

Legislative  
Assembly  
of Ontario



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législative  
de l'Ontario

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of Debates  
(Hansard)**

No. 12

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(Hansard)**

N° 12

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30 August 2022

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43<sup>e</sup> législature  
Mardi  
30 août 2022

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Président : L'honorable Ted Arnott  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 30 August 2022

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 30 août 2022

*The House met at 0900.*

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

*Prayers.*

### ORDERS OF THE DAY

#### MEMBERS' EXPENDITURES

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that I have laid upon the table the individual members' expenditures for the fiscal year 2021-22.

#### JULIA MUNRO

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

**Hon. Paul Calandra:** Mr. Speaker, if you seek it, you will find unanimous consent to allow members to make statements in remembrance for the late Mrs. Julia Munro, with five minutes allotted to Her Majesty's loyal opposition, five minutes allotted to the independent members as a group and five minutes allotted to Her Majesty's government.

**The Speaker (Hon. Ted Arnott):** Mr. Calandra is seeking the unanimous consent of the House to allow members to make statements in remembrance of the late Mrs. Julia Munro, with five minutes allotted to Her Majesty's loyal opposition, five minutes allotted to the independent members as a group and five minutes allotted to Her Majesty's government. Agreed? Agreed.

Today we are honoured to remember and pay tribute to a former member of our provincial Legislature, the late Mrs. Julia Munro, who was the MPP for Durham–York during the 36th Parliament; York North during the 37th and 38th Parliaments; and York–Simcoe during the 39th, 40th and 41st Parliaments.

Joining us in the Speaker's gallery is Mr. David Warner, who was Speaker during the 35th Parliament. We are also joined by Jane McKenna, who was the member for Burlington in the 42nd and 40th provincial Parliaments.

Mrs. Munro's family is watching the tribute from home this morning.

I'll begin by recognizing the member for Oshawa.

**Ms. Jennifer K. French:** It is always an honour to stand in this proud Legislature, and today it is my honour to stand to share on behalf of Ontario New Democrats and to pay tribute to Julia Munro.

I am pleased to acknowledge Julia's family and friends today on behalf of the Legislature. Julia is survived by her husband of 54 years, John; her daughter, Genevieve, and her

son-in-law, Andrew Hay; and her sister, Cynthia Puente. I know that Julia's cherished friends, family and special animal family will be watching today.

When we pay tribute to former MPPs, it is a chance to remember them, to recognize their work and celebrate their lasting impact. It is my honour to share a few words on behalf of the official opposition.

Julia Ann Louise Campbell started her journey on June 30, 1942, in Hamilton, Ontario, and was raised in Toronto. Her passion for animals began at age 14 when she started competing show dogs, something that would last a lifetime.

Julia taught high school history for 24 years and loved it, and her students remember the impact that she had had on them. One of her former students, Tyler Stewart, shared this tribute: "Mrs. Munro was one of my favourite teachers ever. She always seemed to respect my intellect and encourage deeper examinations of the topics she covered in history class. Great teachers are so essential to developing minds, and Julia was one of the greatest."

Another former student, Kerry Wilson, shared: Julia was "the best teacher I ever had. My mental image of Julia Munro won't be standing in the provincial Legislature, but sitting on a student desk and challenging us to think critically about the material being studied."

Julia loved teaching and history—and her dogs. On her honeymoon with John, they visited a kennel with really great show dogs and very surprised kennel owners, but as Julia has told folks, "Love me, love my dog." Julia and John and daughter Genevieve lived on a hobby farm in Sutton with sheep, chickens, turkeys, pigs, cows, horses and ponies to keep them company in the country. Julia also loved gardening and herbs, and her passion was always purebred dogs: English pointers, borzois, and standard poodles.

Julia was also committed to democracy and public engagement. She first ran for office in 1995 and remarked that she was tired of sitting around the kitchen table complaining about politics and decided to get involved. She was elected to the Harris government of 82 MPPs and was one of only 11 women. During her career, Munro served as parliamentary assistant to the Premier, Deputy Speaker and as a legislative committee chair. She served in government and opposition and held a number of critic portfolios. Julia Munro served six terms as the PC MPP for the Durham–York, then the York North and finally the York–Simcoe ridings. She was the longest-serving female politician in Ontario's Legislature after nearly 22 years of service.

Julia introduced six pieces of private members' legislation, and, as an animal lover, she was proud to bring

forward a bill to fight puppy and kitten mills and to levy significant fines on animal abusers.

Another signature piece of legislation was Julia's Magna Carta Day Act, 2015. In her own words, "As parliamentarians we have a duty to uphold the traditional values that Magna Carta laid out 800 years ago. Although the Magna Carta placed specific limits on the power of the monarch, we must remember that, although elected by the citizens, we, as lawmakers, are also not above the law. When members of the government forget this—that all laws apply to us as well—voters become disengaged, skeptical, cynical and, indeed, apathetic."

Julia explained, "The bill is one sentence long. It costs no money. It won't affect anyone's agenda. But democracy demands attention and I'm as passionate about this as the day I walked in here."

Julia's commitment to service and democracy never wavered during her 22 years in this House. As she shared with many of us in this House not too long ago:

"I'm pleased to say that I can walk in here 21 years later and still feel that tremendous aura of what this building represents."

"I have never lost my enthusiasm for public service; however, in any career, there comes a time to retire."

"Nobody can do this job alone. I am forever grateful to my family, staff, volunteers and constituents for their faith and trust in me over the years."

Julia worked to ensure future generations grow up in the kind of society we value. She said, "You have to know what it is you are voting for and we, as people who recognize the value of the democratic system, need to be better and more prepared to extend that understanding, to realize what is anathema to democracy, and to remind everyone that what we have is unique and precious...."

"The people who sent you are the most important thing to remember. There are always difficult decisions in government. You can name your top 10, but it's the people you represent and what matters most to them that should always be first and foremost."

And for Julia, that was always true.

Julia Munro passed away on June 12, 2019.

Many of us in this House were here when Julia's Magna Carta Day Act was brought forward by former colleagues and was finally made law during the last session of this Legislature, and now every June 15 is recognized as Magna Carta Day in Ontario, which Julia had hoped would serve to remind us every year in this Legislature "that we are the keepers of democracy, that our actions do have consequences and that our words have weight."

Julia's daughter, Genevieve, remembered that, "She had a great impact on many lives—as a teacher, as a dog enthusiast, and later as a politician. One of the lessons I learned from my mother was to be true to myself."

Another lesson that Julia Munro wanted all of us to learn was written on the frame around her licence plate. It said, "Democracy: Don't waste it." I know we will do our best to bear that in mind as we begin a new session of the Legislature. Julia once described this political system as "a wild garden that needs tending." During her time here,

and in service to her community, Julia Munro planted and nurtured many seeds that she is remembered for: seeds of kindness, warmth, grace and an unyielding commitment to democratic ideals.

#### 0910

Speaker, that we should all be so remembered.

Thank you to Julia's loved ones for sharing her with this province, and thank you, Julia, for so many dedicated years of service.

*Applause.*

**The Speaker (Hon. Ted Arnott):** The member for Beaches–East York.

**Ms. Mary-Margaret McMahon:** On this beautiful day, I too would like to take time to honour the legacy of Julia Munro, or Lady Munro, as she was so affectionately known around the Legislature. With 23 years of service as MPP of Durham–York, York North and, finally, York–Simcoe, she is remembered as the longest-serving woman MPP and an inspiration for women in politics in this province and beyond.

After working as a history teacher in Markham and Newmarket for 24 years, Lady Munro made the bold choice to run for office in 1995, when she won with an impressive margin. Among her many roles, Lady Munro worked as a parliamentary assistant to Premier Mike Harris, deputy opposition House leader, and deputy House Speaker. The work she did during her time as an MPP was pivotal, and she went on to introduce six bills in the Legislature before her retirement from politics in 2018.

Each year, on June 15, we continue to honour Lady Munro on Magna Carta Day, as was mentioned before, through the Magna Carta Day Act (In Memory of Julia Munro, MPP), which remembers the document King John affixed in 1215 that introduced key principles that hold true in democratic societies today, including equal justice for everyone, freedom from unlawful detention, the right to a trial by jury, and rights for women.

Lady Munro was known for her passion for animals in her personal and professional life. As an animal lover myself, I'm grateful for the important work Lady Munro did to protect the well-being of our furry friends. Her bill, the Ontario Society for the Prevention of Cruelty to Animals Amendment Act, 2001, helped to ban puppy and kitten mills and prevent the inhumane treatment of animals. Our pets become a part of our family, and Lady Munro's work has helped to protect them, as they so deserve.

Lady Munro was truly a trailblazer for women politicians in this province. At a time when it wasn't a given for us to have a seat at the table, she got involved. As a mother and wife myself, I know first-hand how difficult it can be to step up and pursue a path in politics. She sacrificed time with her family to advocate for her community and make meaningful change, which we can still see the effects of to this day.

Women and girls in this province can look to Lady Munro as an inspiration and to see that, yes, you can and you should have a voice in politics. Across party lines, having women in the Legislature is crucial to creating an

equitable and equal political landscape in this province, and Lady Munro was a shining example of this.

I'd like to leave you with the quote that was mentioned before—I can't believe she had this on her licence plate; I think it's amazing: "Democracy: Don't waste it."

Ontarians are lucky to have had her serve as a representative.

I am proud to continue her legacy as a woman in this Legislature, and I so strongly respect the work she did during her long service as an MPP.

May she continue to rest in peace.

*Applause.*

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

**Mr. Mike Schreiner:** I'm honoured today to rise to pay tribute to the late MPP Julia Munro, known affectionately as Lady Munro. As a respected educator and exemplary MPP from 1995 to 2018—an incredible 23 years; the longest-serving woman MPP in Ontario's history. She was a trailblazer and a fierce advocate for her constituents and her students.

Mrs. Munro was known for having friends on both sides of the aisle. It wasn't until yesterday, when I was going through Hansard, that I stumbled upon a tribute she actually paid to me, for the role I played in advocating for the Waste-Free Ontario Act in 2016. But that's the type of person Julia was—somebody willing to work across party lines and share the spotlight with others to put people first.

I first met Julia in the early 2000s, when I was working with the Holland Marsh Growers' Association to promote local food and farmers, and I can tell you, she was a fierce advocate to support and nurture local food sources and the farmers that grow that food. As a hobby farmer and gardener, Lady Munro knew the value and the importance of nurturing those local food sources.

As a staunch supporter of democracy, rural communities, small businesses and especially animals, Ms. Munro was an exemplary political model for so many people, including myself.

Speaker, I want to leave us with her commitment to democracy. Now, more than ever, that legacy of her commitment to democracy is needed in our world, and we will be forever grateful for the work that she did in this House for our province.

And so to her family who's watching, I want to thank you for sharing Lady Munro with us. May she rest in peace.

*Applause.*

**The Speaker (Hon. Ted Arnott):** The member for York-Simcoe, Minister of Transportation and Minister of Francophone Affairs.

**Hon. Caroline Mulroney:** It is a privilege to rise in this House today to pay tribute to the late Julia Munro. As the longest-serving female MPP in Ontario's history, Julia truly was a trailblazer for so many of us sitting in this Legislature today, but she was also a friend and a mentor.

Beloved in her community of York-Simcoe and adored by her husband, John, and daughter, Genevieve, Julia's dedication to public service touched so many, and she

continues today to be nothing short of an inspiration for men and women alike.

Julia entered the political arena at a time when it wasn't always easy for women to do so. And as a new politician, I can tell you that she encouraged me as a female politician in so many ways.

Julia was always herself. She was fierce, but she was always elegant and poised, and that's why she was referred to as Lady Munro here at Queen's Park but also across York-Simcoe.

Julia battled cancer, but she kept working. She was elected six times and represented the various iterations of York-Simcoe for 23 years.

There is little doubt that Julia's work and advocacy has made a lasting impact for generations. The Bradford Bypass, which is a project that our government is moving forward with, was championed by Julia for 23 years. She recognized the need for this connecting link because of the growth in our communities, and she was right. It was her work that got the first environmental assessment done in 2002. That is a significant milestone for this project. And to this day, people across our riding are supportive of this project. Our government will get it done, and I know that Julia would be pleased and her family should be proud.

Before entering politics, Julia was a teacher for more than two decades, and in this role she had a lasting impact on the lives of so many residents of York-Simcoe. It was always so lovely when I got the chance to see her interact with one of her former students, which happened quite often as we travelled around the riding together. They would hug her, they would share a memory with her, and they would always thank her for being a wonderful and inspiring teacher to them. They never forgot her. They looked up to her, and how could they not? As a teacher, Julia understood the importance of protecting the interests of the next generation.

Julia also understood the importance of our history and the fundamental democratic principles that define us as Canadians, which she demonstrated by introducing the Magna Carta Day Act in 2014. The principles of the Magna Carta set the foundations of the English system of common law and are reflected in our Constitution and Charter of Rights and Freedoms. When King John proclaimed the Magna Carta in 1215, he proclaimed the principles of our democracy: that no one, not even the crown, is above the law.

I'm so pleased that former MPP from Burlington Jane McKenna is here today, because it was under Jane's leadership that we reintroduced Julia's PMB, and our government was so proud that we were able to make that a reality and that this PMB was passed unanimously in 2020.

It's not just in the Legislature that Julia promoted democratic values, it was everywhere she went, including on the road. Her licence plate frame proudly displayed the motto, "Democracy: Don't wear it out," and as Minister of Transportation, I have a great appreciation for this. In fact, I even asked her if I could take over that licence plate cover, and she said I'd have to earn it.

Through her unapologetic stance on key issues, Julia went on to introduce six bills in the Legislature and managed to garner respect across party lines. She was a fierce advocate for her constituents at Queen's Park, and she never took that privilege for granted. Her commitment to her core values and beliefs helped create a legacy that will continue to shine brightly for generations.

Thank you to John and Genevieve for sharing her with us for so many years and for supporting her and encouraging her. I can tell you that Julia is deeply missed in her former riding, but her legacy is long-lasting and will live on. As the MPP for York-Simcoe, I am humbled to be continuing much of the important work that Julia started many years ago.

*Applause.*

**The Speaker (Hon. Ted Arnott):** I want to thank the members for those eloquent tributes as, together, we give thanks for the life and public service of Julia Munro.

Orders of the day? I recognize the government House leader.

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

**The Speaker (Hon. Ted Arnott):** There being no further business at this time, this House stands in recess until 10:15.

*The House recessed from 0921 to 1015.*

## MEMBERS' STATEMENTS

### YOSEF MOKIR SHABBOS

**Ms. Laura Smith:** My riding of Thornhill is filled with hard-working, innovative self-starters. I talked about them a bit in my maiden speech yesterday. And on the topic of hard work, I want to pay special tribute to the many hard-working people with small businesses within Thornhill who came here with very little and created something from nothing.

With that being said, I would like to show praise to a local business in our riding known as Yosef Mokir Shabbos, owned by a man named Moshe Wolfson, whose journey originates in Israel. He came to Canada not so long ago in hopes of a better life for himself and his family. This new takeout business offers a huge selection of fish and prepared food, with more than 40 types of salads, dips and meals that will help our busy families put food on the table. And I forgot to mention, Mr. Speaker: The food is completely kosher—very delicious.

The name of his storefront, Yosef Mokir Shabbos, comes from Jewish folklore. The story presents itself with a poor man who buys a fish, only to discover a diamond within that fish. He uses this to feed his family and provide for a future. This is exactly what Moshe did, a newcomer in 2017 with little to nothing. Then he opened a takeout restaurant amid the pandemic, employed individuals and serviced our community, leading him to open a second store just a few weeks ago. He continues to be an inspiration not only for myself, but the rest of the innovative and hard-

working community that resides in Thornhill—just one Thornhill success story depicting solid determination and starting from something that was nothing, and then growing into something more and then something more.

I will continue to work hard for the people of my community, Mr. Speaker, cutting red tape for businesses and building for a stronger Thornhill and Ontario.

## EVENTS IN OSHAWA

**Ms. Jennifer K. French:** Oshawa has a very rich and awesome history when it comes to automotive. Since Sam McLaughlin dreamed of innovation in a vibrant motor city, Oshawa has been connected to the story of cars and innovation. We have stood in this Legislature and talked about the future of electric vehicles and the next chapter in Ontario's automotive future.

Speaker, summer is auto season where I live. When the weather gets good, the parking lots fill up with classic cars and show-and-shine events. Today, I want to talk about the awesome classic cars and trucks and vehicles that celebrated together in Oshawa this past weekend. Oshawa was host to classic cars from far and wide. Friday was Kars on King downtown, and then, on Saturday and Sunday, it was our famous Autofest.

I would like to congratulate and appreciate the city of Oshawa and organizers of Kars on King, which was a roaring success. Neighbours and car fans lined the streets, filled patios and were almost as glad to see each other as the classic cars.

I would also like to applaud the Motor City Car Club for a successful weekend of Autofest. There were more than 1,000 cars, I estimate, that I counted down by the lake. It was a beautiful weekend to share, admire, reminisce and appreciate a great event, with more vehicle entries than we've seen in recent memories. Autofest has been happening in Oshawa since 1994, and, Speaker, if you or anyone else here missed it, everyone is invited next year.

## SCARBOROUGH SHOOTING STARS

**Mr. Vijay Thanigasalam:** I am honoured to recognize the successful inaugural season of our local Scarborough Shooting Stars, the eighth franchise within the Canadian Elite Basketball League. The Shooting Stars completed their debut season this summer, playing their home game at the Toronto Pan Am Sports Centre right here in my riding of Scarborough—Rouge Park. I'm so proud that they made it to a nail-biting championship this year. They fought hard to the end, coming just short to the Hamilton Honey Badgers. We were proud to have celebrities such as Drake and J. Cole rooting on our team alongside residents across Scarborough.

The Shooting Stars are uniting residents across Scarborough to catch a game and to root on our local team. They are also inspiring youth across my riding to get involved in sport, focusing on the amazing values of leadership, teamwork and discipline. This is having a real



contribution within our community and is certainly bringing positive energy into Scarborough.

**1020**

I'm looking forward to watching this team and their fan base behind it grow as we prepare for many seasons to come. I am sure this championship for Shooting Stars is right around the corner.

#### MENTAL HEALTH AND ADDICTION SERVICES

**Mr. Jamie West:** What can you do with an empty lot? A lot of people think nothing. But in Sudbury, the Five Cent City believes in making connections through community. So once a year, they take over a 40-by-80 parking lot and they bring the community together.

From the outside, it looks like a basketball event, because they have free-throw contests, they have three-on-three contests, they have slam-dunk contests. But in between, they talk about mental health. They talk about addictions. They talk about struggle and support. They talk about lived experience. They provide free haircuts. They have pizza and snacks, music and fun. And that's what they can do with nothing. Can you imagine what we could do if mental health and addictions were properly funded across the province?

Tomorrow is International Overdose Awareness Day. Northern Ontario remains the hardest-hit. Thunder Bay district has the highest rate of overdose deaths in the province, more than four times the provincial average. Sudbury district has the second-highest opioid death rate, and northern Ontario's mortality rate has more than doubled and we do not have enough help.

Tomorrow is international overdose day, and I've heard the Minister of Health is going to be in Sudbury. I am hopeful she is there to announce funding for Sudbury's supervised consumption site, and I'm hopeful that she continues to announce funding across the province, particularly in northern Ontario. Because in the Five Cent City, we're tired of saying, "Thanks for nothing."

#### COLLEGE FUNDING

**Mr. Robert Bailey:** It's an honour rise in the Legislature today to share the great news of another important investment in Sarnia-Lambton by this government of Ontario.

Sarnia-Lambton's Lambton College has developed an international reputation as one of the best applied research post-secondary institutions anywhere in Canada. Last Friday, on behalf of the Ministry of Colleges and Universities, I had the honour of announcing that the government of Ontario will be supporting another important research project at Lambton College by investing nearly \$600,000 in the Lambton Water Centre research project at the college.

Water is such a vital resource for everything we do in Ontario. As a province, we are blessed with access to an abundance of fresh water. And because of that, the Lambton Water Centre at Lambton College has been leading research

into how companies of all sizes can develop, improve, optimize and enhance our water-related technologies. This large investment by the government of Ontario in Lambton College will be used to support research operations, including equipping college facilities with the latest technology, and supporting researchers to attract and retain the top research talent.

This is great news from the government of Ontario. By supporting groundbreaking research at Lambton College, our government is helping to advance new discoveries and innovation, and foster new business and career opportunities in Lambton county.

I might also add, I had the opportunity and the privilege Sunday last to introduce the Solicitor General, Michael Kerzner, to the Lambton College Fire School, another renowned facility in Lambton county as well.

Thank you again, Mr. Speaker, for the time.

#### MENTAL HEALTH AND ADDICTION SERVICES

**MPP Kristyn Wong-Tam:** This is my first member's statement in the House, and I want to recognize that August 31 is International Overdose Awareness Day.

People use drugs, and this has been true throughout all of human history. But drug use should never be a death sentence. I'm worried that this government hasn't acted because those who use drugs are oftentimes, and largely disproportionately, Black, Indigenous, racialized, trans, sex workers and people living with mental illness and/or disabilities.

Speaker, drug users' lives do matter. Overdoses don't exclusively happen to other people's families. If stigma has not already taken the life of someone you know, mark my word, it will soon.

We know the solutions to preventing overdose deaths include decriminalizing drugs; making drug supply available freely and a guarantee of free supply with available testing; and funding affordable and supportive housing and supportive beds for those seeking treatment.

As I close my remarks, I especially want to acknowledge the workers and organizations leading change on the front lines, especially those in Toronto Centre and beyond. There are too many to name in the time I have. But to those on the front line, you have all been to too many funerals. And when things finally change—and they will—it will be because of the difficult and life-transforming work you are doing today.

#### SPORTS AND RECREATION FUNDING

**Mr. Will Bouma:** This past Saturday, I met with members of the Brant Curling Club to celebrate two grants from the Ontario Trillium Foundation, totalling just under \$549,000, at their first annual fundraising golf tournament dinner. These grants were used to install new refrigeration equipment and insulate and clad the exterior of the ice shed. This will not only extend the life of the facility but also save thousands of dollars in energy costs annually and

also help them remain viable and recover during the pandemic.

Pre-Confederation Scottish newcomers wanted to help alleviate the long Ontario winters with some kind of sporting activity and wondered if curling might be the way to do so. Well, they were right.

