

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

No. 43A

**Journal
des débats
(Hansard)**

N° 43A

1st Session
43rd Parliament

Wednesday
22 February 2023

1^{re} session
43^e législature

Mercredi
22 février 2023

Speaker: Honourable Ted Arnott
Clerk: Todd Decker

Président : L'honorable Ted Arnott
Greffier : Todd Decker

Hansard on the Internet

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

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

Index inquiries

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

Le Journal des débats sur Internet

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

Renseignements sur l'index

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

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



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

ISSN 1180-2987

CONTENTS / TABLE DES MATIÈRES

Wednesday 22 February 2023 / Mercredi 22 février 2023

ORDERS OF THE DAY / ORDRE DU JOUR

Your Health Act, 2023, Bill 60, Ms. Jones / Loi de 2023 concernant votre santé, projet de loi 60, Mme Jones

Hon. Sylvia Jones.....	2227
Mrs. Robin Martin.....	2228
Mme Dawn Gallagher Murphy	2230
Mme France Gélinas	2233
Ms. Andrea Khanjin.....	2233
Mr. Terence Kernaghan	2233
Mr. Dave Smith.....	2234
Mr. Joel Harden.....	2234
Mr. Lorne Coe.....	2234
Mme France Gélinas	2234
Second reading debate deemed adjourned	2235

MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

Anti-bullying initiatives

Mme Dawn Gallagher Murphy	2235
---------------------------------	------

Labour dispute

Mrs. Lisa Gretzky	2236
-------------------------	------

Congenital heart disease

Ms. Goldie Ghamari.....	2236
-------------------------	------

Coldest Night of the Year

Ms. Jessica Bell.....	2236
-----------------------	------

Shelter services

Mr. Mike Harris	2237
-----------------------	------

Health care

Mr. Chris Glover	2237
------------------------	------

Heart Valve Disease Awareness Day

Mr. Rudy Cuzzetto.....	2237
------------------------	------

Transportation infrastructure

Mr. Stephen Blais.....	2237
------------------------	------

Who Are the Jews? exhibit

Mrs. Robin Martin.....	2238
------------------------	------

Project Arrow

Mr. Lorne Coe.....	2238
--------------------	------

Wearing of shirts

Mme Dawn Gallagher Murphy	2238
---------------------------------	------

INTRODUCTION OF VISITORS / PRÉSENTATION DES VISITEUSES ET VISITEURS

The Speaker (Hon. Ted Arnott)	2238
Mr. Mike Harris	2238
Mr. Will Bouma	2238
Hon. Graydon Smith	2238

Mr. Terence Kernaghan.....	2238
Mr. Andrew Dowie	2239
Mr. Ted Hsu	2239
Mr. Tom Rakocevic.....	2239
Ms. Goldie Ghamari.....	2239
Mme Lucille Collard	2239
Ms. Bhutla Karpoche	2239
Mr. Rudy Cuzzetto	2239
Mr. Joel Harden.....	2239
Ms. Andrea Khanjin	2239
Mr. Terence Kernaghan.....	2239
Mrs. Robin Martin.....	2239
MPP Lise Vaugeois.....	2239
Ms. Mary-Margaret McMahon	2239
Hon. Stephen Lecce.....	2239
Mrs. Lisa Gretzky.....	2239
Mr. Stephen Blais.....	2239
Ms. Natalie Pierre.....	2239
Miss Monique Taylor	2239
Mr. Adil Shamji	2239
Mr. Rob Flack	2240
Ms. Jennifer K. French.....	2240
Mr. Hardeep Singh Grewal	2240
Ms. Doly Begum	2240
Mr. Amarjot Sandhu.....	2240
MPP Jill Andrew	2240
Ms. Natalia Kusendova-Bashta	2240
Mr. Tom Rakocevic.....	2240
Mr. Nolan Quinn	2240
Hon. Lisa M. Thompson	2240
Mr. Vijay Thanigasalam.....	2240
Hon. Doug Downey.....	2240
Ms. Jess Dixon	2240

Legislative pages

The Speaker (Hon. Ted Arnott).....	2240
------------------------------------	------

Hazel McCallion

Ms. Marit Stiles.....	2241
Mr. Mike Schreiner	2241
Ms. Mitzie Hunter	2241
Hon. Doug Ford	2242

QUESTION PERIOD / PÉRIODE DE QUESTIONS

Health care

Ms. Marit Stiles.....	2243
Hon. Doug Ford	2243
Hon. Sylvia Jones.....	2243

Government accountability	
Ms. Marit Stiles.....	2243
Hon. Paul Calandra.....	2244
Municipal development	
Ms. Catherine Fife.....	2245
Hon. Steve Clark.....	2245
Skilled trades	
Ms. Andrea Khanjin.....	2245
Hon. Monte McNaughton.....	2245
Health care	
Mme France Gélinas.....	2246
Hon. Sylvia Jones.....	2246
Indigenous economic development	
Mr. Trevor Jones.....	2246
Hon. Greg Rickford.....	2247
Health care	
Ms. Jessica Bell.....	2247
Hon. Sylvia Jones.....	2247
Health care	
Mr. Adil Shamji.....	2248
Hon. Sylvia Jones.....	2248
Police services / Services de police	
Mr. Mike Harris.....	2248
Hon. Michael S. Kerzner.....	2248
Public transit	
MPP Jill Andrew.....	2249
Hon. Caroline Mulroney.....	2249
Mr. Joel Harden.....	2249
Electricity supply	
Mr. Lorne Coe.....	2250
Hon. Todd Smith.....	2250
Autism treatment	
Miss Monique Taylor.....	2250
Hon. Merrilee Fullerton.....	2250
Housing	
Mrs. Robin Martin.....	2251
Hon. Michael Parsa.....	2251
Gender-based violence	
MPP Kristyn Wong-Tam.....	2252
Hon. Michael S. Kerzner.....	2252
Hon. Charmaine A. Williams.....	2252
Agri-food industry	
Mr. Will Bouma.....	2252
Hon. Lisa M. Thompson.....	2252
Birthday of member's husband	
Mrs. Jennifer (Jennie) Stevens.....	2253
INTRODUCTION OF VISITORS / PRÉSENTATION DES VISITEUSES ET VISITEURS	
Mr. Graham McGregor.....	2253
Mr. Lorne Coe.....	2253

