hospital in August. Seaforth hospital closed its ER earlier in August. Walkerton and Chesley hospitals closed their overnight emergency services last week. What this means for London is increased pressure on London Health Sciences Centre because, of course, London Health Sciences Centre is a regional hospital that serves many of the surrounding municipalities. With those closures in those rural communities, there are increased pressures on LHSC, and we have seen that in London with changes in the emergency ward.

There was a story on CBC just recently about a Londoner who was 40 weeks pregnant with her first child, and her midwife had been bracing her for the possibility that she might not get a scheduled induction due to the shortage of support staff, nurses and doctors. That's one example of the kind of pressures that LHSC is facing in its maternity ward because of some of these increased pressures.

LHSC's epilepsy monitoring unit also had to reduce services. There is a temporary closure, until September, of the epilepsy monitoring unit, although critical care services will continue to be provided.

We are hearing about an ever-growing list of people in London who are facing incredible challenges accessing a family physician. For many people who don't have an emergency that requires ER support, that's the canary in the coal mine. That's the first indication that something is fundamentally wrong with our health care system—when people cannot find a family doctor in order to get that preventive care that will keep them from having to access critical care in our hospitals.

It's interesting, Speaker; when you read some of the stories about why our system is experiencing these challenges, it's pretty unanimous that one of the reasons for these closures is the staffing pressures in our health care system. Those are pressures that have been growing for years, in fact, because of the lack of health human resource planning, but they have certainly been exacerbated by COVID-19. Nurses and health care workers are exhausted. They're burnt out. They are disrespected by this government, by its ill-considered policy to introduce a cap on any wage increases of 1%. That has been incredibly demoralizing for health care workers. We're seeing nurses leave the profession in droves. They are going to the US to find better jobs, better working conditions, better salaries, or they are switching careers altogether. They're retiring early. We have all heard these things.

As a result of these staffing pressures, what we're seeing in our system is that hospitals, including those small, rural

hospitals I mentioned, are having to spend money on temp agency nurses. There was a story last week in the Toronto Star that revealed that spending on temp agency nurses is up more than 550% since before the pandemic at a Toronto hospital. Speaker, that's not a unique situation at that hospital. We know that hospitals all over this province are having to spend those dollars on agency nurses in order to deal with the workforce pressures they are facing.

#### 0920

So in light of this crisis in our health care system and in light of the fact that we were brought back here this summer to deal with some urgent issues, one would have thought that the government would have brought forward legislation that would actually deal with the problems we are seeing. One would have thought they would have brought in a bill to repeal Bill 124—because that is what the health care sector, including hospital CEOs, including physicians, certainly including nurses, including a whole gamut of health care workers, have consistently highlighted as a huge factor in the exodus of health care workers from our workforce.

One would have thought that this government might have brought in legislation to require long-term-care homes to make PSW jobs full-time jobs with proper salaries, with benefits, with job security, with paid sick days. That would have gone a long way to improving the quality of care that seniors receive in our long-term-care homes—and also those PSWs working in home and community care, because we know that seniors want to remain independent in their own homes as long as possible and rely on PSW support in order for that to happen. As I said, instead of bringing in legislation that dealt with the real problems, we have before us this bill entitled More Beds, Better Care Act.

I do want to acknowledge that the government has gone some way since we first came back here in August. When we first arrived back, we saw the Premier and the Minister of Health denying—“There's no crisis in health care. This is all just part of the normal ebbs and flows.” Then we heard the Minister of Health blaming vacationing nurses for the closures of our ERs, which is reprehensible, to make that allegation. Finally, we saw the government realize that they had to do something, and last week they released a five-point plan. This is the signature legislation that accompanies that plan. It's clear that they scrambled, because this signature legislation is exactly two and a half pages long. It is very thin on substance but deeply concerning in terms of its content.

I want to start with the title of the bill—as I said, More Beds, Better Care Act. The first half of this title, “More Beds,” clearly reveals this government's fundamental misunderstanding of the issues that we are experiencing in our health care system. It is not beds that are the problem; it is staff to provide the care to the patients in those beds that is the problem. That's why, again, I point to the urgency of repealing Bill 124. Unless we do something to increase our health care workforce, we're not going to have the staff we need. The second part of the title, “Better Care,” suggests that, somehow, transferring alternate-level-of-

care patients from hospital into long-term-care homes is going to automatically ensure they get better care.

Speaker, I have to say that Ontarians don't have a lot of confidence, frankly, in this government's ability to ensure that seniors in our long-term-care homes are properly protected. We heard about the iron ring around long-term care during COVID that never materialized. We saw more than 4,000 seniors die in long-term-care homes. We saw the military being called in to pull the curtain on the horrendous conditions that our long-term-care-home residents were facing.

Again, I want to say that the crisis in our long-term-care homes will not be fixed unless the staffing in those homes is improved.

Speaker, now I want to turn to what the government decided to do to deal with this crisis. This bill authorizes a whole range of actions that can be taken by placement coordinators at hospitals without the consent of an alternate-level-of-care patient. It authorizes a placement coordinator to determine eligibility for admission to a long-term-care home. It allows the coordinator to select a long-term-care home. It allows the coordinator to provide information about that patient, including personal health information, without the consent of that patient. Finally, it authorizes the admission to the home of an ALC patient without their consent. It's very clear that all of these actions I have just described can be carried out without consent, provided that reasonable effort has been made to obtain consent—without any definition of what constitutes reasonable effort. As my colleague, our immensely capable health critic, pointed out, that leaves it open to the possibility that a patient could be asked, "Ms. Sattler, are you ready to go to a long-term-care home? We need your consent." If I say no, is that a reasonable effort? Who knows? It's not defined in this bill.

The only limitation on consent that is listed in this bill is the inability for a placement coordinator to put physical restraints on a patient and to physically transfer that patient to a long-term-care home. Other than that, there are all of those actions I previously described that can be carried out if the patient does not consent.

Speaker, moving an ALC patient, an alternate-level-of-care patient, into a long-term-care home that is not of that person's choosing is, as critics have pointed out, a fundamental violation of the human rights of that patient.

The only right to appeal that is included in this bill is, if someone is deemed ineligible for a long-term-care-home admission, then they can appeal that. However, there is no appeal whatsoever for an alternate-level-of-care patient who is placed in a long-term-care home that is not of their choosing.

We have heard in the media and we've heard the minister talk in this House about the fact that no patient would be transferred out of their community, but that is not in the bill. If you read this bill, it indicates that the geographic restrictions around placement decisions will be outlined in regulations. We don't see regulations—the regulations are written after a bill is passed. So this gives

the government huge latitude to prescribe whatever geography they decide is appropriate, which means that an ALC patient in London could be discharged without consent from hospital, could be assessed for eligibility to long-term-care without consent, could be admitted to a long-term-care home without consent, and that long-term-care home could be in St. Catharines; it could be in Hamilton; it could be in Hanover; it could be in any number of communities that would take that person out of their circle of care and away from their family members, away from the support and the love they need in order to live out their final days with dignity and respect.

The bill also indicates that the regulations are going to prescribe what personal health information can be provided without the consent of the patient. That is very troublesome because everyone should have the right to consent to the use of their own personal health information.

### 0930

What is entirely missing from the bill is any reference to charging alternate-level-of-care patients who do not consent to a physical transfer to a long-term-care home. I want to remind members who were here at question period yesterday that our interim leader asked the Minister of Long-Term Care, "Can the minister guarantee right now that if a senior refuses to go to a care home they don't want, they will never be billed for their hospital bed?" And the minister responded, quite rightly, "That is not in my bill." He's absolutely correct; that is not in this bill. That is why it is so worrisome that this bill is silent on the question of whether a patient can be charged by the hospital if they refuse to go to a long-term-care home.

We hear this government suggest somehow that it's the opposition who is fearmongering. But I want to highlight comments that were made by Jane Meadus, who is a lawyer with the Advocacy Centre for the Elderly, who shares these exact concerns about the possibility of patients being charged if they refuse to move to a long-term-care home. She provided a memo that says if patients "refuse a bed offer for a LTC home they apply to, a determination may be made that they are no longer in need of treatment in the hospital. A discharge order may then be communicated to them, and the hospital may charge them an unregulated daily rate if they choose to remain in hospital." So unless this is explicitly prohibited in this bill, you can be sure that it will happen. That just increases the pressure on an alternate-level-of-care patient in a hospital who does not want to move to long-term care because it's not the long-term care of their choice. It increases the pressure on those family members, those substitute decision-makers, who are having to decide in the face of these medical professionals what can be done with their loved one. And it makes it ever more likely that people are going to be moved against their will to a long-term-care home where they do not want to be.

Advocates, people who are involved in this sector, have called this bill "morally repugnant." It is an assault on the fundamental human rights of some of the most vulnerable and frailest people in this province.

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

**Mr. Rudy Cuzzetto:** Yesterday, the Toronto Star editorial board wrote in support of Bill 7:

“Earlier this year, the Ontario Hospital Association estimated there were 5,800 patients waiting in hospital beds for what is known as ‘alternate levels of care.’

“The consequences of such hospital stays ripple through the system and impact others seeking care. With beds occupied, other patients can’t be admitted and emergency rooms back up.”

“Hospitals are not the ideal location for such patients. They don’t require the intensive medical care hospitals are meant to provide. Nor do they receive the variety of supportive programs offered at long-term-care facilities designed specifically for seniors.”

I’d like to give the member an opportunity to comment on the Toronto Star editorial.

**Ms. Peggy Sattler:** I don’t think there’s any question that hospitals, alternate-level-of-care beds, are not the greatest place for people to be, but neither is a long-term-care home that is not of the patient’s choosing—a long-term-care home that likely has availability because no one wants to go there. We all know of those long-term-care homes that became notorious during COVID-19 because of their abject failure to protect the residents who lived in those homes.

Unless this bill is accompanied by a huge effort to improve PSW wages, to make those jobs good jobs, to improve supports for seniors in long-term-care homes, moving vulnerable people from one situation of crisis in a hospital to another situation of crisis in a long-term-care home will do nothing to solve the problem.

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

**Mr. Wayne Gates:** We know that under this Conservative watch, close to 5,000 seniors—parents, grandparents, mothers-in-law, fathers-in-law—died in long-term care. Most died in for-profit homes. Forty seniors died just in the last two weeks alone. Knowing this, do you feel it’s okay to give medical information of patients, seniors, to long-term-care providers without consent?

**Ms. Peggy Sattler:** I want to thank my colleague from Niagara Falls for that question.

Clearly, I do not think it is okay to allow the provision of personal health information to any entity without the consent of the person whose information is being shared.

I did want to comment on the fact that private sector long-term-care homes are very likely to be the biggest beneficiaries of this bill, because many of the long-term-care homes that have the shortest waiting lists, that will be able to accommodate these alternate-level-of-care patients, are those private sector homes that other people don’t want to go to. They are the homes that were exposed as having the worst protections in place for seniors during COVID-19.

**The Speaker (Hon. Ted Arnott):** The member for Renfrew–Nipissing–Pembroke.

**Mr. John Yakabuski:** I want to thank the member for her address this morning.

I’ve been here for nearly 19 years, and this is probably the most egregious example of NDP fearmongering since I’ve been here.

Since I’ve been here, ALC patients have been a huge problem in this province. We’ve got our vulnerable seniors in a place where they shouldn’t be, but no capacity was built in long-term-care homes to accommodate those seniors who would be best cared for in a long-term-care home.

This government has acted expeditiously and quickly, since the election, to bring in the proper legislation so we can actually move those patients to a home—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The member for Hamilton Mountain please come to order.

**Mr. John Yakabuski:**—where they’ll get the kind of care and the kind of help and assistance that has always been designed for.

And now we have the NDP inventing all kinds of voodoo scenarios that do not exist.

So I do ask the member, could you please stick to what the bill actually says? No one will be going to a home that they’re not consenting to. Stop with the fearmongering—

**Ms. Peggy Sattler:** I have to remind the member, as I stated in my comments, that it is not just the opposition who are raising these concerns: it is Jane Meadus, a staff lawyer at the Advocacy Centre for the Elderly; it is Dr. Samir Sinha, the National Institute on Ageing’s director of health policy; it is Dr. Alan Drummond, who is co-chair of public affairs for the Canadian Association of Emergency Physicians. The concerns that we have raised are shared by many in the sector, and I would ask the government to listen to what those advocates have to say.

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

**Mr. Chris Glover:** I’ve been listening to this debate in the House for the last few days. The thing that seniors are most concerned about is that they will be forcibly transferred to long-term-care homes against their will. And the government keeps responding with diversions, with insults to the NDP—“Oh, you haven’t read the bill. There’s nothing in there about consent.”

**0940**

I’ve read the bill. The bill is right here, and I can see in this bill that it says “certain actions” are “to be carried out without the consent of these patients.... The actions cannot be performed without first making reasonable efforts to obtain the patient’s consent.” There’s a list of 13 actions that can be taken without the patient’s consent. That’s what this bill is about. It also says—and I think this is the most terrifying statement for seniors in the province of Ontario—“The section does not authorize the use of restraints in order to carry out the actions or the physical transfer of an ALC patient to a long-term-care home without their consent.” In other words, they set the bar at they will not handcuff seniors who are in hospital beds and refuse to be transferred, but they will do everything up to that.

So my question to this speaker is—

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

**Mr. John Yakabuski:** That is pathetic.

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

The member for London West can reply.

**Ms. Peggy Sattler:** I appreciate the comment from my colleague because he is exactly right. What this bill does is allow a long list of actions that can now be taken without the consent of a patient that will coerce or pressure alternate-level-of-care patients to feel that they have to leave the hospital and move to a long-term-care home, and the only restriction is that they cannot be forcibly handcuffed, physically restrained and physically transferred from the hospital to a long-term-care home.

So I understand why seniors are terrified of this bill, and I understand why experts and advocates also have raised those concerns.

**The Speaker (Hon. Ted Arnott):** The member for Eglinton–Lawrence.

**Mrs. Robin Martin:** Thank you to the member opposite for her contributions today.

It's no secret that the health care system is under immense pressure, and if we do nothing, we could see a shortage of 2,400 hospital beds by the peak of a potential flu or a COVID-19 wave later this year. Our government is seeing this potential wave on the horizon and we're proposing real steps to address it, to help ensure that our health care system is properly resourced to deliver the care Ontarians need.

Meanwhile, the opposition seems content to sit around and oppose, much like they were content to support the Liberals between 2011 and 2018—propping up that Liberal government when they built only 611 beds for 176,000 new, elderly patients over the age of 75.

My question is really simple: Are you content to sit back, support the status quo and do nothing when action is clearly needed?

**Ms. Peggy Sattler:** The opposition has been sounding the alarm and standing in solidarity with health care workers for the last several years, ever since Bill 124 was introduced by this government, which is the most egregious factor in why we are experiencing these health care workforce shortages. We have been calling for the repeal of Bill 124. That is action that would have really made a difference. We have been calling for protections for health care workers against violence in the workplace. That is something that would have helped to shore up our health care workforce.

Health care workers are leaving. They're leaving because of this government's low-wage suppression policies that are driving them to retire early or leave the province.

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

**Mr. Mike Schreiner:** It's always an honour to rise and participate in the debate—today, on Bill 7 at second reading. For members opposite and for people watching at home: One of the reasons second reading debate happens is so that concerns can be raised and addressed—and amended at committee. Advocates for the elders, seniors, doctors, and health care policy experts have all raised

serious concerns about the implications of this bill and the possible unintended consequences.

I understand that we are facing a health care crisis and that that crisis predated the existing government, but it has been made worse by the existing government because of their failure to invest in the people who deliver care. Nurses, front-line health care workers and doctors have all said that wage caps and benefit caps are a significant contributor to the inability to retain nurses and other front-line workers in our health care system. Yet the government—after calls from almost everybody across the province, including the opposition—has failed to say, “Maybe we need to make an adjustment and invest in the people who deliver care.”

One of the concerns that seniors have is the consent provisions in the bill. I've heard the argument about, is there consent or is there not consent? Well, I guarantee you, Speaker, that elders deserve clarity around the consent provisions in this bill, because when you combine this bill with legislation that I know has been there since 1979, they could charge elders up to \$1,500 a day if they do not consent to being transferred to a long-term-care home they do not want to be in. One of the reasons they may not consent is that they would be a long distance away from their family, which is one of the unintended consequences of this bill. We already have a home care system and a long-term-care system that's underinvested, understaffed and overwhelmed. Family members play a key role in providing additional care for elders. It will be incredibly difficult if elders feel forced to consent to agree to move a long distance away from family and lose that additional care, which will then put additional pressure on existing staff.

I would say to the official opposition and to the government: Listen to the concerns that people have and amend this bill at committee, because we know that properly placing alternate-level-of-care patients is important to the health care system.

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

**Mr. Mike Harris:** It's great to be able to take part in debate here today and in questions and comments.

While I do have a great working relationship with the member from Guelph, I do have a few concerns with what he has brought up here today, when we talk about this bill going to committee or some of the different provisions of the bill.

Again, as part of the kinder, gentler Mike Harris that we're all experiencing here in the 43rd Parliament, I want to give the member an opportunity to share some solutions, rather than just trying to carve up the problems. Let's hear some solutions. What can we do to get ALC patients out of hospital? How can we move forward with making sure that those people are still looked after in the way they need to be here in Ontario?

**Mr. Mike Schreiner:** I appreciate the member opposite's question. It gives me an opportunity to put forward a number of the solutions that the Ontario Greens have been talking about for over two years.

First of all, repeal Bill 124 so nurses and front-line health care workers can negotiate fair wages, fair benefits and better working conditions. Speaker, do you know what it's like to be overworked in understaffed wards and feeling underappreciated and disrespected by government? Do you know what it's like to not be able to access mental health benefits, for example, because your benefits are capped, let alone being able to have your wages keep up with inflation?

Second, two years ago, we were asking this government to fast-track the accreditation of internationally trained health care professionals. They are now finally starting to do that. According to the RNA, that was 15,000 to 20,000 nurses or other front-line health care workers who could have been part of the system, taking a burden off the system, if the government had acted on that two years ago.

Speaker, I have more solutions I'd like to offer, but I know my time has run out.

**The Speaker (Hon. Ted Arnott):** The member for Algoma-Manitoulin has a question.

**Mr. Michael Mantha:** I've always been one to look at legislation—and words are very powerful. I know the member from Guelph talked about consent. If I'm sitting in a long-term-care home or if I'm a family member, I'm looking at this bill and I'm reading the first two sentences—it says, “The bill amends the Fixing Long-Term Care Act, 2021 to add a new provision for patients who occupy a bed in a public hospital and are designated by an attending clinician as requiring an alternate level of care. This new provision authorizes certain actions to be carried out without the consent of these patients.” What else could that possibly mean? It's removing the consent of individuals. The outcome is what I'm concerned about. When you look at legislation, there are winners and losers. We see who the losers are going to be here.

Who is going to benefit from this legislation? Who is this for? That's the question that I'm asking the member.

**Mr. Mike Schreiner:** I appreciate the member's question. I share your concern around the consent provisions in this bill, which is exactly why it absolutely has to be amended at committee—to ensure and clearly define the consent provisions for an elder in this province to not be forced or coerced into consenting to a placement that they do not support, that is untenable for their family. That is why second reading debate is so vitally important.

0950

So I encourage the members opposite: Listen to the advocates, listen to the seniors, listen to the health care policy-makers who are putting forward concerns about this bill and address those concerns, because we know that we need a better process for properly and justly placing seniors who have alternate-level-of-care needs.

**The Speaker (Hon. Ted Arnott):** We have time for one quick question.

**Mrs. Robin Martin:** Thank you to the member opposite.

A recent editorial in the Globe and Mail discussed the government's five-point Plan to Stay Open. It talked about how acute-care beds are really for acutely ill patients, not

those waiting for long-term care. Patients who need long-term care should receive it in a proper setting.

They do something similar in BC, Alberta and Nova Scotia. So, why, when we try to improve the system here so that patients can get into the hospital—

**The Speaker (Hon. Ted Arnott):** Thank you very much. The member for Guelph can reply.

**Mr. Mike Schreiner:** I don't believe the member opposite has actually been attentively listening to my comments. My comments have acknowledged the need to address alternate-level-of-care patients in hospitals.

What I'm asking the government to do is to listen to the experts and address the concerns that elders have about this bill.

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

**Ms. Patrice Barnes:** It is my privilege to rise in the House to speak to the debate on Bill 7, the More Beds, Better Care Act, 2022. This bill, if passed, will make amendments to the Fixing Long-Term Care Act, 2021, as part of our government's larger Plan to Stay Open: Health System Stability and Recovery. This five-point plan aims to provide the best care possible to patients and residents while ensuring the necessary resources and supports are in place to keep the province and the economy open. The plan further bolsters the Ontario health care workforce, expands innovative models of care, and ensures hospital beds are there for patients when they need them.

As everyone in the chamber knows, health care systems around the world are facing unprecedented challenges lately, and Ontario is no different. In order to address these pressures, make more progress with the surgical backlog, and be properly prepared for a potential winter surge, we need to do more. If we keep the status quo, we could see a 2,400-hospital-bed shortage by the peak of the potential flu and COVID waves later this year.

Over the last few weeks, our government has been actively engaging with front-line partners, hospitals, long-term care, union leadership and the best experts available to identify concrete, actionable solutions to respond to urgent pressures as well as prepare for any potential surge in the winter months. Our government is looking at every possible option as we look for ways to address the challenges facing our hospital capacity, avoid overstraining the health care system, and establish better models of care.

One of the main ways we help with hospital capacity challenges is to ensure that patients are getting an appropriate level of care in an appropriate setting. Across the province, there are many patients whose care needs could be better met elsewhere. These patients are sometimes referred to as alternate-level-of-care patients, or ALC for short. ALC patients in hospital no longer need to be there, and many would have better quality of life in a long-term-care home. At the same time, moving these ALC patients out of hospital and into long-term care frees up much-needed space in hospitals for patients who require hospital treatment.

Our government's priority is for people to live and receive care where they have the best quality of life, close to their family and loved ones and their community. With

this bill, we would add a new provision to the Fixing Long-Term Care Act, 2021, to ease the transfer of patients in ALC into long-term care.

ALC pressures are not unique to Ontario. Several provinces, like BC, Alberta and Nova Scotia, have similar policies which encourage the movement of patients into temporary care settings while they wait for their preferred bed.

In Ontario, there are approximately 1,900 ALC patients on a long-term-care wait-list or in need of long-term care. Some patients can spend up to six months or longer in hospital waiting for a space in their preferred home to open up, even though they no longer need hospital services. When they cannot be discharged, these patients continue to receive care, but in the wrong setting. These patients contribute to backlogs in acute-care services in hospitals because they occupy beds that other patients urgently need.

The More Beds, Better Care Act will enable the movement of these patients to a more appropriate care setting that can better support their quality of life and better meet their needs. ALC patients who are placed in a long-term-care home that was not selected by them will be there temporarily, until they can be placed in their preferred home.

As members in this house surely know, the wait-list for long-term care is sizable, thanks in large part to the neglect of the former Liberal government, who, from 2011 to 2018, only managed to build 611 net new beds across the province—611 net new beds while the population of Ontarians aged 75 and older grew by over 176,000. This blatant neglect of the sector left our government with a wait-list of over 40,000 patients.

Speaker, I am sure you know that our government wasted no time in developing new long-term-care beds. Since 2018, we have invested \$6.4 billion into the development of new beds and new homes, and we currently have over 30,000 new and more than 28,000 existing beds to be upgraded in the development pipeline. Despite all of that, we still have a long wait-list for long-term care in Ontario, so I am sure everyone is wondering where we are going to place all of these ALC patients.

Well, as we have done since the beginning of the pandemic, we are working on the advice of the Chief Medical Officer of Health, and we are taking immediate action to increase bed capacity in long-term-care homes by right-sizing the number of COVID-19 isolation beds, based on community demand and COVID-19 risk levels. By the end of the summer, approximately 300 long-term-care beds that were set aside for COVID-19 isolation will be safely available for the people on wait-lists, with a potential of 1,000 more beds available within six months.

I am sure some members in this House are wondering, if we eliminate isolation beds in homes, are we putting long-term-care residents at risk of contracting COVID-19? That is a very good question. Isolation beds were implemented at the onset of the COVID-19 pandemic as a way to protect residents from contracting this highly contagious virus. Since that time, long-term-care homes have implemented enhanced infection prevention and control

practices, personal protective equipment is more readily available, and a large majority of residents and staff have been vaccinated. Because of these factors, isolation beds are no longer as necessary as they were in the early days of the pandemic.

Over the course of the last couple of days, I have heard some members of the opposition suggest that the homes that ALC patients would be sent to could be in outbreak, or experiencing staffing shortages. However, I would like to remind those members that, as set out in the Fixing Long-Term Care Act, 2021, long-term care licensees must approve the applicant's admission to the home unless the home lacks the physical facilities necessary to meet the applicant's care requirements, or the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements. In the case of an outbreak, homes must follow guidelines and direction from their local public health unit with respect to any additional measures that may be implemented to reduce the risk of transmission in the home. All this to say, if the home does not have the capacity to take on additional residents, they will not be asked to do so. One thing that we should make clear is that this would not apply to all patients in ALC. It would only apply to ALC patients who have been deemed by a medical professional to no longer need to be in a hospital and who may benefit from receiving care in a long-term-care home instead, but are either waiting for a preferred long-term-care bed or do not consent to apply to a long-term-care home suitable for their needs.