The Brant Curling Club is used by a variety of community organizations for meetings, celebrations, team-building events and fundraisers.

At one level, there appears to be little in common between the curling that came to Upper Canada in 1759 and today's game. Then it was irons; now it's granites. Then it was outdoors on natural ice; now it is indoors on artificial ice. But one thing that remains is the warmth and camaraderie that still exists, embodied in the Brant Curling Club's tag line, "Where Friends Meet."

I would like to give a big thanks to the Ontario Trillium Foundation. These grants will allow the Brant Curling Club to purchase state-of-the-art ice-making equipment, improve the appearance of the building, accommodate gatherings and serve our community better while maintaining their viability during the pandemic.

#### MENTAL HEALTH AND ADDICTION SERVICES

**Ms. Mary-Margaret McMahon:** Good morning, Mr. Speaker. I am always proud to rise in this beautiful chamber to speak about Beaches—East York.

I recently attended a picnic organized by Pegasus Community Project. After a two-year hiatus, it was a great chance to reconnect. For those who don't know this organization, Pegasus is a grassroots group founded in 1994 by Marie Perrotta, along with a small group of women, to help adults with developmental disabilities who were finishing school and had few options for continuing to learn and to adopt adult roles in their community.

Along with its daily programs, Pegasus boasts its annual inspirational film festival, a yearly fashion show and the Pegasus Shoppe, a social enterprise community thrift shop with proceeds that directly support the Pegasus project and employ present Pegasus participants. Mr. Speaker, it's an incredible space.

Pegasus is evolving to meet the needs of aging participants experiencing difficult challenges. Opportunities to expand programming depend on funding from every level of government as well as private sponsorship. Unfortunately, two of the organization's beloved members passed away earlier this year, and a memorial fund for Gavin Moore Burns has been set up specifically to fund programs for aging participants.

One of my critic roles is that of seniors and accessibility, with the goal of helping both seniors and people with disabilities stay independent, active and socially connected. Support must include all members of our population.

We've seen critical cuts to health care, a decline in autism services, mental health supports diminish, and support for important organizations like Pegasus become

a rare find. We have an obligation to make sure that they and others are able to survive and thrive.

#### UKRAINIAN INDEPENDENCE DAY

**Mr. Rudy Cuzzetto:** Last week, on the 31st Independence Day of Ukraine, I was honoured to join the Premier, the Minister of Tourism, Culture and Sport, and the Ukrainian ambassador, Yuliya Kovaliv, at the Lighthouse Artspace in Toronto for a special preview of the incredible new exhibit titled Ukraine: Land of the Brave, which will soon open as part of the Bloor West Village Ukrainian Festival, from September 15 to 18. I want to encourage all members to visit. Proceeds will support the purchase of medical and evacuation vehicles in Ukraine.

I want to thank the Mississauga companies, like Musket Transport and Cyclone Manufacturing, that have worked together to send humanitarian aid to Ukraine.

I also want to thank Ontarians, including many in my own community, who have welcomed Ukrainian refugees into their homes and into their communities—over 25,000 in the last six months. While I can't name all of them here, I do want to thank the Sheridan Park Family Church for helping to collect donations of food, clothing and other supplies for refugee families now staying in local hotels. They will join a vibrant Ukrainian Canadian community in Mississauga that has an incredible, positive impact on Ontario—from athletes, like the Toronto Maple Leafs legend Johnny Bower to entrepreneurs like Igor Antonoff, a long-time resident of Port Credit. Ontarians will always welcome refugees, and our government will always ensure they have access to the resources and services they need.

**1030**

Once again, happy independence day. Slava Ukraini.

#### ONTARIO REGIMENT

**Mr. Todd J. McCarthy:** It gives me great pleasure to recognize a significant anniversary coming up in two weeks for one of Canada's oldest and storied regiments in the Canadian Armed Forces. Durham region's own Ontario Regiment will celebrate its 156th anniversary on September 14, 2022, making Oshawa's regiment among the oldest continuously serving reserve militia units in Canada and one of the most senior armoured regiments in the Royal Canadian Armoured Corps.

Having first originated in 1866 in Whitby, Ontario, as the 34th Ontario Battalion of Infantry then redesigned as the Ontario Regiment in 1900, the Ont Rs or "black cats" have heroically served Canadians and citizens of the world through various military campaigns.

The unit fought with distinction in several theatres during World War II, beginning with the Allied Invasion of Sicily in July 1943 through to the Italian campaign of the war, seeing action in the fierce Liri Valley and on to Ortona. Most notably, in 1945 the unit entered the northwest European theatre, where it fought with distinction in the Dutch campaign, winning honours at Arnhem.

Along with many battle honours, a significant number of the regiment's soldiers have volunteered for active duty with NATO in Germany, United Nations missions in Cyprus and Bosnia, the Golan Heights, Cambodia, the former Yugoslavia and, most recently, the NATO-led engagement in Afghanistan.

I'm proud to offer congratulations to the unit's Honorary Colonel Robert Chapman; Honorary Lieutenant Colonel Nancy Shaw; incoming Commanding Officer of the Ont Rs, Lieutenant Colonel Christian Caron; the officers and soldiers.

Faithful and Prepared—Fidelis et Paratus.

## INTRODUCTION OF VISITORS

**Ms. Christine Hogarth:** Good morning to everybody. I would like to welcome Sapan Jot, owner of Code Ninjas on the Queensway, and her family: Amay Garg, Ishav Garg and Trisha Kaura. Welcome to the Legislature. I hope you have a wonderful tour.

**Mr. Joel Harden:** The spirit of Uganda is in this House today, I'm excited to tell you, Speaker. The Kamengo Cultural Troupe arrived just moments ago. They are Chris Mutebi, Brian Muluuta, Pauline Nakamanya, Sharif Ssenkumba, Deo Kakande and their incredible manager, Jimmy Sebulime. In honour of Emancipation Month, they're going to be performing in rooms 228 and 230 after question period. I invite all members to come.

Speaker, I want to thank you personally for your help and the help of the assembly protocol for helping our friends get here.

Happy Emancipation Month, everybody.

**Hon. Kaleed Rasheed:** I would like to welcome the parents of page Daniyal Elahi: Dr. Mehboob Elahi and his wife, Saadia Elahi. Welcome to Queen's Park.

**Mr. Chris Glover:** I'd like to welcome to the House Herbert Maguire and Leslie Thurston, who are Ontarians on disability; Rita DeBiasi, who worked 34 years as a PSW and now is on disability; and Meike Pfeffer, who is a social worker with Seeds of Hope, an organization which helps people experiencing homelessness in the city of Toronto. Welcome to the House.

**Mr. Sam Oosterhoff:** I'd like to welcome someone who is here today: a friend to many in the House, the remarkable, the talented Brian Patterson.

**Mr. Ric Bresee:** I'd like to introduce Christopher Dopking. He's the principal of Emmanuel Christian school in Madoc, Ontario, from my riding. Welcome.

**Ms. Laura Smith:** I would very much like to welcome Sophie Shengyue Zhang, a new page here at the Legislature, from my riding of Thornhill. She is a student at Glen Shields Public School. Welcome, Sophie.

**Mr. Mike Schreiner:** I'd like to introduce my good friend Matt Richter from Parry Sound–Muskoka, who is in the members' gallery. Welcome to Queen's Park.

## LEGISLATIVE PAGES

**The Speaker (Hon. Ted Arnott):** I am now going to ask our legislative pages to assemble.

It is my pleasure and honour to introduce this group of legislative pages: from the riding of Wellington–Halton Hills, Prassan Aggarwal; from Toronto Centre, Ying Ying Chen; from Vaughan–Woodbridge, Liliana Comisso; from Don Valley West, Daniyal Elahi; from Hamilton Centre, Juliet Finley; from Etobicoke North, Malcolm Greene; from Mississauga–Malton, Zara Hameed; from Markham–Unionville, Evan Hu; from Beaches–East York, Sunder Looman; from Scarborough–Guildwood, Sharmin Nanabawa; from Spadina–Fort York, Arushi Nath; from Etobicoke–Lakeshore, Apollo Noronha; from Pickering–Uxbridge, Autumn Roberts; from Parkdale–High Park, Quaid Saitua-Rippell; from Don Valley North, Norah Symington; from Davenport, Lucas Yin; and from the riding of Thornhill, Sophie Shengyue Zhang.

Please join me in welcoming this group of legislative pages.

*Applause.*

## QUESTION PERIOD

### LONG-TERM-CARE

**Mr. Peter Tabuns:** To the Premier: Yesterday, the government confirmed that they would be saying no to the front-line workers and families who say Bill 7 will be devastating for them.

Forcing seniors to pay steep fees and move hundreds of kilometres away from loved ones is not a solution to our health care crisis.

Will the government do the right thing, pull Bill 7, and start listening to the front-line workers and families who can give us the real solutions to the health care crisis?

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

**Hon. Paul Calandra:** Mr. Speaker, the only ones saying no, really, are the opposition. We are saying yes to improving the health care system. We've been doing that since day one.

It's about building an integrated system. That's why we started with Ontario health teams. We've grown the system. We've added new nurses. We've added 58,000 new and upgraded long-term-care beds, 27,000 additional health care workers in long-term care alone. We're adding new medical schools in Toronto. We're expanding in Brampton and, of course, in Durham, Speaker.

**1040**

But ultimately, what Bill 7 is about, and what the opposition refuses to acknowledge, is that when somebody is being discharged from a hospital, somebody who is already on the long-term-care wait-list—these are people who want to be in a long-term-care home—experts, doctors and medical professionals all will agree that the best place for somebody to get that care is in a long-term-care

home. I'm going to continue, as all of us will on this side and Conservatives on that side of the House, to fight for those seniors who want to be in long-term care and who want better care.

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

**Mr. Peter Tabuns:** Again to the Premier: Later today, the Premier will be meeting with the Prime Minister. At a time when our health care crisis desperately needs an Ontario Premier to fight for health care, this Premier has been leading the charge for more privatization. That's not a solution.

Will the Premier continue pushing his private health care agenda in his meeting with the Prime Minister?

**Hon. Paul Calandra:** Since day one, since we were elected in 2018, we have put a focus on rebuilding the health care system that was so badly neglected by 15 years of Liberals and, for many of those years, by the NDP. We've put incredible resources. We are building out the health care system like no government has before: a new hospital in Brampton, new hospitals in Niagara and long-term-care homes in every part of the province, because we know that long-term care can be part of the solution to the acute care problems that we have.

We are hiring additional health care workers. We're building new medical schools in the province of Ontario. I think the Minister of Colleges and Universities talked about the first new medical school in over 100 years—the largest investment of health care in the history of Mississauga. The only consistent that there has been is that the NDP have voted against every single initiative, Mr. Speaker. We'll keep rebuilding the health care system because it's important to the people of Ontario.

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

**Mr. Peter Tabuns:** Again to the Premier: Ontario needs to defend a national vision for health care. Instead, the Premier's vision is more private profit and less care. The Ford government fought a national pharmacare plan and has provided no leadership for a national long-term-care plan. Instead, the Premier is pushing privatization and threatening seniors and their families to help private long-term-care chains.

Will the Premier show some leadership today, scrap Bill 7, scrap his privatization agenda and work on a national plan to expand public health care and address the crisis in our hospitals?

**Hon. Paul Calandra:** Mr. Speaker, what we won't do is allow the status quo to continue on in the province of Ontario. We've been very, very clear about that. It is completely unacceptable that, in a province like Ontario, there should be people waiting for hours in an emergency room because the beds aren't available, especially when we have a system that has created and is building 58,000 new and upgraded long-term-care beds in every part of the province, in ridings of the opposition. These are the same members who came to me day after day after day: "Please approve a long-term-care home in my riding. It is so important." And we did that, Mr. Speaker.

Despite the fact that we did that, they then voted against that funding. They voted against the 27,000 additional health care workers for long-term care. They voted against the four hours of care, Mr. Speaker.

We will work closely with patients in hospital who want to become residents of long-term care because we know that is better for them. It's not me saying that; it's health care professionals who are saying that. It's even people who are in those homes.

## NURSES

**Mr. Jamie West:** Nurses and health care staff have been underpaid and undervalued by the Conservative government. Tara is a local community nurse in Sudbury with three decades of experience. You simply can't replicate the experience and knowledge of lifelong nurses like Tara. She brings this invaluable experience to her workplace, to her patients and to her colleagues, but Tara is quitting, and so are many other senior nurses she knows. I asked Tara why, and she said, "Our out-of-pocket expenses always increase, but our mileage and wages" don't "keep pace."

Right now in Sudbury, there are more than 150 job postings for nurses. With that many vacancies, clearly the Premier's plan to retain nurses is not working.

To the Premier: When will the Premier admit that lifelong nurses like Tara are leaving the profession because they have not been sufficiently supported and valued by this government?

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

**Hon. Sylvia Jones:** To the nurses like Tara: Thank you. Thank you for your commitment. Thank you for being there when the people of Ontario needed you, through the pandemic.

It's so important that we acknowledge the excellent work that nurses have done, which is, frankly, one of the reasons why we brought forward the \$5,000 nurse retention. The second Toronto course is coming forward in the weeks ahead, in the first couple of weeks in September.

We're also expanding the supply and opportunities for people who wish to train as nurses in the province of Ontario, because we understand that there are so many opportunities with additional long-term-care beds being built, with 50 new hospital expansions in the works. We need more health human resources, and it is why we've invested \$35 million to increase enrolment in nursing education programs in colleges and universities. The new spaces will introduce over 1,100 practical nurses and 870 registered nurses into Ontario's health care system.

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

**Mr. Jamie West:** Back to the Premier: I just want to remind the minister that thanks don't pay bills.

Nurses and health care staff have been underpaid and undervalued by the Conservative government.

Jan works in a local long-term-care home and is concerned about the recent increase in staffing agency

contract nurses. Jan told me that contract nurses can make up to \$150 an hour more than she does. As a result, nursing home budgets are being obliterated by these costs, and this ends up forcing even more cuts to front-line staff. What's more, most of these temp agencies require their nurses to sign a contract that prevents them from being hired as full-time workers in the agencies where they provide these services.

To the Premier: With little to no oversight, staffing agencies are slowly draining the nursing pool and money intended for patient care. What is the Premier doing to stop these agencies from taking advantage and profiteering from the COVID pandemic and our current health care crisis?

**Hon. Sylvia Jones:** We have invested so much in our health human resources in the province of Ontario. One of those investments, of course, is \$100 million to add an additional 2,000 nurses by 2024-25, by supporting the training of thousands of personal support workers and nurses who want to advance their careers in long-term care. We're investing \$342 million to add over 5,000 new and upskilled nurses over the next five years.

We will continue to work with the College of Nurses of Ontario. We will continue to work to make sure that internationally educated health care workers who want to practise in the province of Ontario get their licence quickly through those colleges. And that work can be ongoing, because I think you and I can both agree that we want more people working in our health care system in Ontario.

**The Speaker (Hon. Ted Arnott):** Final supplement—? The member for Mushkegowuk—James Bay.

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

On Thursday, August 25, Kashechewan First Nation, a population of 1,900, published a news release about a severe shortage of primary care nurses at their nursing station. This is a critical situation, as only three nurses are available—now down to two—when usually they are staffed at nine. The health director, Jonathan Solomon, is worried about the well-being of the nursing staff as well. This has been the case for the past four weeks, leaving a skeleton crew giving “emergency only” services. The health and well-being of the community is at risk. Primary care for their residents is not being met, and they have no other medical facilities. This nursing station is their lifeline.

Will the government work with the First Nations and Inuit Health Branch of Indigenous Services Canada to put together a better recruitment plan for nurses so that the community of Kashechewan never has to address another health care crisis for lack of nurses?

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

**Hon. Sylvia Jones:** I am very well aware of the issue in Kashechewan. Of course, I appreciate the member opposite discussing it with me last week and yesterday. It is precisely why we have made investments like the Learn and Stay program, where up to 2,500 eligible post-secondary students who enrol in priority programs such as

nursing and work in under-serviced communities in the region where they studied, after graduation, will be able to continue to serve those communities. We will do this work to make sure that communities like Kashechewan and others in remote and rural communities across Ontario—we've already got 400 new, practising doctors in rural and remote communities. We will do more, and we will work with the federal government—because, as the member opposite knows, of course, that nursing station is a federal nursing station.

1050

#### NORTHERN HEALTH SERVICES

**Ms. Lise Vaugeois:** To the Premier: At the recent Association of Municipalities of Ontario meeting, I heard the Northwestern Ontario Municipal Association delegation raise concerns about the proposal to cut Ontario's health units from 35 to 10 and paramedic services from 55 to 10. The plan is to merge the Kenora, Rainy River and Thunder Bay districts under one health unit covering at least 220,000 square kilometres, and over 500,000 square kilometres if Kiiwetinoong is included.

In the Ontario northwest, we already face enormous geographical challenges to access health care. The proposed mega health unit would serve an absurdly large geographical area with distinctly different communities and distinctly different needs that no single health or paramedic unit could possibly manage without putting people's lives at risk.

Why is this government looking to make our health care challenges in the north greater by reducing available services?

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

**Hon. Sylvia Jones:** At the Association of Municipalities of Ontario, I was very pleased to be able to announce an expansion of the paramedic programs that have been incredibly successful in some of our communities. Not all Ontario communities have access to that, and we are making sure that that continues.

Now, when a paramedic today has the only option of taking their patient to an emergency department, it is a strain on the system. When we have—with the patient's consent—the ability to take that patient to a mental health facility, to a long-term-care facility, to a palliative home, there are opportunities that, together working with the patient, make for stronger and better outcomes. That's what we're doing. That's what we're talking about when we say the status quo is not an option in the province of Ontario.

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

**Ms. Lise Vaugeois:** Cam, a resident of Thunder Bay—Superior North, contacted our office, alarmed, when he read of the proposed changes reported in the Chronicle Journal, such as reducing health care units from 35 to 10; cutting paramedic services from 55 to 10; and what has already taken place, eliminating the mobile health units

that were visiting communities on a monthly basis—something, up until recently, seniors in outlying communities could depend on. Now, if I am hearing the minister correctly, perhaps the intention is not to make these cuts and reduce these units.

So my question is: Will this government listen to community members, health professionals and local mayors, stop the amalgamation of health units, return the monthly mobile health units, and strengthen rather than weaken access to health care in northern Ontario?

**Hon. Sylvia Jones:** Can I reassure the member opposite that there has been no underlying decrease in health funding in the province of Ontario? The investments that we have made, both in terms of hospitals—allowing hospitals to have more surgeries so that that backlog that occurred, as we knew it would during the pandemic, was able to be dealt with faster. Having access so that more people could have vaccinations in a multitude of ways, whether that was through their public health unit, their primary care physician, their pharmacy, travelling GO-VAXX buses—we did everything we could to protect the people of Ontario and we should be proud of those investments, because they paid off by having Ontario and Canada only second in the world in protecting our citizens during a pandemic that has impacted everyone across the world.

#### GO TRANSIT

**Mr. Sam Oosterhoff:** The people of the Niagara region deserve better when it comes to transit services in our peninsula. For years and years, the previous Liberal government would make promise after promise about the delivery of the long-awaited GO service to Niagara, but they always failed to deliver. When they were asked about the status of their commitment, we would hear Liberal members claim that it's a "very, very big priority" or that they "could see it coming in the next year."

But my constituents have waited long enough. Delivering GO rail service to Niagara is an essential piece of ensuring that we're building up Ontario's economy and strengthening Niagara's tourism sector. Could the Minister of Transportation please update the Legislature on the important expansion of GO service to Niagara our government announced last week?

**Hon. Caroline Mulroney:** I want to thank the member from Niagara West for the question and for being such a dedicated and effective advocate for his constituents every day.

Speaker, delivering more rail service to Niagara is a priority for our government. Last week I was pleased to join the Premier, the Minister of Tourism, Culture and Sport and the member from Niagara West to announce that we are reinstating GO train service to Niagara 365 days a year, with year-round weekend service from Toronto's Union Station to Niagara Falls. With two round trips each day on weekends, our government is giving a major boost to the region and unlocking access to the world-class tourist destination that is Niagara Falls. The Niagara region is an economic driver for our province.

This increase in service will not only build our economy but will also strengthen the region's \$1.8-billion tourism industry. But the job doesn't stop there, Speaker. We will continue to work with our rail partners at CN to deliver even more service to Niagara region.

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

**Mr. Sam Oosterhoff:** Expanding the GO train service is vital for my region's economic future. We know that expanding transit infrastructure can help ease housing affordability issues in major cities and help to grow businesses and economic opportunities for constituents in Niagara. More GO trains means fewer cars on the QEW, which is less traffic and less gridlock on a major highway. The people of Niagara deserve to spend more time at home with their families and less time waiting in traffic congestion.

It's vital that transit expansion becomes a reality across the GTHA, including in Niagara. Speaker, can the Minister of Transportation explain what our government is doing to expand GO services in Niagara and to get the job done for the people of Niagara West?

**Hon. Caroline Mulroney:** Thank you to the member for the question. The population of Ontario could increase by as much as six million over the next two decades. Without strong, decisive action right now, the greater Golden Horseshoe's transportation network will not keep pace with the needs of Ontarians. It's no secret that the previous Liberal government ignored the need to build critical infrastructure, leaving Ontario ill-prepared for the future.

But, Speaker, rest assured our government is filling the massive infrastructure and transit gap that was left behind by the Liberals. I'm so proud that our PC government, led by our Premier, is stepping up to the plate and getting the job done for Ontarians. GO expansion is a key part of our government's plan to fight gridlock and to better connect residents and commuters to the reliable transit services that they need. Bringing year-round weekend GO rail service between Toronto's Union Station and Niagara Falls is a major step forward as our government delivers on the largest transit mandate in Ontario's history.

We are working quickly to bring more frequent GO service to the entire network, including Niagara, while moving full—

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

#### EMERGENCY SERVICES

**Mr. Michael Mantha:** My question is to the Premier. Earlier this month, Ken and Lorena Dillon from Chapleau were biking at Shoals Provincial Park when they suffered an accident. They tried to call 911 but the call wouldn't go through because there was no cell coverage.

No one in Ontario should have to wait for hours on the side of a highway in an emergency because there is no cell service. Is the Premier going to ensure that everyone in Ontario can call 911 when they are in an emergency?