**INTRODUCTION OF GOVERNMENT BILLS /
DÉPÔT DE PROJETS DE LOI ÉMANANT
DU GOUVERNEMENT**

St. Thomas-Central Elgin Boundary Adjustment Act, 2023, Bill 63, Mr. Clark / Loi de 2023 sur la modification des limites territoriales entre St. Thomas et Central Elgin, projet de loi 63, M. Clark	
First reading agreed to.....	2253
Hon. Steve Clark.....	2253

**INTRODUCTION OF BILLS /
DÉPÔT DES PROJETS DE LOI**

Chosen Family Day Act, 2023, Bill 64, MPP Andrew; Ms. Hunter; MPP Wong-Tam / Loi de 2023 sur le Jour de la famille choisie, projet de loi 64, MPP Andrew; Mme Hunter; MPP Wong-Tam	
First reading agreed to.....	2253
MPP Kristyn Wong-Tam.....	2253
Honouring Our Veterans Act, 2023, Bill 65, Mr. Coe / Loi de 2023 visant à rendre hommage à nos anciens combattants, projet de loi 65, M. Coe	
First reading agreed to.....	2254
Mr. Lorne Coe.....	2254
Heart Valve Disease Awareness Act, 2023, Bill 66, Mr. Cuzzetto / Loi de 2023 sur la sensibilisation à la cardiopathie valvulaire, projet de loi 66, M. Cuzzetto	
First reading agreed to.....	2254
Mr. Rudy Cuzzetto.....	2254

PETITIONS / PÉTITIONS

Social assistance	
Mrs. Jennifer (Jennie) Stevens.....	2254
Health care workers	
Mr. Dave Smith.....	2254
Social assistance	
Mr. Terence Kernaghan.....	2255
Health care workers	
Mme Dawn Gallagher Murphy.....	2255
Land use planning	
Ms. Jennifer K. French.....	2255
Social assistance	
Ms. Mitzie Hunter.....	2255
Volunteer service awards	
Mr. John Jordan.....	2256
Health care	
MPP Jill Andrew.....	2256
Health care workers	
Ms. Natalie Pierre.....	2256

ORDERS OF THE DAY / ORDRE DU JOUR

Your Health Act, 2023, Bill 60, Ms. Jones / Loi de 2023 concernant votre santé, projet de loi 60, Mme Jones

Mme France Gélinas	2257	M. Anthony Leardi.....	2267
Mr. Mike Harris	2262	Mrs. Jennifer (Jennie) Stevens	2268
Ms. Catherine Fife.....	2263	Mr. Terence Kernaghan.....	2268
Ms. Goldie Ghamari.....	2263	Mr. Mike Harris	2270
Mr. Wayne Gates	2263	Ms. Jennifer K. French.....	2271
M. Anthony Leardi.....	2263	Mr. Amarjot Sandhu.....	2271
Ms. Natalia Kusendova-Bashta	2264	Ms. Natalia Kusendova-Bashta	2271
Mr. Kevin Holland	2265	Mr. Sol Mamakwa.....	2272
MPP Lise Vaugeois.....	2266	Mr. Stephen Blais	2272
Ms. Andrea Khanjin	2267	Ms. Jennifer K. French	2273
Mr. Wayne Gates	2267	Mrs. Robin Martin.....	2273
		Mr. Wayne Gates	2273
		Mrs. Daisy Wai	2274
		Mr. Deepak Anand	2275
		Ms. Jennifer K. French.....	2276
		Second reading debate deemed adjourned	2277

LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 22 February 2023

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 22 février 2023

The House met at 0900.

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

Prayers.

ORDERS OF THE DAY

YOUR HEALTH ACT, 2023

LOI DE 2023

CONCERNANT VOTRE SANTÉ

Ms. Jones moved second reading of the following bill:

Bill 60, An Act to amend and enact various Acts with respect to the health system / Projet de loi 60, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Speaker (Hon. Ted Arnott): Would the minister care to lead off the debate? I recognize the Minister of Health.

Hon. Sylvia Jones: It would be my honour to lead off today's debate. At the start of government leadoff, I want to indicate that I will be sharing my time with my two parliamentary assistants, MPP Robin Martin, the member for Eglinton–Lawrence, and MPP Dawn Gallagher Murphy, the member for Newmarket–Aurora. This is the first piece of legislation that we will introduce together and I appreciate the opportunity to share some of the incredible work we've been able to accomplish improving access to care across Ontario. Both parliamentary assistants are strong advocates for their communities, and I'm proud of the team we lead together at the Ministry of Health.

Speaker, I would be remiss to say that this is a piece of work from individuals. It is a piece of work that is the culmination of engagement with health care practitioners, clinicians, stakeholders and indeed many, many individuals within the Ontario public service who had a part to play in making sure that your Ontario health care act is here today. I want to thank them very much for their input.

Earlier this month, our government released Your Health: A Plan for Connected and Convenient Care. The plan focuses on providing people with a better health care experience by connecting them to more convenient care options closer to home, while shortening wait times for key services across the province and growing the health care workforce for years to come.

The plan lays out a broad series of initiatives under three pillars: the right care in the right place, faster access to care, and hiring more health care workers. Designed to work together and work for people, these pillars will

deliver connected and convenient care in hospital emergency rooms; in community settings like pharmacies, community organizations and doctors' offices; in long-term-care homes; and through care delivered right in their own homes. Through the Your Health plan, our government is taking action to strengthen all aspects of health care, particularly where people access it most frequently. The proposed Your Health Act, 2023, supports our efforts to do so.