By allowing a placement coordinator to access and authorize an ALC patient admission to a long-term-care home, this amendment, if passed, will allow seniors, their families, caregivers and clinicians to shift the conversation from where a person's needs can best be met to where a person's quality of life would be better. The focus should always be on providing the right care in the right place.

Speaker, now I would like to spend a few minutes talking about some of the landmark changes our government has made in long-term care to make sure that seniors receive the care they deserve. When it comes to long-term care, our government saw the status quo that was left behind. We saw a system that had been neglected by the previous Liberal government, with out-of-date homes, understaffing across the sector, and little accountability measures. We knew that we would have to work quickly and that we would need to come up with innovative solutions to accomplish what needed to be done in the sector.

When the Premier promised to build 30,000 net new beds in the province, we acted quickly. In four years, we have had more than 30,000 new beds allocated across the province and another 28,000 existing beds that are being upgraded to modern standards. This means no more four-bed ward rooms with poor ventilation designed to outdated standards.

This includes the brand new 320-bed Lakeridge Gardens home in my riding of Ajax, which was built as part of our accelerated build pilot program. Launched in July 2020, this program uses hospital-owned land and accelerated procurement and construction methods, and

aims to deliver new long-term-care beds up to two years quicker than the traditional pilot program. Our government recognized that large urban centres are areas of high service need. The need for additional long-term-care capacity is critical, but it's often difficult to build due to issues like availability and cost of land. This program leverages the expertise of Infrastructure Ontario to accelerate construction. In addition to the Lakeridge Health home in Ajax, this program will also see the building of two homes with a total of 632 beds in Mississauga by Trillium Health Partners, and another 320-bed home developed by Humber River Hospital in Toronto. This is just one more example of how our government changed the status quo on building long-term-care homes.

For years, the status quo with the Liberal government was reading reports about the need for more staff to deliver more care to residents, and ignoring those reports. From 2009 to 2018, they only managed to increase direct care to residents by 21 minutes. That is a 12% increase over nine years in government, or slightly more than two additional minutes of direct care per resident per year.

Our plan includes a historic investment of \$4.9 billion over four years to increase direct care to an average of four hours per resident per day. This plan will require hiring 27,000 support workers and nurses to work in long-term care. But we all know that these highly skilled workers do not just appear. That is why we invested in programs to train these workers. Partnering with our publicly funded colleges, we invested \$121 million to accelerate the training of 9,000 PSWs. We invested another \$86 million to train up to an additional 8,600 PSWs through private career colleges and district school boards. But we weren't done there. We invested a further \$35 million to increase enrolment in publicly assisted colleges and universities to introduce 2,000 nurses to the health care system.

Training and hiring new staff is one thing, but retaining that staff is a completely different thing altogether. That is why we invested \$100 million to add an additional 2,000 nurses to the long-term-care sector by 2024-25 by supporting the training of thousands of support workers and nurses who want to advance their careers in long-term care.

The first program we launched is the Bridging Educational Grant In Nursing—or BEGIN—initiative. Partnered with WeRPN, eligible PSWs will receive \$6,000 a year to pursue further education to become registered practical nurses, and eligible registered practical nurses will receive \$10,000 a year to become registered nurses.

The second program: We partnered with Colleges Ontario to increase access to nursing programs at publicly assisted colleges through:

- the introduction of hybrid online and in-person models in practical nursing and bachelor of science and nursing programs to provide students with greater flexibility and choice;

- the creation of an additional 500 enrolments in bridging programs for the 2022-23 academic year, designed to give applicants the skills and credentials they need to move to the next stage of their careers; and

- providing up to \$6,000 a year in financial support to internationally trained nurses to gain the credentials required to work in Ontario.

Speaker, when it comes to ensuring Ontarians receive the care they require, our government continues to go beyond the status quo and find innovative solutions. That is why we are listening to experts and stakeholders from across the health care and long-term-care sectors. That is why we're listening to seniors, their families and caregivers. We're listening to nurses, PSWs and front-line health care workers as we move forward with our plan to fix long-term care. The feedback and insights that we receive from people on the ground in long-term care is invaluable and helps to shape the solutions and direction our government pursues. This will continue to be this government's approach as we continue to go beyond the status quo to innovate and evolve the long-term-care and health care systems in Ontario.

We all know that this is a critical time for action in Ontario, and I am proud to be part of the government that is taking real steps to fix long-term care and evolve our health care system. With the proposed amendments in the More Beds, Better Care Act, 2022, and our five-point Plan to Stay Open: Health System Stability and Recovery, we are taking actions to solve the challenges and alleviate pressures facing the health care system. I am proud to support this bill, and I hope the members opposite will join us as we ensure that every Ontarian has access to care when and where they need it.

**The Acting Speaker (Mr. Amarjot Sandhu):** Questions and answers.

**Mr. Guy Bourgoin:** Six times in this bill we read “without consent.” Mushkegowuk—James Bay has two communities that don't have long-term-care beds—or hospitals with ALC, I should say. All the long-term-care homes have a two-to-three-year waiting period; the others closest are Cochrane and Timmins—which are an hour and a half away from Timmins, two and a half hours from Hearst. The other ones, we're going further out—five, six hours—Thunder Bay, and then we have Sudbury. If they have no room there, guess what? Now we're going to eight, nine hours away.

**1010**

My question to you is: Without consent, where are you going to send these people, away from their families, when we're talking about how the closest don't have room or may be five hours to six hours away?

**Ms. Patrice Barnes:** Thank you for that question, to the member across the way.

We have committed to providing our seniors with valuable care, and we know there are special needs that need to be considered within the north.

Under the Fixing Long-Term Care Act, 2021, our government introduced legislation to ensure that all homes can operate so that residents can live with dignity, security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

Let me be clear that the proposed legislation would not force anyone to be relocated without their consent. Instead, these measures are intended to allow hospitals to

open a dialogue with residents about the benefits of moving into long-term care when hospitalization is no longer required. For these residents, temporary long-term care is available to provide a better quality of care in a home-like setting where residents will have longer access to social and recreational programming alongside other residents of similar health.

**The Acting Speaker (Mr. Amarjot Sandhu):** Questions?

**Mr. Lorne Coe:** I'm pleased to participate in today's meeting in this session.

Speaker, you will know that, under the previous Liberal government, propped up by the NDP during the period from 2011 to 2018, only 627 beds were built. How many did the region of Durham get? Absolutely zero during that period—shameful.

Can the member from Ajax, who had a great presentation, speak about how long-term-care homes in the region of Durham have the capacity—yes, they do—to accept ALC patients?

**Ms. Patrice Barnes:** Thank you to the member from Whitby.

I was very proud when we had our Lakeridge Gardens long-term-care built in our region, the 320 beds that were built—and this was done in less than two years. We have really started addressing those needs.

Within your own riding, member, Glen Hill Terrace had 167 beds built.

It's no secret that the previous Liberal government severely underfunded the long-term-care sector for years, building a meagre 627 beds between 2011 and 2018.

Fixing these long-standing challenges takes time, but our government has made substantial headway over the past four years. We're making key investments to hire and retain staff, including an \$893-million investment this year to make wage increases permanent for publicly funded support workers and direct support workers. We are also investing \$37 million this year to improve the range of care that can be offered to long-term-care residents, which will allow supports like behavioural and dialysis.

Additionally, COVID-19 vaccines have changed the game for our long-term-care homes. Thanks to this, the Chief Medical Officer of Health has advised that 300 long-term-care beds set aside for COVID-19 isolation will be safely available for people on long-term-care wait-lists.

**The Acting Speaker (Mr. Amarjot Sandhu):** Thank you so much.

*Second reading debate deemed adjourned.*

**The Acting Speaker (Mr. Amarjot Sandhu):** It looks like we don't have any time for questions and responses, so we'll go right to members' statements.

## MEMBERS' STATEMENTS

### JUNO BEACH CENTRE ASSOCIATION

**Ms. Natalie Pierre:** It is my pleasure to rise in the House today and deliver my first members' statement.

On Friday, August 19, I had the privilege of joining the Juno Beach Centre Association, a non-profit organization that is based in my riding of Burlington. The association owns and operates the Juno Beach Centre in Normandy, France. The JBCA plays a vital role in commemorating Canadians who served during the Second World War.

Last Friday, the Juno Beach Centre Association announced they were the recipient of \$119,500 through the Ontario Trillium Foundation's Resilient Communities Fund. It was an honour to be part of a special funding announcement on the 80th anniversary of Dieppe. This grant has helped the JBCA complete a digital educational resource, Who Tells the Story of Dieppe, focusing on how the soldiers from Ontario and across Canada made the ultimate sacrifice on one of Canada's darkest days, the Dieppe raid. Congratulations to the Juno Beach Centre Association on receiving this grant, and thank you for educating adults, children and future generations about the role Canada played on the world stage.

### COST OF LIVING

**Ms. Chandra Pasma:** Since being elected, I've had the opportunity to meet with many community service organizations in my riding of Ottawa West-Nepean. The Caldwell Family Centre, Jewish Family Services, the Carlington Community Health Centre, Meals on Wheels, and Britannia Woods Community House are among the many organizations doing amazing work to support seniors, newcomers, people living with disabilities, and low-income communities. They are all facing a situation where demand for their services is soaring due to the rising cost of living, the challenge of finding affordable housing, and the increasing rate of poverty. The Caldwell Family Centre, for instance, has experienced an almost 200% increase in demand over the past two years. But funding for many of these community organizations has been frozen and is not keeping pace with the demand.

I urge this government to take immediate action to address the affordability crisis, to pass the Rent Stabilization Act, to double Ontario Works and ODSP, to increase the minimum wage, and to support the many community organizations that are providing such vital supports to vulnerable members of our communities.

### MIKE SHOREMAN

**Mr. Lorne Coe:** This past weekend, Whitby resident Mike Shoreman made history when he became the first athlete and Canadian with disabilities to cross all five Great Lakes on a stand-up paddleboard in a single summer. Mike started his journey in May, at Lake Erie, before paddling through Lake Huron, Lake Superior, Lake Michigan and finally Lake Ontario this past Saturday. Time and time again, Mike demonstrated his perseverance and resiliency when faced with difficult obstacles. He would simply not be denied.

Mike, you're an inspiration for us all. Thank you for your efforts in raising funds and awareness for youth

mental health. Residents across Ontario and Canada are absolutely so proud of you.

Speaker and colleagues, please join me in congratulating Mike Shoreman on his historical feat and celebrating this amazing achievement with him, his family and many supporters.

Congratulations, Mike.

#### 43rd PARLIAMENT

**Mr. Tom Rakocevic:** I am proud to rise for my first member's statement since my re-election.

The riding of Humber River–Black Creek is my lifelong home and the place I love the most. I want to once again thank my neighbours, fellow community members, family, friends and all my supporters for putting their trust in me to be their voice in this chamber. Representing my lifelong home is truly my life's greatest honour.

Speaker, I am joined here today by my wife, Aleksandra, and two sons, four-year-old Aleksandar and one-year-old Ilija. Just as becoming an MPP is my greatest honour, the birth of our two sons is my life's greatest joy.

My children are here with me every day—maybe not in person, but they are with me in every decision I make here. I ask myself: What kind of a world are we building for them, for all children?

I think of my elderly mother, Aileen, who is watching us from home right now, and ask: Is the system truly there for her when she needs it?

**1020**

If it is true that this chamber can get heated at times, it is because we are fighting for what matters most: for our own loved ones, our communities, for the future of this province. So despite what it appears at times, we all have a lot in common. We just don't always agree on the path forward.

To all of my colleagues, regardless of where you sit here: I congratulate you, and I wish you and your loved ones all the best. I look forward to working with you in the years ahead to build an Ontario we can all be proud of.

#### EVENTS IN GLENGARRY–PRESCOTT–RUSSELL

**Mr. Stéphane Sarrazin:** I would like to take this opportunity to congratulate many organizers and volunteers across the riding of Glengarry–Prescott–Russell for organizing some nice events that took place over the last few weeks.

I had the pleasure of attending the Glengarry Highland Games in the town of Maxville on July 29. It's a 74-year-old tradition that is always a success.

The town of Russell's agricultural fair on August 13 and the town of Vankleek Hill's agricultural fair on August 19 were also successful in hosting many people from the region.

I am looking forward to attending the Riceville Fair this coming weekend, and I'm sure that it will also be a success.

It is nice to see people gathering at social events again.

I would like to thank the provincial government for their financial assistance through the Reconnect Festival and Event Program from the Ministry of Tourism, Culture and Sport.

I would also like to thank the administration of the Glengarry Memorial Hospital in Alexandria for inviting me to their hospital so they could teach me about their operations and their issues. It was very pleasant to meet with the CEO and the chair of the board of directors.

I would also like to thank all the ministers, parliamentary assistants and provincial government staff for participating in the AMO conference last week. It is very important to have a good relationship with all of our 444 municipalities.

#### STUDENT ASSISTANCE

**Ms. Peggy Sattler:** Since 2015, London West residents Sandy Mikalachki and Nicole Spriet have helped outstanding low-income students attend post-secondary with a Mikalachki Scholarship of \$5,000 for up to four years. This government's changes to OSAP, however, mean that the scholarships they award to some of the most impressive and deserving students in Ontario are clawed back, a policy they view as both merciless and inane.

A recent recipient was a young woman whose single mom was on Ontario Works. She had earned a 92% average while managing to save \$6,000 by working two jobs, seven days a week. For these efforts, she was punished with a \$2,200 reduction to her OSAP grant—effectively, a 37% tax on her savings—and another \$1,100 reduction for each of the four years of her scholarship. Her OSAP loan was also reduced.

Since RESPs are excluded from OSAP calculations—as they should be—Sandy asks: “Are we saying to these impoverished kids, ‘Good that you saved but you should have known at age 13, while your heat was being turned off, to open up an RESP?’”

Sandy's campaign to end these punitive clawbacks has taken on new urgency with the rising cost of living hitting low-income families the hardest. Sandy says, and I agree, that helping low-income students to break the cycle of poverty should not be a partisan issue.

So I ask today, will this government commit to finally ending its perverse and heartless OSAP clawbacks?

#### GIDIGAA MIGIZI (DOUG WILLIAMS)

**Mr. Dave Smith:** I rise today to pay homage to a true gentleman from my riding. Gidigaa Migiziban has begun his journey to the spirit world. Doug Williams was a much-loved elder, knowledge keeper and former chief of Curve Lake First Nation. In 1972, he was one of the first graduates of Trent University's newly created Indian and Eskimo studies program. That program would eventually evolve into Trent's current Indigenous studies.

Doug retained a close relationship with Trent, and would eventually become an associate professor and director of studies in the Indigenous studies PhD program.

But Doug wasn't just an educator of Indigenous studies; he was also a defender of treaty rights. He was the subject of a court case in the early 1980s that led to a landmark decision on First Nations treaty rights to traditional harvesting. On one particular day, Doug caught more than sixty frogs while waiting for the game warden to come and charge him. When asked why he caught so many, he said that he wanted to make sure it was obvious what he was there to do.

Doug was also an author. His book, *Michi Saagiig Nishnaabeg: This is Our Territory*, published in 2018, tells the story of his people in Curve Lake. If you have the chance to read it, I highly recommend it. As you read the words, you can actually hear his voice speaking them.

Thank you, Gidigaa, for your teachings, and for sharing your knowledge and wisdom with me.

### SUPPORTIVE HOUSING

**Mr. Mike Schreiner:** It's an honour to rise to give my first member's statement of the 43rd Parliament.

I want to thank Guelphites for trusting me with your vote, and I will continue to work hard to be your voice at Queen's Park.

I campaigned on a promise that I would push for solutions to the housing affordability crisis and the homelessness, addictions and mental health crisis so many people are facing in our community.

I want to acknowledge and thank Guelph city council, Wellington county, social service agencies, private developers and donors who have all come together to build three vitally important, permanent supportive housing spaces in my riding, with wraparound mental health and addictions support. Housing the most vulnerable will improve people's quality of life and reduce pressure on our stressed health care system and hospitals. It will also address the many challenges that small businesses in our downtown are facing.

To realize these benefits, we need the province to chip in with some operating funds. Every \$10 invested in permanent supportive housing saves the province \$21.72 in other costs, so I urge the government to work with us, to respond to Ontario's Big City Mayors, to partner with the city of Guelph and municipalities across the province who are putting forward solutions to address the homeless crisis, as well as providing mental health and addictions services and supports for the most vulnerable in our community.

### MID-AUTUMN MOON FESTIVAL

**Mrs. Daisy Wai:** I'm happy to rise in the House today for my first member's statement.

I would like to thank my constituents in Richmond Hill for re-electing me. Thank you for your support and trust in me. I'm committed to serve Ontarians and be a voice of my constituents in Richmond Hill.

I'm thankful that I will continue to serve seniors with Minister Cho, as his parliamentary assistant. We will work tirelessly together to plan and serve our seniors.

I'd like to take this opportunity to draw your attention to the upcoming Moon Festival. When the moon is full, mankind is one. This year, the Moon Festival falls on September 10, when families get together at scenic spots or parks for moon appreciation parties and to eat mooncakes. The cities of Richmond Hill and Markham have been celebrating this with their communities for the past 12 years. This year, it will be held at the parking lot at King Square. Come and enjoy the full moon, and share the festive food and cultural performances. Of course, there will be lanterns for kids.

1030

### MUNICIPALITIES

**Mr. Amarjot Sandhu:** I'm honoured to rise for the first time to give my member's statement in the 43rd Parliament.

I would like to thank the Association of Municipalities of Ontario and the city of Ottawa for hosting this year's AMO conference. The AMO conference presents an opportunity for the provincial government to have extremely productive meetings with our municipal partners. These vital discussions are influential in securing the ongoing and future success of our province. Municipal governments get the opportunity to individually meet the various ministries and discuss important, relevant topics specific to their communities.

Through AMO, Ontario's 444 municipalities work together to achieve shared goals and meet common challenges.

Investing in our local communities remains a top priority for our government, as we know how important it is for the people of Ontario to have investments that will promote their health and safety.

The government is building Ontario's future by investing in health care, infrastructure, education, community safety, and transportation in municipalities across the province to best serve their individual needs and improve quality of life for residents. Our government, alongside our municipal partners, will continue to get it done for the people of our great province. We will leave no stone unturned to make sure that we will continue to deliver for the people of Ontario.

### INTRODUCTION OF VISITORS

**The Speaker (Hon. Ted Arnott):** I'm pleased to inform the House that we have a former member in our presence this morning: the member for Parkdale-High Park in the 38th, 39th, 40th and 41st provincial Parliaments, Cheri DiNovo.

Welcome back to Queen's Park. We're delighted to see you.

**Mr. Tom Rakocevic:** I am so proud to welcome my one-year-old son, Ilija, my four-year-old son, Aleksandar, and my wife, Aleksandra.

**Mr. Andrew Dowie:** I'd like to introduce Cole and Christopher Gorham of the city of Windsor in the east members' gallery today. Cole is a student from Vincent Massey Secondary School in Windsor. I'm delighted to welcome him here today for his first opportunity to see our Legislature in session.

**Mr. Stephen Blais:** I'd like to welcome Emma Wakelin to the Legislature today. Emma has been a dedicated volunteer and activist with the Ontario Liberal Party for decades.

Welcome back to the Legislature, Emma.

**Mr. Robert Bailey:** I've got an important introduction today: Annabelle Rayson, from my riding of Sarnia-Lambton, of course. She's the winner of the Canadian national science fair—also page emeritus here at the Legislature—representing Canada at the international science fair in Sweden, and then on to the Netherlands to further represent Canada. She's joined today by her family: Eric, Cindy, and her mother, Stephanie.

Welcome to the Legislature.

**Ms. Marit Stiles:** I'd like to welcome one of my best volunteers, Matthew Sawaya, who is here again in the members' gallery.

It's great to see you, Matthew. Thank you so much for being here and for being part of our youth council.

**Mr. Ted Hsu:** I want to quickly introduce my friend Robert Wan, who is visiting today for the first time.

**Mr. Mike Harris:** It's always a pleasure. I got a note this morning to let me know that Miss Barbara was going to be watching us on TV this morning from Kitchener.

It's great to see you, Barbara.

**Mr. Stephen Crawford:** I'm pleased to announce that I have my new legislative assistant Nick Nowakowski and my EA Jad Haffar here.

**Hon. Prabmeet Singh Sarkaria:** I just want to welcome Mrs. Stevens, who is going to be here. She's a small business owner from my riding.

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

**M<sup>me</sup> France Gélinas:** I seek unanimous consent to move a motion to allow an emergency debate on the health care crisis this afternoon during orders of the day.

**The Speaker (Hon. Ted Arnott):** The member for Nickel Belt is seeking the unanimous consent of the House to move a motion to allow an emergency debate on the health care crisis this afternoon during orders of the day. Agreed? I heard some noes.

It is now time for oral questions.

## QUESTION PERIOD

### LONG-TERM CARE

**Ms. Sandy Shaw:** My question is to the Premier.

Good morning, Premier. A wonderful man in my riding, Jon Suter, had both legs amputated and waited months at St. Joe's in Hamilton for an appropriate long-term-care bed. While he waited, he was billed \$1,034 a day for his hospital bed. He received a bill for \$241,956. His family contacted me, desperate and worried. Who can afford a quarter-million-dollar hospital bill?

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

**Hon. Paul Calandra:** The changes that we are making in the more beds, more choice act are very clear: We are trying to ensure that people can get into long-term-care homes where the quality of care is better for them, full stop. I don't think anybody disagrees that when somebody is in hospital and they've been discharged from the hospital, the better quality of care for them—where we can give them better services, where they can be closer to their family—is in a long-term-care home.

The member opposite references a tool that has been in the tool box for hospitals since 1979.

Ultimately, what we are trying to do, the changes we are suggesting and, hopefully, that this Legislature will pass will help us deal with the challenges of acute care; will help residents, like the one she is talking about, get a better quality of care in homes and communities close to their homes, while leaving them on the waiting list for their preferred choice. Doctors agree with this; hospital administrators agree with this, and I hope the opposition does—

**The Speaker (Hon. Ted Arnott):** Thank you. The supplementary. The Leader of the Opposition.

**Mr. Peter Tabuns:** Again to the Premier: The government is giving itself the power to sign people up to long-term-care homes they don't want to go to. If they refuse, they could be slapped with a huge tab, like Jon Suter and his family.

To prevent seniors from being coerced into long-term-care homes against their will, will this government ban billing for hospital beds?

**Hon. Paul Calandra:** To answer the member's question—he highlights the fact that this is something that has been in the tool box for hospitals since 1979. I'm glad he acknowledges that it is not a change in this bill—finally.

What are we actually trying to do? What we're trying to do is give people who are in acute care in hospitals who are waiting for long-term-care beds more options. We know—experts agree, doctors agree, hospital administrators agree—that the best place for somebody who's waiting for a long-term-care bed is in a long-term-care home. It is about providing better services, better quality of services for a person waiting for long-term care. That is why we are providing for additional resources so that somebody doesn't have to be transported back and forth, whether they need kidney dialysis—Behavioural Supports Ontario is getting more resources.

I hope the opposition will join with us, help us. Ontario's long-term-care system can be part of the solution of the acute-care problem in this province that has existed for

decades. Join with us, because it's better for the patients and it's better for—

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

**Mr. Peter Tabuns:** We don't support coercion, period.

Dr. Vivian Stamatopoulos says she's already hearing from families being threatened with high fees for their hospital stay.

Jane Meadus, a lawyer for the Advocacy Centre for the Elderly, says they get hundreds of these calls from families.

The government's new legislation lets them send your information to a care home without your consent. They can sign you up for that care home without your consent. If you refuse to go, they have the power to use massive bed bills to force Grandma to get in that cab.

**1040**

I ask again, will this government ban billing for hospital beds?

**Hon. Paul Calandra:** That question is completely contrary to the question he just asked before.

What he is admitting, and what his party is admitting, is that there has been a tool in the tool box for decades in this province.

But what he doesn't want to talk about is the fact that, because of the investments that we have made in long-term care, the investments that this Premier and this government and this cabinet and this caucus have made in every part of this province, we are able to be part of a solution to the acute-care bed shortage that has existed in this province for decades. We are talking about making 2,500 additional beds available. We are talking about better quality of care for people who are actually waiting for long-term care. Experts agree, doctors agree, hospital administrators agree that the best place for you to get the care you need if you're waiting for a long-term-care bed is in a long-term-care home. That's why we are providing millions of dollars in support to make the system even better. They voted against all of that. But we will not stop improving the system.

#### AMBULANCE SERVICES

**Ms. Doly Begum:** My question is to the Premier.

The Guelph-Wellington Paramedic Service experienced another code red on Saturday, their 25th this year. That means there were no ambulance services available to respond to emergency calls. In July alone, code red was called 11 times.

My question is simple: Will this government increase cost-sharing with municipalities to access emergency services? Yes or no?

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

**Hon. Sylvia Jones:** As part of the delegations at the Association of Municipalities of Ontario meetings last week, I actually met with the Guelph-Wellington organization to talk very specifically about their paramedic service.