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

**Hon. Sylvia Jones:** The member opposite is absolutely right, which is why, working across government in a number of different ministries, we are investing and moving forward on our next-generation 911. It will mean such a difference for the communities and the people who are in those very small parts of the province that don't currently have 911. We want to make sure that that access is available, because we understand—the vast majority of people understand that when they need help, when they're in an emergency, 911 is the call that they need to make.

Visitors to Ontario, to different parts and communities, don't always know that, which is why we as a government have invested, and will continue to invest, in next-generation 911.

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

**Mr. Michael Mantha:** Again to the Premier: Ken and Lorena were able to find help after Ken rode back into town and flagged down an ambulance.

For some in northern Ontario, the situation is even worse. They have to find a 10-digit number to call during an emergency. The services are there, but 911 is not.

The patchwork system of cell coverage and emergency numbers in the north is putting lives on the line. Will the Premier commit to ensuring that 911 can be contacted in every part of the province where there is an emergency?

1100

**Hon. Sylvia Jones:** Yes. The Ministry of the Solicitor General, the Ministry of Infrastructure, the Ministry of Health: All of us understand the value and importance of next-generation 911, which is why we are making those investments. We are working with the dispatch to make sure that everyone across Ontario has access to 911, when and where they need it.

I completely agree with the member opposite. We are doing that work. It is in process.

## COMMUNITY SAFETY

### SÉCURITÉ COMMUNAUTAIRE

**Mr. Dave Smith:** Speaker, people in my riding are concerned about an increase in crime in our community. Peterborough has always been a peaceful town, and now we're seeing an increase in gun crime that would have been unheard of not that long ago. We've had five shootings in the last five months, with the most recent one being just this past Saturday. People in Peterborough are concerned about an increase in violence that appears to be fuelled by the drug trade.

The media often focus on stories of crimes in larger cities, but I want to know, what's the Solicitor General doing for communities like Peterborough that are concerned about public safety? How is the Solicitor General going to tackle crime in communities like mine?

**Hon. Michael S. Kerzner:** I want to thank the member from Peterborough–Kawartha for the question.

Everyone has a right to feel safe in their own home and in their own communities. Our government has established the guns-and-gangs joint-forces operation that is being led by the Ontario Provincial Police. This is a province-wide tool to help ongoing battles against guns, gangs and violence throughout our province.

The guns-and-gangs joint-forces operation is made possible through a \$75-million investment by our government and will increase both intelligence sharing and enforcement action. We will be working with all law enforcement agencies across the province, such as Peterborough, to keep Ontario safe.

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

**Mr. Dave Smith:** I want to thank the minister for that answer. I would also like to congratulate the Kawartha Lakes OPP and the Dufferin OPP on their successful operations just south of my riding, in Nestleton. Kawartha Lakes OPP and Dufferin OPP have concluded their investigation with the seizure of approximately \$340,000 worth of property, including stolen cars, drugs and guns. And although it's in Nestleton, it's close enough that it affects my community as well. It takes those guns off the streets of Peterborough.

It's great to hear how joint operations can be so effective. Peterborough is a small police service, and their resources are spread thin. Our community looks to the province for support in achieving our provincial goals.

Mr. Speaker, could the minister share more about the investments our government is specifically providing to the people of Peterborough–Kawartha?

**Hon. Michael S. Kerzner:** I want to thank our member from Peterborough–Kawartha for his follow-up question.

Community safety is a top priority, not just for those who work in and support the justice system but for all Ontario families. And as I said before, everyone has a right to feel safe in their own homes and their own communities.

With this in mind, I would like to point out that since the member from Peterborough–Kawartha has been elected, our government has provided more than \$11 million in direct grants for policing. For example, starting this year, the province will be investing locally \$3 million through the Community Safety and Policing Grant Program.

I want to say, Mr. Speaker, that keeping our community safe is our highest priority.

Monsieur le Président, la sûreté et la sécurité de notre province seront toujours notre priorité absolue.

## EMPLOYMENT STANDARDS

**Ms. Chandra Pasma:** Nursing shortages continue to plague Ottawa hospitals. The Queensway Carleton Hospital in my riding of Ottawa West–Nepean has had to close ICU beds due to lack of nurses.

Nurses without specialized experience are being assigned to work serious cases in the ICU or trauma cases in the ER. In at least one case, a nurse with only a few months' experience was put in charge of an entire unit

overnight, by herself. Speaker, this is unsustainable and risky. Why is the Premier refusing to repeal Bill 124 and address nursing shortages?

**The Speaker (Hon. Ted Arnott):** And to reply, Minister of Colleges and Universities.

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

As we work to create a strong health care system, we are relying on strong health human resources as well. That's why we are taking strong measures, specifically in my ministry, to ensure that we are training more doctors and nurses.

For example, the Learn and Stay program will pay for all educational components of a nurse's education—in order to qualify, and to commit to two years in an underserved area. This will be starting in 2023. This will allow up to 3,000 nurses as part of this program, so it's a great opportunity for young people to serve in some of those underserved, rural, northern areas.

As well, we've now allowed colleges across Ontario to offer stand-alone programs in nursing. Fourteen colleges now offer this program in areas like my own—in Georgian College, Lambton College, Loyalist—great opportunities for young people to be entering into rewarding careers, where we know we need more nurses.

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

**Ms. Chandra Pasma:** All the education programs in the world won't do any good if nurses are leaving as soon as they start due to lack of support.

Recently, I met with the nurses of ONA Local 84 who work at the Queensway Carleton Hospital. They are burnt-out and frequently left in tears over assignments that they do not feel qualified to take on.

There are nurses who are quitting and working minimum wage jobs in retail because at least it doesn't have the stress of nursing.

Will the Premier finally listen to nurses, address working conditions, and repeal Bill 124?

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

As I mentioned, we have so many opportunities for young people to join the nursing profession. We are offering opportunities for students as well as opportunities for bridging in some of the work that I've been doing with the Minister of Long-Term Care, where we've invested over \$100 million to support students who are moving from being a PSW to a registered practical nurse to a registered nurse, all while working in these careers while we need them in the workforce.

We're offering opportunities for young people in their own communities—as I mentioned, the opportunity for students to learn in a college and to complete their four-year degree there, close to home. These are opportunities—I know in my own area, where students were at one time leaving to go to a university to finish their two-year degree, usually in a city, and not coming back to our rural communities. So there are great opportunities for colleges

across Ontario to accept students, to be able to offer the nursing degree programs.

## LONG-TERM CARE

**Mr. Adil Shamji:** Mr. Speaker, Bill 7 is flawed at its core because it violates patient rights. True patient consent must pass three tests: (1) The patient must be capable; (2) they must be fully informed; and (3) they must give their consent voluntarily and freely.

When it comes to transmitting confidential health information and authorizing admission to a long-term-care home, Bill 7 doesn't even pretend to ask for patient consent. It's not required. And after all that, if a patient is given space in a faraway, culturally inappropriate long-term-care home, although patients don't have to say yes, there's a steep cost to saying no.

To quote the Minister of Long-Term Care on August 24, "Are there instances where the hospital will be charging? Absolutely, if someone refuses to move into a home."

Will the Minister of Long-Term Care explain why he is choosing to entirely circumvent informed patient consent and instead violate patient autonomy?

**Hon. Paul Calandra:** I'm surprised to hear that the member for Don Valley East is not aware of the fact that since 1979 hospitals have actually been able to charge for alternate-level-of-care patients. I guess that's perhaps part of the problem.

At the same time, Mr. Speaker, what we are doing is, we are using—when a patient in a hospital acute care setting has been seen by a doctor, and that doctor has said that their time in an acute care facility should come to an end because they would be better serviced in the community or in a long-term-care home, we are facilitating that for them. That is what we're doing. We're listening to medical professionals across the province of Ontario, who all agree. And I think the member opposite—in some of his statements—agrees as well that when you are ready to be discharged from a hospital, when you are on the long-term-care waiting list, the best place for you is in a long-term-care home. We are going to make that happen.

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

**Mr. Adil Shamji:** Mr. Speaker, the legislation that the minister refers to only allowed the charging of copay, not full hospital rates up to \$1,500 or \$1,800.

Additionally, while I agree that patients need and deserve to be in long-term-care homes, it should be under their own terms and under their own circumstances, not by violating their rights in the process.

You know, this bill is actually so bad, so unethical and so immoral that it actually apologizes for itself. It says, "Despite subsection 3(2), this section ... shall not be interpreted or construed as being inconsistent with the residents' bill of rights," even though it does. It fails to pass the three tests of patient consent, it fails to protect patients' confidential health information and it fails to respect patients' express wishes.



1110

So I ask again: Will the minister withdraw his bill and instead focus on the root causes of our ALC crisis, such as the mass exodus of health care workers created by Bill 124 in the last four years?

*Interjection.*

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

Minister of Long-Term Care.

**Hon. Paul Calandra:** First and foremost, let me just say this: The problem in acute care in the province of Ontario has been a problem for many, many, many years; a problem that was not addressed by the previous Liberal government, and that was, of course, before Bill 124, Mr. Speaker.

But having said that, we have made significant investments into long-term care—significant investments into long-term care. I will let this medical professional explain to the people who have been discharged from a hospital, who are on the waiting list for a long-term-care home, why, all of a sudden now that he has a seat in this Legislature, their needs are better met in an acute care setting as opposed to a long-term-care setting. Because he will be alone on that, because medical professionals we have talked to and who have been advising us—even patients themselves have said that they want to be in a long-term-care home after they have been discharged from hospital. We are going to make that happen, and we can make that happen because of the investments we've made in long-term care and in nursing and in health care across the province.

#### MANUFACTURING JOBS

**Ms. Patrice Barnes:** Under the previous Liberal government, people and jobs in my region were abandoned; the east was neglected. Like many areas of this province, manufacturing is a major industry. We are no strangers to the negative impacts of 300,000 manufacturing jobs lost under their watch because of reckless policies.

What is the Minister of Economic Development, Job Creation and Trade doing to ensure that the residents in my riding and others in Ontario will have good, secure, well-paying jobs for themselves and for their children for years to come?

**The Speaker (Hon. Ted Arnott):** Minister of Economic Development, Job Creation and Trade.

**Hon. Victor Fedeli:** Yes, the Liberals and the NDP did in fact lose 300,000 manufacturing jobs in Ontario because of their outdated policies, their red tape and their high taxes. In 2018, we promised families that our government would do things differently, and we did. We listened to the businesses, like those in Ajax, and developed plans to support their unique challenges. We introduced a \$40-million advanced manufacturing and innovation competitiveness program. This AMIC program supports manufacturing businesses to invest, grow and remain competitive on a global scale and will continue to support Ajax's manufacturing supply chain through the attraction

of billions of dollars in investments, just like we've done in the last four years.

Speaker, 500,000 jobs have returned to Ontario, and we will continue to bring back even more jobs—those jobs that the Liberals sent running from this province.

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

**Ms. Patrice Barnes:** Speaker, it's great to hear that the government is focusing on investments in my riding and supporting the manufacturing sector and prominent job creators. While these large businesses employ thousands of people in my region, what about small companies? What about the start-ups?

Entrepreneurs and those with small business ambitions need support, too. Small businesses and start-ups bring dreams to reality. I know many residents in my riding provide food for their families through their small businesses. Speaker, what is the minister doing to help entrepreneurs in my riding start and grow their businesses?

**Hon. Victor Fedeli:** For 15 years, the Liberals and the NDP left our entrepreneurs behind; they put up obstacles to get businesses up and running. To our government, small businesses and entrepreneurs are critical to Ontario's prosperity, and that's why we continue to support them. We saw the problems that the Liberals and the NDP created, and we changed all that by lowering taxes, cutting red tape and fixing their hydro mess.

Ajax entrepreneurs now have all the tools they need to grow their businesses. We're providing \$732,000 to the Durham-Oshawa Small Business Enterprise Centre and another \$187,000 to support Durham's Summer Company and Starter Company Plus programs. Those help students and young entrepreneurs get their businesses off the ground. All of that is proof positive that Ontario is open for business.

#### SOCIAL ASSISTANCE

**Mr. Chris Glover:** This is to the Premier. The Centre for Social Justice estimates that almost half of the 16,000 Ontarians experiencing homelessness have a disability or mental illness. When this government was elected in 2018, 94 people experiencing homelessness died on the streets of Toronto. Last year, in 2021, the number was 216 Ontarians who died on the streets of Toronto experiencing homelessness. People cannot afford housing, and the government's promise to raise the ODSP housing allowance to \$522 a month does not provide rent for a room anywhere in this province.

So my question is, will this government double ODSP rates so that Ontarians with disabilities have a place to live, or will the number of people dying on the streets of Toronto and across this province experiencing homelessness continue to rise under this government's watch?

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

**Hon. Merrilee Fullerton:** Thank you for the question. Our government is continuously working across ministries to make sure that vulnerable people can get the supports

that they need. And our government has invested more in social assistance than any provincial government in history, and I refuse to accept the no-noes across the way.

Our government has made a historic investment in ODSP. We are aligning that with inflation—and that's not the only thing. We're working with the federal government to create the Canadian disability benefit. We are urging them to do that on an urgent basis. It's also across ministries, like I said. It's the micro-credentialing strategy. It's the Roadmap to Wellness. It's the LIFT tax credit. It's the CARE tax credit. It's the child care spaces and education.

These are multi-billion-dollar investments, and we're going to continue to do this important work, despite that the members opposite will continue to say no.

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

**Mr. Chris Glover:** To the Premier: Your government continues to boast about raising ODSP rates by 5% to the highest level in history. But during your term of office, inflation has been 12%. And you increased the rates by 1.5% before, so it's 6.5%. You're implementing an inflationary cut of 5.5% on ODSP rates.

Today, we're joined by some Ontarians with disabilities. One of them, Leslie, requires a special diet. She says, "The broccoli that used to cost 99 cents is now \$5.99." She says, "It's obvious that this government doesn't care." She says, "I might as well eat garbage and die because no one seems to care."

My question is to the government. Stop the spin. Stop the rhetoric. People with disabilities in Ontario are dying under your watch. Will you double the ODSP rates so Ontarians with disabilities can live a decent life?

**Hon. Merrilee Fullerton:** I don't know how the member opposite missed all the mentions of all the programs. This is across ministries. It's across government. We are working with the federal government on the Canadian disability benefit. The previous government had 15 years to create the programs and the supports that were needed. This didn't happen overnight. And, lo and behold, right before the election that they were planning to lose, in 2018, is when they finally bumped up the rates.

I will not take any lessons from the opposition or from the previous government. We are working on behalf of the most vulnerable people in our society.

*Interjections.*

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

**Hon. Merrilee Fullerton:** We will continue to do that because we know how important it is for people that we serve, unlike the previous government and the opposition that supported them and did nothing.

#### MENTAL HEALTH AND ADDICTION SERVICES

**Mr. Mike Schreiner:** My question is for the Premier. The housing, mental health and addictions crisis is putting huge pressure on our health care system. On June 17,

Ontario's Big City Mayors called for an emergency meeting with the Premier to discuss solutions for homelessness, mental health, safety and addictions. The Canadian Mental Health Association, Ontario business improvement associations, chiefs of police, AMO and many others have called for urgent action. Yet we've seen little response from this government.

**1120**

One quick way to help solve this urgent problem would be to immediately increase funding for new and current permanent supportive housing projects. Speaker, will the Premier commit today to new ongoing operational funding for mental health workers and other supports in supportive housing projects to improve people's lives and reduce stress on our health care system?

**The Speaker (Hon. Ted Arnott):** The Associate Minister of Mental Health and Addictions.

**Hon. Michael A. Tibollo:** Thank you for the question. As you know, and as I've said on numerous occasions, our government respects mental health, and we have done and made incredible investments. The meeting with respect to the mayors of the large cities in the province—we have met with many of the mayors one on one. We've had many discussions, and our investments in the province have been unprecedented when it comes to investments. We understand the need to build a system and the fact that, for building a system, you also need to make investments, and those investments are being made to the tune of \$525 million annually.

In addition to that, we also understand that, as a result of COVID, money needed to be invested—additional funds—into addictions recovery, and so we built a fund of \$90 million that's invested across the province of Ontario to ensure that people that need help are able to get it when and where they need it. That's what we need to do, is ensure—

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

**Mr. Mike Schreiner:** Speaker, I believe the associate minister understands the seriousness of this crisis, but I do not believe the government understands the urgency needed, the scale and scope of the crisis, the funding that is necessary. Ontario's Big City Mayors called for a meeting—an emergency meeting—this summer because they're saying that cities and communities across this province are being overwhelmed with a crisis of homelessness, mental health, safety and addictions. Every \$10 invested in permanent supportive housing saves government \$21.72 in other costs.

The government has pulled out all the stops to push seniors out of our hospitals. Why won't they pull out all the stops to make the investments in our communities the Ontario big city mayors are calling for? I ask the Premier: Will the Premier at least meet with the mayors to discuss how to respond to this emergency?

**Hon. Michael A. Tibollo:** Once again, I want to reiterate, there isn't a mayor anywhere in the province of Ontario that has requested a meeting and not gotten one with myself. I make a point of meeting with different

mayors and understanding the issues because, in a recovery-oriented model, we need to build the resources in each of the different communities, and our fund, under the leadership of the Premier, has done exactly that and is doing that and will continue to do that. The investments that are being made are being made in the areas of harm reduction, in withdrawal management, in treatment, and of course in housing, because we understand that one of the social determinants of health, to ensure that a person doesn't continue to cycle through the system, is to provide the resources necessary to give that individual the best chance of succeeding. This is what our government is doing, Mr. Speaker. This is what we're going to continue to do because you cannot have health without mental health, and those investments are and will continue to be made.

## EDUCATION

**Ms. Laura Smith:** This question is to the Minister of Education. Mr. Speaker, families in Thornhill and across this province are anxious yet excited for the return to class. We know, as parents, that nothing else matters more. Many kids are gearing up, families buying school supplies and new routines are being created. This is happening in my own household right now.

When our kids go back, many will be behind. We see it as parents, teachers see it and I know this minister gets it. In short, what is the minister doing to help these kids, to ensure they get back on track as they return this September, right until June?

**Hon. Stephen Lecce:** I do want to thank the member from Thornhill for this question. I think many parents of this province have perhaps never been more excited for these kids to get back to class, as are the children of this province. It's been two difficult years. I think the number one thing we can do as a Parliament is to ensure the kids get to school in September and they stay in school without disruption right to June. That requires all of us to work together to ensure the kids have a plan in place to catch up, to get back to basics on the fundamentals of learning, reading, writing and math.

That's why, Speaker, we've unveiled a plan that puts a greater emphasis—that restores the full learning experience: the clubs and sports, the extracurriculars, music and arts, the elements that create well-rounded leaders in this province.

We've also unveiled a nation-leading tutoring expansion plan, \$175 million—the largest in this country—designed to help kids have the support they need, and a mental health investment building on the Minister of Mental Health and Addictions' response. We have a 420% net increase, all this designed to ensure kids get back to a normal and stable, more enjoyable—

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

The supplementary.

**Ms. Laura Smith:** Thank you to the minister for his positive response. Students and families in my riding of Thornhill will benefit from these supports this school year.

In addition to catching up in class, many families have safety and health in school top of mind. Speaker, the benefits of in-person learning are so clear to all of us, and yet with the backdrop of union escalation, it raises a concern with so many parents. The Premier and the Minister of Education have strongly advocated for a disruption-free return to school with the full school experience, one that includes extracurricular activities.

Will the minister outline his vision for September right till June? Tell us more about these protocols and supports in place for Ontario students and their families.

**Hon. Stephen Lecce:** I think families in this province will be elated to hear that kids will be returning to a more normal, a much more enjoyable and a stable September right to June. That is what children deserve, and it requires all of us to have the political fortitude to stand up for stability against the backdrop of a pandemic or never-ending union negotiations.

We deserve that. Our parents and our children deserve that, Speaker. It's why, when we look at September, we're really restoring the same experience they had in June. We'll continue to provide rapid tests. We'll continue to have 100,000 HEPA filters in schools, the largest ventilation improvement in the nation. We're also ensuring that screening takes place, enhanced cleaning of our schools and buses. And likewise, we have another \$300 million provided by the Premier specifically to hire literally over 2,000 additional custodians and EAs and educators to make a difference in our schools.

Mr. Speaker, we're excited for September. We're going to stay focused on keeping kids in school right to June.

## SOCIAL ASSISTANCE

**Mr. Joel Harden:** My question is for the Premier. Good morning, Premier.

Marilyn Matheson, the executive director of the Caldwell Family Centre, runs a community kitchen and food bank in the west end of our community. The centre has benefited from COVID-19 disaster funding relief, and it's used that to feed people in need.

It's a success story for our province. It feeds up to 600 meals a day right now for people who are suffering from the prices of high rent and high food. But last week, Marilyn said they may have to shut their doors if that funding doesn't continue, which will end early September, and that will disadvantage, as she was saying at the time to the media, 340 families and almost 1,000 individuals that she was serving in that particular week.

Speaker, this is a success story to deal with poverty. I'm wondering if the Premier today can commit to us that these sorts of community food agencies will have consistent, stable funding going forward.

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

**Hon. Merrilee Fullerton:** Again, thank you for mentioning the social services relief fund, \$1 billion that was helping groups and organizations throughout COVID-19, but it's much more than that.

The food stability, the food security issue is related to a whole poverty-reduction strategy. That involves the micro-credentials strategy, the mental health strategy, the Roadmap to Wellness, the new child care spaces, the Ontario Child Benefit, the dental care for eligible seniors, the LIFT tax credit, the CARE tax credit, the Feed Ontario programs, the student nutrition programs, the Ontario Trillium fund, Resilient Communities Fund, the Ontario Jobs Training Tax Credit, the Ontario Energy and Property Tax Credit, the minimum wage enhancement.

This is a vision that we have working with municipalities, because we understand how important it is to help give people the support that they need when they need it, and to help those who can work get back into the labour market, and working with the—

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

1130

**Mr. Joel Harden:** While I appreciate that answer from the minister on behalf of the Premier, I want to point out that this social services relief fund has been doing incredible work in our community and I think it's something we should be celebrating. However, if the funding is about to run out, it's not going to continue that legacy of success.

I want to talk about Erica Braunovan, who runs the Ottawa Community Food Partnership. It's a local initiative that brings together 20 food businesses and 30 social service agencies that has been helping people by producing 4,000 meals a week. This is another one of the organizations that will have their funding run out soon. But this is a situation where businesses are getting jobs—newcomers to our country, in many cases—and people in need who are hungry and who will starve without these programs get instant relief.