To provide the right care in the right place, this bill supports the expanded role of pharmacists, enabling people to connect to care closer to home, at their local pharmacy. Expanding the role of pharmacists can save a trip to the doctor, while giving family doctors and nurse practitioners more time for appointments with people who have more serious concerns. One example of this is allowing pharmacists to prescribe medications for 13 common ailments at no extra cost to patients. We have already seen great success in this initiative, with over 40,000 Ontarians accessing this service within the month of January. Pharmacies are one of the most accessible entry points in our health care system, and I look forward to working with our partners to explore other ways we can expand this work.

If passed, the proposed legislation would also result in amendments to certain health professions acts, which would permit the making of regulations that would allow certain out-of-province registered health professionals to practise immediately in Ontario while waiting for the registration with their respective Ontario health regulatory college. With new as-of-right rules, Ontario is the first province in Canada to allow health care workers from across the country to immediately start providing care. That's the kind of innovative solution that will help bring reinforcements to the front lines of our health care system, because a doctor from British Columbia shouldn't face bureaucratic delays to be able to practise in Ontario. These proposed changes are another way we are looking to reduce administrative barriers and to help allow qualified professionals to work in Ontario quickly and efficiently.

Under the leadership of the Ministry of Long-Term Care, we're also proposing amendments to the Fixing Long-Term Care Act, 2021, to enable the making of regulations that would allow these health professionals to work in the long-term-care sector as well.

Another aspect of the proposed legislation is repealing the Independent Health Facilities Act and replacing it with new legislation: the Integrated Community Health Services Centres Act, 2023. The health care landscape has changed significantly since the enactment of the Independent Health Facilities Act in 1990. There is a need for a

legislative framework that better responds to current surgical demands in a manner that is integrated with the broader health system, prioritizes safety and patient needs, and better reflects the modern health system landscape and priorities. This proposed change would support the expansion of surgical, procedural and diagnostic services in the community, which is another important part of our plan for convenient and connected care. We are reducing wait times by increasing access to surgeries and procedures such as MRI and CT scans, cataract surgeries, orthopedics, colonoscopies and endoscopies.

For over 30 years, community surgical and diagnostic centres have been partners in Ontario's health care system. Like hospitals, community surgical and diagnostic centres are held accountable to the highest quality standards, the standards Ontarians deserve and expect across the health care system.

To further support integration, quality and funding accountability, oversight of community surgical centres will transition to Ontario Health. This improved integration into the broader health care system will allow Ontario Health to continue to track available community surgical capacity, assess regional needs and respond more quickly across the province and within regions where patient need exists. This is another way our government is making it easier for people to connect to care and access publicly funded services in more locations. And our government is clear: Ontarians will continue to use their OHIP card, not their credit card. Under Premier Ford, that will never change.

The final part of this bill is to enhance privacy obligations related to certain health administrative data through proposed amendments to the Freedom of Information and Protection of Privacy Act. These proposed amendments will benefit patients by supporting improvements to the health care system through linking de-identified data, while enhancing privacy protection, transparency and accountability for entities that collect, use and disclose government data. The Information and Privacy Commissioner, which provides oversight to ensure compliance with the proper handling of data, has collaborated in the development of our proposed approach.

Over the last several months, I have travelled across Ontario to the front lines of our health care system. I've had the privilege to meet and speak with many of our dedicated health care workers across Ontario. I've seen many examples of world-class care delivered by our exceptional health care providers.

0910

But I have also seen that our health care system and our health care workers are under incredible pressure. And for too many people, health care is too hard to access. The status quo is not working. Ontarians deserve to be able to get care where and when they need it. This means more hospital and long-term-care beds in their communities. It means more diagnostic testing like MRIs and CT scans closer to home. And it means more skilled health care workers available to provide care.

We need to be bold, innovative and creative. We need to build on the spirit of collaboration on display across the health care sector. We need to have the courage to look to other provinces and countries, and borrow the best of what the world is already doing.

Again, we need to be clear: Insured Ontarians will always access the insured health care they need with their OHIP card, never their credit card. That is why our government announced the Your Health plan and the proposed legislation that would, if passed, support its implementation.

Through the Your Health plan, our government is continuing to prioritize making it easier for individuals and families to connect to the care they need, whether that's by expanding access to services in our homes or community, giving people the choice to book more appointments online or take an appointment virtually, or ensuring a hospital bed is there when it's needed. We are expanding access to services in health care settings that are close to home, such as pharmacies, or by expanding the number of community surgical and diagnostic centres. We will cut the wait times for key services like MRI and CT scans and cataract surgeries, as well as for other services such as emergency care and supports for mental health and addictions.

Our government is also moving forward with medical school expansion plans and training more nurses, adding training positions for physician assistants, allowing Canadian health care workers to come work in Ontario quicker, and adding more education spots for nurse practitioners. And our health care workers will be set up to work together as a team, making it easier for Ontarians to navigate care at every stage of their life.

Some of these changes will happen immediately as we take action to address pressing issues. Other changes will take time and will be phased in over the months and years ahead as we educate and graduate new health care workers and build new hospitals, community surgical and diagnostic centres, and long-term-care homes, while delivering care in new and innovative ways.

Over time, Ontarians will see and feel real improvements in the care they receive as we build a better health care system for the future. People will have more information and better tools to make the right decisions about their health, and it will become faster and easier for Ontarians to connect to the health services they need in their community or at home, no matter where they live.

I will now share my time with my outstanding parliamentary assistants—the member for Eglinton—Lawrence, followed by the member from Newmarket—Aurora—who will speak further to our government's ongoing work to strengthen our health care system and provide Ontarians with more connected and convenient care.

The Acting Speaker (Ms. Patrice Barnes): The member from Eglinton—Lawrence.

Mrs. Robin Martin: I would like to start by thanking the Deputy Premier and Minister of Health for her strong commitment to patient-centred care and her leadership in building a strong public health system that better addresses

patient needs. I'm pleased to rise today in the House to speak to the Your Health Act on behalf of my constituents in the riding of Eglinton–Lawrence and as parliamentary assistant to the Minister of Health. This proposed legislation is another important step forward, ensuring that our health care workers can provide high-quality, connected and convenient care, now and in the future.