There is no doubt that our paramedics are doing exceptional work in community, which is why we have announced, as part of our investments, to expand the community paramedics program, because we see it as an opportunity for, first and foremost, making sure that people get the care they need in their own homes, when it is appropriate. Frankly, it also allows us to ensure that when those paramedics get those emergency calls and need the ambulances, they are available to ensure that they get to the emergency departments quickly and get that service.

**The Speaker (Hon. Ted Arnott):** The supplementary question. The member for London North Centre.

**Mr. Terence Kernaghan:** Back to the Premier: This issue is not unique to Guelph. In London, OPSEU 147 reports that 30% of paramedics are looking to leave the field as soon as possible. They face dangerous understaffing and ever-increasing hospital off-load delays, and they run out of ambulances every day.

Communities across Ontario are worried, terrified, about not having access to emergency medical services. ERs are flooded with patients. So why is this government taking resources away from our public hospitals?

**Hon. Sylvia Jones:** Respectfully, the numbers that the member opposite is quoting are simply not happening on the street. I have had many opportunities to speak to paramedics and paramedics chiefs, and what they are telling me is, they love that 911 model of care. They love the opportunity to provide service in community, in homes. They are embracing these new innovations because they know it is better service for the patient and it is better service for the community.

**The Speaker (Hon. Ted Arnott):** Final supplementary. The member for Ottawa West-Nepean.

**Ms. Chandra Pasma:** It's not just Guelph and London. Ottawa ambulances are spending hours tied up at hospitals instead of being on the road responding to calls. As a result, in the first seven months of this year alone, there have been 1,041 instances of level zero, where no ambulance has been available in the entire city of Ottawa. We are a city of one million people—one million people, zero ambulances available. This is a catastrophe waiting to happen.

Will the Premier address the crisis in our emergency rooms so that when someone in Ottawa calls 911, there is an ambulance available to respond?

**Hon. Sylvia Jones:** These questions give me an opportunity to talk about some of the innovations that are happening in our communities right now and to give the statistics to prove that they are working.

The hugely successful 911 models of care: Patients are being diverted from emergency departments through these models and receive the care they need 17 times faster. The satisfaction rate is in the 90s. And 94% of the individuals who are served through these models of care are not, in fact, going to emergency.

These innovations are working. These opportunities to work with all partners, again, whether they're in hospital,

long-term care, in community or through our paramedics, are making our system smoother and better.

### HOSPITAL SERVICES SERVICES HOSPITALIERS

**Mr. Guy Bourgouin:** Ma question est pour le premier ministre.

Like all hospitals in northern Ontario, the Hearst hospital is struggling to find doctors to keep its emergency department open, and half of its population has no family doctor. Hearst hospital administrators have solutions that would save up to \$185,000 per year. With funding for nurse practitioners, this would address the lack of doctors in their emergency department and locum clinics.

Premier, will your government help the Hearst hospital and give them separate funding so that they can hire nurse practitioners to alleviate the lack of doctors and help keep their emergency department and locum clinics open?

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

**Hon. Sylvia Jones:** We are open to any and all innovations that hospitals and communities give us.

We have, of course, as a government, already added 400 additional physicians who are working in remote and northern communities and ensuring that they have the coverage they need.

We have launched a new provincial emergency department program. It's a peer-to-peer program that provides additional on-demand, real-time support and coaching from experienced emergency physicians to aid in the management of patients presenting to rural emergency departments.

If the member opposite has an innovation or an idea that he would like to bring forward, I am happy to look at and review those.

Those expansions are exactly what we are looking for and we are funding through historic announcements that we've been making at AMO and across Ontario.

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

**M. Guy Bourgouin:** J'apprécie votre réponse, mais je pense que la prochaine question va démontrer que vous ne l'êtes pas.

Encore au premier ministre : l'hôpital de Hearst a seulement un anesthésiste qui travaille et reçoit des appels 365 jours par année. Il est surmené et a besoin de support. Les administrateurs de l'hôpital de Hearst et de Kapuskasing ont soumis un plan ensemble pour recruter quelques anesthésistes supplémentaires. Après multiples courriels et correspondances, toujours pas de réponse. La soumission de ce plan date de plus d'un an et demi. La santé de la communauté en dépend.

Ma question est simple : allez-vous répondre au plan que l'hôpital de Hearst et de Kapuskasing vous a soumis pour des anesthésistes supplémentaires, oui ou non?

**Hon. Sylvia Jones:** There are another couple of examples that I would like to share with the member opposite. I have met with the College of Nurses and I have

met with the College of Physicians and Surgeons of Ontario, saying we want to expedite those health human resources that are available in the province of Ontario. If someone has applied to practise medicine, to be a health human resource individual in the province of Ontario, then we want to expedite those licences. We want to ensure that due process is there, but we also want to make sure the people who want to work in the health care system have that opportunity right here in the province of Ontario.

I was working as recently as yesterday with the federal, provincial and territorial ministers to make sure that what we do across Canada is helping everyone.

And we're going to work with our federal government to make sure that we expedite the process for foreign-trained, professionally educated individuals to practise in the province of Ontario.

### TRANSPORTATION INFRASTRUCTURE

**Mr. Amarjot Sandhu:** My question is to the Minister of Transportation.

Speaker, parts of my riding of Brampton West have been crippled by gridlock for far too long. People are sick and tired of sitting in traffic. This was one of the top issues I heard during the election campaign. But this issue didn't arise overnight.

Successive Liberal governments in the province failed to build. As a result, they left Ontarians with a massive infrastructure deficit.

We need to get shovels ready on projects like Highway 413 because we simply cannot afford delay. Can the Minister of Transportation inform the House on the progress of this vital project?

**1050**

**Hon. Caroline Mulroney:** I want to thank the member from Brampton West for his question and for his tireless advocacy to improve transportation options for the residents of his riding.

Highway 413 is a key pillar of our government's plan to build Ontario. As part of that plan, we are fighting gridlock and we're supporting jobs. Highway 401 is already the most congested corridor in North America, and when you factor in the fact that 200,000 people will be coming to Ontario each year, the need for Highway 413 is even more clear. It will save drivers up to 30 minutes per trip, leaving drivers with five hours back in their week for the things that matter most. Highway 413 will also keep our supply chains strong and help get goods to market faster.

Speaker, our government is filling the infrastructure deficit that we inherited from the previous Liberal government. For 15 years, the Liberals said no to fighting gridlock and to addressing growth; our government is saying yes, and we are going to build Highway 413.

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

**Mr. Amarjot Sandhu:** Thank you to the minister for the response.

Speaker, there has been resounding support for Highway 413 in my riding of Brampton West, and I am proud to see our government pushing it forward. Despite the support, there are still critics out there who believe that we should be focused only on limited transit solutions. The naysayers believe that transit is a one-and-done solution.

Can the minister tell us how Highway 413 fits within the government's broader plan to get Ontario moving?

**Hon. Caroline Mulroney:** Thank you again to the member from Brampton West for the question.

Too many governments have been short-sighted when it comes to transportation planning. We are the only government with a balanced transportation plan that is both practical and reasonable. Our plan includes building roads and highways, but also public transit, because there is not one main solution to addressing gridlock.

Speaker, in the greater Golden Horseshoe alone, we are building towards two-way, all-day GO service, we are building subways, and we are moving full steam ahead on the Bradford Bypass and on Highway 413.

For every dollar our government spends on building highways, we are spending three more to build transit.

Expanding our highway and transit networks in parallel will create the integrated transportation network that Ontario needs.

There is no way out of gridlock without building Highway 413. And we won't apologize for being the only government to get it done for Ontarians.

#### HOSPITAL SERVICES

**Mr. Joel Harden:** My question is to the Premier.

Charles de Lint is a famous writer back in Ottawa. MaryAnn, Charles's partner, was his first reader, his editor and his business manager. She has always been there offering Charles crucial support. But MaryAnn has been in the hospital since September 6, 2021. She contracted a rare disease and is now intubated, living on a ventilator, and has very limited movement. In order to make a full recovery, MaryAnn will need more therapy and more time in the hospital—more than our system at the moment can provide. So her family and friends have launched a GoFundMe in the hopes of raising money for her long-term medical care.

Can the Premier guarantee that MaryAnn and her family will never be billed for her hospital bed? Or will GoFundMe campaigns become the norm for rare disease patients in Ontario?

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

**Hon. Sylvia Jones:** While I obviously can't speak to an individual case that is in hospital right now, I want to reassure the people of Ontario and the members of this House that when people are in treatment, when they are in hospital, when they are receiving treatment, they will continue to receive that treatment, and they will receive it through their OHIP card.

We have to make sure that we have the capacity when we need it, as the example opposite was given, within our

hospital system, within our long-term-care system, within our community care system to make sure that those people who need services right now are getting them.

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

**Mr. Joel Harden:** Back to the Premier: That response, sadly, is not going to help MaryAnn, Charles and so many other rare disease patients in this province. It's also not going to help the talented hospital and health care staff who are right now run off their feet, whose salaries have been arbitrarily capped by the government, and who are unable to provide the care that is necessary to MaryAnn and so many others.

Charles and MaryAnn are incredible artists. Both of them have given this province gift after gift after gift. But they can't afford the private treatments that MaryAnn needs right now; frankly, in Canada, you shouldn't have to. Their friends have launched a GoFundMe campaign.

Is that what Ontario has become for patients with rare diseases? Has our Ministry of Health become a ministry of fend-for-yourself?

**Hon. Sylvia Jones:** Again, I will say that while I cannot speak directly to an individual case, there are a number of programs that I hope the member opposite has assisted their constituents with. Of course, the Exceptional Access Program is one such program. We make sure that individuals who need additional assistance because their income has been implicated or because the cost of the drugs has become cost-prohibitive—we have those access programs available.

I hope and trust that the member opposite has made sure that MaryAnn and her family are aware of those programs, and has been working through them to make sure they have applied.

#### HEALTH CARE POST-SECONDARY EDUCATION

**Mr. Graham McGregor:** This is for the Minister of Colleges and Universities.

Brampton is a growing city that has been neglected for far too long. The people of my riding contribute every day to Ontario's social and economic prosperity. Our government is taking leadership to support the growing population here, but there is certainly more to be done, particularly on health care.

Throughout the pandemic, Brampton and the region of Peel's health care were particularly hard hit with high case numbers of COVID-19.

As a part of our plan to stay open, Brampton needs to have a strong local health care network, but a strong health care system starts with a strong post-secondary education system.

Speaker, can the Minister of Colleges and Universities tell the House what our government is doing to support health-care-related post-secondary education in Brampton?

**Hon. Jill Dunlop:** Thank you to the member for Brampton North for that question.

Our government is getting it done for the people of Ontario by providing additional supports to health care post-secondary education.

After 15 years of Liberal mismanagement, this government is taking action to increase health human resources in Brampton. We understand that a growing population means a growing need for health care professionals.

Through our historic medical education expansion, we are delivering on the first new medical school not only in Brampton, but the first new medical school in the GTA in over 100 years. That's right; the last medical school built in the GTA was the University of Toronto, in 1843. We are the government that is building the new Toronto Metropolitan University medical school in Brampton.

We are also creating the new University of Toronto Scarborough Academy of Medicine and Integrated Health in Scarborough, and expanding the Queen's Lakeridge health campus.

Our government knows that training more doctors will ensure Ontarians can access the health care they need when they need it, wherever they may live.

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

**Mr. Graham McGregor:** Thank you to the minister for that answer and for her work on behalf of residents in my community, in Brampton North.

For far too long, the Liberals neglected health human resources here in Ontario. Our government needs to make it a priority. In order to stay open in Brampton and across the GTA, we need a strong, robust health care system across the province. That means we need a reliable source of health care workers with the necessary medical training in every part of Ontario, so that no matter where you live, you can get the health care services you need when you need them.

Speaker, will the minister please tell this House what she is doing to ensure all of Ontario can stay open by having high-quality health care post-secondary education across the province?

**Hon. Jill Dunlop:** Thank you again for the question.

I am happy to say that our government has taken action on this issue. As the member mentioned, it is important to have high-quality training across Ontario. Not only are we increasing choices for students in the GTA to access post-secondary health education—but across Ontario as well.

Earlier this year, we established the Northern Ontario School of Medicine as the first stand-alone medical school in northern Ontario. This will give students the flexibility to study closer to home and serve remote and underserved communities across Ontario.

I also want to note that our government is adding 160 undergraduate seats and 295 postgraduate positions to six medical schools over the next five years. This is the largest expansion of undergraduate seats in over a decade.

We need to ensure that we have a high-quality and resilient health care system, and that starts with high-quality post-secondary education across the province. At colleges and universities, our government has created

hundreds of new opportunities for students to join Ontario's health care professions.

1100

#### SPECIAL-NEEDS CHILDREN

**Mrs. Jennifer (Jennie) Stevens:** My question is to the Premier.

Michelle and Tyler Sanders are wonderful parents to Everett, a six-year-old boy from my riding of St. Catharines. With disabilities such as quadriplegia, cerebral palsy and autism, Everett needs to be carried up to his bedroom every night for storytime and carried down again every morning to get ready for his busy day. To support Everett's independence as he gets older, Michelle and Tyler are hoping to install a stairlift in their home. After spending months securing funding and looking into government programs, the family is still short, so they have resorted to setting up a GoFundMe page with a goal of \$20,000.

Premier, why does the quality of life of special-needs children and Ontarians living with disabilities have to depend on how much their parents can afford, and rely on GoFundMe pages?

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

**Hon. Merrilee Fullerton:** Thank you to the member for that question.

This is an area that our government takes very seriously, and that's the importance of early intervention supports for children with special needs and their families. That's why we are investing an additional \$240 million over four years to support children and youth with special needs so they can live happier and healthier lives. And we've increased funding for special services at home by \$132 million over five years. These investments do make a world of difference for children with special needs, and the funding will ensure that more children and families can have better access to the clinical assessment, the rehabilitation services and other critical early intervention services when they need them.

Speaker, we're removing barriers. We're supporting families and children who need it most with our children's treatment centres. I will point out that the opposition voted against those supports over and over again.

Our government is supporting these children. We will continue to do this important work for the benefit of all Ontarians.

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

**Mrs. Jennifer (Jennie) Stevens:** Again to the Premier: Committing to supporting children with disabilities has not been seen by Everett's parents. Our community, far and wide, banded together to support the Sanders family—not this government. It's the generosity of total strangers that will make this stairlift a reality for Everett, a six-year-old child.

Premier, Ontarians should not have to resort to GoFundMe pages for financial assistance with basic necessities.

Will you commit to ensuring that every family can get the devices that people living with disabilities need to live a safe and independent life?

**Hon. Merrilee Fullerton:** Again, I appreciate the question from the member opposite.

We are indeed supporting children and their families, and those children with special needs are getting early intervention. We're helping caregivers cope with their day-to-day challenges. And we're coordinating services such that they can have easy access to those services, such as at CHEO in Ottawa, the 1Door4Care integrated treatment centre; in Chatham-Kent, the children's treatment centre; in Whitby, the Abilities Centre—\$4.5 million; in the north, the Health Sciences North children's treatment centre in Sudbury.

Our government is ensuring that the investments are being made. These are investments never before made in the integration of these services, and, unfortunately, were voted against by the opposition. We will continue to do the important work to support these children and get them the services that they need.

#### SOCIAL ASSISTANCE ASSISTANCE SOCIALE

**Mr. Ted Hsu:** My constituent Lori Bark is on ODSP. Her doctor doesn't like it, but Lori works as much as she can, about half-time, to afford medication related to her cancer—cancer that forced her to stop working at her trade, which earned a comfortable middle-class wage. Now she works just to help to pay for the medicine to help manage the pain and nausea she lives with.

Mr. Speaker, as you know, extra money that Lori earns above \$200 a month gets cut in half—a 50% tax called the clawback. Lori should not be paying the same marginal rate of income tax as the Premier of Ontario.

Would the Premier admit that decreasing the clawback is an easy way to immediately address affordability for many people on ODSP? Would the Premier please increase the threshold where the clawback kicks in and decrease the clawback tax rate for our neighbours on ODSP who can work?

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

**Hon. Merrilee Fullerton:** Thanks to the member opposite. I appreciate the concerns that he has in this area. That's exactly why our government has made a historic investment in the ODSP program. This is the largest investment since the beginning of this program. It's aligned with inflation, because we know how hard it is for people. When there are times of high inflation, we know the challenges associated with that.

We are also looking at other mechanisms to support people, whether it's the discretionary benefits, the LIFT tax credit, the CARE tax credit, and the dental programs for low-income seniors.

We know this is an area that requires our attention, and that's exactly why we've made the reforms that we have.

We know that the ODSP needs to be there when people need it.

Also, looking at how we get more people into the workforce—across Ontario, we see a shortage of workers. There are people who want to work, there are people who can work, and we're working with the Ministry of Labour, Immigration, Training and Skills Development to try to make that happen—getting them the skills they need and into the workforce.

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

**M. Ted Hsu:** Cette maigre augmentation de 5 % du taux du POSPH, environ 50 \$, proposée par ce gouvernement, commence à peine à compenser l'inflation.

Speaker, try to live on \$400 a month after rent, and then try to live on \$450 a month after. It's not much easier, I think you'll find.

My constituent Lori Bark must continue to work as much as she is physically able to, which is half-time, at minimum wage. About \$9,000 a year of what she earns is subject to the 50% clawback tax. As someone on ODSP, she can accept \$10,000 a year in gifts, tax-free, for any purpose. Gifts: no tax. Hard work done while being sick with cancer: 50% tax.

Monsieur le Président, ça s'explique comment?

**Hon. Merrilee Fullerton:** Again, I appreciate the concerns from the member opposite. That's exactly why we're creating programs across government to support people—those who cannot work and those who want to get into the workforce—to create the job training programs, the job readiness programs.

We're also looking at the other ministries, other than the Ministry of Labour, Immigration, Training and Skills Development—the micro-credentials strategy, as well, through the ministry I just mentioned; improving the mental health and addictions situation for many people, through the Associate Minister of Mental Health and Addictions; looking at the Roadmap to Wellness program, which is historic investments in mental health; and the Ontario Child Benefit, working with the Ministry of Education to understand how we improve child care.

All of these measures are ways to help people be able to be productive in the workforce and have the dignity and purpose that they so deserve, and to help those who could not work before to get the training they need, and to support those who can't work. This is something that our government takes very seriously, and we'll continue this important work.

#### SKILLED TRADES

**Mr. Anthony Leardi:** In my riding of Essex, many constituents are having a tough time right now just making ends meet. They see job postings every day for meaningful and well-paying careers in the trades, especially in the automotive sector, but they don't know where to start. Many of them ask if the government will help them upgrade their skills. They want to upgrade their skills so

they can get good jobs—like electricians, pipefitters and welders.

Speaker, what is the Minister of Labour doing to help develop the next generation of auto workers right here in Ontario and in my riding of Essex?

**Hon. Monte McNaughton:** I want to thank the member for this question and for coming to Queen's Park and finally having a voice here on behalf of the people of Essex. You're doing a great job.

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Mr. Speaker, our government is taking bold and decisive action to prioritize the skilled trades and give people a hand up to better jobs and bigger paycheques.

Recently, Premier Ford, the MPP for Perth–Wellington and I announced \$5 million for the Automotive Parts Manufacturers' Association to train 500 people to unlock the economic potential of Ontario's automotive sector. Ontario's auto workers are heroes, and it's time they were recognized. With this investment, we are helping local manufacturers train the skilled workers they need to grow our economy, and we're connecting job seekers with meaningful careers where they can proudly earn more for themselves and their families.

Under the leadership of Premier Ford, we'll continue working for our workers.

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

**Mr. Anthony Leardi:** We know that every job that sits unfilled hurts Ontario's economy. These are paycheques waiting to be collected. There are thousands and thousands and thousands of jobs waiting to be filled in Ontario, but many of those jobs require special skills.

My question, again to the minister: What are we doing to close the gap in the labour shortage, and what is being done to give incentives for training and skills development in these critical sectors?

**Hon. Monte McNaughton:** In Ontario, there are nearly 100,000 people working in automotive manufacturing, and we need more of them. Working with the team at APMA, we're giving workers the chance to start rewarding careers in machine operation, assembly, quality control and logistics. Training is tailored to the needs of each participant. When they graduate from the program, workers are prepared for lifelong careers, earning an average of more than \$30 an hour, often with a defined pension and benefits.

These actions are one part of our ambitious plan to make Ontario the best place to live, work and raise a family.

#### LONG-TERM CARE

**Ms. Lise Vaugeois:** My question is to the Premier.

During the Mike Harris Conservative government, a major transfer of public assets into private hands took place in the privatization of many long-term-care homes—a transfer of public funds that continues to benefit associates of the Conservative Party.

During COVID, members of the military reported horrendous conditions that directly contributed to the high number of deaths in these same for-profit homes. Sadly, I am hearing exactly the same concerns today.

I was recently contacted by a PSW I will name Susan, who told me she is often the only staff member looking after residents. No nurses, no other PSWs, no cleaners, no one at the front desk screening visitors—and not even paper towels at the handwashing stations.

Can the Premier tell me why, after learning of the dreadful conditions in for-profit homes during COVID, he has not shut down homes that do not meet even the most basic standard of care?

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

**Hon. Paul Calandra:** I guess this really highlights exactly what the NDP are. They want me to shut down hundreds of homes across the province of Ontario, putting hundreds of people who rely on those homes, who are making a life for themselves in a home—they want me to put them out on the street, because that is what the NDP is all about. They voted against the staffing increases of 27,000 additional health care workers. They voted against 58,000 new and upgraded beds across the province of Ontario.

I don't care if it's for-profit, private or municipal; as long as they are meeting the standards this government has set, then I don't care who does the service.

They should join with us in celebrating the hard work of all of those people in—

*Interjections.*

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

Start the clock.

Supplementary?

**Ms. Lise Vaugeois:** To the Premier: The standards are not being met.

Susan, the PSW, made a formal complaint to an inspector, who called her back, saying there were no problems at the home. Clearly, the inspector did not attend the home in person. The personal support worker subsequently experienced reprisals from the home's manager for calling an inspector. This is an example of a for-profit home clearly placing profits over care.

Can the minister tell me why they sold more bed licences to the same long-term-care homes already identified as not providing good care, and why inspectors are not shutting down non-compliant homes?

**Hon. Paul Calandra:** Mr. Speaker, when we came to office in 2018, we inherited a system that was broken. For many of those years, that party that this member now belongs to supported the Liberals, who made no investment.

This party over here, who now complains about it—as I said in one of my speeches, they like to tear things down after you've started to build them up. When we put more pay, more money in the pockets of our hard-working PSWs, they voted against it. When we added 27,000 additional health care workers, they voted against it. Four

hours of care for each resident in long-term care—they voted against it.

I don't care who provides the service, as long as it meets the standard that this government has put in place.

Obviously, the status quo in the province of Ontario isn't going to work anymore, and that's why we are making changes to make our hospitals better. We are making changes that have made long-term care better. Long-term care can be part of the solution. And that's what upsets them.

## NURSES

**M<sup>me</sup> Lucille Collard:** My question is for the Premier.

Mr. Speaker, the recent actions of this government clearly unveil their plan to privatize our health care system.

The Ontario nursing college has proposed much more effective reforms to address the shortage of nurses: temporarily register internationally trained nurses while they go through the process of full registration, to allow almost 6,000 international applicants currently living in Ontario to come and help, and cut red tape to allow Ontario's 5,300 non-practising nurses to return to the workforce. Because the government has not pursued these common-sense reforms, hospitals across Ontario have had to temporarily close, including Hôpital Montfort in my riding of Ottawa–Vanier, which is essential to providing the Ottawa francophone community with services.

My question is, will the government commit to accepting the reforms proposed by the Ontario nursing college and make sure that francophone rights and needs are taken into consideration?

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

**Hon. Sylvia Jones:** Speaker, through you, can I say thank you for finally joining the conversation?

Doris Grinspun said the “RNAO commends the government's intention to accelerate the integration of” internationally educated nurses “as one of the urgent actions required to address the nursing crisis.” It is exactly why, over three weeks ago, I met with the College of Nurses. I said, “We must expedite. How can we help you, to make sure you expedite?”

If the member opposite would also assist with actually getting the federal government to the table and increasing the current transfer from 22% to 50%, I'd be happy to join those conversations.

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

**M<sup>me</sup> Lucille Collard:** Mr. Speaker, the importance of keeping Hôpital Montfort open cannot be understated. This is Ottawa's only francophone hospital, and it was closed for a full 24 hours, meaning francophones in Ottawa were denied their constitutional right to receive essential, life-saving services in their language. This closure brought back painful memories of past Conservative attempts to close Montfort down for good.

Something has to be done about the staffing crisis that Montfort and other hospitals are facing.

Will the government at least commit to making sure health care workers' wages keep up with inflation by repealing Bill 124?

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

**Hon. Prabmeet Singh Sarkaria:** This government, under the leadership of Premier Ford, has made historic investments into health care, especially in health human resources.

Let's compare the record of this government.

Since March 2020, we have hired over 10,900 new health care workers into Ontario. The previous government actually fired nurses—1,600 nurses across the province.

We put forward a plan in the fall economic statement—\$342 million to support the upskilling of over 5,000 registered nurses, including 8,000 new personal support workers. The members opposite voted against that.

When we put forward a plan to streamline and increase the speed at which foreign-trained nurses and doctors could get into our health care workforce, the members opposite opposed that.