Again, Speaker, my question to the government once more: This social services relief funding is about to run out: Will you let Ottawa, will you let the rest of Ontario continue the success story by making this funding permanent? Yes or no, please?

**The Speaker (Hon. Ted Arnott):** The Minister of Municipal Affairs and Housing.

**Hon. Steve Clark:** Speaker, through you to the honourable member: The minister was correct in the first answer. The social services relief fund has helped Ontarians during the pandemic in a very meaningful way. We made a decision when we first announced the program that we wanted to make it flexible. So, many service managers targeted the issues that Minister Fullerton spoke about: food insecurity and ensuring that those who were less fortunate had that opportunity.

Some of the tranches of this funding—I think we're now up to five times that we've distributed these dollars—was not cost-shared by the federal government. We have a situation where, based on our core housing need, based on our need in the province of Ontario—that is far, far greater

than any other province or territory in Canada—the federal government has shortchanged us some \$490 million. We need that member and his party to support our call to the federal government for our fair share.

## RING OF FIRE

**Mr. Will Bouma:** Many of the people in Brantford–Brant have raised concerns to me about the status of the Ring of Fire development. Their doubt is not without merit, as the previous Liberal government failed to develop a strong direction on the project. Our government has made significant advancements on this file, but concerns remain over delays in negotiations due to COVID-19 and that we are still waiting for federal funding.

We know that obtaining money from the federal government is essential for building infrastructure and roads in the region. Can the Minister of Mines address these concerns and update the chamber on this development?

**Hon. George Pirie:** Thank you for the question from the member for Brantford–Brant.

Immediately after I was appointed Minister of Mines I joined our great Minister of Energy at the Canadian Energy and Mine Ministers' Conference in St. John's. At the conference, I was excited that Minister Wilkinson shared my sense of urgency for developing critical minerals that we know are necessary for a low-carbon economy. We can't go green without mining and we know the critical minerals in the Ring of Fire represent a nationally, if not globally, significant opportunity.

Our government committed almost \$1 billion for infrastructure and community supports, but we need the federal government to come to the table with the funding. Based on my early discussions with the federal government and Minister Wilkinson, I believe they are a willing partner and will come to the table as a full partner.

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

**Mr. Will Bouma:** Thank you for that answer, Minister. We know the Ring of Fire development will impact First Nations in the Far North. Proper consultation with First Nations communities is essential in advancing this critical project, while respecting Indigenous treaty rights.

In the past, the provincial government's approach to this file fuelled disagreements and deadlock that resulted in further delays. Can the Minister of Mines explain to the Legislature what our government is doing differently? How are we avoiding the mistakes made by the previous Liberal government and moving this project forward in partnership with First Nations communities?

**Hon. George Pirie:** Thank you, again, for the question. It's no secret that the Liberal government's approach to the Ring of Fire achieved nothing. The only people who benefited from the Liberal government's regional framework were insiders, lawyers and consultants.

Our government ended the regional framework in favour of bilateral agreements with First Nations to understand their unique priorities and perspectives. Our government signed historic agreements with Webequie

and Marten Falls First Nations, who are proponents for their community projects on the Northern Road Link.

Speaker, the results have been fantastic. First Nations-led environmental assessments are now under way for two road projects in the Ring of Fire. By working in partnership with First Nations, we are building momentum on this project and charting a plan forward to economic reconciliation.

## LONG-TERM CARE

### HOME CARE

**Ms. Jill Andrew:** To the Premier: Bill 7 is a give-consent-or-go-broke government bill. It is poised to strip ALC patients and families of their dignity by allowing seniors and patients with disabilities, among others, to be forced into long-term-care homes some hundreds of kilometres away without consent. Through Bill 7, patients could be forced into for-profit long-term-care homes, which we know are more likely to be understaffed and underfunded. During the pandemic alone, for-profit private homes have accounted for thousands of patient deaths, far outnumbering those of publicly funded and operated homes.

My question is to the Premier. Does this government think their plan to strong-arm seniors, patients, away from family and community-based services is best for their physical and mental health? Is this what the doctor ordered?

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

**Hon. Paul Calandra:** In fact, it's only the opposition who are suggesting that our seniors should be strong-armed. In fact, we're doing just the opposite. We're providing different opportunities and solutions for those people who are being discharged from hospital and who are on the waiting list for long-term care.

Now we're going even a step further, Mr. Speaker: In addition to the four hours of care that we're already moving towards, through this legislation we are providing additional resources for dementia care and over \$60 million in resources for Behavioural Supports Ontario on an ongoing basis. We're providing kidney dialysis, for example, in homes. Only the opposition would suggest that we should bring somebody from a hospital to a home and back and forth.

We think our long-term-care homes can do better. That's why we're providing those additional resources to do that. It is about working with patients in hospital who want to be residents of a home, working side by side with their family, because we know how important family is to the well-being of their loved ones in long-term care, and that's—

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

The supplementary question.

**Ms. Jill Andrew:** Back to the Premier: St. Paul's residents, including board members such as Rabbi Shalom Schachter, among others, from the Toronto Area Interfaith

Council, have shared their concerns about Bill 7 with me, since this government refused to consult with anyone— not patients, front-line health care workers, families or stakeholders—on Bill 7. To quote TAIC, “Unfortunately, while this bill will increase the number of hospital beds for persons needing acute care, it will not result in better care for the persons who will be pressured to move from those beds and warehoused into a LTC home not of their choice.”

My question—Speaker, through you—is back to the Premier: Why does this bill not make any reference to home care, the number one choice of seniors and advocates like TAIC, SPRINT Senior Care, Seniors for Social Action (Ontario), the OVCO seniors' working group, the Reena Foundation, Community Living Toronto—I could go on and on—folks who want seniors to receive care while aging in place in their homes and communities for as long as possible? Why does a bill saying that it's going to do better care not include home care? Why is home care absent?

**The Speaker (Hon. Ted Arnott):** To respond, the Premier.

**Hon. Doug Ford:** Thank you for the question. I don't even know where to begin, there are so many items there, but let's start off with consulting. We consulted with numerous CEOs across the province, and there isn't one CEO of a hospital who doesn't say there's a massive problem with 6,000 people taking up hospital beds.

Number two, who in this chamber, including the member across the hallway, would stick their loved ones in a hospital bed, instead of giving them a home where they're going to be able to leave the room and maybe see some entertainment? Or are they going to be stuck in a hospital bed, listening to bells go off and risking their health by being in there when they're discharged from a doctor? We're clogging up the system because there's 6,000 people who shouldn't be in there. They should be getting proper care in home care.

As for the Reena Foundation, I've been a supporter of the Reena Foundation for years. They're big advocates of this government, because we've supported them, building new buildings, so maybe you should do your little bit of homework before you start accusing people.

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

## DEFERRED VOTES

PLAN TO BUILD ACT  
(BUDGET MEASURES), 2022

LOI DE 2022 POUR FAVORISER  
LE DÉVELOPPEMENT  
(MESURES BUDGÉTAIRES)

Deferred vote on the motion for second reading of the following bill:

Bill 2, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 2, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

**The Speaker (Hon. Ted Arnott):** We have a deferred vote on the motion for second reading of Bill 2, An Act to implement Budget measures and to enact and amend various statutes.

Call in the members. This is a five-minute bell.

*The division bells rang from 1140 to 1145.*

**The Speaker (Hon. Ted Arnott):** I'll ask the members to please take their seats.

On August 11, 2022, Mr. Bethlenfalvy moved second reading of Bill 2, An Act to implement budget measures and to enact and amend various statutes.

All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

#### Ayes

Anand, Deepak	Grewal, Hardeep Singh	Quinn, Nolan
Babikian, Aris	Hardeman, Ernie	Rasheed, Kaleed
Bailey, Robert	Harris, Mike	Riddell, Brian
Barnes, Patrice	Hogarth, Christine	Romano, Ross
Bethlenfalvy, Peter	Jones, Sylvia	Sabawy, Sheref
Bouma, Will	Jones, Trevor	Sandhu, Amarjot
Bresee, Ric	Jordan, John	Sarkaria, Prabmeet Singh
Byers, Rick	Kanapathi, Logan	Sarrazin, Stéphane
Calandra, Paul	Ke, Vincent	Scott, Laurie
Cho, Raymond Sung Joon	Kerzner, Michael S.	Skelly, Donna
Cho, Stan	Khanjin, Andrea	Smith, Dave
Clark, Steve	Kusendova-Bashta, Natalia	Smith, David
Coe, Lorne	Leardi, Anthony	Smith, Graydon
Crawford, Stephen	Lecce, Stephen	Smith, Laura
Cuzzetto, Rudy	Lumsden, Neil	Smith, Todd
Dixon, Jess	Martin, Robin	Surma, Kinga
Dowie, Andrew	McCarthy, Todd J.	Tangri, Nina
Dunlop, Jill	McGregor, Graham	Thanigasalam, Vijay
Fedeli, Victor	McNaughton, Monte	Thompson, Lisa M.
Flack, Rob	Mulroney, Caroline	Tibollo, Michael A.
Ford, Doug	Oosterhoff, Sam	Triantafilopoulos, Effie J.
Ford, Michael D.	Pang, Billy	Wai, Daisy
Fullerton, Merrilee	Parsa, Michael	Williams, Charmaine A.
Gallagher Murphy, Dawn	Pierre, Natalie	Yakabuski, John
Ghamari, Goldie	Pirie, George	

**The Speaker (Hon. Ted Arnott):** All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

#### Nays

Andrew, Jill	Glover, Chris	Schreiner, Mike
Armstrong, Teresa J.	Gretzky, Lisa	Shamji, Adil
Begum, Doly	Harden, Joel	Shaw, Sandy
Bell, Jessica	Hsu, Ted	Stevens, Jennifer (Jennie)
Blais, Stephen	Hunter, Mitzie	Tabuns, Peter
Bourgouin, Guy	Kernaghan, Terence	Taylor, Monique
Bowman, Stephanie	Mamakwa, Sol	Vanthof, John
Burch, Jeff	Mantha, Michael	Vaugeois, Lise
Fraser, John	McMahon, Mary-Margaret	West, Jamie
French, Jennifer K.	Pasma, Chandra	Wong-Tam, Kristyn
Gates, Wayne	Sattler, Peggy	

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 74; the nays are 32.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

*Second reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Pursuant to the order of the House dated August 29, 2022, the bill is ordered for third reading.

#### MORE BEDS, BETTER CARE ACT, 2022

#### LOI DE 2022 POUR PLUS DE LITS ET DE MEILLEURS SOINS

Deferred vote 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):** Call in the members. This will be another five-minute bell.

*The division bells rang from 1149 to 1150.*

**The Speaker (Hon. Ted Arnott):** On August 23, 2022, Mr. Calandra moved second reading of 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.

All those in favour of the motion will please rise one at a time and be counted by the Clerk.

#### Ayes

Anand, Deepak	Grewal, Hardeep Singh	Quinn, Nolan
Babikian, Aris	Hardeman, Ernie	Rasheed, Kaleed
Bailey, Robert	Harris, Mike	Riddell, Brian
Barnes, Patrice	Hogarth, Christine	Romano, Ross
Bethlenfalvy, Peter	Jones, Sylvia	Sabawy, Sheref
Bouma, Will	Jones, Trevor	Sandhu, Amarjot
Bresee, Ric	Jordan, John	Sarkaria, Prabmeet Singh
Byers, Rick	Kanapathi, Logan	Sarrazin, Stéphane
Calandra, Paul	Ke, Vincent	Scott, Laurie
Cho, Raymond Sung Joon	Kerzner, Michael S.	Skelly, Donna
Cho, Stan	Khanjin, Andrea	Smith, Dave
Clark, Steve	Kusendova-Bashta, Natalia	Smith, David
Coe, Lorne	Leardi, Anthony	Smith, Graydon
Crawford, Stephen	Lecce, Stephen	Smith, Laura
Cuzzetto, Rudy	Lumsden, Neil	Smith, Todd
Dixon, Jess	Martin, Robin	Surma, Kinga
Dowie, Andrew	McCarthy, Todd J.	Tangri, Nina
Dunlop, Jill	McGregor, Graham	Thanigasalam, Vijay
Fedeli, Victor	McNaughton, Monte	Thompson, Lisa M.
Flack, Rob	Mulroney, Caroline	Tibollo, Michael A.
Ford, Doug	Oosterhoff, Sam	Triantafilopoulos, Effie J.
Ford, Michael D.	Pang, Billy	Wai, Daisy
Fullerton, Merrilee	Parsa, Michael	Williams, Charmaine A.
Gallagher Murphy, Dawn	Pierre, Natalie	Yakabuski, John
Ghamari, Goldie	Pirie, George	

**The Speaker (Hon. Ted Arnott):** All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

#### Nays

Andrew, Jill	Glover, Chris	Schreiner, Mike
Armstrong, Teresa J.	Gretzky, Lisa	Shamji, Adil
Begum, Doly	Harden, Joel	Shaw, Sandy
Bell, Jessica	Hsu, Ted	Stevens, Jennifer (Jennie)
Blais, Stephen	Hunter, Mitzie	Tabuns, Peter
Bourgouin, Guy	Kernaghan, Terence	Taylor, Monique
Bowman, Stephanie	Mamakwa, Sol	Vanthof, John
Burch, Jeff	Mantha, Michael	Vaugeois, Lise
Fraser, John	McMahon, Mary-Margaret	West, Jamie
French, Jennifer K.	Pasma, Chandra	Wong-Tam, Kristyn
Gates, Wayne	Sattler, Peggy	

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 74; the nays are 32.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

*Second reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Pursuant to the order of the House dated August 29, 2022, the bill is ordered for third reading.

#### THRONE SPEECH DEBATE

**The Speaker (Hon. Ted Arnott):** Next, we have a deferred vote on the motion for an address in reply to the speech from the throne.

Call in the members. This is another five-minute bell.

*The division bells rang from 1154 to 1155.*

**The Speaker (Hon. Ted Arnott):** On August 10, 2022, Mr. McCarthy moved, seconded by Ms. Barnes, that an humble address be presented to Her Honour the Lieutenant Governor as follows:

“To the Honourable Elizabeth Dowdeswell, Lieutenant Governor of Ontario:

“We, Her Majesty’s most dutiful and loyal subjects, the Legislative Assembly of the province of Ontario, now assembled, beg leave to thank Your Honour for the gracious speech Your Honour has been pleased to address to us at the opening of the present session.”

All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

#### Ayes

Anand, Deepak	Grewal, Hardeep Singh	Quinn, Nolan
Babikian, Aris	Hardeman, Ernie	Rasheed, Kaleed
Bailey, Robert	Harris, Mike	Riddell, Brian
Barnes, Patrice	Hogarth, Christine	Romano, Ross
Bethlenfalvy, Peter	Jones, Sylvia	Sabawy, Sheref
Bouma, Will	Jones, Trevor	Sandhu, Amarjot
Bressee, Ric	Jordan, John	Sarkaria, Prabmeet Singh
Byers, Rick	Kanapathi, Logan	Sarrazin, Stéphane
Calandra, Paul	Ke, Vincent	Scott, Laurie
Cho, Raymond Sung Joon	Kerzner, Michael S.	Skelly, Donna
Cho, Stan	Khanjin, Andrea	Smith, Dave
Clark, Steve	Kusendova-Bashta, Natalia	Smith, David
Coe, Lorne	Leardi, Anthony	Smith, Graydon
Crawford, Stephen	Lecce, Stephen	Smith, Laura
Cuzzetto, Rudy	Lumsden, Neil	Smith, Todd

Dixon, Jess	Martin, Robin	Surma, Kinga
Dowie, Andrew	McCarthy, Todd J.	Tangri, Nina
Dunlop, Jill	McGregor, Graham	Thanigasalam, Vijay
Fedeli, Victor	McNaughton, Monte	Thompson, Lisa M.
Flack, Rob	Mulroney, Caroline	Tibollo, Michael A.
Ford, Doug	Oosterhoff, Sam	Triantafilopoulos, Effie J.
Ford, Michael D.	Pang, Billy	Wai, Daisy
Fullerton, Merrilee	Parsa, Michael	Williams, Charmaine A.
Gallagher Murphy, Dawn	Pierre, Natalie	Yakubski, John
Ghamari, Goldie	Pirie, George	

**The Speaker (Hon. Ted Arnott):** All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

#### Nays

Andrew, Jill	Glover, Chris	Schreiner, Mike
Armstrong, Teresa J.	Gretzky, Lisa	Shamji, Adil
Begum, Doly	Harden, Joel	Shaw, Sandy
Bell, Jessica	Hsu, Ted	Stevens, Jennifer (Jennie)
Blais, Stephen	Hunter, Mitzie	Tabuns, Peter
Bourgouin, Guy	Kernaghan, Terence	Taylor, Monique
Bowman, Stephanie	Mamakwa, Sol	Vanthof, John
Burch, Jeff	Mantha, Michael	Vaugeois, Lise
Fraser, John	McMahon, Mary-Margaret	West, Jamie
French, Jennifer K.	Pasma, Chandra	Wong-Tam, Kristyn
Gates, Wayne	Sattler, Peggy	

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 74; the nays are 32.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

*Motion agreed to.*

**The Speaker (Hon. Ted Arnott):** Be it resolved that an humble address be presented to Her Honour the Lieutenant Governor as follows:

“To the Honourable Elizabeth Dowdeswell, Lieutenant Governor of Ontario:

“We, Her Majesty’s most dutiful and loyal subjects, the Legislative Assembly of the province of Ontario, now assembled, beg leave to thank Your Honour for the gracious speech Your Honour has been pleased to address to us at the opening of the present session.”

#### CORRECTION OF RECORD

**The Speaker (Hon. Ted Arnott):** The member for Ottawa Centre has informed me he’s got a point of order.

**Mr. Joel Harden:** Just briefly, Speaker, to correct my record on a point of order: Earlier I thanked you for your help in bringing our friends from the Kamengo Cultural Troupe, who will be performing right after we leave here in room 228.

I also wanted to specifically thank Mr. Eric Rennie from assembly protocol, who has been a huge help to our friends who are here from Uganda, who are excited to meet you all after.

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

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

*The House recessed from 1159 to 1500.*

## INTRODUCTION OF VISITORS

**Mr. Todd J. McCarthy:** Mr. Dennis Ong is in the assembly. He is a member of the Aviva Trial Lawyers' team and a deputy judge of the Small Claims Court.

## INTRODUCTION OF BILLS

### NO TIME TO WASTE ACT (PLAN FOR CLIMATE ACTION AND JOBS), 2022

### LOI DE 2022 SUR LA NÉCESSITÉ DE NE PAS GASPILLER DE TEMPS (PLAN EN MATIÈRE D'ACTION POUR LE CLIMAT ET L'EMPLOI)

Mr. Tabuns moved first reading of the following bill:

Bill 14, An Act to enact the Climate Crisis Health Action Plan Act, 2022 the Ontario Climate Crisis Strategy for the Public Sector Act, 2022 and the Select Committee on the Climate Crisis Act, 2022 / Projet de loi 14, Loi édictant la Loi de 2022 sur le Plan d'action sur la crise climatique et la santé, la Loi de 2022 sur la Stratégie du secteur public de l'Ontario relative à la crise climatique et la Loi de 2022 sur le Comité spécial de l'action relative à la crise climatique.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** I would like to invite the Leader of the Opposition to give a brief explanation of his bill by reading the explanatory note.

**Mr. Peter Tabuns:** There are three parts to this bill. The first is to develop and publish a strategic action plan that aims to ensure that Ontario's public health care system is actually prepared to deal with the climate crisis.

The second part is to set up a climate crisis strategy for the public sector to maximize the impact of the public sector on preparations for the climate crisis and to mitigate the effects of increased emissions.

Lastly, it's to set up a select committee of this Legislature to put together a plan for Ontario as a whole to take on this issue.

### FAIRNESS FOR ROAD USERS ACT (CONTRAVENTIONS CAUSING DEATH OR SERIOUS BODILY HARM), 2022

### LOI DE 2022 SUR L'ÉQUITÉ ENVERS LES USAGERS DE LA ROUTE (CONTRAVENTIONS AYANT CAUSÉ UN DÉCÈS OU DES BLESSURES CORPORELLES GRAVES)

Ms. French moved first reading of the following bill:

Bill 15, An Act to amend the Highway Traffic Act to create an offence of contravention causing death or serious bodily harm / Projet de loi 15, Loi modifiant le Code de la

route pour ériger en infraction le fait d'avoir causé un décès ou des blessures corporelles graves pendant la commission d'une contravention.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member for Oshawa care to give a brief explanation of her bill.

**Ms. Jennifer K. French:** This is a reintroduction of my bill from the previous session, and it amends the Highway Traffic Act. If a person causes or contributes to causing an accident which causes death or serious bodily harm and, at the time, the person was contravening the Highway Traffic Act or its regulations, then the person is guilty of an offence.

The court may sentence the person to a fine of up to \$50,000 or to imprisonment of up to two years or both. The court may also suspend the person's driver's licence or permit.

We all know that bad things can happen on the roads when people violate the Highway Traffic Act. However, as it stands now, in the event that someone dies or is significantly injured as a result, there is not a significant penalty that can be given upon sentencing.

This bill would increase penalties if someone on the road breaks a driving law and hurts or kills someone. This bill would give the court options during sentencing so that families might no longer suffer insult after suffering injury.

## RACIAL EQUITY IN THE EDUCATION SYSTEM ACT, 2022

### LOI DE 2022 SUR L'ÉQUITÉ RACIALE DANS LE SYSTÈME D'ÉDUCATION

Ms. Vaugeois moved first reading of the following bill:

Bill 16, An Act to amend various Acts with respect to racial equity / Projet de loi 16, Loi modifiant diverses lois en ce qui concerne l'équité raciale.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** I would invite the member for Thunder Bay–Superior North to briefly explain her bill.

**Ms. Lise Vaugeois:** It is my honour to be a co-sponsor of this bill, along with my outstanding colleagues from Kitchener Centre and Toronto–St. Paul's.

This bill, An Act to amend various Acts with respect to racial equity, looks to amend various acts with respect to racial equity in the education system.

A number of amendments are made to acts including the Education Act, the Higher Education Quality Council of Ontario Act, the Ministry of Training, Colleges and Universities Act, the Ontario College of Teachers Act and the Ontario Colleges of Applied Arts and Technology Act.