I would like to express my deepest appreciation for our world-class health care workers for their unwavering commitment and tremendous contributions to our province.

The Your Health plan, which is supported by this bill, builds on the significant progress our government has made over the last several years. Since 2018, we've increased health care funding in our province by \$14 billion. We've expanded Ontario's health workforce with more doctors, nurses and personal support workers. In fact, since 2018, we've grown our health care workforce by 60,000 new nurses and 8,000 new physicians. We've added more than 3,500 hospital beds across the province, including acute, post-acute and critical care beds. We're building new hospitals in every region of the province, getting shovels in the ground for 50 new major hospital development projects.

And since 2021, we've provided funding to support the operation of 49 new MRI machines. I recently had an opportunity to visit a couple of the sites which are getting their first MRI machine in some of the smaller rural areas, and it's very exciting for those hospitals and for patients in those areas because they won't have to travel as far to be able to get an MRI.

We're also adding nearly 60,000 new and upgraded long-term-care beds and investing nearly \$5 billion over four years to hire more than 27,000 long-term-care staff, including nurses and personal support workers, and increasing the amount of direct care that residents receive in long-term care. We continue to make it easier and faster for individuals of all ages to connect to mental health and addiction supports by building on our Roadmap to Wellness. We've made it more convenient to book or take a health care appointment by launching virtual care options and adding more online appointment booking tools.

Our government is better connecting health care organizations and providers in our communities through our Ontario health teams. Ontario health teams bring together providers from across health and community sectors, including primary care, hospitals, community care, mental health and addiction services and long-term care, for example, who work as one collaborative team to better coordinate and share resources. Working together, they will ensure that people can move between providers more easily, directly connecting them to different types of care and providing 24/7 help in navigating our health care system.

Speaker, Ontario is making historic investments of more than \$75 billion annually in health and long-term care. But it's clear to all of us, and I think to all Ontarians, that money alone is not enough. We need to innovate and continue to build on our successes to create tangible, lasting improvements to our health care system and to the

health care that is delivered to Ontarians. They deserve no less.

The Your Health plan is a decisive strategy to ensure Ontarians receive more convenient and connected care. The three pillars of the plan provide a solid foundation to continue modernizing and improving patient care in our province.

I'd like to speak to one of these pillars: the right care in the right place. Having the right care in the right place means supporting more care in people's own homes and communities, leveraging virtual care, supporting targeted care needs with specialized supports, building on mental health and addictions supports and services, and creating stronger long-term care. It also means reducing pressures in our emergency departments.

When people have health care available in their communities and in ways that are convenient for them, they're much more likely to seek and receive the treatment that they need when they need it, and to stay healthier. Delivering convenient care to people in their communities will help keep our province healthier by diagnosing illnesses earlier, starting treatment as soon as possible and keeping emergency room wait times down when people need urgent care.

0920

One of the key parts of ensuring the right care in the right place is expanding care at our local pharmacies. Pharmacists in Ontario are highly trained, highly trusted and regulated professionals. They are often the closest, most convenient option for health care in communities across Ontario. Throughout the last few years, pharmacists have really played a critical role in supporting patients across the province by supporting COVID-19 testing and vaccination efforts and educating patients about medication and treatment options.

Pharmacists continue to offer families the kind of convenient care close to home that we know Ontarians are looking for. We are expanding the role of pharmacists by increasing their scope of practice so that families will be able to connect to care closer to home at their local pharmacies, such as enabling them to prescribe medications for 13 common ailments. These initiatives are part of our ongoing work with front-line pharmacists, nurses and other regulated health workers to expand their scope of practice in ways that make it more convenient and faster for people to get care in their community.

Another significant way we are working to provide the right care in the right place is expanding the delivery of home and community care services to help more people connect to the care they need in the comfort of their own home. From more nursing and personal support services, caregiver supports and respite services, bereavement and behavioural programs to assisted living services, adult day programs and programs for people with brain injuries, work is under way to provide faster and more convenient access to the care that people need.

The province is also working with our Ontario health teams and home and community care providers to create

new and innovative programs for people wanting to connect to care at home, to help ensure people receive these important services sooner. We're making it faster and easier for young people to connect to mental health and substance use support, primary care, social services and more by adding eight new youth wellness hubs to the 14 that are already operating in communities across the province.

We're also expanding One Stop Talk, a virtual walk-in counselling service for children, youth and families that provides access to mental health care with a clinician by phone, video, text or chat.

Through our new Health811 service, Ontarians can chat online or call 811 to talk to a registered nurse, day or night, for free and in multiple languages. Health811 can also help people find services like community health centres, mental health support or a walk-in clinic close to where they live. Future improvements planned for Health811 will allow people to create a confidential profile, schedule video visits with clinical advisers and manage their health more easily through accessing their own personal health records and tailored information about the services and programs available through Ontario health teams, including mental health and addictions supports. We're expanding and making investments in Ontario health teams to further support connected care, including virtual and digital care.

Speaker, Ontario already leads the country in how many people benefit from a long-term, stable relationship with a family doctor or primary care provider. But we're doing more by expanding access to team-based models of primary care, with up to 1,200 more physicians being added to family health organizations to provide comprehensive primary care services. When family physicians work in a team model alongside other family physicians, nurses, dietitians, social workers, pharmacists and other health care professionals to deliver programs and services, you get better continuity of care and more access to after-hours care.

We're increasing the number of spots for physicians to join a team model of care through the expansion of existing family health organizations and allowing new ones to form. This will add up to 1,200 physicians in this model over the next two years, starting with an additional 720 spots for physicians interested in joining a family health organization model in 2022-23 and 480 spots in 2023-24. These family health organizations will be required to provide comprehensive primary care services, extend evening and weekend hours of practice, and provide more weekend coverage so you can access a family physician when you need it.

Team models of primary care have demonstrated how bringing health care providers together into one team can improve the patient experience and how you access care. We're building on this through our Ontario health teams. Teams of primary care providers regardless of model will be central to all Ontario health teams across the province.