When we have put forward plans to build new hospitals in cities like Windsor—including Ottawa, as well, one of the largest health care investments in that city—the members opposite have voted against that.

**1120**

We will continue to ensure that we make these historic investments to our—

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

## MENTAL HEALTH SERVICES

**Ms. Natalie Pierre:** As we transition out of the COVID-19 pandemic, experts warn of another on the horizon, one that will see increased public need for mental health and addictions services, known as the “echo pandemic.” I worry that our system is less prepared due to inaction by the previous Liberal government.

In 2010, the Liberals oversaw the release of a report by an all-party Select Committee on Mental Health and Addictions. Of the 23 recommendations made, virtually none were adopted by their government.

The NDP has voted against every initiative we put forth to better fund mental health services.

Will the Associate Minister of Mental Health and Addictions tell this House what our government is doing to prepare for the increase of demand for mental health and addictions services?

**Hon. Michael A. Tibollo:** Thank you to the member from Burlington for that very important question, as it gives me an opportunity to speak a little bit about the many significant investments that we've made to improve the access to and quality of mental health services in Ontario.

In February, I was proud to unveil the Addictions Recovery Fund, a three-year, \$90-million investment in

addictions treatment services and bed-based care across the province of Ontario. These funds are specifically targeted to help individuals with the highest needs. More than half of these beds were provided in the north, in rural areas and Indigenous communities. Overall, these funds will provide 400 new treatment beds, helping to stabilize and care for up to 7,000 individuals in the province. Dozens of communities are going to benefit from an influx of beds, from Windsor to Davenport, Algoma-Manitoulin, Thunder Bay and Sioux Lookout.

As the first Associate Minister of Mental Health and Addictions in the province of Ontario, I am proud of our government and the work we're doing to help the people.

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

**Ms. Natalie Pierre:** No one can deny the value of bed-based programs and one-on-one counselling for those who need it most, but we must address the gaps in care left by previous governments.

Remote communities don't always have large psychiatric hospitals and well-established non-profits to go to. People without easy access to Internet can't rely on virtual care supports. Our northern, rural and Indigenous neighbours' standard of care should not be determined by where they live.

What is the minister doing to provide care for every Ontarian, at all levels of need, no matter where they live?

**Hon. Michael A. Tibollo:** Thank you again for that question.

The Addictions Recovery Fund supports innovative, new means to deliver proactive and reactive care where it's most needed. It's going to create new mobile mental health clinics, lowering barriers of access for patients in remote areas, building upon a successful pilot program led by our partners at Canadian Addictions and Mental Health. It's going to open three new mobile crisis response teams to assist police with those suffering from mental health crises and guide them toward more appropriate kinds of care; eight new youth wellness hubs offering primary care services, mental health supports, social services navigation and in-community treatment referrals for those aged 12 to 25; and culturally centred care will be made available for Indigenous Ontarians as well, with an investment of \$7 million toward that.

I want to conclude by thanking the mental health care workers in the province of Ontario for the incredible work that they've done and continue to do to keep the province healthy, because without—

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

## WORKPLACE SAFETY

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

The level of violence in our health care system is through the roof. It is a huge contributor to health care workers walking away from their job. One in two health care workers faces violence or harassment at work. Two

thirds of nurses facing violence at work are thinking of quitting their job.

What is the government doing to make sure nurses are free from violence and harassment at work?

**Hon. Monte McNaughton:** I want to begin by thanking all of those health care workers who are working every single day to serve our families and serve our communities right across the province.

The law in Ontario is crystal clear: Racism, violence and harassment in the workplace are illegal.

We're continuing to work for all workers in this province. That's why we hired more than 100 new health and safety inspectors to bring that total to the highest number in Ontario history.

Since the start of the pandemic, we've done more than 100,000 workplace investigations and inspections, including thousands and thousands in health care facilities across the province.

If any worker is afraid for his or her safety in a workplace, please call the Ministry of Labour at 877-202-0008, and we'll investigate.

**M<sup>me</sup> France Gélinas:** Yesterday, I introduced a bill speaking out about workplace violence and harassment. The bill would protect nurses, health care workers and other workers from an employer's reprisal if they speak out about violence and harassment in their workplace. It would require hospitals and long-term-care homes to publicly report on workplace violence and harassment on a monthly basis.

Is the government ready to start protecting health care workers and support the solutions presented in my bill?

**Hon. Monte McNaughton:** We have zero tolerance of any form of harassment, racism or violence in the workplace. The law in Ontario is crystal clear.

Furthermore, apart from hiring more than 100 new health and safety inspectors and doing more than 13,000 field visits to health care facilities across the province since the start of the pandemic, in our second Working for Workers legislation, we increased the fines to any employers who are breaking the law in this province. They can be fined up to \$1.5 million—that's the highest anywhere in the country.

The so-called party of workers, the NDP, voted against the Working for Workers legislation that increased the fines to employers that break the law. They voted against putting naloxone kits in workplaces to save lives because of the opioid pandemic. They voted against giving gig workers the minimum wage. This is not the party of workers—it's Premier Ford and the Progressive Conservative government.

## MANUFACTURING JOBS

### SMALL BUSINESS

**M<sup>me</sup> Dawn Gallagher Murphy:** Under the previous Liberal government, my constituents felt abandoned. With manufacturing being a major industry in my riding, we were negatively impacted by the 300,000 manufacturing jobs lost under their watch.

My constituents are hard-working citizens who sacrifice each and every single day to make this great province a better place to live and grow. They deserve a government that will support them.

Speaker, what is the Minister of Economic Development, Job Creation and Trade doing to ensure that the people of Newmarket–Aurora have good, secure, well-paying jobs for their children and themselves, today and for years to come?

**Hon. Victor Fedeli:** Speaker, the member and her constituents can be assured that, unlike the Liberals and the NDP, this government will never leave them behind. We're positioning Newmarket–Aurora to play a key role in Ontario's advanced manufacturing sector.

One of the programs getting it done is the Ontario Automotive Modernization Program. We call it O-AMP. It's boosting Ontario's auto supply chain competitiveness. It's positioning the province as North America's hub for building the cars of the future.

Since 2019, O-AMP has leveraged \$36 million in company investments across 150 projects, creating over 820 jobs. There are projects in Newmarket and Aurora, including companies you know: Axiom plastics, Intex Tooling, Magna Exteriors, Mecsmart Systems, and Eurospec Tooling.

You can be sure that the EVs of the future will be made from parts made in Newmarket–Aurora.

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

**M<sup>me</sup> Dawn Gallagher Murphy:** Speaker, this is inspiring. It's great to hear that the government is focusing on investments protecting Newmarket–Aurora's manufacturing sector. These are positive investments that I am sure will deliver tangible results for my community.

This being said, while these investments will create jobs and resiliency in our auto sector, entrepreneurship opportunities are also a key factor. Small businesses and start-ups bring dreams to reality.

Since my election, I've met with several small businesses who are innovative and creative. But as we all know, starting a business is hard work, and it is filled with risk. It's even harder in a small community like Newmarket–Aurora to scale up and commercialize.

Can the minister explain what the government is doing to help entrepreneurs in my riding start and grow their businesses?

**Hon. Victor Fedeli:** We will never forget our small businesses and our entrepreneurs.

The Liberals made starting a business in Ontario costly and confusing. The NDP just played along and supported the Liberals. Mountains of red tape, unaffordable hydro, high taxes—all of that was a recipe for disaster. We told them time and time again, yet they pressed on, sending businesses running out of the province of Ontario.

Our government has consistently cut red tape, reduced taxes and fixed the hydro mess. We've lowered the cost of doing business in Ontario by \$7 billion every year.

We're funding almost \$500,000 to the small business enterprise centre in Newmarket to offer entrepreneurs all the tools they need to start and grow their businesses, and another \$100,000 annually for Summer Company and Starter Company Plus to help those students and the young entrepreneurs you mentioned. It helps them start their businesses. That's what we're doing to help young entrepreneurs in Newmarket–Aurora.

## EMPLOYMENT STANDARDS

**Ms. Peggy Sattler:** My question is to the Premier.

This government's plan to address the health care crisis makes absolutely no mention of paid sick days. With the inevitable fall surge looming, workers who test positive and have already used their meagre three COVID-related paid sick days during earlier waves will have to decide: "Should I self-isolate, without pay, at home and risk not being able to pay the rent, or should I go to work sick and risk spreading COVID in the workplace?"

Speaker, what does this Premier think that these workers should do?

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

**Hon. Monte McNaughton:** We were the first province in the country to bring in job-protected leave when COVID-19 hit Ontario. We were also the first province in the country to bring in paid sick days, to ensure that when workers are sick, they can stay home.

We'll continue to have the backs of our workers every single day, throughout this pandemic and beyond. That's why we extended the paid sick day program. We'll continue to ensure that we work for our workers.

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

**Ms. Peggy Sattler:** This government did not extend the program to cover workers who already used those three COVID-related paid sick days.

If this government was serious about preventing the spread of COVID-19 and protecting the health of Ontarians, they would pass my private member's bill the Stay Home If You Are Sick Act, which would give workers 10 permanent paid sick days, plus 14, which is what they need in a pandemic. Workers need to be able to stay home without any loss of pay if they have COVID or any other illness, if they have a sick child, or if they need to participate in preventive medical screening tests so they can avoid going to crowded ERs.

Speaker, will this government commit to passing my bill so it is in place before the fall surge?

**Hon. Monte McNaughton:** As I said, we'll continue standing with Ontario's workers every single day, throughout this pandemic and beyond. That's why we were the first in Canada to bring in job-protected leave. If any worker is sick or staying home with someone in their family who is sick, they can't be fired for that. We introduced paid sick days for workers. We recently extended that until the end of March of next year, and we'll continue ensuring that paid sick days are in place for workers. But

our program, unlike the NDP, doesn't bankrupt small businesses across the province. We have stepped up to ensure that we're reimbursing and paying for these paid sick days to those businesses, so workers get the benefit immediately, and then they get reimbursed through the WSIB.

We'll continue ensuring that we protect all of our workers every single day.

## COMMUNITY SAFETY

### SÉCURITÉ COMMUNAUTAIRE

**Mr. Graham McGregor:** My question is for the Solicitor General.

My constituents are concerned about an increase in auto theft and carjackings in our local community. My office has received calls from constituents concerned about a carjacking in the area of Kennedy and Sandalwood, in the heart of Heart Lake in my riding.

My constituents know our government is fighting crime and supporting our front-line police officers.

Could the Solicitor General please explain to this House how our government is taking action on carjackings and auto theft?

**Hon. Michael S. Kerzner:** Mr. Speaker, I really want to say to the member from Brampton that I appreciate the great work he's doing in his own community.

Everyone has a right to feel safe in their own homes, in their own communities and in their own vehicles. My heart goes out to the victims of these crimes. Having your vehicle stolen at gunpoint is a traumatic event, and we don't want to minimize this.

To be clear, many of these thefts are, in fact, related to gun and gang crimes. That's why the gun and gang support unit is supporting police services across Ontario by undertaking major gun and gang violence investigations and prosecutions. To date, along with our federal partners, our government has invested over \$203 million to fund the fight against gun and gang violence. We're getting the smuggled guns off our streets and protecting families across our province.

When we work together, we keep Ontario safe.

Je travaillerai très fort tous les jours pour assurer la sécurité de notre province.

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

This House stands in recess until 3 p.m.

*The House recessed from 1138 to 1500.*

## PETITIONS

### SOINS DE SANTÉ

**Mme Sandy Shaw:** J'ai une pétition intitulée « Arrêtons le plan de privatisation des soins de santé de Ford.

« À l'Assemblée législative de l'Ontario :

« Alors que les Ontariennes et les Ontariens devraient obtenir des soins de santé en fonction de leurs besoins—et non de la taille de leur portefeuille;

« Alors que le premier ministre, Doug Ford, et la ministre de la Santé, Sylvia Jones, ont déclaré qu'ils prévoient privatiser certaines parties des soins de santé;

« Alors que la privatisation poussera les infirmières, les médecins et les PSSP hors de nos hôpitaux publics, aggravant ainsi la crise des soins de santé;

« Alors que la privatisation se termine toujours avec une facture pour les patients;

« Par conséquent, nous, soussignés, demandons à l'Assemblée législative de l'Ontario d'arrêter immédiatement tous les plans visant à privatiser davantage le système de soins de santé de l'Ontario et de résoudre la crise des soins de santé en :

« —abrogeant la loi 124 et en recrutant, retenant et respectant les médecins, les infirmières et les PSSP avec de meilleurs salaires et de conditions de travail;

« —certifiant les titres de compétences de dizaines de milliers d'infirmières et d'autres professionnels de la santé formés à l'étranger déjà en Ontario, qui attendent des années et paient des milliers de dollars pour être autorisés à travailler;

« —rendant l'éducation et la formation gratuites ou peu coûteuses pour les infirmières, les médecins et les autres professionnels de la santé;

« —incitant les médecins et les infirmières à choisir de vivre et travailler dans le nord de l'Ontario;

« —finançant les hôpitaux pour qu'ils aient suffisamment d'infirmières à chaque quart de travail, dans chaque département. »

Je suis fière de signer cette pétition. Je l'envoie à la table avec Morgan. Merci.

## HEALTH CARE WORKERS

**Mme Dawn Gallagher Murphy:** “To the Legislative Assembly of Ontario:

“Whereas as part of Ontario's commitment to building a stronger health care workforce, the government is investing \$142 million, starting in 2022-23, to recruit and retain health care workers in underserved communities, which will expand the Community Commitment Program for Nurses, up to 1,500 nurse graduates each year to receive full tuition reimbursement in exchange for committing to practise for two years in an underserved community; and

“Whereas starting in spring 2023, the government will launch the new \$61-million learn and stay grant and applications will open for up to 2,500 eligible post-secondary students who enroll in priority programs, such as nursing, to work in underserved communities in the region where they studied after graduation. The program will provide up-front funding for tuition, books and other direct educational costs; and

“Whereas the government also proposes to make it easier and quicker for foreign-credentialed health workers to begin practising in Ontario by reducing barriers to

registering with and being recognized by health regulatory colleges; and

“Whereas to address the shortage of health care professionals in Ontario, the government is investing \$124.2 million over three years starting in 2022-23 to modernize clinical education for nurses, enabling publicly assisted colleges and universities to expand laboratory capacity supports and hands-on learning for students; and

“Whereas Ontario is accelerating its efforts to expand hospital capacity and build up the province’s health care workforce to help patients access the health care they need when they need it;

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

“To urge all members of the Legislative Assembly of Ontario to continue to build on the progress of hiring and recruiting health care workers.”

I’m very proud to sign this petition and provide it to page Colin.

#### EMERGENCY SERVICES

**M<sup>me</sup> France Gélinas:** I would like to thank Margaret Greeley from Foleyet, in the north end of my riding, for these petitions:

“Whereas the Manitoulin-Sudbury District Services Board is considering removing the paramedics and ambulance services (EMS) from the community of Foleyet;

“Whereas this service is vital, paramedics are front-line heroes in emergencies and often the reason people in life-threatening situations survive, because of the quick and responsive actions they are trained to take under pressure;

“Whereas if this social service is removed, the community of Foleyet and the surrounding area will be at risk in the case of an emergency due to the extended travel and wait time to access medical services through Chapleau or Timmins, both at least an hour drive away,” in good conditions;

“Whereas the safety of all residents depends on the emergency medical services remaining in Foleyet in full operation to serve Foleyet and the surrounding area;”

They petition the Legislative Assembly as follows:

“Immediately stop consideration of the removal and relocation of the ambulance and paramedic services (EMS) in Foleyet and ensure this essential service remains adequately funded by the Ministry of Health.”

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

#### ECONOMIC DEVELOPMENT

**Ms. Goldie Ghamari:** “To the Legislative Assembly of Ontario:

“Whereas from electric and hybrid vehicles to barbecues, the government is supporting the development of homegrown supply chains, creating the next generation of products and returning Ontario to its rightful place as the workshop of Canada; and

“Whereas low-carbon steel production has become critical for jurisdictions to compete for manufacturing investments as businesses look to reduce greenhouse gas emissions in their supply chain. These investments support the creation of new jobs and economic growth as steel producers, automakers and other industries transform their operations; and

“Whereas critical minerals in the north will drive electric vehicle (EV) manufacturing in the south, where Ontario’s automotive sector is poised for resurgence as the industry continues its large-scale transformation; and

“Whereas the government’s plan will help Ontario become a North American leader in building the vehicles of the future and will build the next generation of vehicles in Ontario by securing auto production mandates to build electric and hybrid vehicles; and

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“Whereas Ontario invested \$1.5 million through the Regional Development Program to support an \$18.5-million investment by auto parts manufacturer Ventra Group to create the Flex-Ion Battery Innovation Centre in Windsor;” and

Whereas the Ontario government “invested \$250,000 to support the development of two new battery production lines at the Electra Battery Materials Corp.’s future Battery Materials Park near Cobalt”—and I forgot to mention, Mr. Speaker, this petition was submitted by Patrick.

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

“To urge all members of the Legislative Assembly of Ontario to continue to invest in the manufacturing sector that will contribute to the economic success of the province.”

I would like to thank Patrick for his advocacy. I proudly affix my signature to this petition, and I will provide it to page Rhythm.

#### GESTION DES APPÂTS

**M. Guy Bourgouin:** Je lis la pétition nommée « Modifier les zones de gestion des appâts ... du Nord-Est et du Nord-Ouest.

« À l’Assemblée législative de l’Ontario :

« Alors que les zones de gestion des appâts dans certaines villes ne permettent pas aux pêcheurs d’acheter des appâts dans leur propre zone pour aller pêcher dans les lacs à proximité;

« Alors que 95 % des lacs approvisionnés à Hearst sont situés à l’ouest de la ville et les zones courantes font en sorte qu’il n’y a pas d’option légale pour les pêcheurs de se procurer des appâts et d’aller pêcher ces lacs;

« Alors que le gouvernement a investi beaucoup de temps et d’argent au cours des années pour assurer une population de truites élevée et saine pour que les pêcheurs puissent l’apprécier et en profiter;

« Alors que les propriétaires de pourvoiries dans la région ne peuvent plus se procurer des appâts en proximité

de leur camp avec les zones courantes et ils n'ont aucune option routière à s'en procurer près de leur camp;

« En conséquence, nous, soussignés, pétitionnons l'Assemblée législative de l'Ontario :

« —demande d'offrir une exception ou une exemption pour les villes du Nord suivantes : Chapleau, Wawa et Hearst, où les deux zones se trouvent à être séparées basé sur la voie ferrée et les chemins routiers;

« —nous demandons au gouvernement Ford et au ministre des Richesses naturelles de modifier la législation des nouvelles zones de gestion des appâts pour faciliter l'achat de ceux-ci pour les pêcheurs, et d'assurer la continuité de ce sport et ce mode de vie qui représente tellement les gens du nord de l'Ontario. »

Il me fait plaisir de signer cette pétition et la remettre à Elya pour amener la pétition à la table des greffiers.

#### GOVERNMENT'S RECORD

**Mr. Ric Bresee:** “To the Legislative Assembly of Ontario:

“Whereas our government was elected on commitment on keeping costs down and putting more money back in Ontarians' pockets by increasing housing supply, making it less expensive to drive or take transit, and by providing relief on everything from child care to taxes; and

“Whereas the government is delivering on that commitment by:

“—reducing 5.7 cents per litre on the gas tax for six months starting July 1;

“—\$120 each year in savings in southern Ontario and \$60 per year savings in northern Ontario by eliminating licence plate renewal fees for passenger and light commercial vehicles;

“—\$300 in additional tax relief in 2022, on average, for 1.1 million lower-income workers through the proposed low-income individuals and families tax credit enhancement;

“—scrapping tolls on Highways 412 and 418;

“—cutting child care costs by 50% on average by December of this year; and

“Whereas the government is reducing the cost of housing by:

“—increasing the non-resident speculation tax rate from 15% to 20% and expanding the tax beyond the greater Golden Horseshoe region to apply province-wide and closing loopholes to fight tax avoidance;

“—implementing reforms that reduce red tape associated with new housing builds, making it easier to build community housing, and speeding up the approval process; and

“Whereas this plan is working—last year, over 100,000 new homes began construction, the highest in more than 30 years in the province of Ontario;

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

“To urge all members of the Legislative Assembly of Ontario to support the housing action plan of the Ontario PC government.”

I'm proud to sign this petition, will affix my signature and deliver it to page Samreen for delivery.

#### ORDERS OF THE DAY

MORE BEDS,

BETTER CARE ACT, 2022

LOI DE 2022 POUR PLUS DE LITS  
ET DE MEILLEURS SOINS

Resuming the debate adjourned on August 23, 2022, on the motion for second reading of the following bill:

Bill 7, An Act to amend the Fixing Long-Term Care Act, 2021 with respect to patients requiring an alternate level of care and other matters and to make a consequential amendment to the Health Care Consent Act, 1996 / Projet de loi 7, Loi modifiant la Loi de 2021 sur le redressement des soins de longue durée en ce qui concerne les patients ayant besoin d'un niveau de soins différent et d'autres questions et apportant une modification corrélative à la Loi de 1996 sur le consentement aux soins de santé.

**The Speaker (Hon. Ted Arnott):** When we last debated Bill 7 at second reading, the member for Ajax had made her presentation, and we were in the midst of questions and answers to the member for Ajax. We'll resume.

Questions to the member for Ajax?

**Miss Monique Taylor:** I'd like to thank the member for her presentation. As you've heard throughout this debate, New Democrats are quite concerned about fees being charged to patients who are not able to leave the hospital, who are refusing to take the transfer into long-term care. It's something that's been happening historically, as we know, but the government did nothing to reverse that, and yet is putting more pressure on people to have to move to a long-term care that is not of their consent.

Has the member heard from her constituents in this regard, because it clearly is a big deal throughout all of our constituency offices and has been for some time. How would she deal with that when it comes to her office and her constituents?

**Ms. Patrice Barnes:** I've had really great discussions with seniors within my riding. I've spent a lot of time talking to them because I know their concern has been about long-term care.

We have made historical investments in long-term care, and I know there was strong excitement by the people in my region about being able to have long-term care that was built in our region.

I've also had good conversations with our health care system within Ajax, and I recognize that we are challenged. COVID has really ripped off the Band-Aid of quite a few things that were already—the cracks that were already in the system. I know that the ALC patient concern is one of the things that was brought up very often in regard to one of the items that is really causing backlog

within our health care system and within our emergency department.

For the people in my riding, I continue to have conversations around what can be done, and for the seniors within my riding, we also have great conversations about the larger capacity in long-term care.

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

**Mrs. Robin Martin:** I just want to again thank my friend the member from Ajax for her contribution to this debate. I was really interested to hear about the long-term-care facility that you mentioned in your riding and how that is providing some spaces for people who need long-term care. I know you mentioned that under the former Liberal government—when we came to office, there was something like a 40,000-person wait-list to get into long-term care. I know that this is a huge problem with our health care system and has really led to hallway health care.

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I think it's really important that we are building these long-term-care facilities. Could you please tell us a little bit about this specific long-term-care facility in your riding and what it is going to do for the people of Ajax?

**Ms. Patrice Barnes:** Thank you for that question. I will say I don't think the long-term care in my riding is very pretty. I think they could have done a lot better with regard to the outside creation of that building. But we do have an additional 320 beds for our Lakeridge Gardens long-term care. We have both private and semi-private rooms that are very important to members within my community, to be able to have what is no longer ward-type settings with four beds in a room. We have had a really good response to it in my riding. The people in Ajax are extremely excited about it coming in.

I know we have our Bomb Girl. I spoke about her before. She's 100 years old and she couldn't wait to get her room in that long-term care. We have done everything with regard to getting her in and settled.

It has been a very impactful piece in our community, to have that long-term care. We've also had investments to redevelop other beds within Ajax as well. It's been fantastic having that built and it has made a really big impact within our community.

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

**Ms. Lise Vaugeois:** It is a pleasure to rise today and speak on behalf of the residents of Thunder Bay–Superior North to the government bill, Bill 7, the More Beds, Better Care Act, 2022.

In my inaugural speech last week, I spoke of the crisis in health care and the assault on public services initiated by massive funding cuts and an aggressive campaign to undermine unions that began under the Mike Harris government. These cuts continued through Liberal and now again Conservative governments. People on the other side of the House like to claim that the NDP is somehow responsible for this shameful debacle. But it is the Conservatives who were the official opposition during the years of Liberal mismanagement, and surely they bear

responsibility for the slashes to health care spending undertaken with such glee by the Harris government.

Former Minister of Education John Snobelen advised Mike Harris, who was Premier at the time, that his Conservative government needed to create a crisis in public education in order to create an appetite amongst the public for for-profit education. This is exactly what we are seeing today in the crisis created four years ago by this government with the implementation of Bill 124.

The privatization of health care services and the restriction of bargaining rights for public sector unions with Bill 124 have increased the strains on our health care system and have, in fact, helped to manufacture a health care crisis. Bill 7 before us here today looks to amend the Fixing Long-Term Care Act, 2021, by including a provision to allow hospitals to discharge patients determined to need alternative levels of care so that hospital capacity can be increased.

I know from watching the debate this week that the Minister of Long-Term Care denies that patients can be discharged without their consent. The fact is, however, this bill talks of hospitals being expected to make a reasonable attempt to obtain consent, while clearly giving hospitals the authority to carry out actions needed to transfer patients if the resistance of patients or the family is deemed unreasonable.