## ABUSE PREVENTION WEEK ACT, 2022

1510

LOI DE 2022 SUR LA SEMAINE  
DE LA PRÉVENTION  
DES MAUVAIS TRAITEMENTS

Mr. Mantha moved first reading of the following bill:

Bill 17, An Act to proclaim Abuse Prevention Week and to establish an Abuse Prevention Framework Advisory Committee / Projet de loi 17, Loi proclamant la Semaine de la prévention des mauvais traitements et constituant un comité consultatif du cadre de prévention des mauvais traitements.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member for Algoma–Manitoulin care to briefly explain his bill.

**Mr. Michael Mantha:** The bill enacts the Abuse Prevention Week Act, 2022.

The act proclaims the week beginning on the first Sunday in October in each year as Abuse Prevention Week. The act establishes an Abuse Prevention Framework Advisory Committee to provide recommendations to the Minister of Education, and requires the Minister of Education to issue curriculum guidelines respecting abuse prevention in accordance with the committee's recommendation. The curriculum is required to be taught during Abuse Prevention Week.

## PETITIONS

## SERVICES DE SANTÉ DANS LE NORD

**M<sup>me</sup> France Gélinas:** J'aimerais remercier M<sup>me</sup> Simone Mathieu de Gogama dans mon comté pour ces pétitions.

« Centre de soins infirmiers de Gogama.... »

« Alors que Gogama est une communauté isolée au nord de l'Ontario avec de nombreux aîné(e)s et résident(e)s qui ont besoin d'accès à des soins primaires; »

« Alors que le Centre de soins infirmiers de Gogama a donné accès à des soins primaires de qualité pendant des décennies, mais que le service est inconsistant et irrégulier depuis le début de 2018; »

« Alors que les résident(e)s des communautés isolées du nord de l'Ontario méritent un accès équitable aux soins de santé; »

« Ils pétitionnent « l'Assemblée législative de l'Ontario de s'assurer que le Centre de soins infirmiers de Gogama soit financé, doté en personnel et pleinement opérationnel pour fournir des soins primaires de qualité », et ce, « de façon constante. »

J'appuie cette pétition, monsieur le Président. Je vais la signer et je la donne à Liliana pour l'amener à la table des greffiers.

## INJURED WORKERS

**Mr. Michael Mantha:** This petition is titled, "Petition for an Official Statement of Apology on Behalf of the" Government "of Ontario to the McIntyre Powder Project Miners.

"To the Legislative Assembly of Ontario:

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

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

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

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

I completely agree with this petition. I affix my name and present it to page Juliet to bring it down to the Clerks' table.

## ORGAN DONATION

**M<sup>me</sup> France Gélinas:** I would like to thank Colette Pilon, from Capreol in my riding, for these petitions.

"Saving Organs to Save Lives...."

"Whereas Ontario has one of the best organ transplant programs in the world;

"Whereas there are currently 1,600"—actually, 3,600—"people waiting for a life-saving organ transplant in Ontario;

"Whereas every three days someone in Ontario dies because they can't get a transplant in time;

"Whereas donating organs and tissues can save up to eight lives and improve the lives of up to 75 people;

"Whereas 90% of Ontarians support organ donation, but only 36% are registered;

"Whereas Nova Scotia has seen increases in organs and tissue for transplant after implementing a presumed consent legislation in January 2020;"

They "petition the Legislative Assembly of Ontario as follows:

"Change the legislation to allow a donor system based on presumed consent...."

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

#### SOCIAL ASSISTANCE

**Mr. Michael Mantha:** This petition is entitled, “To Raise Social Assistance Rates.”

“To the Legislative Assembly of Ontario:

“Whereas Ontario’s social assistance rates are well below Canada’s official Market Basket Measure poverty line and woefully inadequate to cover the basic costs of food and rent;

“Whereas individuals on the Ontario Works program receive just \$733 per month and individuals on the Ontario Disability Support Program receive just \$1,169 per month, only 41% and 65% of the poverty line;

“Whereas the Ontario government has not increased social assistance rates since 2018, and Canada’s inflation rate in January 2022 was 5.1%, the highest rate in 30 years;

“Whereas the government of Canada recognized through the CERB program that a ‘basic income’ of \$2,000 per month was the standard support required by individuals who lost their employment during the pandemic;

“We, the undersigned citizens of Ontario, petition the Legislative Assembly to increase social assistance rates to a base of \$2,000 per month for those on Ontario Works, and to increase other programs accordingly.”

I agree with this petition, will affix my name and present it to, again, page Juliet to bring it down to the Clerks’ table.

#### FRONT-LINE WORKERS

**Mme France Gélinas:** I would like to thank Claude Arseneault, from Val Caron in my riding, for these petitions.

“Make PSW a Career....”

“Whereas there has been a shortage of personal support workers (PSWs) in long-term care ... in Ontario for many years;

“Whereas Ontario’s personal support workers are overworked, underpaid and underappreciated, leading to many of them leaving the profession;

“Whereas the lack of PSWs has created a crisis in LTC, a broken home care system, and poor-quality” life “for LTC home residents and home care clients;”

They “petition the Legislative Assembly of Ontario as follows:

“Tell Premier Ford to act now to make PSW jobs a career, with” permanent “full-time employment, good wages, paid sick days, benefits, a pension plan and a manageable workload in order to respect the important work of PSWs and improve patient care.”

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

#### MULTIPLE SCLEROSIS

**Mme France Gélinas:** I would like to thank Wayne Fogal from Whitefish in my riding for this petition, called, “MS Specialized Clinic in Sudbury....”

“Whereas northeastern Ontario has one of the highest rates of multiple sclerosis (MS) in Ontario;

“Whereas specialized MS clinics provide essential health care services to those living with multiple sclerosis, their caregiver and their family;

“Whereas the city of Greater Sudbury is recognized as a hub for health care in northeastern Ontario;”

They “petition the Legislative Assembly of Ontario as follows:

“Immediately set up a specialized MS clinic in the Sudbury area that is staffed by a neurologist who specializes in the treatment of multiple sclerosis, a physiotherapist and a social worker at a minimum.”

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

#### HIGHWAY SAFETY

**Mme France Gélinas:** I would like to thank Mr. Maximus Gagnon from Hanmer in my riding for this petition:

“Make Highway 144 at Marina Road Safe....”

“Whereas residents of Levack, Onaping and Cartier, as well as individuals who travel Highway 144, are concerned about the safety of a stretch of Highway 144 in the vicinity of Marina Road and would like to prevent further accidents and fatalities; and

“Whereas three ... accidents occurred in summer 2021” and six accidents have occurred so far in 2022, “resulting in severe injuries, diesel fuel spilling into the waterways, the closure of Highway 144 for several hours delaying traffic and stranding residents; and

“Whereas the Ministry of Transportation has completed a review of this stretch of Highway 144, has made some improvements and has committed to re-evaluate and ensure the highway is safe;”

They “petition the Legislative Assembly of Ontario that the Ministry of Transportation review Highway 144 at Marina Road immediately and commit to making it safe, as soon as possible....”

I fully support this position, Speaker, will affix my name to it and ask my good page Liliana to bring it to the Clerk.

#### ANTI-VAPING INITIATIVES FOR YOUTH

**Mme France Gélinas:** I would to thank Mr. Dakin from Val Caron in my riding for this petition.

“Protect Kids from Vaping....”

“Whereas very little is known about the long-term effects of vaping on youth; and

“Whereas aggressive marketing of vaping products by the tobacco industry is causing more and more kids to

become addicted to nicotine through the use of e-cigarettes; and

“Whereas the hard lessons learned about the health impacts of smoking, should not be repeated with vaping, and the precautionary principle must be applied to protect youth from vaping; and

“Whereas many health agencies and Physicians for a Smoke-Free Canada fully endorse the” proposals to reduce vaping for youth;

They “petition the Legislative Assembly of Ontario as follows:

“To call on the Ford government to” act “in order to protect the health of Ontario’s youth.”

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

#### RETIREMENT HOMES

**M<sup>me</sup> France Gélinas:** I’d like to thank Joanne Larocque from Val Caron in my riding for this petition.

“Oversight, Regulations and Limits on Fees Charged by Retirement Homes...”

“Whereas residents of retirement homes are mainly seniors on fixed incomes who often pay very high amounts for rent and services and cannot afford big cost increases;

**1520**

“Whereas we are seeing more financial hardships on seniors, their families and caregivers who support them, due to retirement homes exponentially increasing the costs of the services they provide to their residents;”

They petition the Legislative Assembly of Ontario as follows:

“To protect retirement home residents from financial exploitation, the government should implement oversight, regulations and limits on the fees charged by retirement homes for all services they provide to their residents.”

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

#### EMERGENCY SERVICES

**M<sup>me</sup> France Gélinas:** I’d like to thank Jasmine Richer from Capreol in my riding for this petition called “911 Everywhere in Ontario.”

“Whereas when we face an emergency we all know to dial 911 for help; and

“Whereas access to emergency services through 911 is not available in all regions of Ontario but most Ontarians believe that it is; and

“Whereas many Ontarians have discovered that 911 was not available while they faced an emergency; and

“Whereas all Ontarians expect and deserve access to 911 service, throughout our province;”

They petition the Legislative Assembly as follows:

“To provide 911 emergency response everywhere in Ontario by land line or cellphone.”

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

#### ORDERS OF THE DAY

##### MORE BEDS, BETTER CARE ACT, 2022

##### LOI DE 2022 POUR PLUS DE LITS ET DE MEILLEURS SOINS

Mr. Parsa, on behalf of Mr. Calandra, moved third 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 Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Hon. Michael Parsa:** I just want to start off by stating that I’ll be sharing my time with the parliamentary assistant to the Minister of Long-Term Care, the member for Lanark–Frontenac–Kingston.

I’m going to be very quick, Madam Speaker. What I want to do is thank the Minister of Long-Term Care and the hard-working parliamentary assistant for all of their hard work on behalf of the residents of Aurora–Oak Ridges–Richmond Hill for looking at ways to constantly improve the quality of lives of Ontarians. That is a huge undertaking when you look at the state of our health care system that was left behind by the previous government. From day one, you have seen the Minister of Health and the Minister of Long-Term Care, under the leadership of Premier Ford, look at ways of improving our health care system and our long-term-care homes.

On behalf of the residents of Aurora–Oak Ridges–Richmond Hill, thank you to the Minister of Long-Term Care and thank you to the parliamentary assistant to the Minister of Long-Term Care, and I’ll turn the floor over to him, please.

**The Deputy Speaker (Ms. Donna Skelly):** I recognize the member for Nickel Belt.

**M<sup>me</sup> France Gélinas:** I cannot tell you how upsetting it is to be here today to talk about third reading of Bill 7, a bill that will take away the rights of frail, elderly people to consent to treatment. This is a right that we all have. It doesn’t matter what health professional interacts with you, you always have a right to consent or the right not to consent, it doesn’t matter the treatment. But under this bill, we’re treating frail, elderly people as if they don’t matter.

They matter to me. They matter to everybody in Ontario. There were so many people who wanted to be heard on that bill, who wanted to share their story of what it means to have a loved one in a long-term-care home away from where they live, away from the people who support them.

The stories are always very similar. We unfortunately had this happen in our area when, seven years ago, Health Sciences North was so overwhelmed that they declared a crisis and people were sent to long-term-care homes not of their choosing. I had 200 files in my office of families who were trying to bring their loved ones back to be with them. We were able to help a few, but the great majority of them ended up dying alone, away from their families, without their circle of care, without people who supported them, most of them wondering. Why am I here? How come nobody comes to see me? How come nobody cares about me?

It doesn't take very long when you're frail and elderly to simply give up on life. This is what this government is doing right now. You are setting up for, currently, 300 of them before the end of the summer, 1,000 by March 2023. You are setting up for hundreds of people who will give up on life because of the decision you are making right now. Think about it. We have a responsibility for everybody in Ontario. We have a responsibility for frail, elderly people in Ontario. And the decisions you are making right now will lead them to decide that they don't want to live anymore. I cannot live with that, Speaker. I just can't. We can't fix this.

We all agree that many of our hospitals are facing hallway health care. Many of our hospitals are full to the rafters, to capacity, to extra capacity. In my hospital, we now have a huge room, eight people, beside the morgue in the basement of the hospital because it is so full. Are they full? Yes, they are.

How do we care for people who become ALC? We all know the solution is: Bring them quality home care—at home. Support them where they want to be supported. We wouldn't have to pass this Bill 7 and we wouldn't have to send frail, elderly people to die away from their loved ones. We can just fix home care.

We know how to fix home care. Mandate today, this afternoon, that all of the home care providers provide 70% permanent, full-time jobs, well paid with benefits, sick time and a pension plan, and problem solved. Tens of thousands of PSWs will come back to do what they like to do, to do what they're good at doing, to care for people at home.

There are tens of thousands of PSWs everywhere in Ontario who work at Giant Tiger, at Food Basics, anywhere but in home care where they want to be. Because working in home care does not pay the rent and feed your kids, because working in home care, you are not paid when you travel between clients. You barely make above minimum wage. They will pay you the \$18 when you give a bath, but the minute you change the bed or do non-hands-on care, you're back at minimum wage.

Why is it so hard to respect these women—because 95% of them are women. Why is it so hard to respect these women and fix the problem of ALC in our hospitals at the same time, and give what 90% of elderly people want: to live in their own homes? But the government doesn't want to listen to any of this. The government wants to send elderly people away from their families. In the north, it will be hundreds of kilometres away.

We all know what will happen. Our loved ones will give up on life. When you meet the criteria for long-term care, you have a long list of ailments and illnesses. It doesn't take long when you get depressed, when you get discouraged, when you give up on life, that life will give up on you.

**1530**

How can you live with a decision like that, when there are solutions available? How can you be voting in favour of something that takes away your basic rights? Don't you have parents? Don't you have mothers and fathers you care about? We all know where they will end up. The good long-term-care homes are full. Finlandia Hoivakoti—108 beds, 565 people waiting. You're not going to be discharged to Finlandia Hoivakoti. St. Joseph's Villa, St. Gabriel's Villa—same thing: 128 beds, over 390 people waiting to go there. You're not going to be discharged to St. Gabriel's Villa. You are going to be discharged to Extendicare York, which hasn't been renovated in 50 years, which has one bathroom per floor. It doesn't matter that there are 32 people who want to go to the bathroom; there's one bathroom. Is this really what you want—not to mention the distance that people will have to travel.

In my riding, when this happened, there was a man who phoned my office and his care coordinator every single day because he wanted his wife to be moved closer to where he lived. She had been placed in a long-term-care home not of her choosing, and he wanted her back. He phoned my office every single day. We did everything we could to bring her back so that they could be together again. Working with the CCAC, at the time—Richard Joly was the executive director—we finally got her to move, and she died that day. They were never able to hug each other. They were never able to see one another.

I know how those sad stories feel, and I don't want any of you to have to go through it.

Vote Bill 7 down. We can do better.

**The Deputy Speaker (Ms. Donna Skelly):** I recognize the member for Lanark-Frontenac-Kingston.

**Mr. John Jordan:** As the parliamentary assistant to the Minister of Long-Term Care, I want to speak about the proposed amendments to the Fixing Long-Term Care Act, 2021.

To respond to the challenges currently facing the health system, our government released the Plan to Stay Open: Health System Stability and Recovery. This plan includes a suite of changes and an additional \$37 million this year, and \$62 million annually moving forward, to help ensure Ontarians are getting the right care in the right place and to help avoid unnecessary hospitalizations.

This funding includes: \$20 million to create a new local priorities fund, delivered by Ontario Health, to support timely interventions based on community needs; a \$5-million boost to Behavioural Supports Ontario so the program can increase specialized staff and access to therapeutic supplies and equipment; \$2.6 million for the Baycrest Virtual Behavioural Medicine program—these are just some of the funding investments included in the plan.

The plan also includes the proposed amendments to the Fixing Long-Term Care Act that I'm here to detail today. Because we are acting now to secure the stability of our health system, it is paramount that we maintain stability as we continue our recovery and are faced with new challenges moving forward.

Our current challenges will not be new to anyone here. We all know much of the focus over the last few months has been on hospital emergency departments, and rightfully so. However, emergency departments are a part of a much larger health system. Long-term care is a critical part of this system as well. There are actions we can take now to address these challenges—actions that will help us to avoid overstraining the health system and establish better models of care.

One of the main ways to help with hospital capacity challenges is to ensure that patients are getting care in the appropriate setting. There are many patients in hospitals across the province whose care needs could be met elsewhere, for instance, in long-term care—alternative-level-of-care patients, ALC. There are now approximately 6,000 ALC patients in this province. Approximately 39% of these people would be better served in long-term care. Moving patients out of the hospital and into long-term care frees up much-needed space in hospitals for patients who require hospital treatment. This also benefits the ALC patients since they are being moved to a more appropriate setting where they can receive the care they need.

That's why, as part of our plan to stabilize the health system, I'm seeking to amend the Fixing Long-Term Care Act, 2021, in order to improve how we transition ALC patients to long-term-care homes, because our priority is for people to live and receive care where they can have the best possible quality of life, close to their family and friends.

In hospitals right now, there are currently about 1,900—when this bill was first introduced; this number has grown—ALC patients waiting for long-term care. Some of these patients have been waiting for more than half a year, even though they no longer require hospital treatment. This contributes to backlogs in acute care services in hospitals because they occupy beds that other patients urgently need. When they cannot be discharged, these patients continue to receive care but in the wrong setting: an acute care setting instead of a long-term-care-home setting. The hospital is not the appropriate place for them to be.

That is why I am putting forward proposed amendments that, if passed, would allow us to continue conversations with ALC patients and support the movement of some patients to temporary care arrangements in long-term-care homes while they wait for their preferred home. It is important to note that this would only apply to ALC patients who are eligible to receive, and would benefit from, care in a long-term-care home but who are either waiting in hospital for their preferred long-term-care home or do not wish to apply to a suitable long-term-care home. This would only happen after conversations with a placement coordinator and after efforts have been made to obtain consent. By allowing a placement coordinator to

assess and authorize an ALC patient's admission to a long-term-care home without their consent—and we were just talking about assessment—this amendment will, if passed, enable attending hospital clinicians to discharge patients from the hospital to a more appropriate care setting that better meets their needs.

These changes, if passed, may be met with some concern at first—certainly I had concern at first when I initially started to read it—and there may be initial barriers to implementation. But parameters within the changes will help ease these concerns, as they did for me.

One of these parameters is that the home must be within a specific distance from the patient's preferred location, including that it is near a partner or spouse, loved ones and/or friends. I would like to repeat that one: One of these parameters is that the home must be within a specific distance from the patient's preferred location, including that it is near a partner or spouse, loved ones or friends. Another parameter is the requirement that the long-term-care home must be able to meet the ALC patient's care needs, whatever these needs may be. In addition, field guidance will be developed to support implementation and promote ongoing conversations with ALC patients, which will encourage consent and choice.

Long-term-care placement coordinators will be encouraged to make ongoing efforts to re-engage with patients who have not consented at frequent points throughout the placement process. At any stage in this process, patients can change their minds and consent, or choose an alternative care option.

Furthermore, hospital patients who have applied to live in a long-term-care home but have been moved into another suitable home temporarily will remain on the wait-list and be prioritized to be permanently moved once a bed becomes available at one of their preferred homes. So, again, people that are moved into a suitable home temporarily will remain on the wait-list and be prioritized to permanently move once a bed becomes available at one of their preferred homes. They do not lose their place in the queue. They can also choose to remain permanently in the initial home that they are moved to. Change is hard. They may like their temporary home. The changes will also recognize the importance of partner and spousal reunification in long-term care.

#### 1540

These proposed legislative amendments will, if passed, reduce ALC patient volumes and support their movement out of hospitals now and in the future. This change is crucial because it would help ensure that patients who need hospital treatment can get the emergency treatment, surgeries and other hospital services they need when they need it. At the same time, it would make sure that ALC patients receive care in a more suitable setting that will offer a better quality of life while they wait for their preferred long-term-care home, moving from being a patient in a hospital unnecessarily to being a resident in a long-term-care home which meets their care needs.

The Ministry of Long-Term Care is also taking several other actions that will ease the strain on the health system. These include the following:

- opening up long-term-care beds that no longer need to be held for pandemic-related isolation purposes, through a minister's directive put into effect on August 23, 2022;

- reactivating long-term-care respite programs for high-need seniors to prevent possible hospitalizations;

- expanding specialized supports and services to support movement out of hospitals and to avoid entry into hospitals; and

- enabling community partnerships to provide more supplies, equipment and diagnostic testing in long-term-care homes, to prevent potential hospitalizations.

These interconnected actions, along with the proposed changes to the legislation I detailed earlier, will help reduce the number of ALC patients in hospitals and ease the strain on hospitals now and in the future. This will, in turn, reduce the risk of a hospital bed shortage at the peak of a potentially challenging flu season and possible COVID-19 wave in the fall and winter.

This proposed amendment is part of a broader strategy from our government to ensure recovery and stability in the Ontario health system. As always, our government is working hard both to help Ontarians stay healthy and to ensure that the appropriate level of care is available when it is truly needed. The goal is to ensure that Ontario's health care system is stable and strong so that Ontarians can count on the system today, tomorrow and moving forward.

Ensuring that the long-term-care sector is stable and that residents experience the best possible quality of life, supported by safe, high-quality care, is a priority for our government. That's why, at the end of last year, we introduced the aforementioned Fixing Long-Term Care Act, 2021. This landmark piece of legislation was proclaimed into force on April 11 and speaks to our government's ambitious plan to fix long-term care in Ontario. This plan centres on three key areas: building modern, safe, comfortable homes for Ontario seniors; improving staffing and care; and driving quality through better accountability, enforcement and transparency. We're taking action and making progress under all three of these areas.

When it comes to building homes, for instance, we have made historic investments. We have invested \$6.4 billion to build 30,000 new and 28,000 upgraded long-term-care beds. We are making incredible progress on these projects and already have more than 30,000 new and 28,000 upgraded long-term-care beds in the development pipeline.

The fact that we have already reached our targets is made even more impressive concerning the supply chain and other issues that have affected the construction sector in the last couple of years. Of the 365 projects that are in the pipeline, 115 projects have proposed to be part of a campus of care model. This model focuses on healthy seniors' living and integrating the long-term-care home into the broader health care system.