Dr. Mekalai Kumanan, president of the Ontario College of Family Physicians, said, "We are pleased to see the Ontario government recognize the important role of family

doctors and primary care in our health system. The actions taken in this plan will improve local primary care planning, access to team-based care, and will support the training and development of more family physicians in Ontario. These are aligned with the recommendations from our plan of action, *Solutions for Today: Ensuring Every Ontarian Has Access to a Family Doctor*. Today's announcement is a step in the right direction, and we look forward to working closely with the government to ensure all Ontarians have timely access to a family doctor."

These are some of the important innovations that our government is putting in place, expanding what is possible for health care in Ontario and delivering a new level of care and convenience to families across Ontario.

I will now take the opportunity to turn things over to the member from Newmarket–Aurora, parliamentary assistant to the Minister of Health, to tell us how patients in Ontario are being provided with a better health care experience, which is supported by our proposed legislation.

The Acting Speaker (Ms. Patrice Barnes): The member for Newmarket–Aurora.

M^{me} Dawn Gallagher Murphy: Thank you to the Minister of Health for introducing this legislation and for providing more details about how we are moving in the right direction to improve patient care in our province.

I appreciate the opportunity to speak further about this critical priority for our government. This is the first time I'm rising in this House as parliamentary assistant to the Minister of Health to speak to legislation that will improve the quality of care for patients across this province. I'd like to take this opportunity to thank my constituents, the people of Newmarket–Aurora, for this incredible opportunity.

The proposed Your Health Act, 2023, is an important piece of legislation to support better patient care. It will enable elements of the Your Health plan, which provides a very strong and comprehensive blueprint for improving our health care system.

The member from Eglinton–Lawrence and parliamentary assistant to the Minister of Health spoke about one of the plan's three pillars: the right care in the right place. Another one of the key pillars is faster access to care. We know that the sooner people have access to care they need, the better the outcomes.

Reducing wait times for surgeries and procedures is one of the focal points of our efforts to ensure Ontarians have faster access to care. We know that lengthy wait times for surgeries are one of the biggest challenges in our province. While Ontario leads the country in the number of people who receive the surgery they need for hip and knee replacements, we still aren't meeting the right benchmarks. So we are doing more to make it easier and faster for Ontarians to get the publicly funded surgeries and procedures that they need. By further leveraging the support of community surgical and diagnostic centres, we will eliminate surgical backlogs and reduce wait times.

0930

As a first step, we are tackling the existing backlog for cataract surgery, which has one of the longest waits for

procedures in the province. Four existing community centres located in Windsor, Kitchener-Waterloo and Ottawa have been identified as successful applicants to a recent call for applications. These centres will be able to support an additional 14,000 publicly funded cataract surgeries every year. These additional volumes make up to 25% of the province's current cataract wait-list, which will help significantly reduce the number of people waiting outside appropriate wait times for this surgery.

We are also investing more than \$18 million to existing centres to cover care for thousands of patients, including more than 49,000 MRIs and CTs, 4,800 cataract surgeries, 900 other ophthalmic surgeries, 1,000 minimally invasive gynecological surgeries and 2,845 plastic surgeries. I would like to emphasize that this is all publicly funded. The cost of receiving these insured services in community surgical and diagnostic centres is covered by an Ontario health card, never your credit card.

The status quo is not working. We need to be bold, innovative and creative. We need to build on the spirit of collaboration on display across the health care sector. We need to have the courage to look to other provinces and countries and borrow the best of what the world is already doing. We will do this by increasing access to services in health care settings near you, like in pharmacies, by increasing the number of assessments and treatments that can be provided by your local pharmacist without a doctor's appointment, by expanding the number of community surgical and diagnostic centres, by cutting wait times for services like MRI and CT scans and cataract surgeries and by expanding access to home and community care services so you can stay safely at home.

We know the only thing better than having care close to home is having care right in your home. We have heard loud and clear that you and your family want better and faster access to home care services. Last year, we dedicated over \$1 billion to expand access to home care services over the next three years. This funding will benefit nearly 700,000 families who rely on home care annually by expanding home care services while recruiting and training more home care workers. It will help prevent unnecessary hospital and long-term-care admissions and shorten hospital stays. Most importantly, it will provide you and your family with the choice to stay in your home longer.

We're also working with Ontario health teams and home and community care providers to establish new home and community care programs. Your home care plan should and will start as soon as you step foot in the hospital or other health care settings. Connecting home and community care through these teams will expand the reach of health care professionals all the way to your front door, and will ensure you start to receive these important services sooner.

These investments and initiatives are only part of the solution. We know we need to do more to expand and improve home care services across the province, particularly in rural and remote areas. We will continue to make investments to ensure you and your family are able to connect to home care more quickly and easily when you need support.

To quote Cynthia Martineau, the CEO of Home and Community Care Support Services, "Home and community care is an integral part of our health care system. We look forward to working with our government and community partners to ensure programs and services are in place to help people be healthier at home through connected, accessible patient-centred care."

Sue VanderBent, the CEO of Home Care Ontario, said "Home Care Ontario applauds the government for recognizing the critical role home care plays in Ontario's health system. Today's plan says it best—'The only thing better than having care close to home, is having care in your home.' Now is the time to put those words into action. The government can capitalize on its historic investment by fast-tracking funding to home care in order to stabilize and grow the sector."

Faster access to emergency care is another key priority. We continue to find innovative ways to reduce wait times and make it faster and easier for Ontarians to access timely care. Part of this solution is to divert individuals from emergency rooms when it's safe to do so and provide them care and treatment in the community. In more than 40 communities across the province, we have approved 911 patient care models for mental health and addictions and palliative care patients. That provides paramedics more flexibility to treat certain patients who call 911 at home or on scene in the community, rather than in the emergency rooms.

And we are having success. Patients diverted from emergency rooms through one model received the care they needed up to 17 times faster, with 94% of patients avoiding the emergency room in the days following treatment. Based on the proven success of the program, we're now working with key partners to expand these models to different patient groups, such as people with diabetes and epilepsy. These initiatives are helping to divert patients from emergency rooms and reducing repeat hospital visits, which helps reduce patient wait times and ensures these hospital beds are available for those that need them most.