We also know that hospitals threaten patients with impossibly large fees if they don't agree to be moved, something this bill could, but does not, address.

It is in section 2, part 3 of the bill where it is outlined that the authority for clinicians and placement coordinators to determine eligibility for a patient to be transferred into long-term care can be found. As far as I can see, anyone within the hospital system can be designated to make this assessment. That designated person then chooses a home for the patient based on their assessment, and there is nothing in this bill that talks of patient or family consultation or consent. This bill, Bill 7, in its haste to free up hospital beds, seems not well-thought-out and does not place the patient, their needs and their families as a priority.

Of further concern are the government's claims about the quality of care in for-profit long-term-care homes. During the COVID pandemic, members of the military brought in to help with crisis conditions in long-term care reported horrendous conditions that directly contributed to the high number of deaths in these same for-profit homes, and yet not one of these homes has been shut down.

Today I am hearing exactly the same concerns originally reported by the military being reported again by front-line workers and family members. I was recently contacted by a PSW I'll name Susan, who told me she is frequently the only staff member looking after residents—no nurses, no other PSWs, no cleaners, no one on the front desk screening visitors and not even paper towels at the hand-washing stations—just one PSW to provide what this government referred to yesterday as the highest level of care in the country. Is this the standard of care you were boasting about?

The four hours of care you keep referring to doesn't exist. You keep claiming to have hired thousands of additional health care workers, but where are they? Are they wearing cloaks of invisibility that only members of the Conservative caucus can see? They certainly are not visible in any of the health care settings in the riding of Thunder Bay–Superior North.

Susan, the PSW who continues to find herself working alone on all floors of the home, shift after shift, made a formal complaint to an inspector, who called her back saying that there were no problems at the home. Clearly the inspector did not attend the home in person, or the standards the Minister of Long-Term Care keeps touting are extremely low. This is the reality of for-profit long-term-care homes.

It worries me deeply that after learning of the dreadful conditions in for-profit homes during COVID, the government has not shut down homes that do not meet even the most basic standard of care. Even more egregiously, they have sold 35-year licences to the same long-term-care homes already discredited as the sites of the greatest number of COVID-related deaths. If the Conservative government is claiming to have mandated the highest standards in the country, why are inspectors not shutting down homes that are clearly not in compliance?

Speaker, keeping patients close to family members where they live is the most compassionate action to be taken. Indeed, as many of us who have taken care of elders in hospital, long-term care or retirement homes know, family members fill the gap in nursing and PSW shortages and end up taking on a critical role as caregivers. When a family member ends up far from where they live, that support system can't be maintained. This adds up to emotional and physical stress on both the patient and the family members.

The title alone—More Beds, Better Care—shows the disconnect this government has towards health care. As any health care worker will tell you should you choose to listen, more beds without more staff is simply more furniture. This province cannot retain nurses, PSWs or other valuable health care workers because they are overburdened and underpaid. They frequently work short-handed, and many work two and sometimes three part-time jobs with no benefits just to make ends meet. These are the same workers we keep calling our heroes, yet this government keeps persisting in the same status quo policy of Bill 124, which removed bargaining rights from public sector workers and capped their wages.

The government is subsidizing for-profit agencies with public money to the detriment of our health care system and the morale of health care workers. I note that the Premier this week has, once again, been looking to the federal government for more health care funding. But we should be reminded that, according to a report by the Financial Accountability Office, the previous Ford government underspent on health care by \$1.8 billion last year. The FAO report also highlighted that Ontario in 2020 had the least amount of health care spending per person in the entire country. This failure to spend health care dollars fell in the middle of this government's previous mandate.

Again, as much as you try to deflect criticism by blaming previous governments, you already had four years to do right by health care workers and the people of Ontario, but you chose not to. And frankly, if we want to blame a previous government, we can look to the Mike Harris Conservatives who slashed funding from health and education in a deliberate strategy to generate support for for-profit corporations.

**1530**

In 2021, the Financial Accountability Office reported that Ontario did not spend any funds from a \$2.7-billion COVID response program in the first quarter. That's two years in a row that this government chose not to spend its available health care dollars. Could it be that this government is following the Mike Harris playbook and deliberately creating crisis after crisis in health care because of its burning desire to turn more public dollars into private profits? Financial transfers from the federal government during COVID have also largely been held back, not properly accounted for, and explained by this government as "saving for a rainy day." While I'm not a meteorologist, I would suggest to this government that when it comes to health care, it is not only raining, it is a monsoon and we need action now, here, today.

Simply put, public health care dollars must remain in the public system. Every dollar of public money should not be reduced by shareholder dividends, private agency fees or the wage gouging by private agencies that undermine our health care system. We, on this side of the House, have been sounding the alarm about long-term care and retirement homes for years. I recall our former leader Howard Hampton pleading for better standards and more hiring for long-term care decades ago. Neglect by this government and previous Liberal governments have only added to the dire situation we find ourselves in today. But the government doesn't have to listen to our voices. A wise government would listen to front-line health care workers and community advocates who know the on-the-ground reality of health care.

Natalie Mehra is one such advocate, and she is a member of the Ontario Health Coalition. She states, "The bottom line is the Ford government is using the health care crisis to privatize Ontario's public hospital services and to push seniors out to fill long-term-care beds in the worst nursing homes that no one wants to go to because they have terrible reputations, most of them for-profit. It is all couched in very carefully selected and manipulative language, but the actual policy changes they are proposing are clear and they clearly benefit for-profit companies at the expense of patients, particularly seniors."

Speaker, we know that this government has deep ties to the for-profit long-term-care industry. Many ex-Conservative staffers are now back in the House as long-term-care lobbyists. Ex-Premier Harris sat on the board of one of the largest for-profit long-term-care companies, and his partner heads up one of the for-profit health care agencies that is subsidized heavily by public health dollars.

In my riding of Thunder Bay–Superior North, private agency staff are making two to three times the amount that

hospital nurses are. Our hospital nurses, who have committed to living in and serving their home communities, wind up training the agency nurses and thus further subsidizing agency staff—talk about adding insult to injury. I have also learned that nursing students who come to hospitals on placements are deciding not to pursue careers in nursing after seeing the workload that full-time nurses are carrying and after seeing first-hand how badly nurses are treated by this government.

Bill 124 has created a crisis in health care that is resulting in health care workers leaving the profession in droves. This is the status quo created by this government, and this is the status quo that could so easily be fixed by offering existing health care workers the wages and respect they deserve. It is clear that Bill 124 is not about saving money, but it is about creating an excuse to expand for-profit health care. Bill 7 does nothing to actually address the health care staffing shortage. Emergency departments and hospital intensive care units are staffed by specialized RNs and regulated health professionals, while alternative-level-of-care units are typically staffed by PSWs and RPNs. Clearing alternative-level-of-care beds will not free up nurses or specialized staff to address the recent rise in emergency room and urgent care closures.

The devil is always in the details, and unfortunately, Bill 7 is very weak on actual details. Here are a few key points of what this bill does not have. The More Beds, Better Care Act fails to present a timeline to determine how quickly patients will be moved into long-term care and, just as importantly, whether the homes will actually have an opportunity to do their due diligence in being prepared for additional residents. If long-term-care homes turn down residents because they feel they can't meet their needs, it is not made clear what options that resident has. Where will they be placed if a home repeatedly rejects residents? What measures are in place so that any of these decisions along the line are being done in good faith?

This government talks of the importance of home care, and this side of the House quite agrees and, indeed, thinks that investments in home care are more important than just talking about it. This bill makes no mention of home care, despite it being a very reasonable and preferred alternate level of care. We know that 90% of Ontario elders would rather have home care in their own homes and communities, but this bill neglects to mention home care or if a patient's primary care providers could be maintained with at-home support.

The minister has publicly stated that he is hoping to pass this bill by September 1 and, in the week following, to pass regulations. Once again, this government is rushing through a bill and shortchanging the public by not allowing for adequate consultations.

Those details I mentioned that are lacking will be expanded under the regulations. The legislation, for example, makes no mention of how far away a resident may be placed in a long-term-care facility from where they actually live and have family support. The regulations presumably will set that out, but that makes me very nervous, I have to say.

This bill has been met with widespread anger across the province, and the government's response has been to attack the opposition for even trying to raise salient points we object to in the bill. Seeing and hearing this reaction, it is not a surprise that the government did not campaign on this in the June election, choosing instead to rush it through in a summer sitting.

Any bill worth introducing is worth debating and deserves the proper consultation time for the public to weigh in. Unfortunately, this government's status quo is wielding their power with a heavy hand and not seeking out or desiring public input and consultation. In the case of Bill 7, the More Beds, Better Care Act, it is seniors and their families who suffer.

We know that long-term-care lobbyists have the direct ear of this government and this minister. I ask them: When will the government listen to front-line workers, health care advocates and families? When will the government listen to seniors themselves about what they need in long-term care, home care and—what we don't talk about enough—retirement home care, that grand enterprise designed to suck every last dollar out of a senior's life savings?

We also know that Ontario funds its hospitals at amongst the lowest rates in Canada, so we should not be surprised that we are in a health care crisis. Given the history of the Harris and Ford governments, we shouldn't be surprised to see innovation touted as grounds to transform even more public dollars into private profits. Public dollars spent on public health care keep money and resources circulating throughout the system. The siphoning-off of public dollars for private profits destroys the system. This is exactly what Bill 7 is designed to do, and I, for one, will do everything in my power—

**Mrs. Robin Martin:** Speaker, point of order.

**The Acting Speaker (Ms. Patrice Barnes):** Point of order?

**Mrs. Robin Martin:** I listened to the member opposite. I know she's a new member, but at least four times during this speech, she has imputed motive, which is against standing order 25(i). I would ask that the Speaker bring the member to order and ask her not to impute motive.

**The Acting Speaker (Ms. Patrice Barnes):** Stop the clock.

**1540**

I'll remind the House not to impute motive.

**Ms. Lise Vaugeois:** All right. I will be careful about that. I will note, though, that some of the things I referred to are part of the public record.

And I am finished. I think the last thing I would like to say is that the PSW who has been in contact with me and in tears about how difficult it is to look after the people under her care because she's left there alone, time after time, has said she would never, ever put her own mother into a long-term-care home, because she knows she would not be taken care of properly.

**The Acting Speaker (Ms. Patrice Barnes):** We'll now have questions and comments. So we will have the member from Sault Ste. Marie.

**Mr. Ross Romano:** Well, thank you very much, Madam Speaker, for the opportunity.

To the member opposite: I listened very carefully to your comments, and I've been listening to debate now on this for several hours over the last couple of days. As a new member in this House, there's a lot of references to the opportunities and, in fact, the need for us to work together. I'm wondering, in the spirit of working together, and as a new member, is there something within this bill that you see that you could point to that supports the work that we are trying to do on behalf of all of our constituents to create more space for residents in this province to have access to good long-term care when and where they need it most? Do you see anything in this bill that you can agree helps the residents in this province to obtain that?

**Ms. Lise Vaugeois:** Under its present form, no. Unfortunately, I would have to say no. I would love to find a way—sorry, am I not supposed to speak yet?

*Interjection.*

**Ms. Lise Vaugeois:** All right. You know, the biggest problem for me—well, there are several problems, but one is that there is no proper inspection taking place at the homes. We know that so many of these homes are in dreadful shape. It seems that we are warehousing our seniors rather than giving them the life they deserve.

Members on your side talked about trying to create a home space that they can move into—that's not of their choosing, that's not of their family's choosing. And will that space have the correct number of people on staff and the four hours of care that have always been promised but have never happened?

**The Acting Speaker (Ms. Patrice Barnes):** Questions? I recognize the member from Spadina–Fort York.

**Mr. Chris Glover:** Thank you to the member from Thunder Bay–Superior North for your comments. You made a very clear and fact-based argument that this government has been deliberately underfunding our public health care system in order to create a crisis in order to privatize it, just like they privatized our long-term-care system—

**Mrs. Robin Martin:** Speaker, on a point of order.

**The Acting Speaker (Ms. Patrice Barnes):** Point of order?

**Mrs. Robin Martin:** Again, the member imputed motive in the question. I would ask that you bring him to order and have him not impute motive. It's contrary to section 25(i) of the standing orders.

**The Acting Speaker (Ms. Patrice Barnes):** I'll remind members to not impute motive.

**Mr. Chris Glover:** You've made a coherent argument that was based on facts that talked about how this government has underfunded our public health care system and is now moving it over to the private sector in order for people to profit. What's already happened is that they've privatized our long-term-care system and this has created a crisis. The crisis was reported by the Ontario science table, which said that if you live in a for-profit long-term-care home, you are twice as likely to get COVID-19 and you are 78% more likely to die of COVID-19. These are

the homes that this government is trying to force seniors into without consent—and “without consent” is used six times in this bill. In your opinion, is this bill a further support to the private, for-profit—

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Order, please.

The member for Thunder Bay–Superior North.

**Ms. Lise Vaugeois:** It seems to me to be an automatic benefit to the private long-term-care homes to have patients transferred into their care. It's basic math.

**The Acting Speaker (Ms. Patrice Barnes):** Question?

**Mr. Mike Harris:** I think this is going to be a very exciting afternoon. I think there's going to be a lot of back and forth, Speaker, and it's going to be a great time for you to be able to get some pretty concrete experience in the chair.

I will say to the member from Thunder Bay–Superior North, if you want to talk about Mike Harris and you want to talk about everybody else, let's go back to Bob Rae. The regulations that you're talking about go all the way back to 1979. And if memory serves me correctly, the one and only time in Ontario's history that we've had an NDP government was from—what was it?—1989 or 1991 to 1995. There was an opportunity for that Bob Rae government to repeal or change or do all kinds of things with these specific regulations—not only that but an opportunity for them to make some serious concrete investments in long-term care, and guess what? They didn't.

So if you're going to stand here and chastise everyone else, why do you think that they didn't make changes?

**Ms. Lise Vaugeois:** First of all, the level of crisis was nowhere close to where it is now. But, also, the Mike Harris government then had its turn to change those regulations and did nothing.

As I say, the condition in so many long-term-care homes has been clearly documented as not supporting the well-being of the seniors who are living there and not supporting the work conditions of the people working there.

**The Acting Speaker (Ms. Patrice Barnes):** We'll have the questions by the member from Eglinton–Lawrence.

**Mrs. Robin Martin:** Thank you to the member opposite for her comments. You said something about home care and it not being in this bill. This bill obviously doesn't address that, but we have made a billion-dollar investment into home care along with increasing home care throughout these last several years. So that is, of course, an option for people. This is about patients who are waiting for long-term care and are waiting for a place. Thankfully, this government has built new long-term-care spaces, and people can get to long-term care.

What I'm really concerned about here is that you seem to have missed the part where we fixed long-term care by allowing four hours of care per day—a historic investment—and we have doubled the number of inspectors. We now have more long-term-care inspectors—because you mentioned inspections—in Ontario than any other

province in Canada. It is almost one for every two homes, I believe.

So I think we've done a lot to try to fix long-term care and make it better, and I wish you would support this, because we really do need to get people into the proper place, where they can get the best possible care.

**Ms. Lise Vaugois:** Some 5,000 seniors died in long-term care. That's the bottom line. The other bottom line is that inspections were clearly reduced. There is no four hours of care. Inspections are not taking place; otherwise, they would not be saying things are fine—when there's only one staff person left in the hall, the halls are filthy, there's no cleaning. This is criminal, and it does not reflect what the government is claiming.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Hamilton West–Ancaster–Dundas.

**Ms. Sandy Shaw:** Or HWAD, if you want. It's a lovely acronym.

I just want to say how disturbing this bill is, because if you read the bill, it talks about all the things that this government can do without the patient's consent. They can assess you without your consent or the family's consent. They can send your health records, your personal health records, without your consent. They can assign you and admit you to a home that you may or may not want to go to or that your family doesn't want to go to. In fact, the only thing it says they don't have consent to do is to restrain an ALC patient to carry out the actions. So they can do everything but strap granny to a gurney to send her to the long-term-care home.

1550

Why would this government put forward such a cruel bill when our seniors have suffered so much already? Five thousand seniors died—

**The Acting Speaker (Ms. Patrice Barnes):** Response from the member from Thunder Bay–Superior North.

**Ms. Lise Vaugois:** I think this brings me back to the basic math that I referred to earlier. We move people out of hospitals into for-profit long-term care, and that solves the profitability problem for those long-term-care homes. But it does not address the fundamental needs of dignity for our seniors.

**The Acting Speaker (Ms. Patrice Barnes):** Further debate?

**M. Stéphane Sarrazin:** Aujourd'hui, j'aimerais souligner l'engagement de notre gouvernement à régler la situation des soins de longue durée dans notre province en présentant le projet de loi de 2022 pour plus de lits et de meilleurs soins.

L'impact de la pandémie COVID-19 a eu un impact disproportionné sur les résidents des établissements de soins de longue durée, affectant profondément les familles et les communautés de la province et du pays. La situation s'est considérablement améliorée en 2022, mais l'expérience a souligné l'urgence de poursuivre la transformation des soins de longue durée.

Madame la Présidente, le 23 mai 2021, j'ai eu le plaisir en tant que président des comtés unis de Prescott et Russell de faire un discours lors d'une cérémonie d'inauguration.

Nous donnions le coup d'envoi à un projet extrêmement important pour notre région, soit le projet de la nouvelle Résidence Prescott et Russell, un projet de 90 millions de dollars pour un nouvel établissement de soins de longue durée à Hawkesbury, bâtie à proximité de l'Hôpital général de Hawkesbury.

Dès ce moment-là, j'ai réalisé que notre gouvernement était sérieux quand ça vient à investir dans les soins de santé en Ontario. Beaucoup de projets importants ont vu le jour dans notre région durant les quatre dernières années grâce au financement de notre gouvernement. Le projet de redéveloppement de l'Hôpital général de Hawkesbury et du district, qui s'est terminé récemment : j'ai eu la chance d'être invité avec la ministre Mulroney à participer à la cérémonie d'ouverture officielle, il y a quelques mois. L'administration et le conseil d'administration étaient très contents de l'appui qu'ils avaient reçu du gouvernement provincial : l'hôpital communautaire local transformé en hôpital régional à service complet grâce à un investissement de 200 millions de dollars dans l'infrastructure, l'équipement médical et la technologie de pointe.

Que signifie l'achèvement du projet de redéveloppement pour les patients? Ça signifie plus de soins médicaux spécialisés plus près de chez eux dans des installations plus grandes et plus confortables. La construction et la rénovation des bâtiments ont donné lieu à un ajout de 165 000 pieds carrés de nouvel espace, offrant la possibilité d'offrir les services suivants :

- services d'urgence et soins intensifs, trois fois plus d'espace, soit 18 700 pieds carrés dans de nouvelles installations;

- département d'urgence, avec huit chambres et une nouvelle unité de traumatologie;

- services ambulatoires d'urgence, 10 chambres;

- unité de soins intensifs de niveau 2 pour gérer 70 000 visites par année;

- pour ce qui est des soins ambulatoires, ça a permis un regroupement de toutes les cliniques externes spécialisées dans un nouveau bâtiment de trois étages, 72 000 pieds carrés, conçu pour gérer, encore une fois, 70 000 visites par année;

- plus de 40 cliniques avec des spécialistes médicaux et chirurgicaux—nous aurons la chance de recevoir 40 000 patients de plus par année;

- services de réadaptation pour les patients externes;

- hémodialyse;

- unité de soins médicaux de jour;

- service de cardiologie ambulatoire, diagnostics et consultations;

- centre familial de naissance;

- le nombre de lits passe de 69 à 100;

- de nouvelles unités de transition qui verront, d'ici la fin de l'année 2022, 16 nouveaux lits;

- aussi, des services d'imagerie médicale : département d'imagerie médicale à service complet, de 10 000 pieds carrés;

- nouveau « CT scanner » offrant près de 13 000 examens par année;

—nouvel équipement pour « MRI »—imagerie par résonance magnétique—offrant la possibilité de près de 3 000 examens par année;

—nouvelle salle de fluoroscopie et équipement de radiographie; et

—bâtiment conçu et espace réservé pour la future médecine nucléaire.

En tant qu'installations pour la formation :

—installations pour les programmes de formation médicale faisant partie de l'affiliation académique avec l'Université d'Ottawa; et

—installations également utilisées pour les programmes de soins infirmiers pour le collège La Cité d'Ottawa.

Pour les résidents de chez nous, ça veut dire beaucoup. Ça veut dire plus de voyage à Ottawa. On avait beaucoup de gens qui étaient censés avoir les soins à Ottawa. Ils devaient voyager une heure, puis c'était coûteux et ça prenait beaucoup de leur temps. Ils étaient privés de temps avec leur famille. Puis, j'imagine où on en serait aujourd'hui sans les investissements de notre gouvernement—donc tous ces services-là qui ont été à l'Hôpital général de Hawkesbury.

J'aimerais aussi souligner que plusieurs résidents de la province du Québec viennent dans nos hôpitaux, dans notre circonscription, pour éviter des temps d'attente jugés ridicules dans les hôpitaux de leur province.

Ça nous fait réfléchir à comprendre que notre province est en très bonne position quand ça vient aux services de santé.

Un autre programme qui a vu le jour est celui de formation pour du personnel soignant. Le programme des préposés aux services de soutien personnel, « PSW »—ce programme de formation entièrement financé est conçu pour remédier aux pénuries de main-d'oeuvre en santé et s'adresse aux résidents de l'Ontario. Une autre session est en cours présentement, grâce au partenariat de notre gouvernement provincial, du fédéral, du Catholic District School Board of Eastern Ontario et du Tri-County Literacy Council, en collaboration avec le Centre de services à l'emploi. Une formation est offerte, une formation de cinq mois, comprenant :

—cours en classe;

—formation rémunérée en cours d'emploi;

—deux semaines de préparation à la formation;

—soutien individuel pour la garde d'enfants, le transport et d'autres soutiens, si nécessaire; et

—certification de préposé aux services de soutien à la personne, délivrée par le Catholic District School Board of Eastern Ontario.

C'est difficile à croire quand les gens disent qu'il n'y a pas assez de choses qui sont faites pour rectifier le manque de personnel dans les soins de santé.

On peut aussi parler des services de paramédic communautaire. J'ai siégé, en tant que maire et président des comtés unis, sur le comité de services d'urgence—un programme, encore là, qui est subventionné par le gouvernement provincial, qui permet d'offrir des soins à

domicile qui aident à désengorger les urgences dans nos hôpitaux.

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D'autres programmes, avec les services de police—en siégeant sur le comité de sécurité, j'ai pu réaliser qu'il y a d'autres programmes qui ont été mis en place pour aider les personnes avec des problèmes mentaux. Encore une fois, c'était une visite des policiers, puis ça faisait en sorte qu'on évitait beaucoup de visites dans les hôpitaux.

Aussi, on n'entend pas parler souvent de ce dossier-là : l'implémentation du cadre de la planification pour la sécurité et du bien-être dans les collectivités, plus connu sous le nom de « community safety and well-being plan », qui est un plan qui était imposé par la province aux municipalités. Nous espérons, grâce à cette initiative, de pouvoir entreprendre de meilleures communications avec nos représentants des organismes qui offrent des services de tout genre aux personnes vulnérables, tels que des services communautaires pour faciliter l'accès aux personnes âgées, qui est encore une autre façon d'éviter des visites à l'hôpital.

En collaboration avec ServiceOntario, nous cherchons des occasions d'aider les hôpitaux, les services paramédicaux, les fournisseurs de diagnostics et d'autres partenaires du système à fournir des fournitures et des services médicaux dans les foyers de soins de longue durée afin d'éviter l'hospitalisation inutile des résidents. Des partenariats et des services seraient identifiés en réponse aux besoins locaux.

Nous continuerons de chercher des occasions de mettre en oeuvre des partenariats novateurs entre les hôpitaux et les foyers de soins de longue durée qui permettraient aux hôpitaux de fournir des soins dans des foyers de soins de longue durée où de tels partenariats contribueraient à réduire la pression dans nos hôpitaux locaux.

Tous ces projets sont possibles grâce à l'aide financière de notre gouvernement, et j'en suis très reconnaissant.

This government has invested more in the health sector than any other provincial government in the past, and it's kind of sad that a minority of Ontarians do not realize that.

I am thankful for our government introducing the More Beds, Better Care Act, 2022, An Act to amend the Fixing Long-Term Care Act, 2021. We are talking about improving staff and care, hiring 27,000 new care staff to increase the amount of quality care received by residents, which will allow our government to fulfill its commitment of providing an average of four hours of direct care per resident per day. Last year: a \$270-million investment to increase staffing levels to 4,050 long-term care staff across the province. This year: a \$673-million investment to long-term care to hire and retain up to 10,000 long-term-care staff across the province. This is part of our \$4.9-billion investment over four years to reach our commitment of an average of four hours of daily care per resident. We have invested \$100 million to add 2,000 nurses to the long-term-care sector by 2024-25 by supporting the training of thousands of PSWs and nurses who want to advance their career in long-term care.

For Glengarry-Prescott-Russell, the four-hour-care funding represents \$2.7 million in additional funding in

the year 2021-22, \$6.6 million in funding in the year 2022-23, \$11.9 million of additional funding in the year 2023-24 and \$16.7 million of additional funding in the year 2024-25.