Additionally, with the redevelopment of older homes, the prior system of three- to four-bed ward rooms is being eliminated and all homes will now be up to modern design standards.

We also recognize the diversity of our aging population. That's why 39 of the announced projects have proposed to serve Ontario's francophone population and 30 have proposed to serve Indigenous communities. The progress we are making and the bed allocations we are announcing on a monthly basis are just what this province needs. We are building beds for our loved ones in the communities that they call home.

We also marked the sales of unused government properties to build new long-term-care homes in Etobicoke, Hamilton and Mississauga. These sales are part of the surplus provincial lands program. The program uses the sale of unused government properties to secure much-needed land for building long-term-care homes in large urban areas of the province where available land is costly and difficult to secure. The program opens the door for additional uses for unused land, such as affordable housing and recreational facilities.

Another innovative program we have created to build is the Accelerated Build Pilot Program. In February of this year, we celebrated the completion of the first brand-new long-term-care home built under this program.

Of course, when building new and upgraded homes, it is vital to ensure that there are enough staff to provide care within the homes. That's why strengthening staffing is a key part of our government's plan to fix long-term care. When it comes to staffing, our central commitment is to increase the hours of direct care provided by registered nurses, registered practical nurses and personal support workers. We aim to increase it from the 2018 provincial average of two hours and 45 minutes per resident per day to a system average of four hours per resident per day over four years. To achieve this ambitious target, we are investing up to \$4.9 billion by 2024 to help create over 27,000 new full-time positions for registered nurses, registered practical nurses and personal support workers in long-term care. This includes a commitment to invest \$1.2 billion and \$1.8 billion for staffing increases in the 2023-24 fiscal years, respectively.

In addition, this funding will support a 20% increase in direct care time by allied health professionals, including physiotherapists and social workers by March 31, 2023. The focus must always be on the residents and providing them with the care they want and need. To build this culture, the ministry will continue to engage with residents, essential caregivers and families to understand what quality of life and quality of care means to them.

We've already taken many steps this year to achieve our ambitious staffing goals. This year we are providing \$673 million to long-term-care homes to hire and retain up to 10,000 long-term-care staff. This is a major investment that will lead to more direct care for residents. We will continue to do what is needed to ensure that there are enough staff in long-term care to meet our target of providing a system average of four hours of daily direct care per resident.

In addition to all of the progress we are making on long-term-care staffing and capital development, we're also making progress to drive quality in long-term care. We are

achieving this through instituting better accountability, enforcement and transparency in the sector. A key factor in driving quality is the inspections system. The inspections system exists to keep residents safe, and the ministry continually assesses information and reprioritizes inspections daily based on harm or risk of harm to residents. As part of the work to fix long-term care and ensure long-term-care residents' safety, our government is investing an additional \$72.3 million over three years to increase enforcement capacity. This will allow us to hire 193 new inspections staff, which will double the number of inspectors across the province in the 2022 fiscal year. This will make Ontario's inspector-to-long-term-care-home ratio one of the highest in Canada.

With these new inspectors, we will have enough inspectors to proactively visit each home every year, and proactive inspections will be conducted alongside the continuation of reactive inspections, which are the best way to promptly address complaints and critical incidents. Some of the province's new inspectors will have an investigative background, and this will ensure that the inspectorate have the skills and certification needed to investigate and lay provincial offence charges when warranted.

The new proactive inspections program adds to the current risk-based program of responding to complaints and critical incidents. The program also takes a resident-centred approach by allowing for direct discussion with residents, so that the focus is on their care needs, as well as the home's program and services. The results from proactive inspections will help the government determine where the sector can benefit from additional resources, including guidance material and best practices.

**1550**

Our government has also created and expanded the innovative Community Paramedicine for Long-Term Care Program. Ontarians who need long-term-care services frequently report that they prefer to remain in their homes for as long as possible. Our government listened by launching the Community Paramedicine for Long-Term Care Program to help seniors remain stable in their own homes, while also providing peace of mind for their caregivers.

This program was announced in October 2020 for five communities, with a total commitment of \$33 million over four years. The program was then expanded to additional communities with a further commitment of \$137 million over four years, and last fall we announced that we were investing another \$82.5 million over two and a half years to expand the existing Community Paramedicine for Long-Term Care Program to an additional 22 communities. This final expansion made the program available to all eligible seniors across Ontario.

The program provides individuals eligible for long-term care and soon to be eligible for long-term care with 24/7 access to non-emergency support through home visits and remote monitoring. The program also leverages the training and expertise of paramedics in a non-emergency capacity, to help seniors and their caregivers feel safe and

supported in their own communities. This has had the added benefit of potentially delaying the need for care in a long-term-care home.

As of this summer, there are more than 23,000 individuals receiving care through the Community Paramedicine for Long-Term Care Program. This is yet another action we are taking to help maintain the stability of our health care system while ensuring that Ontarians receive the care they need and deserve.

It is extremely important to our government to hear from the people within long-term-care homes when moving forward with our plan to fix long-term care. That's why we're always connecting with residents, essential caregivers, families and long-term-care staff, including registered nurses, registered practical nurses and personal support workers. The feedback and insights that we receive from people on the ground in long-term care are invaluable and help shape the solutions and directions of our government. This will continue to be true moving forward, as we continue to innovate and evolve in long-term care and in the broader health system.

For the reasons I mentioned at the beginning of this speech, this is a critical time for action in Ontario. That's why we're doing everything we can to fix long-term care and to ensure that our broader health care system is stable. That's why I'm here today, joined by Minister Calandra, to put forward proposed amendments to the Fixing Long-Term Care Act. Through these proposed amendments and the other actions we are taking, our government is taking a holistic approach to solving the challenges facing the health system. This is the only approach that will work, because of the interconnected nature of our system. Using this approach, we will ease the current strain on the health system and help ensure that every Ontarian has access to care when they need it, where they need it.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mr. Wayne Gates:** I'm thankful to rise and speak to Bill 7 today. Let me say this clearly: Bill 7 is one of the worst and most cruel bills I've ever seen before this Legislature. Despite what the part-time Minister of Long-Term Care keeps saying to try to cover the true intent of this bill—I'm going to begin by reading a section of this bill directly: "The actions listed ... may only be performed without consent if reasonable efforts have been made to obtain the consent of the ALC patient or their substitute decision-maker."

So there you have it: Action can be taken without consent, Madam Speaker. The weasel words that are in it are what is considered reasonable efforts and who defines it. Honestly, this government has dropped even outwardly denying the fact that they'll be moving people without their consent. They wanted to deny that reality, and now they're moving on to simply saying our hospitals are over capacity and they need to move people. Tough luck, seniors and those with disabilities; you're moving somewhere you probably don't want to be, away from your community and your family—their solution. Those are cruel actions by this government. And the reality is,

Madam Speaker, some will give up and they'll die early. They are taking our loved ones who are sitting in hospitals waiting for care and they're going to rip them away from the health care staff they know and their loved ones, from their families, and they're going to ship them to long-term-care homes without their consent, mainly going to for-profit homes where the openings are, where people don't want to go.

The minister is smiling right now. There's nothing to smile about.

Going back to Christmas, in a place called Oakwood Park Lodge and Millennium Trail Manor, 60 of our seniors died over Christmas—60. Do you know why they died? Lack of staff. Lack of PPE. There's nothing funny about it. Christmas Eve, they were calling my house and we were talking to the family as they were crying. Every one of those deaths could have been prevented.

So when you smile when people are dying—and if you take a look at AC. Can you imagine being in a long-term-care facility tomorrow or yesterday and how hot it was, and they're sitting there with no AC? Last night at the Jays game, they wouldn't open the roof because it was too hot, because they wanted the air conditioning in the ball park, yet our seniors are living without air conditioning. It's absolutely disgusting.

I think we all know in the House what happens in many of these homes during a pandemic. Close to 5,000 people have died in long-term care in this province during COVID—close to 5,000; 40 of them died just in the last two weeks. Private homes have the worst record for long-term-care deaths.

I ask my colleagues on this side, the Liberals, independents, the PCs: Do you guys not have parents? Do you not have grandparents? Aunts and uncles who are going to these long-term-care facilities with a lack of staff? The quality of food is not good. A lack of PPE. Did any of you guys have anybody die? I raised it the last time I talked. I had my father-in-law and my mother-in-law die in these facilities. How do you guys sleep at night? Because I'm telling you, I don't.

**The Deputy Speaker (Ms. Donna Skelly):** Would the member please direct his comments through the Chair?

**Mr. Wayne Gates:** I apologize, yes. I was probably staring at the minister. I apologize for that. My mistake.

Speaker, we literally have had our military come into long-term-care homes to sort out the mess from years of underfunding, neglect, corporate greed and quite frankly, the privatization that was started under the Conservative government of Mike Harris. That's when it started. The military—not Wayne Gates, not the Ontario Federation of Labour or the health coalition—found absolutely disgusting things in those homes. They documented seniors dying because of dehydration—the basic need of water that we have our pages come and give to us all the time. All we have to do is put our hand up and our page will come and give us water, but if you're in a long-term-care facility, according to the military, not Wayne Gates, they couldn't get that in a long-term-care for-profit home.

Do you know what the result was, Madam Speaker? And I appreciate you looking at me. They died. They died because of dehydration in the richest province in the country. How does that happen? I don't understand it.

The record stated that people died simply because of lack of staff. They needed water and assistance for cleaning, and our loved ones died because of it. Moms, dads, grandparents, brothers-in-law, sisters-in-law—whoever they are.

It's so disturbing to think that seniors and those with disabilities may be forced into a private home without consent. The government has gone out of their way to play down the reality of this bill. They have gone as far as suggesting these changes are just simply conversations with ALC patients to request they reconsider the homes they may choose to go to.

But then one must ask, what changes here? Hospital administrators today have always had the ability to try and use reasonable effort to move ALC patients to a long-term-care home. There is nothing new. No, instead, this government intends to use one of the particularly powerful tools of persuasion: financial ruin.

I don't know anybody—I shouldn't say I don't know anybody, but I know there are a lot of people that won't be able to afford what they're going to be asked to pay if they want to stay in a hospital. You see, if you are in a hospital waiting for long-term care, then your stay is covered by OHIP. We all know what OHIP is. We all have OHIP in this room. The system built by Tommy Douglas that says no one should have to be bankrupt trying to get medical care is still the cornerstone of our system here in Ontario. But, this government, through this bill, thinks it's okay for seniors and people with disabilities to be charged \$500 to \$1,500 per day to stay in these beds. That's what this government is doing to seniors. They're saying that if you try to fight it, they may charge you and then move you without your consent. It's in the bill. I was asked about the bill. The bill's right here; I can hold it up. I've read it a number of times.

**1600**

This comes back to: What are we debating here today? They aren't just numbers on a sheet. These are real humans—moms, dads, parents, brothers, sisters. I've spoken directly with these people. I know them. They live in my community. They're our neighbours. If you have a loved one in a hospital right now waiting for LTC, you will be terrified. I don't know how the families can sleep at night knowing what this government is going to do to the seniors of this province. I'm going to frank: I don't even know how my fellow MPPs can sleep at night passing a bill like this, particularly knowing—I hope I'm wrong, but I don't think I will be—that these seniors that we move out of the hospital are going to die, and they're going to die a lot sooner than they had to. It makes no sense.

I'm dealing with a family right now in my riding. He's 84; he's sick. She's 84. They're trying to get him into a place that's close so that she can walk and go take care of her husband. They've been married for 60 years. That's what we have to continue to protect. Shipping people 30—



I don't even know what the kilometres are going to be; they haven't told us exactly what they are, but the rumors are out there: 30 kilometres, 100 kilometres, 300 kilometres away from your family. I challenge anybody here—Speaker, I challenge anybody to tell me that if your mom or dad gets sick, do you not want to spend the time with them and make sure they're getting the proper care? A lot of us know they don't have transportation. Families won't be able to go as often. I told the story about my wife; She was there every day, trying to keep her mom and dad alive.

What are we doing? I don't get this, honestly. Please, don't support this bill. This bill will make that reality far worse for many. We could have families completely separated between communities.

Somebody said to me the other day—and I've got only a minute and a half left—“Well, it's only 30 kilometres.” Go talk to somebody in Fort Erie who's going to have to maybe go to Grimsby, a 30-minute drive. We all remember what happened just in January this year: They closed their urgent care hospital, and the community was saying, “What are we doing? We're a senior community. We can't get to Niagara Falls.” How do you expect them to get to Grimsby to see their loved ones or whatever the distance is going to be.

It's completely shameful that this government refuses to understand the real human impact it's going to have. This bill will cause stress, and in some cases moving away from their family and community will cost lives. The people will never forget what you did to cause such pain. What makes this even worse—these wonderful residents, seniors, who built this province are being targeted by this government, and this government doesn't seem to care about them.

We didn't even have public hearings on this bill because this government is too scared to hear what experts, stakeholders and families are really talking about. I've got 24 seconds. Quite frankly, I don't think you want to look the families that may separate in their eyes. They can't handle the reality.

This bill is cruel, it's awful, and I'm begging all of you, all my MPPs here, to vote this bill down.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mr. John Fraser:** It's always hard to speak after the member from Niagara Falls, who's very passionate. I do want to highlight one thing that he said about families being worried about this bill, the 2,000 families out of the millions of families in Ontario who this is going to affect—well, the 500 it's going to affect immediately. I would hazard a guess that most of them don't know what's coming down the pike. They don't know this bill. It's going to be a surprise to them.

This is an idea that's been floated in Ontario for a long time, and there are reasons that it has never happened up until now. That's because it overrides a patient's right to consent. There's a way to work with people, and threatening people with a big hospital bill is not the way to do it.

The government has said, and I appreciate—we've been debating this bill as if it was an immediate measure that had to take place because of the circumstance that we have right now. And I want to thank the minister for saying yesterday very clearly that—he said that during his news conference. Well, that's not the way we've been debating this bill. This is not a temporary measure. This is permanent. It's forever.

I would also hazard a guess and feel fairly confident in saying that there is not one member in this Legislature on any side who would let what this bill allows happen to any of their family members.

Basic questions about how this bill is going to be executed: How far? We heard some members come out—government didn't clarify it. They didn't say whether the 300 kilometres in the north was right or whether the hundred kilometres in the rest of Ontario and 30 kilometres in this city was right. They didn't say where they were measuring from.

Even being attacked on—I think the member from Niagara Falls talked about people having to drive to Grimsby, across the city. And I said something about going from Orléans to Stittsville, which is a 40-minute drive. I was shocked that I was criticized—the criticism came from government members, government staff. It's not about the distance. It's about who's driving. We're not the ones who are driving. I know we can all get in our car and drive for 30, 40 minutes, and it's not a big deal. But if you're 80 years old and you don't have your kids really close, or if you only have one or two and they have kids, and you don't have a lot of friends, trying to get across the city is really hard. What happens to couples at the end of their lives, way more often than we know or than we think about, is, they get separated. It happens, and it's hard. At the best of times, it's hard. Going from 10 kilometres to 30 kilometres, for some families, is just not going to work.

I heard the Premier say the status quo is not going to work. “We have to do this because the status quo”—well, it has been his status quo for four or five months.

For God's sake, we had a problem in the ERs, and we couldn't find the health minister for five weeks—five weeks. She couldn't say a word; couldn't say, “I'm the new minister, and I'm trying really hard;” couldn't appear; couldn't answer a question.

And now we're doing this bill because it's so urgent and so necessary and so important that we can actually say people don't have to give their consent. And in Ontario—in Ontario—we're saying it's okay to say, “If you don't do what we tell you to do, we're going to send you a bill from the hospital.” It's perfectly reasonable to ask people to pay the copay. It is totally unreasonable to ask people to pay hospital fees because they won't do what you're asking them to do. And there's not one person in this Legislature who would accept that for their own family.

So when you're thinking about voting for this, imagine that the person who is at the end of this bill is your mother, your father, your aunt, your grandmother, your wife, your husband.

This is not some theoretical debate. This is not some theoretical thing where we can say, “We can all drive

across town, and it's not that hard." This is about people, and we have to take more care with people, especially people who have given us everything.

This bill should be withdrawn. It's not right. I ask that members vote against Bill 7. That's the right thing to do.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Ms. Lise Vaugeois:** I'm pleased to speak further to the misleadingly titled More Beds, Better Care Act that looks to free up hospital beds by forcing seniors and those disabled into long-term-care homes not of their choice. Since the bill was introduced I, along with my colleagues, have raised urgent concerns with this bill, and in fact it seems the population of Ontario is also alarmed and outraged. The government's heavy-handed move to bypass committee and thus public consultations is an affront to democracy.

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First and foremost with this bill, we are bypassing the Patients' Bill of Rights, and in this province, or indeed anywhere in civilized society, the government should never, ever use force or coercion by putting someone into a facility without their informed consent.

Speaker, hospital discharge coordinators have long had the authority to have conversations with patients regarding the discharge process. We also know that patients or their designated caregivers have been required to submit a list of their top five long-term-care home destinations. But this bill bypasses the discharge conversation, and instead patients are told where they're going, to places that could be up to 300 kilometres away from their families.

This side of the House had their own public consultations yesterday morning, and we continue to hear from a frustrated and frightened public. For example, I was contacted yesterday by Michelle from Thunder Bay, who wanted to tell me about her experience looking for long-term care for her mother. Her mother wound up in hospital due to failing cognition and physical decline, and it was clear she needed to be moved into long-term care. In keeping with the rules at the time, Michelle chose five long-term-care homes, but none of these were available at the time.

She was then told to check out a home not on her list that had space available. Sadly, this privately owned long-term-care home was chaotic, dirty and understaffed, and Michelle swore she would never let her mother go to this home. Fortunately, she had the choice to wait until a home of her choosing was available, and her mother was well cared for in her final years.

In addition, the PSW named Susan I referred to last week also said she would never allow her own mother to become a resident in the privately owned long-term-care home where she currently works, and we know that is because there is no staff there.

Time and again, we have tried to tell the government that the health care crisis is a direct result of low staffing levels. These low staffing levels come from front-line workers exhausted by COVID, tired of working short handed and demoralized by the wage and bargaining

hammer of Bill 124. Add the many for-profit agencies making record profits from public dollars, and you get front-line health care workers who have had enough and are leaving the vocation in droves.

The government's choice to ignore the many voices calling for the repeal of Bill 124 demonstrates a government determined to bust unions and to privatize health care. We have heard eloquently from the member from Nickle Belt about solutions, about how easily this government could end the health care crisis. With good pay, benefits, paid sick days and mileage compensation so that PSWs can afford to do the work they love, we could solve this crisis now, but the government chooses not to.

Bill 7 is cruel, punitive and sets the stage for real harm to elders and those disabled. There are much better options that would show respect for workers and respect for seniors and people with disabilities, without stripping them of their rights and their humanity. I beg this government to withdraw this cruel and punitive bill. Please, we must stop Bill 7.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Ms. Mitzie Hunter:** As always, it is my honour to rise on behalf of the people of Scarborough–Guildwood. You know, I have to speak to Bill 7, because it affects long-term care. The members may recall that when the pandemic first hit, the people in long-term care in Scarborough really suffered. One of my long-term care homes, Extendicare Guildwood, had over 54 people who succumbed to the virus. You know, the long-term care—a couple in my riding succumbed to COVID-19. And so when we're doing things that affect long-term care, it's something that affects my constituency directly, and I feel that I must speak to this bill and let them know, as a Legislative Assembly and as members of this House, when we're doing debate, that we're putting their interests ahead.

One of the cautions that I would have to this government is that this is such an important bill in terms of the quality of care for people that we shouldn't be rushing this. We shouldn't be pushing this through without hearing from the people of this province. Giving it a chance at committee would have been an opportunity to improve it, but we didn't have that chance. So here we are with just a few minutes, really, left in debate.

This is a time when Ontario is facing a crisis in its hospital systems and—still, I would say—in its long-term-care system. Bill 7 is concerning in the approach that it is taking because it is shifting a problem that is identified in the hospital system and putting it on a long-term-care system that is also in crisis. I don't know how that is going to solve anything in terms of the quality of care that is needed for people.

When we think about those who are providing that care, those doctors and nurses and all of those front-line-care workers, there are a lot of people we don't list when we talk about front-line care—those people preparing the meals, those people attending to the cleanliness of those facilities. All of them have that sense that the system is overburdened.

The fact is that 33 long-term-care facilities are currently in outbreak. This is worrying when we think that we're facing a flu season as well as a COVID season. Time and time again, we've said in this Legislature that to relieve that pressure valve on the system, we should repeal Bill 124. I want to put a plug in for that as we have this very important debate.

I recall, in my riding, a family who faced a situation that really illustrates the pain potential of this policy that we're talking about. An elderly resident was moved from a Scarborough Health Network hospital to an Ottawa-based hospital during COVID, during the peak of that pandemic, and it made it impossible for his relatives to visit him. Sadly, very tragically, this resident passed away in a hospital in Ottawa, away from his family. That grief was further compounded when, through some sort of technical rule, the hospital billed his family for the return transfer of his body home. They were just heartbroken. This is not something that we want to see in our province. It's not something that we want to see, where there is a rule that is applied to the disadvantage of residents. Ontarians are not in favour of this.

I just want to say that when a family is faced with that very difficult decision of where to put their loved ones—in my own family, this is a very close issue. My second dad, my stepdad, is in a facility right now, and we are thinking about where he is going to go. The last thing we need is for him to be further away from us, because as a family—my mom, my brothers—we're always at his side, because that is his lifeline. Why would we want to take that away?

I would urge the government to caution, really. With the speed in which this is happening, we cannot leave people further disadvantaged by this. I would say, rethink Bill 7 and put the patients' needs first.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Ms. Jessica Bell:** I rise today to speak on Bill 7, the More Homes, Better Care Act. I want to recognize the work of the many residents that have reached out to me: Kate Chung, Cassandra Ryan, the Advocacy Centre for the Elderly, the Ontario Health Coalition, health care professionals, caregivers and loved ones.

This bill gives hospitals more power to remove the elderly and the sick, and move them into a long-term-care home they do not want to go to, without their consent. This bill would allow hospitals and give them the right to charge up to \$1,200 to \$1,500 a day to a patient that does not move out of the hospital.