We are also helping to reduce ambulance off-load times at hospitals through investments to support dedicated off-load nurses and other health care workers to allow paramedics to drop off patients more quickly and be available to get their next call faster; building new hospitals and adding more beds; relieving pediatric pressures on hospitals; improving and expanding long-term care; supporting end-of-life care; and expanding access to mental health and addictions services in our communities. These are further priorities under the Your Health plan which will ensure Ontarians have faster access to the care they need.

0940

Speaker, the proposed legislation also supports another key pillar of our plan for connected and convenient care: hiring more health care workers. Ontario has one of the most dedicated and highly trained health workforces in the world. Day in and day out, well-trained and well-supported doctors, nurses, personal support workers and more keep Ontarians safe and healthy. And hiring more health

care professionals is the most effective step to ensure individuals and families are able to see a health care provider where and when they need to.

One way we are supporting this is by expanding the Ontario Learn and Stay Grant. We know that there are unique health care challenges in small, rural and remote communities and that recruiting and retaining health care workers in these regions requires a dedicated approach. Last spring, we launched the Ontario Learn and Stay Grant to help these communities build their own health workforces. This program covers the costs of tuition, books and other direct educational costs for post-secondary students who enrol in high-priority programs in more than a dozen growing and underserved communities and commit to work in those communities when they graduate. Speaker, I have to say that this program has been so popular at the ROMA conference and, in speaking with many of our rural towns and municipalities, how happy they were with this program. I believe that speaks loud and clear about the impact of this type of program. This year we are expanding the program, beginning in spring 2023, targeting approximately 2,500 eligible post-secondary students who enrol in high-priority programs, such as select nursing, paramedic, and medical laboratory technology or medical laboratory science.

We're also taking steps to help those who want to work in Ontario. There are many health care workers from across the country and from across the world who want to work right here in Ontario, and we are making innovative changes to make it easier and faster for them to begin working and providing care to people in Ontario. With proposed new as-of-right rules, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to immediately start providing care without having to first register with one of Ontario's health regulatory colleges. This change will help health care workers overcome excessive red tape that makes it difficult for them to practise in Ontario.

We will also help hospitals and other health organizations temporarily increase staffing when they need to fill vacancies or manage periods of high patient volume, such as during a flu surge. This will allow nurses, paramedics, respiratory therapists and other health care professionals to work outside of their regular responsibilities or settings, as long as they have the knowledge, skill and judgement to do so.

We are continuing to make it easier for internationally trained health care professionals to use their expertise here in Ontario, and we are working closely with regulatory colleges to make it easier and faster for qualified health care professionals to work here as well, without facing unnecessary barriers and costs, including requiring colleges to comply with time limits to make registration decisions. Our many initiatives to recruit, retain and optimize health care workers will ensure we have the right number, type and distribution of health care professionals in our province to meet the health care needs of Ontarians.

To ensure that we are building a system that works for Ontarians, the province will continuously measure our

progress, including tracking the ability of people to access services like primary care and mental health care.

Something I wanted to add here is that recently in my own community of Newmarket–Aurora, Southlake Regional Health Centre just opened 12 additional mental health beds. That is due to a \$6.5-million investment our government made to Southlake, approximately less than two years ago, and they just opened two weeks ago. The space is just phenomenal. This is what we're doing to help people with mental health and addictions challenges in my community, and we're doing that across the province.

We're also tracking the ability of people to access and their wait times for MRIs and CT scans, and the time spent waiting in the emergency room. We will also track how we are expanding our health care workforce, to ensure it grows as our population in Ontario grows and ages. I know in my community alone, we have a very high aging population. We have over 300,000 people coming into this province each year. This is why we need to ensure our health care workforce can grow. The way our population is growing is critical.

Speaker, as we continue to roll out the Your Health plan, which is supported by the proposed legislation introduced today, we remain focused on one fundamental goal: to provide Ontarians with more connected and convenient access to health care, when and where they need it.

On February 2, the ministry released Your Health: A Plan for Connected and Convenient Care. The plan outlines an approach to making health care more accessible across all of our care options: home or community, primary care, virtual or hospital care. The plan includes actions under the three pillars: the right care in the right place, faster access to care and hiring more health care workers. The result will be a health care system that is easier to navigate, where people have more timely access to all forms of care.

Yesterday, Minister Jones introduced the Your Health Act, 2023. It covers four topics: modernizing the community surgical system, interjurisdictional registration of health professionals, patient assessments by pharmacists and data integration.

The first part of this legislation is modernizing the community surgical system. As part of the Your Health Act, the government is leveraging community surgical and diagnostic centres to reduce wait times while ensuring that patients can use their OHIP card to access insured services.

0950

This modernized legislative framework for community surgical and diagnostic centres would ensure connected and convenient patient care through better integration of these centres in the broader health system by repealing the Independent Health Facilities Act, 1990, and replacing it with the Integrated Community Health Services Centres Act, 2023.

As the province moves to expand the types of surgeries and procedures being done in the community, it will ensure the new community surgical and diagnostic centres have in place the highest quality standards with strong

oversight. The newly proposed Integrated Community Health Services Centres Act, if passed, will:

- protect patient safety through strengthened quality assurance and oversight of community surgical and diagnostic centres;

- ensure that no centre can refuse an insured service to a patient who chooses not to purchase uninsured upgrades, and no patient can pay to receive insured services faster than anyone else;

- ensure that patients who are not able to have their complaints addressed at a centre can seek help from the Ontario Patient Ombudsman; and

- protect the stability of health human resources in public hospitals, as centres will work with health system partners to promote optimal patient care pathways.

The second part of the legislation: interjurisdictional registration of health professionals. These changes would enable, as I noted earlier, as-of-right rules, allowing physicians, nurses, medical laboratory technologists and respiratory therapists in other Canadian jurisdictions to begin practising in Ontario hospitals, long-term-care homes and potentially other settings without delay.