About the new and redeveloped beds in Glengarry–Prescott–Russell: I will name a few, and I'm really thankful for all these projects, starting with:

—the Roger-Séguin centre reconstruction, which will include 15 new and 110 redeveloped beds;

—Maxville Manor, which will include 38 new and 122 redeveloped beds;

—Sarsfield Colonial Home, which represents 18 new and 46 redeveloped beds;

—St. Jacques Nursing Home, which represents four new beds and 60 redeveloped beds;

—the redevelopment of the Prescott and Russell Residence: 78 new and 146 redeveloped beds; and

—St-Viateur in Limoges: 71 new and 57 redeveloped beds. By the way, I would like to mention that this is a privately owned long-term-care facility, and they were the ones with the least COVID rates in the whole riding. That altogether represents 224 new beds and 541 redeveloped beds in our small riding.

While in government, the Liberal Party neglected the long-term-care sector—almost a third just in our riding, these beds, compared to the 611 net beds between 2011 and 2018 while the Liberals were in power. That's quite something.

Of course, this increase of 611 beds—we've heard it before—was an increase of 0.08%, while the population of Ontarians aged 75 years and over grew by 20%. This was 611 beds for 176,000 people. This left a wait-list of more than 40,500 people and meant an average wait of 152 days to get a long-term-care bed.

Our government promised to prioritize long-term care, and we are delivering on that promise by building 30,000 net new beds and redeveloping thousands more across the province. We also want this new living environment to be welcoming to families, friends and visitors, as they are extremely important to the well-being of the residents.

Qu'est-ce que cela signifie pour les aînés francophones de notre région? La santé et le bien-être de nos résidents en soins de longue durée sont la priorité absolue de notre gouvernement, et cela inclut de veiller à ce que nous répondions aux besoins culturels des résidents. Nous savons qu'il n'y a pas d'approche unique et nous devons continuer à travailler avec les communautés culturelles pour répondre à leurs besoins.

Pour ce qui en est des lits occupés par les francophones dans notre région, on a :

—le centre Roger-Séguin, qui a 113 lits occupés par des francophones;

—The Palace, 16 lits occupés par des francophones;

—la Résidence Saint-Louis, 198 lits occupés par des francophones;

—Centre de soins de longue durée Montfort Long Term Care Home, 128 lits;

—Élisabeth Bruyère Residence, 60 lits occupés par des francophones;

—Centre d'accueil Champlain, 160 lits occupés par des francophones;

—St. Joseph's Continuing Care Centre, 133 lits; et

—Chartwell Lancaster Long Term Care Residence, 60 lits.

Je crois que c'est important pour nous, les francophones. Je suis confiant que nous créerons plus de lits, grâce à cette cible de 30 000 nouveaux lits de notre gouvernement.

Je crois vraiment que notre gouvernement est sur la bonne piste. Nous devons faire en sorte que toutes les organisations qui offrent des services de santé travaillent mieux ensemble pour le bien de notre communauté.

Madame la Présidente, je crois que les gens ont très bien compris que notre gouvernement est celui qui investit le plus dans le domaine de la santé. Les chiffres démontrent le manque d'action des libéraux qui ont été au pouvoir pendant 15 ans et qui ont été appuyés par le NPD.

En tant que nouvel élu, j'aimerais remercier les membres de l'opposition. J'apprends beaucoup en tant que nouveau député. Une des leçons que je reçois du parti de l'opposition depuis quelques semaines est la suivante : comment poser la même question une centaine de fois en changeant quelques mots. Je vous remercie pour la leçon. Je crois que l'opposition devrait faire un effort pour travailler avec nous pour continuer à trouver des solutions au lieu de mettre leurs efforts à critiquer notre plan.

En terminant, je veux encore mentionner que je suis fier de faire partie d'une équipe qui travaille constamment à faire en sorte que les Ontariens obtiennent les meilleurs services possibles en soins de santé.

**1610**

**The Acting Speaker (Ms. Patrice Barnes):** Questions?

**M. Guy Bourgouin:** Votre gouvernement dit qu'on n'est pas à l'écoute. Dans votre projet de loi, il y a six fois que vous mentionnez « sans consultation avec le patient ». Je peux vous dire, dans le projet de loi, c'est assez clair que c'est l'intention—ce que vous allez faire. Mais ma question ne s'arrête pas là, puisque vous le savez, la francophonie—félicitations pour votre élection. Je voulais commencer avec ça.

Mais on sait que la francophonie, les lits sont très—il n'y a pas tant de lits que ça. Dans ma communauté, moi, à Hearst, il y a deux ans d'attente, ou trois. Puis à Kapuskasing, il y en a peut-être deux aussi—deux ans d'attente. Ça veut dire que si je suis francophone, on a des lits—« ALC beds », des lits qu'on considère à niveau de soins différent. On a beaucoup de monde. Ça vient enlever la pression sur le système. Là, on dit à ce monde-là que, sans consultation, on va vous envoyer dans un lieu différent. Ça veut dire que moi, si je ne parle rien qu'en français, ils vont m'envoyer dans une maison qui parle rien qu'en anglais? Mais s'ils m'envoient dans une maison francophone, ça veut dire peut-être dans votre coin du pays—ça veut dire peut-être à huit heures de chez nous.

Vous trouvez que ça, c'est raisonnable? Sans consultation? Ce n'est pas raisonnable. Ça c'est manquer de respect envers les aînés, c'est manquer de respect

envers notre culture et notre langue, puis on mérite beaucoup mieux.

**M. Stéphane Sarrazin:** Merci beaucoup pour cette question. Je dois dire que dans notre promesse en tant que gouvernement d'obtenir 30 000 nouveaux lits d'ici 2025, bien, je crois qu'il y aura de la place pour des francophones à travers la province. Je crois plus que jamais, moi-même, en ayant travaillé avec la ministre Mulroney, ministre des Affaires francophones, sur quelques dossiers—j'ai super confiance que nous allons pouvoir avoir des lits pour les francophones, puis je l'espère pour votre région. C'est ce que je peux dire pour l'instant.

**The Acting Speaker (Ms. Patrice Barnes):** Question? The member from—

**Mr. John Yakabuski:** Renfrew–Nipissing–Pembroke.

**The Acting Speaker (Ms. Patrice Barnes):** — Nipissing.

**Mr. John Yakabuski:** Oh, I'm so sorry. Are you going to him?

**The Acting Speaker (Ms. Patrice Barnes):** I'm going to go to you.

**Mr. John Yakabuski:** Renfrew–Nipissing–Pembroke. Thank you very much, Speaker. I understand it is challenging with so many members in this place to have had an opportunity to memorize the names and ridings.

I do want to ask my friend from Glengarry–Prescott–Russell—and congratulations; a great victory for Stéphane. I also welcome the new member for Thunder Bay–Superior North. I listened to her earlier, and I was concerned with one of her answers to the questions. When asked by my colleague from Kitchener–Conestoga, was there anything in this bill that was redeeming, to that extent, she said—essentially; I'm paraphrasing—“Absolutely nothing.” So I have to conclude that she wants the status quo of 5,800 people being left in ALC beds in hospitals, where it's inappropriate. Some will stay, but most will be able to find a place that is—

**Mr. Chris Glover:** Point of order.

**The Acting Speaker (Ms. Patrice Barnes):** Point of order.

**Mr. Chris Glover:** The member is imputing motive.

**The Acting Speaker (Ms. Patrice Barnes):** I'll remind the member to not impugn motive.

**Mr. John Yakabuski:** Thank you very much, Speaker, but I'm not imputing motive at all. I'm interpreting what they're doing with this entire bill.

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** We'll move on, and we'll remind you not to impugn motive, please.

**Mr. John Yakabuski:** I would ask the member, can you please explain to the member from Superior and the rest of the House the progress that we are making by bringing forth this innovative and much-needed legislation to help bring people to the proper place from where they are today?

**Mr. Stéphane Sarrazin:** Thank you for the question. I think we're doing a terrific job with this bill. It's all about investing in long-term care and hospitals, and I think we're

there when it comes to the record investment by our government. We're going to be looking after our people.

I can say for myself that in my riding, with the big \$200-million investment at the local hospital and the \$90-million long-term-care project, it's hard for me to agree with the opposition. All I can say is, there is major investment done in our riding and I thank our government for that.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Davenport.

**M<sup>me</sup> Marit Stiles:** Merci. Je tiens à remercier le député de Glengarry–Prescott–Russell. J'ai écouté attentivement ses commentaires sur ce projet de loi. Nous pouvons tous convenir ici, je pense, qu'il y a une crise dans les soins de santé, dans nos hôpitaux, sûrement. Parlez à n'importe quel hôpital en ce moment du problème et il vous dira que le problème, ce ne sont pas les lits; ce n'est pas « l'issue. » C'est le manque d'infirmières. Pourtant, rien dans ce projet de loi ne recrute une seule infirmière ou ne supprime le plafonnement de leurs salaires.

Pourquoi le député pense-t-il que la réponse la plus appropriée à cette crise est de continuer à manquer de respect à ces travailleurs sur le dos des plus vulnérables de notre province?

**M. Stéphane Sarrazin:** Merci pour la question. Je crois que souvent un facteur qu'on oublie, c'est qu'avec la pandémie on est un peu dans une situation sans précédent. Moi, je crois—puis, je peux être naïf en croyant ça—quand beaucoup de gens ne répondent pas au travail, quand on voit des hôpitaux qui sont engorgés, qu'il faut considérer que beaucoup de ces gens-là qui travaillent dans les hôpitaux présentement sont probablement en congé de maladie parce qu'ils ont contracté la COVID-19. C'est quelque chose qu'on a vu pendant le temps de la pandémie durant les deux dernières années.

Puis moi, en tant que président des comités unis, j'ai siégé sur le comité pour notre maison de soins de longue durée. S'il y a quelque chose que j'ai constaté, c'est que, oui, on contracte la COVID-19, donc certains employés ne peuvent pas faire leur shift. Je pense que c'est quelque chose qu'on ne mentionne pas souvent, mais je pense que c'est important de mentionner que c'est un facteur, parce que les investissements sont là dans notre région. Les nouvelles maisons—

**The Acting Speaker (Ms. Patrice Barnes):** Response? The member from—

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** The member from—teach me that.

**M. Guy Bourgouin:** Mushkegowuk–James Bay. Thank you. Ma question est simple. J'apprécie votre dernière réponse, mais, vous le savez, dans la région du Nord, il y a beaucoup de francophones, un peu comme votre région. On a des maisons qui sont pleines. Il y a eu des investissements annoncés, mais les maisons ne sont pas bâties, ce qui fait que les lits n'existent pas.

Là, on va prendre les personnes qui sont dans ces lits-là—des « ALC », comme on peut dire en anglais—puis on va les transférer à des lieux, peut-être anglophones, où le

monde n'est pas capable de s'exprimer. Il n'y a pas de grandes options, là.

S'il faut transférer du monde, pour respecter leur langue et leur culture, il va falloir les envoyer probablement à un coin d'Ottawa qui est à huit heures de chez nous—à huit heures de chez nous, et plus.

Alors, je vous demande : comment allez-vous répondre à ce besoin-là? Votre projet de loi dit « sans consultation »—ça veut dire que je ne pourrai rien dire. Vous allez assigner la personne dans ces maisons-là. Alors, j'aimerais entendre votre point de vue. Comment allez-vous respecter ces francophones-là dans ces maisons—

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**Mr. John Yakabuski:** Speaker, on a point of order: I believe there was an error in rotation there. That question should have gone to the government side, and it unfortunately went to the opposition side.

**Miss Monique Taylor:** Really? This is a brand new Speaker. She's been in the chair an hour.

**Mr. John Yakabuski:** The rules are the rules, Monique.

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Can we have order, please? Can we have the member to order, please? Excuse me. Thank you.

My apologies on that. I made an error in regards to rotation.

The time is out, and we are on to further debate. The member from Davenport?

**Ms. Marit Stiles:** Good afternoon. I am really pleased to rise today to join the debate on this new bill, the so-called More Beds, Better Care Act, or, as it's been called by experts, health care workers and seniors' advocates: "morally repugnant," "shameful," and "a violation of patient rights." It seems the government is feeling this negative response to this move as well, as they enter into—and we've seen it all week this week—serious damage-control mode here in the Legislature and in the press.

What I would like to start with, Speaker, is explaining and trying to understand a little bit about why there has been such a negative response out there to this legislation. Let me start by explaining that this bill seeks to amend the Fixing Long-Term Care Act, 2021, to include a provision that would allow hospitals to discharge patients determined to need what they call alternate levels of care, or ALC, without their consent—and I underline that: without their consent—to increase, allegedly, hospital capacity. It's part of the ministry's stated plan, and this is what they've said they're trying to achieve, to move 200 people who have been in hospital for six months waiting for long-term-care beds, within the next three months, to a total of about 1,000 more by March 2023. By amending the Health Care Consent Act, this bill will provide authority for clinicians and placement coordinators to determine the eligibility for a patient to be transferred into long-term care, and that could be a location far, far away from their loved ones, from their caregivers, or it could be—and I think this is increasingly likely under this

government—to a private care home. It could be, as we have all discovered, unfortunately, in the great tragedy that overtook this province during the COVID pandemic, to a private care home that could offer substandard care.

Let me tell you, and I think we're all hearing it—I know we're all hearing it, and that explains, in part, why the government has been in damage-control mode this week. We've been hearing a great deal of fear out there from families with loved ones in this situation. I think many of us here at some point in our lives have experienced this, have had somebody in our families who were in long-term care. I certainly have. If we haven't, then we will. You can be sure of that. It's almost a given: At some point, you'll probably go through this with your family, if not yourself, right? We're hearing from so many of these families who have people in this situation right now. We're also hearing from seniors and others in long-term care themselves or in hospitals right now who are terrified, absolutely terrified, that they could end up separated from their families, from their support networks.

Rainer Pethke, who cares for his 95-year-old mother while looking after his own kids—and this is the other piece of this; it's often people who are sandwiched between those generations. He told CBC this week that his heart absolutely sank when he heard about the changes that were being made in this bill. And I wanted to quote him, because it really touched me: "My fear is they'll move her into some location, Lord knows where, where I can't support my son, I can't support her" and "eventually, I wouldn't be able to support even myself." And that is reflective in a lot of what I've heard from people in my community—similar concerns.

The Advocacy Centre for the Elderly issued a statement on this bill, and I want to quote it as well: "We oppose today's proposed amendments to the" legislation "revoking the right of seniors in hospital to consent to #LTC which will result in them being moved far from supportive family & community, again attempting to 'fix' health care to the detriment of #seniors."

The Minister of Long-Term Care has been working really hard to walk back this element of this bill this week, spinning that this power has already existed. So why include the change in the legislation then, Speaker? That's what I want to know. If this was already there, if they already—what is this all about? Really, I've been struggling all week to understand that spin. I cannot for the life of me get my head around it, because the fact in this bill is that most of the requirements, the criteria, the restrictions—even the geographic boundaries from within which ALC patients could be transferred into long-term-care homes is going to be determined in regulation. And what does that mean for those watching? That means behind closed doors, that's what that means. Everything in here that really matters is going to be determined in the regulations. That's my read on this bill.

**Mr. John Yakabuski:** Like every bill.

**Ms. Marit Stiles:** No, no, that's actually something that I think is very significant here. Because when this government spins their message—"Oh, well, read it; it doesn't really mean that"—the fact is, we have no guarantee of

what it means in the end, and we know what this government is trying to achieve. We know this government, from day one, has put the emphasis on lining the pockets of shareholders in the private, for-profit long-term-care industry ahead of patients and families.

Many, many people—I will say, as well, as I find it very concerning, although it's definitely been a trademark of this government over the last few years—are just hearing about what's happening, what's going to happen here. And the reason that they're just hearing about it is because, hey, it's summer. A lot of people are hopefully taking vacations or spending time with their families, maybe not paying attention to the news every second of every day. And the other piece of it is that the government is actually, once again, trying to rush this legislation through. And you'll know, anybody who's been watching what's been going on over the last few years, that this government has used every tool in the toolbox to try to limit the ability of opposition and the public to have their voices heard on debate and in discussion and to actually provide the time and the opportunity for real, fulsome debate and discussion and amendment of legislation, which is what we should all be here to do. We are legislators, right?

Ontarians who want to have their say on this bill won't even have time to participate in the legislative process in any kind of fulsome way because the minister has already publicly stated he wants the bill passed by September 1. So, Speaker, here we are once again faced with significant changes to our long-term-care system, to our hospitals, being rushed through the House with little review, little oversight and with most details, again, to be determined after it has passed. This Premier and this minister are asking vulnerable seniors and their loved ones to simply trust them to respect their rights, their health, their autonomy. Well, Speaker, I can tell you that we don't trust this government. I think most people do not trust this government. And, I tell you, where they really don't trust this government? They don't trust this government when it comes to long-term care because 5,000 vulnerable seniors died under this government's watch. This “just trust me” approach isn't going to fly.

This is a government and a Premier who claim to be building an iron ring—do we remember that? We remember that. They claimed to be building an iron ring around long-term care, while over 4,000 seniors died. They cut comprehensive inspections to a pitiful nine out of 626 long-term-care homes in 2019. Remember that? I remember that. They were cutting millions of dollars from long-term care even before the pandemic began.

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**Mr. John Yakabuski:** No, there were no cuts.

**Ms. Marit Stiles:** Absolutely, there were.

While low-paid PSWs and other care workers got sick or were forced off the job, we remember the army had to be called in to help. Their report—which these members don't even talk about; they don't even want to talk about it—identified absolute—

*Interjection.*

**The Acting Speaker (Ms. Patrice Barnes):** Order, the member from Renfrew. Thank you.

**Ms. Marit Stiles:** Speaker, I understand why it's getting under their skin; I do. It's not nice to—I don't want to think about this either. Those were terrible times.

Their report—and I encourage you, if you haven't done it, to read it. Please read their report, because it identified absolutely horrifying examples of neglect happening—and let's be very clear—predominantly in for-profit long-term-care homes. Those report findings: What did this government do with them? They ignored them, and they went even further: They blocked our calls and the calls of those families for a full public inquiry into long-term care—shameful.

Throughout the pandemic, there was a—and I just want to say, because the other interesting thing that was going on here—

*Interjection.*

**Ms. Marit Stiles:** —and the member opposite who's yelling at me might like this piece: During the pandemic, the other thing we saw was, while all those people were in those homes and while the armed forces were being called in, what was going on? A revolving door of Conservative staffers moving from ministers' offices into lucrative lobbying roles with private long-term-care corporations, and you'd better believe this legislation is a result of that.

Despite the death and the neglect that was so evident in the for-profit sector, many of those same corporations—again, let's not fool ourselves that this has nothing to do with the fact that so many of those Conservative staffers have moved into lobbying for those homes. Many of those same corporations were granted 30-year licence renewals—shame.

**Mrs. Robin Martin:** Point of order, Speaker.

**The Acting Speaker (Ms. Patrice Barnes):** Point of order.

**Mrs. Robin Martin:** The member opposite seems incapable of saying anything without imputing motive about why we've done certain things or what we're doing. Again, I would ask that the Speaker bring them to order. It's against rule 25(i).

**The Acting Speaker (Ms. Patrice Barnes):** I'd like to remind the member from Davenport, please, let's not impugn motive.

**Mr. Chris Glover:** They don't like being faced with the truth.

**Ms. Marit Stiles:** Yes, the truth is hard to hear.

Of the 30,486 beds announced by this government, more than half of them—16,304—were in the process of being allocated to for-profit corporations as of November of last year. This is this government's record. It's the record of a government that applies arbitrary caps on salaries of our front-line heroes. It's the record of a government that gifts shareholders of corporations that have failed our seniors—and that's why the chorus of criticism is growing across this province. That's why this government is working so hard to spin this a different way.

I want to be completely clear: This bill is going to be an absolute boon for the for-profit long-term-care sector. And

I want to add as well that I think we can expect that, due to those worse outcomes for residents in those homes, they will have much shorter wait-lists than non-profit and municipal homes. People don't really want to go to them, and they are more likely where those seniors are actually coerced to go. I think that's the saddest part of all this: As people have found that those for-profit long-term-care homes had such a terrible track record during the pandemic, folks don't want their parents to go there. They don't want their loved ones going there. But this government wants to send those seniors there so badly that they're willing to put in place legislation that will result in the coercing of those seniors to go into those homes. This is about dollars and cents. This is about profits. This isn't about patients. This isn't about creating more opportunities for other patients to move into those hospital beds.

This government's position has been that this bill is going to address hospital capacity, even if it's at the expense of the rights of patients. But this, like their plan to expand the use of private services in the health care sector, absolutely ignores the fact—and I mentioned this in my question to one of the members opposite previously—that this is a staffing crisis. This is about staffing.

I won't pretend that hasn't been a long-standing issue. We've seen government after government—certainly in the last 20 years—dealing with a staffing crisis in our hospitals and our long-term-care facilities. But that was without question made worse by the pandemic. And what was this government's response? To put in place some kind of arbitrary cap on the salaries of the very same people they call heroes, and then wonder why in these conditions they would be fleeing, desperate to get out of this sector. They're treated with such deep, deep disrespect.

The crisis has reached, without question, a breaking point. We've all talked about that in here. We've all heard it in our communities. The government here, though, is still refusing to address the root of the problem. I think that's what's so shameful about this legislation. Because you would think that in this moment the government would be looking for real solutions, not just solutions to footing the bills and padding the pockets of the shareholders of long-term-care corporations, no, but actually finding solutions that will mean that our loved ones get the care they need and, yes, are moved into the most appropriate care.

Their only solution, ever—and it's really mind-boggling—seems to be to look to the private sector, even knowing that it's going to drain money from a public system, exacerbate a staffing crisis and ultimately pad a system that we know failed Ontarians so badly in the pandemic.

I want to speak in the remaining moments that I have here about a better way, because this government could use the lessons of the pandemic to make historic changes to the way we deliver seniors' care. Ninety per cent of seniors would prefer to stay home. Providing publicly funded, quality, dependable home care would go a long way toward keeping people healthy in their homes and

keeping hospital beds and workers free to care for folks who are in need. But this bill doesn't mention home care, not even once, and it doesn't put forward a single idea to expand it.

Perhaps the most effective way, I want to add as well, to improve seniors' care would be getting the profit out of long-term care. The government could have chosen to meet the growing demand and reduce the wait-list and wait times by expanding the not-for-profit and municipal sector, where funding goes to patient care instead of padding the dividends of those wealthy shareholders I've spoken about.

I wanted to add: There's a new culturally sensitive long-term-care home and affordable housing development that's being planned to be built in my community for Portuguese-speaking seniors. It's been in development for years, but we need it built yesterday. Under the current system that's in place, they can't access provincial funding until the building is completed. They're continuing to work. They're spending so much time—the community has been working on this for years, fundraising like crazy, while seniors in our community wait. And now what this government is telling us with this legislation is that those seniors might not end up even in Toronto. Gosh knows where they could end up if this bill is passed. And their families could be coerced into that, based on what this government decides to put in those regulations. Again, do we trust this government to put the interests of those seniors and vulnerable people ahead of padding the shareholder pockets? No, we do not. It's really unacceptable.

I spoke in my response to the throne speech recently about the need for humility from this government instead of hubris. This is an opportunity to get this right. What this government has presented in this legislation is a lost opportunity. It's very unfortunate.

1640

Listen to seniors. Listen to advocacy groups. Listen to the health care workers who are telling you that this legislation will harm people, not help them. Bring some transparency forward instead of hiding the changes in your still-to-be-announced regulations; how about that?

Seniors in Ontario deserve dignity, respect and agency. This bill is going to affect some of the most vulnerable seniors out there, especially those with dementia—

**The Acting Speaker (Ms. Patrice Barnes):** Thank you. Pursuant to standing order 50(c), I'm required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader directs the debate to continue.

**Hon. Paul Calandra:** I think we can allow it to continue.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Davenport.

**Ms. Marit Stiles:** I have a minute left, so I'll make the most of it.

As I was saying, seniors in this province deserve dignity and they deserve respect. What this bill will do—again, it's this “just trust us” approach with a government that has given us and Ontarians absolutely no reason to trust them. It's going to target the most vulnerable among us.

I would urge the government once again to expand the opportunity for these folks to come and speak to you. Reach out to those people who are going to be most impacted. Listen to what they have to say. Do something to actually improve working conditions and pay for nurses and other front-line health care workers, because that will do more than anything that this bill will accomplish.

We have a responsibility to make sure that we don't divide our most vulnerable residents from their families and from the care they deserve. I would encourage the government to take a second look and do something more positive with the opportunity they have here.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Richmond Hill.

**Mrs. Daisy Wai:** I'm sitting here very disappointed with what I have been hearing for the whole afternoon. I was hoping that the House leader would just call it off because we are not really debating.

This is an important bill, the More Beds, Better Care Act. I'm sitting here waiting for the debate, waiting for some good answers from the opposition. But from what I'm hearing, they are not focusing on the bill. We care for the seniors, but they're talking about something else. Rather than focusing on long-term care, they're talking about community care—which we care so much about and we definitely will want to work on that. That is not what we are debating and what we are discussing today.

The other thing too is, I've heard all the members giving different kinds of information that, “This is incorrect. This is incorrect.” They keep on bringing it back. That is not right—

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Stop the clock.