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Let's get a few facts straight: No one wants to stay in a hospital any longer than they have to, period. There are 38,000 people waiting for a long-term-care home in Ontario. The good homes are full. In my riding, we have Kensington Gardens. That home is full. The only long-term-care homes that do not have waiting lists are those that people do not want to move into. These are sub-standard homes. These are for-profit homes. These are homes where the building is aging, where people live four

people to a room, where there's not enough staff available to help people eat and to change them at a regular level or help them bathe. These are homes where basic standards are sometimes not maintained because this government has made the decision to not properly enforce the rules and have a sufficient number of inspectors go in to ensure those rules, those standards, are maintained. These are the homes that have had seniors suffer and die during the pandemic—nearly 5,000 seniors.

It is also a myth that patients in hospitals are waiting for a long-term-care-home slot. It is a myth that they are all waiting for a long-term-care-home slot. There are many people waiting to move into another type of hospital care, such as rehabilitation or mental health care, but they cannot move because these beds are full.

Hospitals don't just provide acute care. Elderly people and disabled people—people in need of a hospital bed—should not be discriminated against, and I would like to thank Cassandra Ryan and Kate Chung for their very eloquent letters to me explaining that. These people have lived full lives. They've paid their taxes, they've raised their families, they've volunteered in their community, they've contributed to building Ontario. They should not be treated as a nuisance, or as undeserving, or as the reason why emergency rooms are somehow full. It is not ALC patients' fault that Ontario's hospitals have the fewest hospital beds per person of any province in Canada. It is not their fault. It is not their fault that nurses and health care workers in Ontario are leaving and quitting because they are not paid properly. And it is not their fault that hospitals are not provided with sufficient funding from this government to do what they need to do to care for the people of Ontario.

It was an honour to listen to my colleagues today speak about the solutions that experts and stakeholders and family members are advocating for, because the solutions are clear: Ontario needs to provide a holistic and kind solution to the health care crisis, which means addressing the staffing crisis by repealing Bill 124 and paying our health care workers properly. It means committing to increasing funding to home care—not for-profit home care, but home care that is provided so people can get their first choice, which is to stay at home. It means increasing caregiver allowances so family members can provide care to loved ones. And it means reforming the long-term-care-home model, moving away from a for-profit model where we warehouse our disabled, our sick and our elderly, and moving towards a long-term-care-home model where people are provided with the quality care they need so that they can lead good lives.

Bill 7 is not the direction that we need to go to. We have better solutions that are being proposed to us, and I urge this government to look at them and implement them instead of this.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mr. Mike Schreiner:** I rise today with a deep feeling of frustration and disappointment that we're debating third reading of Bill 7 without having had an opportunity to

review this bill at committee, without having public input, and without having the opportunity for amendments. It's not right for the vulnerable elderly in our province to pay the price for years of underinvestment in our health care system, especially after the last two years. After the last two years, where we've seen so many loved ones live in such tragic circumstances in our long-term-care homes, to now tell seniors—frail, elderly people—that we're going to take away your rights, we're going to force you to leave hospital without your consent if that's what government chooses—we don't have to approach it this way. We can fix the health care system and honour our elders at the same time.

It is true that we need better spaces for people in hospital who are alternate level of care, who would be better cared for at home or in a long-term-care home, but the reality is, if we're going to provide that care, then we need to invest in that care. We need to invest in a better home and community care system. We need to ensure that we have proper staffing and those staff are paid well and recognized for things like their travel time so the elders who want to be cared for at home—and most would like to be cared for at home—can actually receive that care. We need to invest in better primary care that's more accessible and available for elders who are being cared for at home. Finally, we need to invest in a long-term-care system that will prioritize care over profits, so that when those elders move to a long-term-care home, it actually is a home, a home that provides the level of care and dignity they deserve.

So, Speaker, how do we accomplish that? Well, you start by investing in the people who actually provide the care: the nurses, the PSWs and the front-line health care workers. For well over two years now those front-line health care workers have been overworked, underpaid and underappreciated. They have been saying over and over again, along with doctors and so many other health care experts, that we need to repeal Bill 124 so they can negotiate fair wages, fair benefits and better working conditions. Why don't we start with that instead of having the government actually resist paying health care heroes as heroes?

Speaker, long-term-care administrators and advocates are saying, "Hey, we're understaffed too." So there could be some major unintended consequences to the provisions of Bill 7, especially if elders are moved far from family, friends and caregivers. I can't tell you how many caregivers I've met in my own riding who spend hours caring for their loved ones. If they live hundreds of kilometres away from those loved ones, it will be incredibly difficult for them to be able to provide that additional care, which will actually put more pressure on our long-term-care system.

Speaker, as we speak, the Premier and the Prime Minister are meeting. We need the federal government to step up with more funding for health care, long-term care, mental health care and the social determinants of health, such as poverty and homelessness, but we also need a provincial government that's actually going to spend those

funds and flow them through to the systems that we need to support in this province, not underspend their health care budget by \$1.8 billion, like what happened last year.

I believe there was an opportunity for us, if we could have had an opportunity at committee, to work together across party lines to deliver some solutions that will put seniors first and, unfortunately, Bill 7 as it's written right now does not accomplish that. I encourage all members from all parties to stand up for the dignity of our elders and vote no on Bill 7.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**MPP Kristyn Wong-Tam:** It is an honour to rise today representing the great residents of Toronto Centre and to speak to Bill 7. My colleagues have spoken eloquently to what is wrong with the bill, and I wanted to use my time to provide some additional commentary on it.

First of all, the bill will force our two-spirit, queer and gender-diverse seniors back into the closet by forcing seniors into long-term-care homes that they don't want to go to. A hospital bed is no one's choice of where they want to call home, yet this bill does exactly that. It doesn't even pretend to hide its contempt for patients who have complex reasons for waiting. We understand how complex these choices are in Toronto Centre, especially with our population of aging seniors who are queer.

I hope this government understands that they are pathologizing our beloved queer and trans elders at their peril. My constituents have survived to the point that they are already ready for long-term care because they have had to advocate for themselves to survive homophobic and transphobic institutions. Moving out of the neighbourhood that they know, away from friends and families that they trust can only mean further isolation and fear of rejection.

But don't take it from me; Arne Stinchcombe, a psychology instructor at the University of Ottawa who researches health and aging, told a TVO news show:

"There is evidence suggesting that fears of homophobia and transphobia within formal care prevent health care utilization, timely diagnosis and treatment of major health conditions and treatment adherence among older LGBTQ2+ people'....

"Providing inclusive and safe environments for LGBTQ seniors is 'essential'...."

Earlier this year, I had the honour of attending the opening of the Rainbow Wing at the Re kai Centre right here in Toronto Centre. It is a brand new facility that was designed specifically for the 2SLGBT seniors' community. It's in a non-profit long-term-care facility and was created out of the recognition for the need to create more inclusive spaces for queer elders to thrive. And yet, still, while this is the first dedicated 2SLGBTQ facility in Ontario, even in North America and possibly in the world, the Rainbow Wing has only 25 beds. We clearly have a long way to go.

This government has not announced a single plan to expand 2SLGBTQ long-term care, and they expect queer and trans Ontarians to believe that forcing them great

distances away from their chosen families will make their lives better. Speaker, I assure you that it will not.

LeZlie Lee Kam, a queer elder and advocate for inclusive long-term care, told the same TVO journalist, “I want to make sure that if I have to end up in one of those places, it’s going to be queer-friendly.” It has to be affirming.

In the final days, our loved ones are scared. No one should be forced back into the closet, but I’m afraid that by taking the choice away from our seniors, that is exactly what this bill will do.

The second point that I want to touch on is that it matters to Toronto Centre, one of the most diverse ridings in the country, where our seniors go. Our community and city is home to 120 different languages, so our elders need to be close to their families so that they can lean on them for support, especially when they have to translate the complex health care system for them into languages such as Arabic, Bengali, Cantonese, Mandarin, Hindi, Somali, Singhalese, Tamil, Tagalog or Urdu, just to name a few of the languages that we speak.

My grandmother spent her final weeks in a city of Toronto long-term-care home called Fudger House. She actually was able to receive her care in Cantonese as well as Mandarin. She was able to eat culturally appropriate food. I couldn’t imagine better care for my grandmother as she died in the facility that was there, but she was taken care of in the way that she needed. I recognize how fortunate we are now, especially considering what we have in front of us today.

Not allowing seniors to exercise agency in health care during the time in life when people are at their most vulnerable, and most medicated, will make existing racial inequities in health care even worse. This government has no excuse for rushing through a bill that will affect vulnerable and already marginalized communities.

I want to finish by quoting my constituent Cee, who reached out to me to talk about how the government is planning to force people into long-term-care facilities that they don’t want to be in:

“This stuff was going on well before I retired,” but now it’s making it worse. “It demonstrates to me that the political will is lacking” and seniors need help. “Old people aren’t sexy. They cost the system and aren’t looked upon as people who contribute anymore.... They’re going to die anyway ... so why bother making their lives more comfortable?”

Speaker, Bill 7 is redesigning our health care system to take care of corporate shareholders, not people. It doesn’t have to be this way. Privatization is a political choice. I choose people over profits, and I think you should too. Please withdraw Bill 7.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mr. Adil Shamji:** Let’s get something out of the way: I don’t want ALC patients to languish in acute care hospitals. It’s not fair to them and it’s certainly not fair to the patients of Ontario. Our seniors deserve to age with

dignity in supportive environments of their choosing, but this bill does not accomplish that.

The number of ALC patients in this province has ballooned over the last four years, and now this government is trying to rush things through without addressing the root causes. They could treat health care workers with respect and repeal Bill 124, but they won’t. They could reduce the massive wage differentials between long-term care, home care and acute care hospitals, but they won’t. They could improve conditions in long-term-care homes, implement the recommendations from the long-term-care commission, but they won’t. I guess you’re seeing a trend here, eh? They could prioritize primary care, but they won’t. Instead, they have chosen to make patients victims by forcing them to leave their families and move to distant long-term-care homes.

So, to be clear, I want as many seniors to age with dignity in the place of their choosing as possible, and I want our acute care hospitals to focus on what they do best, which is providing acute and critical care. But this bill is not the way to do it. This bill violates patient autonomy and is coercive.

True patient consent must pass three tests, as I mentioned this morning: The patient must be capable, they must be fully informed and they must give their consent voluntarily and freely. When it comes to the management of personal health information and authorizing admission to long-term care, this bill fails all three tests. Consent is simply not required. It also fails when it comes to transferring patients to long-term care. Again, consent is about enabling patients to make an informed decision that is voluntary and free. It’s not about getting a yes from a patient. It’s not about getting a signature from a patient or their family. And it’s definitely not about holding a gun to a patient’s head and saying, “You don’t have to go to this long-term-care home, but you will have to pay \$1,500 a day if you don’t.”

And don’t let references about past bills from 1979 fool anyone into thinking this bill is about the same thing. That one and this one are completely different.

The definition of coercion is “the practice of persuading someone to do things by using force or threats.” The threat of a \$1,500-per-day bill sure sounds like coercion to me, especially when it comes to vulnerable patients and their families, especially when there is already a power differential that exists between patients and their health care teams.

With that in mind, it’s actually amusing to think that Bill 7’s short-form rhetorical title is the More Beds, Better Care Act. It should probably be the more people, better care act, because at least that would start solving some of the fundamental staffing issues in long-term-care homes. But this bill has nothing to do with that. The long-form title is actually along the lines of amending the Fixing Long-Term Care Act with respect to patients requiring an alternate level of care and “to make a consequential amendment to the Health Care Consent Act.” The change is consequential, and the major purpose is all about circumventing consent.

The sponsors of this bill know that. That's why the bill actually says, "Despite subsection 3(2), this section ... shall not be interpreted or construed as being inconsistent with the residents' bill of rights." But it is a violation, and it is inconsistent with that bill of rights. And just saying that it isn't doesn't make that true.

This bill does not protect confidential patient information, and it fails to pass the three tests of informed patient consent. The worst part is that we couldn't even invite any lawyers or medical ethicists to explain this to the members across, because they opted to circumvent going to committee—for shame.

There are other major issues with this bill. It can send patients hundreds of kilometres away from their homes, without consideration for their choices or their cultural or social needs. There is no reassurance to patients that their long-term-care homes will be adequately staffed or that they will remain adequately staffed—

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mr. Joel Harden:** I rise today, as many of us have, with a heavy heart, because this is a serious, serious piece of legislation. I know the government House leader has, from what I can tell, about 27 minutes to respond, and respond he will, as he does. But here is my fear, Speaker, through you to the government: I fear what the government House leader and the government is going to tell us is that "Folks here are catastrophizing. This isn't really a big issue. People's consent is still upheld."

Folks over there have consciences—I know they do—so they must believe that. But I want, through you, Speaker, to tell the government what I'm hearing from home, and to be honest and to put my own cards on the table as a representative of my community.

I'm hearing from people at home that if their vulnerable family members are compelled through significant fees, they're going to resist paying those fees. I'm hearing from staff back home, Speaker, that if they are asked to strap people to a gurney and cart them out against their will, they are going to not be compliant with those orders.

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How did we get to here? I want to say very clearly through you to the government, Speaker: I take no pleasure in realizing that if the government passes this piece of legislation, that they will be putting families in that position. They are going to compel them to not pay these fines, because they can't afford to. And they're afraid of where their family member will be discharged to. They're going to compel staff members to resist orders from their hospital directors. This is all avoidable.

As speaker after speaker here has said, massively increase funding to home care, ensure people can be discharged to their homes with adequate PSW care and make sure those PSWs are well-compensated. As the member from Nickel Belt said, problem solved.

Speaker, the person inspiring my words this afternoon in particular is Maria Konopeskas. Maria Konopeskas died in late August of last summer, and she was an ALC patient at the General Hospital, lived with cerebral palsy, taught

for decades in our school system, contracted that disability, could no longer work, was on the Ontario Disability Support Program. And she was being asked after a minor surgery—and she couldn't be released to her own home, said our local LHIN, because there weren't enough PSWs to support her. So Maria said, "No, I don't want to go into a long-term-care home. I want to go back to my home. And I want support from PSWs to stay there." And the LHIN administrator said no.

So she stayed in that hospital, Speaker, and she withered and she deconditioned in front of her own friends' eyes. I want to quote Alan Thibeau who wrote me this note. He wrote me, the member for Ottawa South and the MPP for Hamilton Centre this note. He said, "I am sending this message to you because you've all worked tirelessly to support the rights of disabled citizens. If Maria could speak a final word to each of you, she would extend her sincere thanks to you for all your efforts to help. She would urge you to continue to advocate without ceasing to achieve equal rights for these marginalized Canadian citizens."

Speaker, in honour of Maria Konopeskas, I'm appealing to you to the government to please pull this legislation off the table, because I can tell the people from home that if you decide not to pay these fees, or as a staff member if you decide not to comply with discharge orders against the will, you will have my support. You can contact our office, and we will be there to support you, because civil disobedience may be the way Bill 7 is stopped.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mrs. Lisa Gretzky:** It's my honour to be able to rise to speak to this bill. I wish it wasn't necessary. This bill frankly should never have been tabled in the first place.

I don't have a lot of time, so I'm just going to highlight some of the key points in the bill that are very concerning, and although the government House leader, who is the part-time Minister of Long-Term Care, tries to gloss over these facts and say that they're not accurate, the reality is it's in the bill. We're reading directly from the bill, and it's not just us raising these alarm bells about what's in this bill. There are many other people.

I'm hearing from my constituents who are concerned about this. What this bill does is—and I quote; it's right in the bill: "The actions listed ... may only be performed without consent if reasonable efforts have been made to obtain consent of the ALC patient or the substitute decision-maker." But there is nothing that defines what a "reasonable effort" is, or who gets to choose what a "reasonable effort" is to have a conversation and to gain consent. That's concerning. We're talking about taking somebody's right to bodily autonomy away, or their substitute decision-maker, to be able to make those decisions if the patient themselves is not able to.

I've heard a great deal of conversation from the government side that is also very alarming. They are weaponizing patients. They are weaponizing seniors and people with disabilities by saying that those people that are in those alternate-level-of-care beds are preventing others

from getting care. They're saying that this person's care is more important than this person's care. And if you happen to be one of these people who go into hospital for care and you're not able to get it because of things like Bill 124 that they brought forward, which is forcing our health care workers, our nurses, out of the system—because we're short on doctors, because this government is privatizing health care rather than investing in our publicly funded health care system. So if you fall into this category, according to the government, and you go for health care and you don't get it, it's this person's fault who came in for care. It's their fault. It's that senior's fault. It's that person with a disability's fault.

And it's really shameful that that is the narrative that this government is driving instead of taking responsibility for their lack of actions—and I'm getting really tired of the whataboutism. We know what the government before them did, what the Liberals did or didn't do. But you've had over four years to actually do something progressive and invest in the health care system, invest in the long-term-care system, take profit out of care, invest in the front-line workers. You guys brought in Bill 124. It's not the fault of the folks on this side of the House. So stop with the whataboutism and actually do something to start repairing the system.

But instead of doing that, they're making it sound like the people that access health care are the problem. It's their fault. And so what we should be able to do is strip them of their rights, move them into a long-term-care home that they don't want to go to outside of their community—and there is nothing in this bill that dictates the distance. That's up to regulation, and that's important to note because any government, at any time, can change a regulation without it coming before this House—not that this government cares about debate anyways, or public consultation. But that's important to note. They could change this at any time. So someone in my community, in what I call the deep south of Ontario, could be shipped up to Timmins for care, away from their families, unable to have access to their family caregiver, something this government did during COVID. It locked those family caregivers out.

As others have pointed out, it says, "Interaction with Residents' Bill of Rights

"(9) Despite subsection 3(2), this section and any regulations made under clause 61(2)(h.1) or (h.2) shall not be interpreted or construed as being inconsistent with the Residents' Bill of Rights," which is basically saying that this bill overrides the Residents' Bill of Rights.

This government is okay with stripping people of their rights. This government is okay with pitting patients against each other. This government is okay with chipping away at our publicly funded health care system and blaming it on others. And they're okay with taking seniors and people with disabilities and shipping them outside of their communities into for-profit, private homes that many former Conservative Premiers and others are on the boards of, making millions of dollars. They're okay with that. But instead of standing up and admitting that, they're dancing around it and they're defending what's in here, rather than holding public consultations and hearing from the public.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Ms. Doly Begum:** Speaker, let's talk about what this bill really means. It means that we're giving up on those who took care of us, our seniors, the people with disabilities and the people who are most vulnerable, and the most vulnerable communities that some of my colleagues have pointed out. So in my short time, I just want to point out the fact that, when we're talking about a health care crisis, this bill is essentially blaming those who are the most vulnerable people in our province.

No one wants ALC patients to end up in hospitals. No one here does. I don't, and I know ALC patients themselves certainly don't. Out of the 6,000 patients who need ALC, only about 1,800 are the ones who actually need long-term care. That means we need to build capacity for long-term care. We need to improve long-term care, and we need to make sure that we have things like inspections, things like staffing. What impact will this bill actually have on the crisis that we're facing in our long-term care or our health care? It does not solve that problem.

The capacity issue that we face in our long-term care: Donna Duncan, the CEO of Ontario Long Term Care Association, said the following in the Toronto Star. She said that the nursing homes themselves actually do not have the capacity to take up the patients who might end up in these homes as a result of this bill because we're not addressing the fundamental problem, which is staffing, which is the issue of these homes and which is what's happening in our health care system.

So what we're asking for is, withdraw Bill 7. All patients have the right to consent, especially our elders. They're the people who built this province. These are the people who are the most vulnerable and these are the people who should not be blamed for the crisis that many of the past governments—including this government, because they were in power for the past four years—have created, this health care crisis. We really need to do better by everybody, especially those who are waiting for us to make the right decision.

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The fact that there are so many advocates across this province talking about this bill and the fact that we did not have committee hearings—and we actually heard from more than, I think, a dozen people who joined our meeting yesterday, which was a mock hearing just so we could get an understanding of what people are saying. We heard from so many people who talked about the fact that we need to withdraw Bill 7. We need to fix the health care crisis, and the way to do that is to retain and recruit staff. We need to make sure we recognize internationally trained professionals who want to contribute to this province. We need to make sure that we actually help the health care system by investing in our health care system, and we need to invest in our home care. That's where these seniors and these people want to be. They want to be in their homes, with the care they need.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Hon. Paul Calandra:** I appreciate the opportunity to rise and talk a little bit about this debate about this bill today. There's been a lot that has been said and a lot that leads me to believe that members have either chosen not to read the bill or have chosen to ignore what's in the bill and make something out of the bill that is not actually in the bill.

Let's just hit it head-on, Speaker. We've heard many of the members of the opposition talk about—I think the member for Windsor just said we were going to move somebody from Windsor to Timmins. Of course, that's not in the bill. It's nowhere in the bill.

And when you ask the members of the opposition, "Show me where in the bill it says that," they say, "Well, you know, it's in there. It's just what's going to happen. It's what you're going to do. You're just going to do it." Right?

**Hon. Lisa M. Thompson:** Fearmongering.

**Hon. Paul Calandra:** What is it? It's called fear-mongering, Madam Speaker.

So that's what they say: "We're going to move people 300 kilometres away. This bill says we're going to move people 300 kilometres away." The bill not only does not say 300 kilometres away; the bill does not even say a kilometre away. The bill says nothing with respect to where people will be asked to move or how that will happen, but the opposition gets up in the House—and you see the member for Niagara Falls; he's laughing because he knows. He thinks that he's got us on it. Look at the way the member for Niagara Falls is laughing, because he thinks, "Oh, look. I know what I said. I said it as though it was real." He thinks he's got us on that, right? That's what the member for Niagara Falls does. He goes to the lowest. He goes to the personal. This is what happens. And he's agreeing. The member for Niagara Falls is agreeing right now.

*Interjection.*

**Hon. Paul Calandra:** And the member for Windsor says it's shameful. I'll tell you what is shameful. What is shameful is members of the opposition standing in their place and putting down as fact something that is not even in the bill.

I'd ask a page to bring me a copy of the bill. One of the pages, if they could bring me a copy of the bill, I would appreciate that.

*Interjection.*

**Hon. Paul Calandra:** Oh, thank you to the minister.

I'd ask one of the pages, if you could come here for me. I would like you to bring that to any member of the opposition—pick any one of them; in fact, why don't we give it to the opposition House leader? If she wants to get up on a point of order, Madam Speaker, I'd gladly allow that member to get up on a point of order to tell me where in the bill it says that we will be sending people 300 kilometres away, because it won't be in there. It won't be in there, Madam Speaker. That's part of the problem about this debate, isn't it?