Through amendments to a number of acts, the government is making it easier for health care professionals with the necessary knowledge, skills and judgment to start working in Ontario as soon as possible. Health care professionals would even be able to immediately begin practising while they wait for their registration with their respective Ontario health regulatory college to be completed. And with fewer administrative barriers, more health professionals will be able to come to Ontario more quickly and efficiently to work.

The third part of the bill deals with patient assessments by pharmacists. To support pharmacists' expanded roles in the health system, the government is proposing to allow pharmacists the ability to independently initiate prescriptions based on their own assessment of a patient's health when providing medication therapies.

The fourth part of the bill deals with data integration. The amendment creates an exciting opportunity to strengthen protections for personal health information and link data for research purposes, to help make better programs and services for all Ontarians. Health, education and social services data, for example, can be linked to create insights that wouldn't otherwise be unearthed. We're pleased that the first external body to be given this new status is the internationally renowned, Ontario-based Institute for Clinical Evaluative Sciences. This is a trusted organization that has produced stellar research for decades.

Importantly, the data that will be linked is aggregate and de-identified, meaning it's not personal information. Moreover, the Information and Privacy Commissioner oversees the whole process to ensure that personal information is protected. This is an important step in improving our health care system.

We hope we can count on the support of all members of this great House to support this act.

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

M^{me} France Gélinas: I would like to know—in your bill, you are setting up for basically private, for-profit, investor-owned corporations to start providing care. The care will continue to be paid by the government, but it will be offered by private, for-profit, investor-owned corporations. Where in your bill is the accountability? Where can we make sure that there are standards in place so that patients do not get over-billed or sold add-ons? What kind of inspection and oversight is present in your bill?

Mrs. Robin Martin: Thank you very much for the question. Obviously, a lot of this is still going to be spelled out in regulations, but the oversight is determined—we're going to make sure that we have oversight. We have the Patient Ombudsman, of course, if people have a concern.

There's also, of course, the Commitment to the Future of Medicare Act. We want to make sure that people are able, if there is some concern, to raise that concern to an appropriate person who will deal with it. In the legislation, each of the entities would have to have their own complaint mechanism.

All of this will be under the auspices of Ontario Health because it will be integrated into our health care system. That is the whole point of that part of the legislation: to integrate these community clinics into our broader health care system.

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

Ms. Andrea Khanjin: I want to thank both parliamentary assistants for their great remarks. They really understand, talking to all Ontarians, how important strengthening our health care system is.

In fact, I know that not too long ago I was able to announce with Minister Downey an MRI and CT scanner at Royal Victoria hospital, and PA Martin was there at GBGH to announce some great funding for them. That is a growing area, and critical infrastructure is needed at the hospital. I was wondering if PA Martin could elaborate a little bit more on that great announcement that she did at GBGH.

Mrs. Robin Martin: Thank you so much to the member from Barrie–Innisfil for raising that announcement. It was actually the day of the whiteout on the 400. We did the announcement and then I drove back at three kilometres an hour through a blinding snowstorm and somehow survived, so that was good.

The important part of the announcement was that Georgian Bay General Hospital has never had an MRI there. We were able to provide the funding to continue operations and hire staff, etc., to have an MRI right there on the premises of the hospital. This is among 49 MRIs we're putting in community hospitals. I know the other parliamentary assistant, PA Gallagher Murphy, has done some announcements as well in various venues.

I also went to the riding of Hastings–Lennox and Addington and announced an MRI in that hospital, which had never had one. This will make a huge difference for convenience for people to get services closer to home, and that's part of the plan.

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

Mr. Terence Kernaghan: Thank you for the presentation.

The Standing Committee on Finance and Economic Affairs just finished travelling the province for pre-budget consultations. We heard from many delegations who are deeply concerned about the impacts of Bill 124 and the health care human resources crisis that has been created by such. Not once did the committee hear any support for Bill 124. Not one delegation supported this demeaning, degrading and, as one delegation called it, humiliating piece of legislation. We heard about the nurses who left and the health care human resources crisis that needs to be addressed. There's an opportunity here for this government to undo the damage through Bill 60 that they have created with Bill 124.

1000

My question is: Why is this government more concerned about health care profiteers, instead of people who need care from highly skilled nurses?

Mrs. Robin Martin: Thank you very much to the member opposite for the question. Frankly, what we're concerned about is making sure that people get health care quickly, conveniently, in their communities. That's what this legislation is all about. In the last election, I believe Bill 124 was an issue of discussion. We did have an election result which re-elected this government with an even greater majority. I think the people have spoken.

If you talk to them, the people who receive services want our health care system to be better, and that's what this government is focused on doing. That's what this Minister of Health is focused on doing: making a better, more convenient health care system to provide services to all Ontarians and good results for all Ontarians so we have better health care.

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

Mr. Dave Smith: One of the things I've heard repeatedly from the opposition is that this is going to cost people out of pocket, that somehow OHIP isn't going to cover all these things and that people are going to have to pull their credit card out all the time. Is there anything in this legislation that protects Ontarians from any extra billing?

Mrs. Robin Martin: Thank you very much for the question. Of course, Ontarians are protected from extra billing through the Commitment to the Future of Medicare Act. In this legislation as well, we want to ensure that people pay only with their OHIP card for OHIP-insured services, as they have always done.

I understand that people like to use words in debate. They like to use the words "private" and "public," but I think those words confuse people, because most people don't have the same meaning in mind.

I heard Dr. Jane Philpott say this on TVO's The Agenda when she mentioned these. They were having a debate about this whole issue, about public versus private health care. People don't care about that issue. What they care about is whether they're paying with their OHIP card, and that is the most important thing. You will continue to pay for health services with your OHIP card.

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

Mr. Joel Harden: Speaker, I have to use these reading glasses now, but I don't need the reading glasses to see

through the nonsense being peddled over here. Let's be clear: They said they scanned and they asked, "Who could help us? Who could help relieve the backlog of surgeries?" There was no public tendering. There was no RFP. The ministry reached out directly to Tory-friendly, private, for-profit health clinics, like the Herzig Eye Institute in Ottawa, which is going to get 5,000 surgeries and charge 33% more for them.