I'll remind the members that we're in this debate. Can we just keep the room respectful and keep chatter down, please?

Response?

**Ms. Marit Stiles:** I appreciate the member's comments. I didn't hear a question, but if I may just say, I think that my comments on this legislation were about 18 minutes on long-term care and this specific legislation, which I've read carefully. I've been actually trying to figure out where the government sees this—I'm trying to understand the government's arguments, which I think are very ill-placed. I spoke to that for about 18 of the 20 minutes I had.

I spent two minutes talking about home care because that's what seniors want: They would like to stay in their home, at least in my community, and I think, from speaking to seniors, across this province. So I would urge the member opposite to take a moment to really read this legislation and consider what's not said here and what's

going to be determined in regulations because I think that is what is concerning to most Ontarians.

**The Acting Speaker (Ms. Patrice Barnes):** The member from—hold on, I've got it. Hamilton West—

**Ms. Sandy Shaw:** Ancaster–Dundas.

**The Acting Speaker (Ms. Patrice Barnes):** —Ancaster–Dundas.

**Ms. Sandy Shaw:** Thank you, Speaker. I also want to thank the member from Davenport for that impassioned plea in defence of our seniors. It cannot be said often enough: 5,000 seniors died in long-term care under this government's watch. And now we have a bill that—to the members of my constituency, get this straight. If you have a grandmother or mother in hospital, this is what this bill will let happen: Without her consent or the family's consent, she can be assessed. Without her consent or the family's consent, they can be assigned and admitted to a long-term-care home, whether it's a long-term care of their choice, whether it meets their care, whether it is for-profit or not. The only thing it doesn't give them consent to do—and it's written right in the bill—is “to restrain an ALC patient to carry out the actions.” So they can do everything to coerce them, short of putting handcuffs on grandmother and sending her to a long-term-care home not of her choice.

Why would this government treat our seniors so cruelly after all they have been through?

**Ms. Marit Stiles:** I'd like to thank the member from Hamilton West–Ancaster–Dundas for that excellent question. I think the simple and quick answer to your question is, the reason they would do that is because it will ensure that the for-profit long-term-care industry, which has, I would say, suffered maybe a little bit because people don't want their relatives to be sent into those facilities because they saw the terrible results in the last pandemic when 5,000 people died—and this government is looking for a way to make sure that those patients can go to those facilities so that the shareholders continue to make a profit. I think that is very unfortunate, and it is actually why we work so hard to try to move the profit out of health care and long-term care and focus on patients.

It's a low bar to say that the only thing that this government has put in this legislation that they're preventing is the actual physical restraint of individuals. But, unfortunately, it is a low bar, because what we think is going to happen is that people will be coerced using other means.

**The Acting Speaker (Ms. Patrice Barnes):** I recognize the member from Eglinton–Lawrence.

**Mrs. Robin Martin:** Thank you, Speaker, and thank you to the member opposite for her contribution to the debate. The members opposite, as a whole, have been saying to this government, “Do something about crowded emergency rooms and closing emergency rooms,” and yet when we added 3,500 new hospital beds, they opposed that. Then, when we said we were going to add another 3,000 hospital beds, they opposed that.

What I'd like to know is just how you expect people to be able to get into the hospitals if nobody is leaving the hospitals and you don't want us to build any more beds.

**Ms. Marit Stiles:** Thank you to the member from Eglinton–Lawrence for that question. Again, and I mentioned this in my comments, talk to anybody in a hospital right now—I'm speaking to people in hospitals in Ottawa, in Toronto, in other parts of this province lately—about what the issues are. What they will tell you without exception is that the issue right now is a staffing crisis. It is a staffing crisis.

Our health care workers—the same people this government and these members stood up and proclaimed were heroes during the pandemic—have been hit hard with an arbitrary wage cap, while the cost of living is increasing for them, they're living with PTSD from the experience of COVID, for goodness' sake, and they're overwhelmed, overworked.

We have a staffing crisis. If this government wants to actually do something to deal with the crisis in our hospitals right now, they would be addressing that. Repeal Bill 124.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Scarborough Southwest.

**Ms. Doly Begum:** I want to thank the member from Davenport for her passionate speech and for sharing with us exactly what many seniors in our province have gone through throughout the past couple of years, as well as the reality that we've had in this province and the deterioration in our long-term-care sector.

1650

One of the things we're noticing—and it's clear from the member from Eglinton–Lawrence's question—is that this bill doesn't actually address the crisis we're facing in long-term care or in health care in general. Rather, it's just something they have put forward which takes away consent, takes away patients' rights.

One of the things I think is important to highlight is that clearing ALC beds will not actually free up nurses or doctors. I would like the member to maybe add a little bit on why this government might be doing this. Does it actually do anything for our health care crisis or what's happening in long-term care?

**Ms. Marit Stiles:** Thank you so much to the member from Scarborough Southwest for that excellent question, and thank you for all you do for your community as well. I'm always hearing about the extraordinary work you're doing there to serve folks from your community, many of whom are, I know, coming to you with the same issues and concerns about this legislation, about their family members, about the state of our health care system and long-term care. As you mentioned, one of the real issues here is the protection of patient rights.

But why is this government doing this? To save the for-profit long-term-care industry from financial ruin. That's why they're doing it. That would be my assumption. Again, I won't, I can't speak for them, but if you look at what's going on in the industry right now—

**Interjection:** That's imputing motive.

**The Acting Speaker (Ms. Patrice Barnes):** That is imputing—

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Question?

**Mr. Amarjot Sandhu:** I really wish the member from Davenport had shown the same passion for the last 15 years when they were playing friendly matches with the Liberal government. They did nothing to improve the quality of health care and long-term care when they had the opportunity, for the last 15 years.

There's no government in the history of this province that has invested more in health care and long-term care, Madam Speaker—unprecedented investments. If I talk about my community of Brampton, we got two new long-term-care homes, the long-term-care homes that community was demanding for many, many years: culture-based long-term-care homes. And who delivered this? This government delivered those long-term-care homes. So we are the government that will leave no stone unturned when it comes to improving the quality of health care and quality of long-term care.

My question to the member opposite is: Why, when given the opportunity to support this commitment, did the member opposite vote against it?

**Ms. Marit Stiles:** Just to answer directly the question from the member from Brampton West: First of all, I would not support this government's agenda to line the pockets of for-profit long-term-care companies or to privatize health care or to remove the consent and rights of patients in our hospitals. No, I will not be supporting that. And no stone unturned? Try repealing Bill 124.

**The Acting Speaker (Ms. Patrice Barnes):** Further debate?

**Mr. Mike Harris:** Thank you very much, Madam Speaker. I will say it's an absolute pleasure to see you in the chair, and congratulations on your nomination as Acting Speaker.

This is exciting for me. It's my first time to get up in the 43rd Parliament and take part in debate. It's been, dare we say, an interesting afternoon here in the Ontario Legislature. I just want to congratulate everybody. Welcome back. To the folks who were re-elected multiple times here to this place, congratulations. And of course, to all the new members that are here—including yourself, Madam Speaker—welcome to the people's House. I think it's very important that we remember, truly, that it is the people's House and that we really do try to work together and address concerns and all try to make the place we call home, the beautiful province of Ontario, a better place.

While we may not always agree, we can discuss our differences of opinion peacefully, and at the end of the day, we can go home safe to our families. I think that is something we often take for granted here in the province of Ontario.

Speaking of families, I want to thank my family for their support. I know that a few of them are actually watching right now, so: Hi, everyone back at home.

I look forward to, like I said, getting to know a lot more about your families, especially the new members here.

*Interjection.*

**Mr. Mike Harris:** How are you? Hi. It's great to see some of the maiden speeches we've heard so far and really get a sense of what has motivated people to come here, what drives them and, really, why they put their name forward for election.

Let's get into a bit of the reason we're here today. I think, obviously, it's important. I want to highlight a few things. I'm working on the kinder, gentler Mike Harris. I know it's strange for a lot of people in this Legislature to hear those words come out of my mouth.

*Interjection.*

**Mr. Mike Harris:** Thank you. I appreciate it.

But I think today may not be the day for that, based on some of the conversation that I've heard. I want to spend a little portion of my remarks here highlighting, quite frankly, the lack of progress that the previous NDP-backed Liberal governments have done, and really, a lot of the different recommendations that have been brought forward that they have consistently ignored and have not acted upon. To contrast this, I'll mention some of the ways our government is taking action to improve long-term care and health care overall across the province of Ontario.

Bill 7, of course, is the subject of the day, but legislation does not exist in a vacuum, Madam Speaker. We must note the context in which any piece of legislation exists, of course the broader history of the issues it seeks to address, and what other actions the government is taking to address the matter at hand.

It's important to note that the More Beds, Better Care Act is one part of our plan to improve outcomes for patients and their families across this province. Our government has introduced its Plan to Stay Open: Health System Stability and Recovery, a five-point plan to provide the best care possible to patients and residents while ensuring the resources and supports are in place to keep the province and economy open. I think that's very important, given what has happened over the last couple of years, Madam Speaker. The plan further bolsters Ontario's health care workforce, expands innovative models of care and ensures hospital beds are there for patients when they need them. Finally, I will discuss what our government is doing specifically in my riding to improve long-term care.

Before we get into the nuts and bolts of this bill, I want to discuss some of the history behind this issue and how we got here. Unfortunately, we can look back several years and see warning signs that were ignored by the previous Liberal government. I would love to see them stand up and refute any of this in questions and comments today. I think it's really important that they participate in debate here as well.

Let's go back, roughly—well, here, let's see—seven years ago. In 2015, Donna Rubin, the CEO of the Ontario Association of Non-Profit Homes and Services for Seniors, gave the following reaction to the Wynne Liberal government's budget's failure to increase the hours of care residents received: "Clearly, long-term care was far from a priority in this budget. It's particularly disheartening because this is by no means a new need. This is the same

target recommended in the government-commissioned Sharkey report"—which we're going to refer to a couple of times here—"on long-term care" that goes back as far as 2008, "and that same report recommended that 4.0 hours of care be achieved by 2012." Just to remind everybody, it's now 2022. The target was right then and there, and it still applies.

Prior to our government's investment to increase direct care, residents were receiving an average of two hours and 45 minutes of direct care from registered nurses, registered practical nurses and personal support workers. Direct care is hands-on care that includes personal care, such as helping with eating, bathing and dressing, as well as other important tasks like helping residents move around, maybe getting to the bathroom, and of course providing much-needed medication. Our government is investing \$4.9 billion—I'll say it again: \$4.9 billion—over the next four years to increase direct resident care to an average of four hours a day by 2024-25 through the hiring of more than 27,000 new health professionals.

This year, our plan will see an investment of \$673 million to provide three hours and 15 minutes of care per resident per day. In 2023-24, it will increase to \$1.25 billion to increase that time of care to three hours and 42 minutes. And then, finally, by 2024-25, our plan will see an investment of \$1.82 billion to bring direct care up to that standard of four hours a day that for so long, since 2008, has been recommended and still was not provided. This is actually, I think, really interesting too: Ontario is the first jurisdiction in Canada to commit to this standard-of-care legislation.

**1700**

Speaker, you may have heard members on this side of the House refer to the Sharkey report before, which I previously mentioned. This report was commissioned by then-Premier Dalton McGuinty and his government. It included recommendations to boost standards of care to four hours per resident by 2012, and here we are in 2022. Obviously they did not get this done by 2012, nor did they get it done during the next decade—decade—that they were in power, which is truly shameful. The Liberals were well aware of these issues since 2008, and they were consistently ignored by the then McGuinty and Wynne governments.

In 2007, a Toronto Star article said the following: "Ontario needs minimum standards of care in nursing homes that give seniors the 'dignity and respect' they deserve." That is a quote, if you can believe it, by then-Premier Dalton McGuinty. Then they were in power for another decade, and still did nothing. They did nothing about it. It certainly sounds good, but like I said, what actually happened: They didn't introduce a single bill to legislate the standard of care during the next decade that they were in power.

Speaker, let's go back a little bit further. A former Kitchener-Waterloo MPP and health minister, Elizabeth Witmer, took the McGuinty government to task over long-term care back in 2006. In this very Legislature, the former member called on the Liberals to address what she called

“a growing crisis” in the lack of long-term-care beds. That member also highlighted another critical issue that the Minister of Long-Term Care was seeking to alleviate in this bill, and that is the pressure placed on hospitals by the lack of long-term-care beds. To put things in perspective, 2006 was the year a very new website called YouTube rose to popularity. I know that the member across the way, from Brampton, is very excited to hear what comes next. I’m not even sure—was he born at that point?

I want to quote Ms. Witmer here, because I think it’s very important:

“This shortage of beds is not only affecting the people waiting, but it is drastically affecting other areas of the health care system, especially hospitals, where many beds are filled with patients waiting for a bed in a long-term-care home. As a result, surgeries are being postponed or even cancelled and patients are waiting hours or days in emergency rooms because there is no bed for them in the hospital”—which, sadly, over the next decade, again, the Liberals ignored.

More than a decade later, hospitals in Ontario were still struggling to provide beds for incoming patients, due to the backlog of patients waiting for more appropriate long-term care. I’m going to read one more quote from the former member from Kitchener–Waterloo, and I would like to include just a quick snippet about the—at the time former Premier—everyone likes to bring him up, so we should bring him up again; I think he did a pretty good job—Mike Harris.

I think this is critical, and we mentioned this a little bit earlier. It’s critical to understand the parallel between the Bob Rae government, the then Conservative government, and then what happened with the Liberals and now what we see with this Conservative government. Quoting Elizabeth Witmer:

“It was our government”—this is speaking of the Conservative Harris government—“that added 20,000 long-term-care beds to the system because the Liberals and the NDP hadn’t built any”—Madam Speaker, zero. “It was our government that invested \$1.2 billion in community care services and long-term-care beds.” So it is, unfortunately, a sad reality that the Liberal government failed to listen to countless calls for action to build enough long-term-care beds and raise the standard of care for Ontario’s aging population.

On this side of the House, we can stand behind our track record of getting it done after years of inaction of the Liberals and the NDP. We cleaned up the mess that was left by the Bob Rae government, and we will clean up the mess that was left for us by the McGuinty-Wynne Liberals.

Now, Speaker, we have heard speculation from the opposition about what this bill could mean for residents and their families. I would like to take a moment to address those questions. Here is a headline from an article that was on the front page of the Waterloo Chronicle’s website just yesterday: “No Ontario Hospital Patients Will Be Moved to Nursing Homes Without Consent, Long-Term Care Minister Says.”

This was the headline in the newspaper. I think it’s very, very important, because the opposition keeps bringing these things up when, quite frankly, the minister has been very clear. He is also quoted as saying, “It simply does not work unless we involve the families, unless we involve the patients ... it is the patients who will have the opportunity to grant final consent.” The article goes on to describe the backlog of senior patients in hospitals awaiting nursing home beds as a long-standing problem in Ontario known as the alternative-level-of-care beds—of course, ALC beds.

In fact, the article links to a Toronto Star story from 2017 with this headline: “Surge in Patients Forces Ontario Hospitals to Put Beds in ‘Unconventional Spaces.’” This article does a good job of explaining the issue that the bill seeks to alleviate. I’m just going to quote a little bit more from that article: “When ALC patients can’t be discharged, there are fewer beds available for those admitted to hospital from the emergency department. That makes for a particularly bad combination when there is a big influx of patients on that end....”

Keep in mind that this article, again, was written in 2017. A responsible government would have taken the appropriate steps to address this issue immediately. Instead, once again, Madam Speaker, the problem was ignored, leaving our health care system more vulnerable as we entered the pandemic in 2020.

We cannot and will not—I repeat, will not—make the mistakes of previous governments. That is why our government brought the House back this summer to make real progress on a problem that has existed for many years. With Bill 7, hospital discharge planners and long-term-care placement coordinators will be encouraged to engage with patients or substitute decision-makers to explain that a patient no longer requires hospital care and benefits from transitioning to a long-term-care home. Patients will only be admitted to a home that meets their care needs and is within a defined geographic distance from their preferred location and proximity to family, friends and loved ones.

In response to this bill, opposition members have raised concerns about the capacity of long-term-care homes. One would hope that those members will support us as we increase funding to long-term care to boost capacity by hiring more staff and building more beds. As we boost capacity we will be able to get more patients into the long-term care that they deserve instead of waiting sometimes several months in hospital beds.

The Minister of Long-Term Care has said that this will only work by involving patients and families. Not only will patients and families be involved in this process; long-term-care homes themselves will get a say as well. Bill 7 states that a licensee of a long-term-care home “must ... approve the ALC patient for admission as a resident of the home after reviewing the assessments and information provided by the placement co-ordinator, unless a condition for not approving the admission listed in subsection 51(7) is met.”

A subsection of the Providing More Care, Protecting Seniors and Building More Beds Act states that homes

“shall approve the applicant’s admission to the home unless,

“(a) the home lacks the physical facilities necessary to meet the applicant’s care requirements;

“(b) the staff of the home lack the nursing expertise necessary to meet the applicant’s care requirements.”

So to make it clear, long-term-care homes will not be forced to accept patients if they cannot meet their individual care needs. I think that is another very important part of the bill that has been overlooked. Like I said, we’ll do this responsibly, with input from patients and their families, as well as medical experts, to deliver the care that seniors deserve, while ensuring there is space in our hospitals when it is needed. Ultimately, it will be the patients and their families who get to make the final decision.

Previously, patients would give their homes of preference to their health care providers, and they would simply wait for a space to open up in their specific preferred home, and would stay in hospital during that time. If spaces opened up in homes that were not on their list, the patient would continue to be in the hospital without being made aware of alternative options.

1710

What we are proposing is to keep that work and that conversation going. We want to ensure that everyone has the option on the table, for patients waiting for more appropriate care. While they wait for their first-choice home to become available, why not let our patients know about other available spaces that they can receive care in until their preferred space becomes available? Again, the patient will remain in hospital if they refuse to be moved to an alternative space. This is simply about providing more options for patients while they wait for their preferred space to become available. If they would prefer to stay in hospital and wait for their top choice, they can. But they will be given every opportunity to move to an alternate space while they wait. Keeping that conversation going will lead to better outcomes for seniors all across Ontario.

Speaker, I’ll tell you, I’m proud to be part of a government that is improving care for our seniors by hiring more staff, delivering more beds and providing better care for the people of Kitchener–Conestoga. We are building 176 new beds and redeveloping 48 beds in Elmira. Derbecker’s Heritage House in St. Jacobs will receive 56 new and 72 redeveloped beds. Also in St. Jacobs, this means 160 brand new beds at a brand new peopleCare facility. In Kitchener, we’re building 80 new beds and redeveloping 240 beds at Forest Heights. Finally, in New Hamburg, Tri-County Mennonite Homes’ Nithview Community will receive 95 new beds and 97 redeveloped beds. And that is just in my riding alone. We are building more beds and providing better long-term care right across Waterloo region and, quite frankly, the entire province.

We’re hiring more nurses, more personal support workers and doctors. We’re building the first new medical school in Ontario in over 30 years, in Brampton, to train more doctors here at home. These are all key components

of our plan to stabilize Ontario’s health care system, not just now but into the future.

As actions of this plan are implemented in the coming weeks and months, Ontarians can expect to see faster access to health care, including lower wait times in emergency departments, lower wait times for surgical procedures and more care options right there in their communities. The More Beds, Better Care Act is one component of our plan to address issues that have been developing for many years across the health care sector. We owe it to our seniors to provide appropriate care instead of leaving them in hospitals for months on end.

Our hard-working hospital staff do incredible work, from custodial staff to nurses to doctors, but a hospital is no place to live. For too long, a lack of capacity in Ontario’s long-term-care sector has placed an undue burden not only on our hospital system but also the patients waiting for appropriate care beds to become available.

As I have explained today, we inherited a system from the previous government that was aware of this issue but did nothing about it for decades, as our population ages. Ontarians have sent us back to this people’s House with a clear mandate and an even clearer mission, and I am happy to be able to stand up here and get it done for the people of Ontario.

**The Acting Speaker (Ms. Patrice Barnes):** Question?

**Mr. Chris Glover:** I appreciate the comments from the member for Kitchener–Conestoga. But his history is selective, because the NDP government—the last time we were in power, we actually brought in a seniors’ bill of rights, we brought in mandated residents’ councils in all long-term-care homes to represent the rights of residents, and we also mandated hours of care and also inspections. The Conservative government that came in in 1995 stripped all of that away, including the seniors’ bill of rights.

This bill goes even further. This bill is about “without consent.” It uses the term “without consent” six times, and it has a list. Some 20% of the text of this bill is a list of 13 items or things that this government is empowering people to do without the consent of the resident seniors. So will this member admit that his government is not at all interested in protecting the rights of seniors in long-term-care homes?

**Mr. Mike Harris:** Thank you to the member from Spadina–Fort York for the question. Listen, it’s important if we’re going to look back in history to understand that it’s really great that maybe the NDP government—and I will say again, the one and only time there has been an NDP government here in the province of Ontario—put those things into place, but quite frankly, they contributed to the problem that we have now. They developed no new spaces, and it has put us into a position where the Conservative government that followed that up had to scramble and try and do what they could to move that forward, in building 27,000 new beds and contributing \$1.2 billion. At the time, that, quite frankly—and it still is a lot of money. So for that member to get up and say that

we should be taking lessons from the NDP—I just don't think it's the case.

**The Acting Speaker (Ms. Patrice Barnes):** The Minister of Energy.

**Hon. Todd Smith:** Thank you, Madam Speaker. It's a pleasure to see you in the chair.

I just want to comment on the remarks from my friend from Kitchener–Conestoga—very thoughtful remarks, looking back into history.

We've just heard a member of the NDP talk about the legacy, from his eyes, on what the one NDP government was able to accomplish. But I know that the member from Kitchener–Conestoga would probably have his own version of the legacy that the NDP government of Bob Rae left on our province. I was just wondering maybe if he'd be interested in enlightening us with the real story behind Bob Rae and that government and the mess that they left for the Premier to fix back in those days.

**Mr. Mike Harris:** Thank you to the Minister of Energy for such a great question. I think if we look back at the dismal record that we saw from the then NDP government and then-Premier Bob Rae, it got to the point where the previous government—and again, we don't want to conflate—when you look at dollars then versus dollars now. But it left Ontario with, at the time, the largest deficit in Canada's history, an \$11-billion deficit under the Rae government. Not only that, but the Minister of Energy may remember that things were so bad during that, again, one time the NDP has been in government that they actually had to ask public sector workers to take a day off because they couldn't afford to pay them.

**Interjection:** What was that called?

**Mr. Mike Harris:** Rae Days, everybody—Rae Days.

Thank you very much to the member for raising that, because I think it is very important for people to understand, and, well, as we've seen, the caucus keeps shrinking on the other side of the House.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Davenport.

**Ms. Marit Stiles:** I've been listening to the member from Kitchener–Conestoga's comments. The member wants the official opposition to support this legislation. Earlier today, the interim leader of the official opposition asked the Minister of Long-Term Care in this place if he would ban hospitals from billing for hospital beds for people who continue to stay there. And the member opposite talked about if people prefer to stay, they won't—the long-term-care minister refused to answer that question. It was very notable.

Afterwards, in scrums—and I want to just share this with everybody here, because it's coming out in the news reports as we sit here—the minister has been quoted as saying now, “If they refuse to move into their home of preferred choice, then yes, absolutely,” the hospital will charge them, “because we need those spaces for patients who need acute care.” The Minister of Long-Term Care has confirmed that those patients will be billed if they don't take the spaces that are immediately offered to them.

I'd like to know the member's response. Please, give me a reason to support this terrible piece of legislation.

**Mr. Mike Harris:** I think the reason that the opposition should support this—

**Ms. Marit Stiles:** Why are you billing them?

**Mr. Mike Harris:** If the member from Davenport will let me continue, it would be great.

We need to build more long-term-care beds here in the province of Ontario. We also need to be able to free up as much space in our hospitals as possible, especially when we look at what—

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Order.

The member from Davenport—thank you.

**Mr. Mike Harris:** Thank you, Madam Speaker.

If you'll let me continue, when we look at we look at what's happening across the province, we still have an opportunity to really bolster what we're doing with our health care system. If we continue down the same path that we've continued down for the last 20-plus years, we're going to end up having the same results. We need to be innovative. We need to make sure that we're doing the best that we can for the people of Ontario, and this Doug Ford government will continue to do that every single day.

1720

**The Acting Speaker (Ms. Patrice Barnes):** Questions?

**Ms. Christine Hogarth:** Thank you, Speaker, and congratulations on your appointment to the chair.

I just want to thank my colleague from Kitchener–Conestoga for those wise words that we heard today, going back in time. We all have parents who are aging, or are at the age that our parents are aging, and you want to make sure that they have that care as they grow older and they have a place to go that is secure, that is safe. Because it's about compassion, as we've said. We want to take care of our seniors and we want to make sure that they're looked after. So I thank them.

But I want to thank the Minister of Long-Term Care for the 256 brand new beds that we're getting in Etobicoke–Lakeshore. I know that the member for Kitchener–Conestoga mentioned the new long-term-care beds in his community, and I know, all across this province, we have all received long-term-care beds under the Doug Ford government, not under the previous government, propped up by the NDP. Zero beds were put in Etobicoke–Lakeshore. Zero beds were put in Etobicoke altogether. Very few beds were built across this province. It's this government that got it done.