Then you get, "Well, they're going to be charged \$1,500 a day." I would ask the page, if you would do me a

favour—I should have gotten more than one copy—get me another copy of the bill.

**The Deputy Speaker (Ms. Donna Skelly):** I have to remind the government House leader that we can't direct pages.

**Hon. Paul Calandra:** If I could have a copy of the bill sent to me. Surely to goodness a member can ask for a copy of the bill and it can be produced to him.

**The Deputy Speaker (Ms. Donna Skelly):** The Clerks will provide the government House leader with a copy.

**Hon. Paul Calandra:** So I have another copy of the bill. Thank you to the minister. I noticed that none of the opposition are hopping up to get copies of the bill, colleagues. You saw that, right? They didn't hop up when it was about distance, because it's actually not in the bill. Then, when they talk about \$1,500 a day—if it was in the bill, I'd read it to them. But it's not there.

Now, we had the new member for Don Valley East, who said, "Let's not talk about something that's been on the books since 1979." Okay, let's not talk about it, then. All right. Because it's not in here either, right? It's been on the books since 1979, but if I could have one of the pages come to me or if one of my colleagues would bring one of these bills over to any member of the opposition—in fact, the deputy leader of the opposition—and if they could find for me in the bill where it suggests that we're going to be charging people \$1,500 a day, I will again cede the floor and listen to the point of order where it says that.

Colleagues, you'll agree with me that if it's not in here, then that is not what we are talking about with this, right? So what would be the advantage of somebody to get up here and talk about things that are not in the bill? What would be the advantage? One thing and one thing only: to frighten people. And that, colleagues, is the essence of what the opposition is doing on this.

Now, the Liberals themselves—I'm going to spend a little time on the Liberals. They were in power from 2003 to 2018, 15 very long, difficult, challenging years for the people of the province of Ontario—very, very long. There were a number of Auditor General reports in that time that asked for the then Liberal government to do something about home care, to do something about palliative care, to do something about long-term care, to do something about hospital capacity, but in a subsequent report before they left, the Auditor General highlighted all of the things that they didn't accomplish. Palliative care, long-term care, home care—not done.

So the new member for Don Valley East, who is a physician, who is a good member—I like him. He's got a lot to bring to the table here, I think, in this House. He talks about the things—he says there are a lot of things—I wrote it down. I've got to find it, Madam Speaker.

Oh, yes. He talked about things that he thinks aren't being done. He says it sounds like a trend. He talked about home care, palliative care—it sounds like a trend. Well, we know what the trend was, right? It was 15 years of Liberals doing nothing. And what did we do? The day that we were elected, we began to invest in health care—and



not silos in health care, but a health care system that is completely integrated.

Now, this is what they don't like to talk about. They don't like to talk about this. We said, "Look, the health care system isn't working as it is. Once you're in the system, people have good things to say about it, but getting into the system is a very difficult challenge." So we brought in Ontario health teams to make it easier for people: a ribbon of care, a blanket of care so that you could have all of your needs met by one person. Whether you needed home care, long-term care, whether you need to be in the hospital or a specialist, you went to one place and you had all of that done for you. You didn't have to worry about calling this person, that person and all the stress that goes along with it.

So we started the transition to Ontario health teams, and then we said, "What's next?" Of course, what is next? Long-term care is next, Madam Speaker. Long-term care is next. That's why we said we're going to build 30,000 new long-term-care spaces. So the member says it's a trend, and he's right. The member for Don Valley East is actually right. It is a trend. Improving health care? Yes, it's a trend for us to get it done. Improving long-term care? Yes, it's a trend for us to get it done.

There's a billion dollars for home care that is on the table, and we will have an opportunity to vote on a billion dollars for added home care very, very soon, but we know how they're going to vote, right? They'll vote against it because they voted against the throne speech earlier today which highlighted the investments that we're making in health care. They already voted against it. This is what the NDP and the Liberals do.

I'm going to take it a bit further. The member for Don Valley East then again said, "Well, it's \$1,500. It's coercion." I'm sure his colleagues in the hospitals that he just worked at would be shocked to hear that they are somehow coercing patients to get a better quality of care. I don't believe that's the case, Madam Speaker. I don't believe that the long-term-care discharge officers in the hospitals are going around rubbing their hands together and saying, "Oh, I could get 1,500 bucks from that person." I don't think that's happening. And I don't think doctors who are looking at patients and saying, "You no longer need to be in a hospital. It is not the best place for you"—I don't think they're saying "Oh, well, we're going to get 1,500 bucks from this person." I've never met a health care official who would say that. And I know that the member for Don Valley East would never, ever do that.

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Let's talk about it. Are there instances when people have been charged for being in a hospital? Absolutely. Of course there are. Are there instances when people should be charged for being in a hospital if they are alternate-level-of-care? Yes, there should be. If the coordinator has offered somebody their preferred home of choice and the person refuses to go to their number one choice, should there be a charge for that? I believe there should be, and I've never said anything differently than that. I believe that. And I think most Ontarians would agree with that.

By the same token, they talk about ALC being a current problem. ALC numbers in this province have gone up every single year. Every single year, the amount of people waiting in a hospital to be transferred or cared for in a different environment, in a better environment, has gone up. It has not been dependent on whether there's a Bill 124. The numbers have gone up and up and up. The difference is that the opposition, the Liberals, when they were in government, did less and less and less.

The NDP dine off the fact that the people of the province of Ontario have never given them the honour of serving in government but one time. They somehow absolve themselves of the responsibility, from 2011 and 2014—I believe it was 2011 to 2014—when they held the balance of power. For those watching at home who don't understand what that means, it means that not enough Liberals at that time were elected to govern without the support of another party. We're seeing the same thing in Ottawa. In 2011—friends, at that time, there were already Auditor General reports with respect to long-term care. There were already thousands of people sitting in hospital beds—alternative-level-of-care—who needed to be treated better somewhere else. Was it a priority for the NDP then? It was not a priority. Did they talk about building long-term-care homes then? They did not. Did they talk about paying PSWs more then? No. Did they talk about bringing them in? Did they talk about the things that the Minister of Colleges and Universities is doing—by adding new medical schools? No. Did they talk about adding beds to our health care system so that we could—they talk about, "Oh, we've got the lowest bed-to-person ratio and blah blah blah." Did they do anything about it? Nothing. It wasn't a priority for them during that time period. And I'm glad that the member for Niagara Falls agrees with me that they had the opportunity and it wasn't done.

*Interjection.*

**Hon. Paul Calandra:** And I appreciate that the member for Niagara Falls is finally reading the bill.

But did they do anything? No.

And now, somehow, they come here, when you have a government that has from day one made enormous investments in health care—we've talked about it: a new hospital in Brampton, new hospitals in Niagara. The largest hospital expansion, I think, in Canadian history is in Mississauga. The largest expansion of long-term care in Canadian history—province of Ontario. The largest investment in health care for Ottawa is happening under our government right now. That's what's happening in the province of Ontario. We're hiring thousands of nurses, thousands of PSWs, hundreds of doctors.

They talk about—and I heard the member from Scarborough Southwest talk about, "We've got foreign-trained doctors and medical professionals." Well, we're actually doing that. We're doing it, Madam Speaker. It could have been done, but it wasn't done.

**Hon. Michael Parsa:** It wasn't a priority.

**Hon. Paul Calandra:** It wasn't a priority. And the ironic thing about it is, they talk about it, but they voted

against it. When the Minister of Labour brought it in, they voted against that initiative. So on the one hand, when the cameras are on, they argue for something, and then when the cameras are off, they go back to their old positions of tearing down what is being built in the province of Ontario. Because for the NDP, it's always been the same thing, right? It's always been tearing down. Somehow they think it's better for Ontario to be torn down than to be built up. We saw that when they had the opportunity to govern from 1990 to 1995. They tore things down. Again, these are the things that we have been doing since we came into office.

Now, I want to talk—the opposition House leader asked me a question about respite care. She said, “Well, are you going to bring back respite care as part of this?” Well, yes, of course we are. It was part of the news conference.

They say, “You're going to move people hundreds of miles away.” The announcement talked about what we hoped to accomplish with this program. Yes, there are almost 6,000 people in hospital who should not be there. There are about 2,000 of them who are waiting to be in long-term-care homes, who have applied and want to be in long-term-care homes.

Are there some that should be in home care or would rather home care? Absolutely. Of course there are. That's why we're spending \$1 billion to improve the system. That's why I wish they would have voted for it and not against it. They're going to have another opportunity, though. They voted against the throne speech, but very soon, colleagues, they're going to get one more chance to vote for home care, a \$1-billion investment, and we'll see how that goes.

The member from London talked about respite care. Colleagues, I've talked about this before, when I first spoke. This is the program where you have a loved one and you're taking care of the loved one at your home. More often than not, it's an elderly couple: a husband who's taking care of his spouse and he doesn't want or she doesn't want them to be in a long-term-care home, but they need a break. They just need a break. It happens, right? It happens.

The option they have available to them right now is the hospital. That's the only option they have available to them: the hospital. This bill changes that. This bill reopens the respite care program in the province of Ontario, making available space for about 500 people who are in the hospital right now as ALC patients to come out of that, where they're not being taken care of, and to get the respite care.

The member from London asked for that to be done. We were already doing it, but the members of the NDP say, “Well, despite the fact that you're doing it, we can't vote for it.”

**Ms. Peggy Sattler:** It's not in the bill.

**Hon. Paul Calandra:** Oh, it's not in the bill, the member from London says. What, it's not in the bill? But it is in the regulations that were presented by my ministry two days ago—two days ago. In fact, as part of this bill, as part of preparing for this bill, the minister, through my

recommendations, issued a very clear mandate that the respite care program would be reopened for the people of the province of Ontario.

It also said that ward beds, three- and four-bed—and why do I bring up the ward beds, the three- and four-bed rooms? It's because the member for Niagara Falls, in his speech, talked about how—not even in his speech, in his public Twitter feed—says that we are going to move people into three- and four-bed ward rooms. Now, forget the fact that you can't do that, but the member spoke about it—

**Mr. Deepak Anand:** Fearmongering.

**Hon. Paul Calandra:** —because that's what it's about: fear, right? Of course, the minister's order from two days ago reiterates that three- and four-bed ward rooms are not to be touched in the province of Ontario. It's not in the bill because it's already done.

So I'm glad that the member for London screams out that it's not in the bill. But then I remind the member for London that nor is a \$1,500-a-day charge in the bill, nor is sending people 300 kilometres away in the bill, nor is sending somebody 100 kilometres away in the bill.

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What the bill ostensibly, though, is about—which they don't want to talk about, because the NDP and the Liberals together, whether in coalition or separately, like to see chaos, right? They don't like to see things actually accomplished. It's not in their interests to do it. It's about protecting the status quo.

You've heard about this a lot. We talk about the status quo a lot. That's really the essence of the opposition: They are the party of the status quo. That's what they are. Forget the fact that, to be clear, it was a Progressive Conservative government that brought in socialized medicine in the province of Ontario in the first place, right? It was a Progressive Conservative government that did that.

**Mr. Robert Bailey:** John Robarts.

**Hon. Paul Calandra:** That's right. Almost every hospital that you see in this province was conceived of, thought of and built by a Conservative government.

And I forgot to mention how medium-sized hospitals—I thank some of the members in some of the smaller jurisdictions, who kept saying, “You know, the Liberals kept starving small and medium-sized hospitals. They kept starving them. They could hardly do anything.” Well, of course, we fixed that funding model too. I forgot to mention that. I almost forgot what I was talking about, because there are just so many good things that are happening.

But what is the bill ostensibly about? It is about looking at somebody who's in a hospital—Madam Speaker, I've actually been there. I've been there. I'm not lucky enough to have had a parent, my own parent, that lived long enough to come even close to a long-term-care bed, but I have a father-in-law who did. He was discharged from the Markham-Stouffville alternate-level-of-care centre at the old Humber Valley site—at 400 and Steeles, I think, or something like that.

He didn't want to go at first. He didn't want to go. Do you know why he didn't want to go? It wasn't because of

the distance, but he just thought that that meant too much of a difference, a change for him. You know, “I can’t be on my own anymore and I worry about it.” Once he got there and saw how good the care was in comparison to a hospital, he was grateful for the opportunity that he had to go there. He wasn’t so excited about transitioning out, but we saw what happened. As a family, we saw what happened: He started to do better. He started to thrive. He came back. He came back to the point where he could live on his own again. And I’m glad the member from Niagara Falls is almost finished reading the bill, because he seems to be agreeing with some of this now. He came back. But that’s what we are offering.

The member for Toronto Centre talked about—and I was at the Reikai Centre just a couple of days ago. It is a wonderful place. Not-for-profits are wonderful. Our municipal homes are wonderful. Our for-profit homes are wonderful. What has not always been wonderful is the regulations that they, the Liberals and the NDP, failed to put in place to ensure that the quality of care was equalized among all sectors. We did that. But I was at the Reikai Centre, and she is correct: It’s a great facility. Many members of the LGBT community are now transitioning into that home. It is a home of preferred choice.

But the member talks about how if somebody is in ALC—and if I’m wrong, the member can correct me, if I get it wrong—we won’t be able to address their specific needs. But again, that is incorrect. It’s incorrect. It’s not—I’ll choose my words carefully. It’s incorrect. Why? Because of a couple of things. First of all, nobody can be discharged to a home that doesn’t have the staffing. It’s part of the Fixing Long-Term Care Act. So when they talk about how there are not going to be enough staff, that’s actually incorrect; the law doesn’t allow that to happen.

But part of why we are doing this, part of the rationale for consent, part of the rationale to look at a patient’s needs is so that we know that before we offer a facility that is not a preferred choice, we can ask: “This is what this patient, who is discharged from a hospital, needs. Can you cover this person’s needs?” Whether it is cultural, whether it is, as I’ve said, dialysis, or many of the patients in hospital have dementia, they need specialized care. We can ask, “Can you handle that?” And they will say to us, yes or no. If it’s a no, then we’ll say, “What do you need in order to handle the person we want to send to you for better care?” They may say, in the case of somebody with dementia, “We need additional resources from behavioural services Ontario to ensure that there’s an attendant who can work with the patient.” They may say, “We need a special diet for the patient.” They may say, “We need larger beds for bariatric patients.” They may say, “We need kidney dialysis.” And there’s funding in place to ensure that that happens—funding that doesn’t exist now but that will exist because of this bill. It is matching up the needs of the patient with the resident—the person who will become a resident. So we don’t have to ship people off to get dialysis.

Who would get up in this place and advocate for a system that they know is not in the best interests of the patient?

What we’ve heard from the opposition today is ludicrous—that, somehow, offering a better quality of care to somebody is going to make them give up. My father-in-law didn’t give up because he was asked to go somewhere else. He ended up thriving. And that is what we are trying to accomplish with this bill.

At the same time, it is unacceptable—the member from Niagara Falls talked about how Ontario is a rich province—that if I have to bring my child to an emergency room, or if you have to bring your grandchild, your child, a parent, a loved one, that they have to wait, and that if they need to be put into a hospital, there’s not a bed available. Why? Because we have people there who aren’t being treated in the best possible way. It doesn’t serve the needs of the person who’s waiting. It doesn’t serve the needs of the person who wants or needs a room. And we can do it better.

The worst part is, the NDP are arguing for a reduced level of care. They are arguing to treat our seniors—because that’s what this bill is talking about—like less, that they don’t deserve the same quality of care that somebody else gets. I think that’s wrong. That’s why we’ve made the investments that we’re making. That’s why the bill does what it does. That’s why it makes the extra investments. Their lies, their argument, everything that they say runs counter to what is best for the patient, but what it is best for is the status quo and the people they’re more interested in—because, I would submit to you, Madam Speaker, it’s not the patient who, as my parliamentary assistant said, wants to become a resident, wants to have a home; a patient who will get treatment, who will get care in a long-term-care home while waiting, if they’re asked to move, at the top of the waiting list for their home or preferred choice.

Better care in your community—close to your family, close to your spouse, close to your caregivers, while waiting at the top of the list for your preferred choice. I think it’s a choice that Ontarians understand is in the best interests of the people of the province of Ontario.

**The Deputy Speaker (Ms. Donna Skelly):** Further debate?

**Mr. John Vanthof:** It’s always an honour to speak in this House—today, more of a tragedy, I think, on Bill 7.

There’s one thing I profoundly disagree with the House leader on: I think every member in this House, regardless of party affiliation, cares about the people of Ontario and wants them to live in an Ontario with the best health care possible, regardless of their age or where they live. He accuses the NDP of fearmongering.

How about we just read the explanatory note into the record? The explanatory note is somewhat different than the picture that the House leader is weaving: “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.” That’s a key point—without the consent.

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“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. 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....

“Certain limitations apply. The actions cannot be performed without first making reasonable efforts to obtain the patient’s consent.” What is a reasonable effort? “If consent is later provided by an ALC patient, the parts of the process that have been consented to must be conducted in accordance with sections 49 to 54.”

They do stop, however. “The section does not”—where the government stops is—“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.”

The government House leader talked about his father-in-law, and I respect the government House leader. I disagree with his position, but I respect him. When we had to admit my mom into long-term care, it was the hardest decision of our lives. The families are all—you know, it’s really tough. And it’s really tough for the person. But now on top of everything else they have to face, they have to face this hanging over their heads: that if they don’t make that decision quickly enough, they potentially could go somewhere else.

The government House leader said, “Well, it doesn’t say anywhere how many kilometres.” I agree with that. But it says “in accordance with the geographic prescriptions that are prescribed by the regulations.” Why aren’t they in the bill? Regulations can be changed at any time. Put them in the bill. He accuses us of fearmongering, yet what he claims isn’t in the bill either.

At the most stressful time of a person’s life—we all want our parents, our family members, in the best place possible. And do any of us really want our family members in ALC? No. We want them to get where they can get the best care. And there are places where they can get the best care, but for many of those places there are waiting lists. Now this bill gives the opportunity to say, “Okay, we will

give your personal health information to someone that bureaucracy cares about. We will send your personal health information without your consent. We will do many things without your consent. And, oh, the last step, you might have to pay some more money if you want to stay in the hospital, if you don’t like that.” That’s a pretty big hammer at the end of that process.

And you know what? A couple of days ago, I asked a question in the House about someone who was denied a second shower a week through home care. Those are the types of people who end up in ALC. Because I asked that question, do you know what? She got her second shower. But that shouldn’t come into the House. That community care coordinator—how was that decision made?

Now you’re asking people to believe that these decisions will all be made without the person’s consent. That’s a travesty. That is truly a travesty of democracy. A person’s health consent should never, ever be given up. And that’s why we are totally opposed to this bill, because it doesn’t improve people’s health.

**The Deputy Speaker (Ms. Donna Skelly):** The time for debate has ended.

Pursuant to the order of the House dated August 29, 2022, I am now required to put the question.

Mr. Parsa has moved third reading of 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. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed to the motion will please say “nay.”

In my opinion, the ayes have it.

A recorded vote being required, it will be deferred until the next instance of deferred votes.

*Third reading vote deferred.*

**The Deputy Speaker (Ms. Donna Skelly):** Orders of the day?

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

**The Deputy Speaker (Ms. Donna Skelly):** Since there’s no further business, the House adjourns until 9 a.m., Wednesday, August 31.

*The House adjourned at 1725.*

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Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
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Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
<b>Arnott, Hon. / L'hon. Ted (PC)</b>	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
<b>Barnes, Patrice (PC)</b>	Ajax	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-présidente du comité plénier de l'Assemblée législative
Begum, Doly (NDP)	Scarborough Southwest / Scarborough- Sud-Ouest	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Bell, Jessica (NDP)	University—Rosedale	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Bowman, Stephanie (LIB)	Don Valley West / Don Valley-Ouest	
Brady, Bobbi Ann (IND)	Haldimand—Norfolk	
Bresee, Ric (PC)	Hastings—Lennox and Addington	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Byers, Rick (PC)	Bruce—Grey—Owen Sound	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Minister of Long-Term Care / Ministre des Soins de longue durée Government House Leader / Leader parlementaire du gouvernement
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough- Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
<b>Cho, Hon. / L'hon. Stan (PC)</b>	Willowdale	Associate Minister of Transportation / Ministre associé des Transports
<b>Clark, Hon. / L'hon. Steve (PC)</b>	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
<b>Collard, Lucille (LIB)</b>	Ottawa—Vanier	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Dixon, Jess (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Dowie, Andrew (PC)	Windsor—Tecumseh	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fife, Catherine (NDP)	Waterloo	
Flack, Rob (PC)	Elgin—Middlesex—London	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
<b>Ford, Hon. / L'hon. Michael D. (PC)</b>	York South—Weston / York-Sud—Weston	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	
<b>Fullerton, Hon. / L'hon. Merrilee (PC)</b>	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Gallagher Murphy, Dawn (PC)	Newmarket—Aurora	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
<b>Gill, Hon. / L'hon. Parm (PC)</b>	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Jones, Trevor (PC)	Chatham-Kent—Leamington	
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
<b>Karpoche, Bhutla (NDP)</b>	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	
<b>Kerzner, Hon. / L'hon. Michael S. (PC)</b>	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>Lumsden, Hon. / L'hon. Neil (PC)</b>	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Todd J. (PC)	Durham	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York / Beaches—East York	
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
<b>Parsa, Hon. / L'hon. Michael (PC)</b>	Aurora—Oak Ridges—Richmond Hill	Associate Minister of Housing / Ministre associé du Logement
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
<b>Piccini, Hon. / L'hon. David (PC)</b>	Northumberland—Peterborough South	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Pierre, Natalie (PC)	Burlington	
<b>Pirie, Hon. / L'hon. George (PC)</b>	Timmins	Minister of Mines / Ministre des Mines
Quinn, Nolan (PC)	Stormont—Dundas—South Glengarry	
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
<b>Rasheed, Hon. / L'hon. Kaleed (PC)</b>	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development / Ministre du Développement du Nord
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
<b>Skelly, Donna (PC)</b>	Flamborough—Glanbrook	Chair of the Committee of the Whole House / Vice-présidente et présidente du comité plénier de l'Assemblée Deputy Speaker / Vice-présidente
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
<b>Smith, Hon. / L'hon. Graydon (PC)</b>	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Smith, Laura (PC)	Thornhill	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
West, Jamie (NDP)	Sudbury	
<b>Williams, Hon. / L'hon. Charmaine A. (PC)</b>	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	