My question to the member of Kitchener–Conestoga is, how will Bill 7 play a role in supporting Ontario's broader health care plan?

**Mr. Mike Harris:** That's a great question. I think that's really what the crux of this bill does. When we look at what's happened over the last couple of years with the COVID-19 pandemic, it's really, really highlighted some of the issues that we have in our health care system here in the province of Ontario. And a lot of that revolves around alternate-level-of care, or ALC, beds. We need to be able

to make sure that people that are using those beds and taking up those spaces are there for the right reasons. If there's an opportunity to make sure, or allow, those people to move out into a long-term-care home—or perhaps it could be community care. It could be all kinds of things, colleagues. We've made some significant investments into the broader health care system. We've got a great program working with paramedics in Waterloo region.

Thank you to the Minister of Health and thank you to the Minister of Long-Term Care for really taking the bull by the horns and making sure that we're able to bolster a very strained health care system here in the province of Ontario.

**The Acting Speaker (Ms. Patrice Barnes):** Quick question, quick response?

**Hon. Paul Calandra:** Again to the member: One of the things that we saw during the previous 15 years was that no beds were built across the province of Ontario—some 611—with the support of the NDP. How has that contributed to the challenges that we're facing in acute care in the province of Ontario?

**Mr. Mike Harris:** And, again, we look at what happened: 611 net new beds—I think that's it—in the tenure of almost 15 years of the Liberal government, which I will remind was supported for quite some time by members of the opposition that sit across from us now, the NDP opposition. It has put us in a very vulnerable place. We are at a critical point with what's happening with our health care here in the province. We need to make sure that we're able to give our hospitals all the tools that they need to be able to deal with challenges that could arise over the next couple of years, and moving into the future and being prepared for what's to come.

Again, thank you to the Minister of Long-Term Care for really realizing that there is work that can be done, and I'm very excited to see these things go forward.

**The Acting Speaker (Ms. Patrice Barnes):** Further debate?

**Ms. Doly Begum:** I appreciate the opportunity to speak to this bill, Bill 7, the More Beds, Better Care Act.

**Mr. John Yakabuski:** Oh, we're into 10-minute rotations. So it's 10 and 10?

**Ms. Doly Begum:** It's great to have my colleague from Renfrew–Nipissing–Pembroke back again to heckle me. I'm going to look forward to that.

I'm also very excited to debate this bill because I have heard from quite a few of my colleagues this afternoon. It's been an interesting afternoon—I have to agree with the member from Kitchener–Conestoga on that point—because while we were debating, I actually got an email from a constituent. This is what they wrote:

“Please try to stop this from happening!

“This is gross and atrocious! To think, I or members of my family could end up Lord knows where, ALONE, in any kind of a crappy facility, with no family to advocate for me. Please!

“And, announcement made this morning, law introduced this afternoon! What's wrong with this picture? He should drop Bill 124 and pay staff properly, treat them

properly. Don't shuffle old people around like cattle to make the staffing situation look better. Shame on him!” That was the quote in an email that I got just while this debate has been happening.

I begin today with this legislation. I have read it carefully. I have read it multiple times. I actually left a copy in my office, so I got another copy from the Clerks here to make sure that I had all my notes correct as well, because when I look at this bill, More Beds, Better Care Act, I think what we should actually call it what it is, the warehousing seniors act, instead of the title the government has given.

What I want to do, Speaker, is start off with the explanatory note because I think everyone in Ontario—and some of my esteemed colleagues—may benefit from hearing the explanatory notes. It reads, “The bill amends the Fixing Long-Term Care Act, 2021, to add a new provision for patients who occupy a bed in a public hospital and are designated by an attending clinician as requiring an alternate level of care”—ALC. “This new provision authorizes certain actions to be carried out without the consent of these patients”—without the consent of these patients—first page.

And it goes on to say, “The actions include having a placement co-ordinator determine the patient's eligibility for a long-term-care home, select a home and authorize their admission to the home.” This is the care coordinator. “They also include having certain persons conduct assessments for the purpose of determining a patient's eligibility, requiring the licensee to admit the patient to the home when certain conditions have been met and allowing persons to collect, use and disclose personal health information, if it is necessary to carry out the actions.”

Let me just read the certain limitations that do apply: “The actions cannot be performed without first making reasonable efforts”—so you know what, Speaker? Yes, it does say that. It does make reasonable efforts, and we know from the way people have been treated—so many of our seniors who have been treated in long-term-care homes, the type of food they receive to the way they have been left alone for hours and days. We know that sometimes things can be a little bit muddy when we talk about “reasonable efforts” when it comes to treating seniors.

It goes on to say—“reasonable efforts to obtain the patient's consent. If consent is later provided by an ALC process, the parts of the process that have been consented to must be in accordance with sections 49 to 54 of the act, subject to the regulations.” We don't have this and the regulations will dictate some of that as well.

“The section does not authorize the use of restraints”—which is what we have been saying on this side of the House, Speaker. We understand that you will not tie down grandma or grandpa and force them out on a gurney, but that's okay because you're still forcing them by other means. “The section does not authorize the use of restraints in order to carry out the actions or the physical transfer of an ALC patient to a long-term-care home without their consent. Regulation-making powers are set

out in relation to this new provision and the actions it authorizes.”

Those are the first two paragraphs of the explanatory note of this bill, Speaker.

I know some of my colleagues have been arguing back and forth, and I know people have been watching and sending us emails and messages wanting me to point that out because there has been some confusion, or an attempt to create confusion, so I wanted to get that out. I think it’s very important for us to understand what this bill actually talks about when we talk about consent, when we talk about restraints, when we talk about coercion and the types of treatment that we’re actually putting our seniors up to and what it really means for so many of our loved ones who may be in this situation and how they may be treated—not to mention the financial barriers that they will face.

Speaker, this bill essentially allows hospitals and long-term-care homes to use and disclose ALC patients’ health information as needed to facilitate the transfer, and it’s very important to point out because hospitals—even though the whole idea of patient consent, and as the Minister of Long-Term Care pointed out, that provision of keeping patients and if they’re charged is part of a different bill, different legislation, from years and years ago. That was used as a last resort. But unfortunately, what happens is that now we’re at a point where they’re actually giving a bill which allows for it to be used any time, as necessary. So when we look at this legislation and the impact of it, it will have just disastrous results, especially when we look at the profit-making aspect of so many long-term-care homes.

1730

I can’t believe I have three minutes left. What I want to do is just point out a few things. In this bill, while we take away rights of patients, we’re giving more rights to long-term-care homes to actually refuse patients if they want to. What does that mean? We are telling patients that if they, for example, by the staff coordinator—and by the way, they’re not assessed by the doctors or the nurses; they’re assessed by the coordinators. If they’re determined to be placed in a home but the home refuses them, then they will not be placed.

One of the biggest issues that we are going to face is that so many of these patients will end up in homes that are not close to their family members, which is one of the biggest issues that they may face.

We have also heard from people who have been charged already. This morning, my colleague talked about someone who has been charged almost a quarter of a million dollars. One of the things that the government talks about is how this side of the House is fearmongering when it comes to this legislation. But what about the fact that so many people—it’s from, let’s say, \$60 to about \$1,500 per night if they refuse to go to the home that was determined for them.

I realize that I’m running out of time. I want to quote—because it’s not just coming from me; there are people across the province, there are advocates across the

province who are terrified of this legislation. I want to quote Natalie Mehra from the Ontario Health Coalition, an organization that I had the opportunity to work with before I became an MPP. She says, “The bottom line is the Ford government is using the health care crisis to privatize Ontario’s public hospital services and to push seniors out to fill long-term-care beds in the worst nursing homes that no one wants to go to because they have terrible reputations, most of them for-profit. It is all couched in very carefully selected and manipulative language, but the actual policy changes they are proposing are clear and they clearly benefit for-profit companies at the expense of patients, particularly seniors.”

Speaker, we have seen how many for-profit homes benefited throughout the crisis when their CEOs, for example, got bonuses and yet PSWs and nurses did not get the support that they needed or paid sick days, or the fact that they are still fighting for their rights in their workplaces and yet we’re talking about these for-profit homes benefiting.

Unfortunately, I’m out of time, so I just want to say thank you very much. I hope that all members in this House read this legislation carefully and understand how dangerous these provisions are and what they mean for our loved ones, especially our seniors, who are the most vulnerable people in this province. We have lost more than 5,000 seniors throughout this crisis, and many of them didn’t die from COVID; they died from dehydration, from malnutrition, from lack of care.

And Speaker, I plead—I am begging this House to reconsider, to make sure that we’re—

**The Acting Speaker (Ms. Patrice Barnes):** Thank you.

Question? The member from Carleton.

**Ms. Goldie Ghamari:** Thank you, Madam Speaker. It’s great to see you in that chair.

I’ve heard the member opposite talk about how this bill will force patients in ALC into long-term-care beds far from their families and loved ones. I’ve heard them talk about how this bill will force them to live in ward rooms with three other residents. I would remind the members opposite that it was our government that made the investments to modernize long-term care and eliminate these ward rooms. I would also like to remind the members opposite that this bill will include regulations to ensure patients are moved to a home that is in a defined geographical distance from their preferred location. Furthermore, they will maintain their priority position on the wait-list of their preferred home and be given the choice to move when a spot becomes available.

Given that the concerns raised by the opposition have been alleviated, will the member be supporting this plan to free up capacity in hospitals?

**Ms. Doly Begum:** I want to thank the member for her question, because it allows me to share another bit that I didn’t have enough time to, which is that when we talk about freeing up beds, when we talk about freeing about the ability for staffing, when we talk about clearing ALC beds, this legislation actually does not free up nurses and specialized staff.

We need to talk a little bit about the types of alternate care and, when people in the hospital are in this situation, what kind of care they receive. In long-term-care homes, for example, will that actually allow for nurses and PSWs to be freed up?

And the fact that we need thousands—Speaker, thousands—of PSWs and nurses: One of the things that we could have done is to allow for internationally trained professionals and so many others who want to be nurses and PSWs in this province to become certified, and allow them to be paid better. Repeal Bill 124, so that we can retain and recruit more health care workers in our province.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Hamilton West—Ancaster—Dundas.

**Ms. Sandy Shaw:** Let's be completely clear: This bill strips away the rights of the most vulnerable people in our province, our seniors and our elders, who are in hospital, who are sick and not well. It takes away any say that they have in their future health care. It actually, in fact, makes provisions that their health care information can be shared with whomever this government chooses. These are our most vulnerable citizens.

In addition to this, if they won't leave, if they choose not to go when they're being forced—people around the bedside are forcing them and making these decisions for them, and if they don't choose to go, the government can't handcuff them; they can't use restraints. But then what can they do? They can use a tool, the hammer of financial ruin, by charging them thousands and thousands of dollars a day while they are in hospital. This is outrageous. It's the cruelest thing I've ever seen from this government, and believe me, that's saying a lot.

**Ms. Doly Begum:** I want to thank the member for her passion, because I know that she has already talked to quite a few of her constituents who are scared. I think one of them already has a bill of \$250,000, which is why she's angry, which is why they're frustrated. So many across the province are also worried they might end up in situations like that.

If we walk back a little bit and actually talk about what happens when someone ends up in the hospital—first, no one ever wants to go to a hospital. You're not going to a fancy hotel to stay. Let's be clear; let's be honest: You're ill. You're not well.

I have so many seniors and I know so many people who don't want to go to the hospital even when they're not well, especially in the crisis that we're facing right now. So the fact that these people, when they refuse, for example, to go to the designated long-term-care home—if they refuse, then they will be charged. There is a financial hammer on this, and that means that people will feel that financial coercion in order to go to that long-term-care home.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Brampton North.

**Mr. Graham McGregor:** I thank my colleague from Scarborough Southwest for her thoughtful comments on the topic, and I appreciate that the member read some

feedback from a Scarborough resident. I have some feedback I'd like to read to the House: "Great news for Ontario hospitals." Another quote goes on to say, "These changes will provide faster access to care, positively impact ... patient outcomes and improve the patient experience." Of course, Madam Speaker, these are the quotes of David Graham, the interim CEO of Scarborough Health Network.

I know the member voted against the Scarborough medical school, which also had the support of the Scarborough Health Network, but I would ask the member, knowing this new information from her own hospitals in her area, will the member revise her opinion and support the government's bill?

**Ms. Doly Begum:** I'm glad the member thought about Scarborough, because one of the things that I've done is that I've worked with the Scarborough Health Network throughout my term and the previous term. I continue to do so, with both David Graham and the former CEO, Liz Buller, as well. One of the things they have always said to me was, "Let's have the government actually give the funding that they have been promising," whether it was the previous Liberal government or this government. Even though this government has promised to help them do the construction they needed to expand, they're still waiting.

1740

So one of the things I would urge this member, as well as all the other members in the government—if you really care about Scarborough, show us. Come to Scarborough and provide the funding that we need, because our hospitals are some of the oldest hospitals in the province.

**Mr. John Yakabuski:** Well, what does he think? Do you agree with him or not?

**The Acting Speaker (Ms. Patrice Barnes):** Order.

**Ms. Doly Begum:** I will not be heckled about that.

Our hospitals are some of the oldest hospitals. They need to be repaired.

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Let's have order in the House, please.

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** Order. Thank you.

The member from Mushkegowuk—James Bay.

**Mr. Guy Bourgouin:** I want to thank my colleague for doing such a great presentation. I really appreciate that you went through the explanatory note, because in the second sentence it says, "This new provision authorizes certain actions to be carried out without the consent of these patients."

Six times in this bill it talks about "without consent." But they say we're fearmongering. They say that we don't read the bill.

I'd like to hear from you—why do they say that we're fearmongering, yet it's in their bill? It's very clear. What do they have to gain from doing that?

**Ms. Doly Begum:** I want to thank the member for his question. You're absolutely right; as soon as you start

reading the bill, in the explanatory note, the second sentence talks about exactly what this bill does.

There are a lot of things that we can anticipate happening. There are a lot of advocates across the province who have been really worried about this.

I think this will answer your question. One of the quotes that I can share is from the Advocacy Centre for the Elderly. This is what they said: “We oppose today’s proposed amendments to the FLTCA revoking the right of seniors in hospital to consent to LTC which will result in them being moved far from supportive family & community, again attempting to ‘fix’ health care to the detriment of seniors. #RightsDontAge.”

Speaker, that’s what will end up happening. So many people will lose their support, will lose their community and their family because they will be forced to go to a home that may not be up to par with what they need or the care that’s necessary. Most of the beds that are empty and people don’t want to go to them—it’s because they don’t have that quality that’s necessary.

**The Acting Speaker (Ms. Patrice Barnes):** Quick question: I recognize the member from Eglinton–Lawrence.

**Mrs. Robin Martin:** Thank you to the member opposite for her contribution to the debate.

I understand your compassion for seniors. As my colleague from Etobicoke–Lakeshore said earlier, we all have parents who are aging as well. We’re concerned about them. We all have compassion for all of the people we’re talking about. Part of this is to make our health care system work better, and that’s the impetus behind bringing the bill forward.

I know you have compassion, as you’ve stated, for these patients who are in hospitals, but could—

**The Acting Speaker (Ms. Patrice Barnes):** Quick response?

**Ms. Doly Begum:** Thank you so much for that question. I do, and I know that she does as well, which is why we should do better with home care. So let’s free up that space. Why don’t we have better home care, have more PSWs and nurses, and then these people can stay home and get the care they need—

**The Acting Speaker (Ms. Patrice Barnes):** Thank you.

Further debate?

**Mr. John Yakabuski:** Speaker, thank you for handling the chair on this lively afternoon.

I appreciate the opportunity to speak to Bill 7. I want to begin by thanking Premier Ford and Minister Calandra for bringing forth this legislation, and so quickly, in this very shortened session of the 43rd Parliament, because they recognize how important it is that we actually move to do something to take the pressure off our hospitals, which are, yes, struggling with a lack of resources in order to deal with the challenges they have on an ongoing basis every single day.

When I came here in 2003, it wasn’t long after that—and I heard the NDP, just as we did, talk about alternate-level-of-care patients in our hospitals, and what a

challenge that was, and how it was growing every day. The NDP screamed every day as well about, “You’ve got to do something about that.” They used to be referred to, not very nicely, as “bed blockers,” and then we became a little more cognizant that it just wasn’t appropriate to use that terminology. Instead, they’re alternate-level-of-care patients.

They want us to do something about it, so Minister Calandra, along with the folks in the Ministry of Long-Term Care, are doing exactly that: They’re bringing forth legislation. And I have to say, Speaker, it is so disappointing to hear the fearmongering and the invention of gremlins and monsters. You’d think there was a monster under every one of those beds, according to the NDP, because they’re creating all kinds of unnecessary fear in the minds of families and ALC patients themselves. There is nothing in this bill—in fact, it explicitly makes it clear that no one will be moved to a long-term-care facility without their consent.

They’re going on and on and on about how you can be assessed without your consent. People are being assessed all the time. It’s a necessary part of our health care system. Every time you go into a hospital, the chart is at the foot of the bed. The physicians come in and do assessments on a regular basis. Nurses do assessments on a regular basis. We need to know the condition of our people. That’s absolutely necessary. You need to know the level of care that is necessary. You need to be able to determine whether it’s appropriate or not to actually move that person to a long-term-care home, because in the case of some patients, it will not be appropriate; their health condition will dictate that, no, it’s not appropriate to move them to long-term care. They will have to be either stabilized, their level of health will have to improve or they may not be leaving the hospital at all, but that can’t be done without assessing the patient to determine whether it’s even feasible to move them to a long-term-care home.

But for most of my almost 20 years, we’ve had a situation where we have had beds in our hospitals occupied by people who should not be in the hospital; they should be in a long-term-care home. And what have we done to try to solve that problem? Revolutionary change: 58,000 beds, either new or redeveloped beds, in our long-term-care-home system. That is absolutely paramount. You won’t be able to solve the problem if you don’t have the places to move the patients.

So, revolutionary change: 58,000 beds, either new or redeveloped. Now we are creating the space for those people to go. Next, what do you do? Now you try to find appropriate placements for the people themselves, and try to determine who’s going to be going or who can go, who is healthy enough to leave a hospital. Nobody’s leaving a hospital if they’re not healthy enough to leave that hospital.

And then the process can begin to put people, who we care about so much—because a hospital is no place for an elderly, vulnerable person. That is not the place for them. There’s no activity area. There’s no common cafeteria or eating hall or dining hall. There’s no courtyard where they

can be taken out to get some fresh air. That's not what hospital care provides.

You know, the member for Scarborough Southwest said, "Nobody wants to be in a hospital. It's just not a very nice place, and nobody wants to be there." But do you know what, Speaker? We have some very nice long-term-care homes, and we're building even more. So there will be places that have compassion, that have the facilities for those elderly people that have given so much to us, the younger generation, the younger part of society. They have given so much. Now we'll be in a position to care for them in the appropriate housing, accommodations, buildings and institutions, or whatever we want to call them. We're going to call them "their new home."

1750

So what do you want to have for your new home? Would you like to be in a hospital for your new home where—do you know what your life is? In the bed, walk the hall, in the bed, walk the hall, in the bed, walk the hall—if you're able to. But in that long-term-care home that we are building—as I said, 58,000 new or redeveloped homes—you will have a home where you will be comfortable. You will be comfortable. And you will be, if it's appropriate, placed in a home that matches your needs and your desire to be there, because if the home that is your choice does not have vacancy at that time, you're still going to be on the top of the list. And when there is vacancy in that home, that's the home you will get. It is all predicated on where you live, proximity to your family—those are the considerations that will be taken.

So I would ask the opposition—and I realize that there's two elements here. On the one side, it says, "Hear the other side." I know that's supposed to be the job of the government: "Hear the other side." And you know what? It would be really good if the opposition would practise that, as well—to actually read the bill and not try to extrapolate out of it something that you want to be able to say because that will generate the news story and that will generate the fear that you people are living on over there. That's what's going on. The alternative—I'll use that word again, the alternative—what I hear from the other side is, "Scrap this bill. We don't need this bill. This is a bad piece of legislation."

Do you know what the alternative is, Speaker? The alternative is the status quo. The alternative is the status quo, where 5,800 people across this province are in an inappropriate setting for their care. They're in a hospital when they shouldn't be there. Now, anyone among those 5,800 whose health has deteriorated while they've been there because they're aging out will not be moved. If it's not appropriate that they can be moved to a long-term-care home, they will not be moved to a long-term-care home. But for those who have seen their lives limited, and, in fact, negatively affected because they're in a setting that was never designed to support them in the condition they're in, they will be moved, when it's appropriate and where it's appropriate, to a facility that will enhance their last years, their last time, so that they will be in a comfortable setting for whatever remainder of time they

have on this earth. They will be in a comfortable setting, not one that was never designed to help them.

The long-term-care system, in its very infancy, was built to give care for people in those declining years. I know it's evolved a lot over the years and it has changed, and the ages of people who are in them and the acuity levels of people who are in them has changed, as well. We understand that. I'm old enough to remember when the long-term-care system was in its infancy. It's a different level of care. It's a different client and different residents that's in those homes today. But we have a responsibility as government. We have a responsibility as every citizen. And it includes the responsibility of the opposition. When they see something that will actually lead to the improvement of the lives of those people, they should not be out fearmongering. They should get behind it and support it because this is actually very good for the seniors in our province.

**The Acting Speaker (Ms. Patrice Barnes):** Questions?

**Ms. Doly Begum:** I have a simple question: Do you want to go to Orchard Villa? Yes or no?

**Mr. John Yakabuski:** You know, Speaker, I guess the member for Scarborough Southwest—when I listened so attentively when she was speaking—didn't hear what I had to say. People who are being moved out of a hospital setting will be moved to an appropriate long-term-care facility. And every one of them—nobody will be moved to a long-term-care facility that does not meet the provincial standards.

We have more inspectors, twice the number of inspectors—more than anywhere else and more than ever before. So wherever I end up going, it's going to be a home that meets the provincial standards. The level of care will be expected to be at the provincial level, or I won't be going.

**The Acting Speaker (Ms. Patrice Barnes):** The member from Essex.

**Mr. Anthony Leardi:** As a preamble to the question that I have for the member, I'm going to quote the CEO of Windsor Regional Hospital, which is the hospital that services my riding, the riding of Essex, among others. The quote is as follows: "The time is now to make some fundamental changes moving forward that will benefit our patients, and Windsor Regional Hospital is all on for that and fully supports it."

My question to my colleague and member here is this: Does he agree that the time is now to make changes, or rather, does he agree with the position of the NDP that the status quo should be maintained and we should make no changes whatsoever?

**Mr. John Yakabuski:** It will come as no surprise that I do not agree with the NDP. I want to thank the CEO from the Windsor hospital for his support on this legislation. He is exactly right: The time is right. The time is now. We could have dilly-dallied on this thing, but no, the Minister of Long-Term Care said, "We have a summer session. There are some things that are absolutely paramount that we move on."

Just think about the 5,800 beds across the province of Ontario that now, in our hospitals—once this is fully implemented and we're able to rationalize our system, the opportunities for those hospitals to provide the kind of care that everyone else in this province needs. That's why we have our hospital system: so that the care you need is there when you need it. By moving ahead with this legislation, we are going to help Ontario get there.

**The Acting Speaker (Ms. Patrice Barnes):** Question?

**Ms. Lise Vaugois:** We know how bad things were in long-term care during the pandemic, with people, frankly, left to rot in their beds without care. We also know that the government refused to spend \$1.8 billion of money allotted to health care during the pandemic, during the worst health crisis of a generation.

What I see is that you are pinning the blame on seniors instead of improving the retention and respect of health care staff by rescinding Bill 124. The government has announced that hospitals can blackmail seniors with high fees if they don't agree to wherever they're being shipped off to. How is this not coercion?

**Mr. John Yakabuski:** I want to thank the member for the question. When we took over government in 2018, we

were left with a long-term-care system that had been absolutely neglected. As our aging population grew, the Liberal government, which was supported by the NDP, built 611 net new beds between 2011 and 2018. That is not going to do, and that is not going to provide that service. So when the pandemic hit, we were dealing with a system that was not prepared to deal with it.

But I will say this, and the people of Ontario agree with us: We were dealt a terrible hand. But our government, under the leadership of Premier Ford, Minister Elliott at the time, Minister Fullerton at the time, Minister Phillips—we dealt with it in the most proper way, and the people—

**The Acting Speaker (Ms. Patrice Barnes):** Thank you.

*Interjections.*

**The Acting Speaker (Ms. Patrice Barnes):** The House to order, please.

*Second reading debate deemed adjourned.*

**The Acting Speaker (Ms. Patrice Barnes):** Seeing the time on the clock, this House stands adjourned until 9 a.m. tomorrow morning.

*The House adjourned at 1800.*

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

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

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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

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Brady, Bobbi Ann (IND)	Haldimand—Norfolk	
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Dowie, Andrew (PC)	Windsor—Tecumseh	
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French, Jennifer K. (NDP)	Oshawa	
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Hardeman, Ernie (PC)	Oxford	
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Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
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Hunter, Mitzie (LIB)	Scarborough—Guildwood	
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McCarthy, Todd J. (PC)	Durham	
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Rakocevic, Tom (NDP)	Humber River—Black Creek	
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Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
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Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
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Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
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<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
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Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
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Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

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Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	