Who protects the taxpayer? Who protects the taxpayer from this gouging of the public purse? How could this possibly be a Conservative government when they light the public money on fire and disrespect health care workers? This bill is a disgrace.

Mrs. Robin Martin: Speaking of nonsense, I'm hearing it again from my friend opposite. I think that is complete and utter nonsense. In fact, this bill is going to provide people with better health care closer to home. We already gave a lot of money to hospitals. We gave an extra \$880 million to help with our surgical recovery plan. We put 49 MRIs into all the extra hospitals, as I've said, and CT scanners, and paid for operations. But that isn't enough to clear our surgical backlog.

Ontarians are tired of waiting for health care. We want them to get their health care sooner. It's better for their health. It's better for diagnostics. It means they have a better chance of having a great outcome, and that's what we are—

The Acting Speaker (Ms. Patrice Barnes): Thank you. Further questions?

Mr. Lorne Coe: Speaker, good morning. You'll know out of the great representation that you do for the riding of Ajax that we have close to a million people in the region of Durham. They rely on, in many instances, community surgical and diagnostic centres in the region of Durham. We have across that region, as you know, probably about 20 of them at the present time, including the Oshawa community clinic that's in close proximity to my riding.

Can the member from Newmarket–Aurora speak a little bit about how this proposed legislation further leverages community surgical and diagnostic centres to help the million people in the region of Durham?

M^{me} Dawn Gallagher Murphy: I'd like to thank the member from Whitby for the question. That is what this is about: giving people quality of life. As we spoke to in our speeches earlier, it is all about wait times. We have better outcomes for patients if they can get the MRIs and the CT scans faster. The faster they get those, the better outcomes for the people, the better quality of life that they may have. So—

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

M^{me} France Gélinas: This is a rather sad day for me, Speaker. This is a day that I knew was coming, but this is not a day that I was looking forward to.

I come from the party of Tommy Douglas, a party that believes in medicare, a party that believes that care should be based on needs, not on ability to pay. With this bill today, this is about to go out the window. This government is taking a step that we'll never be able to backtrack on;

that will destroy a program that defines us as Canadians, a program that defines us as Ontarians—that we care for one another, that you don't have to have money to receive the care you need. This is the Canadian way. This is something that we've built for decades, and today, we're taking a huge step to destroy it.

I want to talk a little bit about clarifying the public and credit cards and health cards in all of this. Right now, in Ontario, we have publicly owned facilities. Publicly owned facilities are community health centres, public health units, that kind of stuff. We have privately owned not-for-profit facilities. Those are our hospitals. Our hospitals are owned by corporations, but they are not-for-profit. There are four of them that were granted when medicare came into place, but they play a very, very small role; 152 hospitals in Ontario are not-for-profit.

Then we have physician-owned small businesses. Those are most doctors' offices. They care for 1,000 or 2,000 patients. They pay for their rent and the cleaning and the secretary and maybe a nurse, and they are the doctor's office. They are physician-owned small businesses. That's not what we're talking about in this bill.

In this bill, we are talking about private, for-profit, investor-owned corporations. Those are corporations that have nothing to do with care. They are willing to invest the millions of dollars it will take to build surgical suites, to build MRIs and everything else that the government wants to privatize, to make for-profit. They are willing to invest that money. Why? Because there is a lot of money to be made off of the backs of sick people. How do they do this? Well, sure, the surgeons, the physicians will bill OHIP for their services, like they would in a hospital, like they would in their private clinic, but what those private, for-profit, investor-owned corporations do is that they use the power imbalance that exists between the physician, the specialist, who's about to put a laser to your eye, who's about to cut open your knee, your hip, your whatever—there is a real power imbalance between the person who provides the care and the person who needs the care. What those private, for-profit, investor-owned corporations do is they use this power imbalance to ask for money, and there's no shame in asking for a ton of money from people who are sick, from people who need care.

1010

Unfortunately, it is already happening a little wee bit in Ontario right now—more than a little wee bit; it's already happening in Ontario. Now, we are about to open the door to those private, for-profit, investor-owned corporations that are just biting at the bit to come into Ontario, because Ontario is a very lucrative market where it doesn't matter if they will have to put upfront millions of dollars to set up those surgical suites. They can guarantee their investors double-digit returns for years on end. And we are not talking 11% returns here; we are talking into the 25%, 30% returns. So if you have the money to invest in those million-dollar, private, for-profit, investor-owned corporations, they will guarantee you a huge payback. The payback will come from sick people, like you and I—I don't wish harm upon anyone. I wish we could all be

healthy all the time, but we know that this is not the reality. Some of us will get sick; some of us will need care. Then they will charge, and they will charge lots. This is where most of their profit will be made. Some will do double billing—not that many, I hope, but it will be there.

When we look at some of the myths that they are putting forward, the first one is that those new private, for-profit, investor-owned corporations will alleviate wait times in the public system. There is tons of evidence that shows that this is not the case. Australia was the last one to introduce a parallel system, in 1997, and we've seen what happened. Basically what happened was they made the wait times worse for most of us. A few rich people will pay for the extra and will get faster care, but most Ontarians won't. For most of us, it will mean longer wait times.

Myth number two: Private, for-profit ownership of health care facilities leads to better health outcomes. This has been studied to death also. The body of evidence is really strong. I can name you study after study that shows that the profit model does not incentivize high-quality care. In fact, for-profit delivery has been associated with an increased mortality.

There are some who will have you believe that private, for-profit, investor-owned corporations will make health care more efficient. All of those have been studied. All of those have been looked at. None of those pull through. They are not more efficient, and the list goes on.

Today, with this bill, we are opening up the door to private, for-profit, investor-owned corporations who will deliver the care. The single payer will stay in place. The Ontario government will continue to pay for medically necessary care, for medically necessary surgery. They will continue to pay. What will change is that those corporations will find hundreds of ways to make you pay.

I have the example of Mr. Dutton, who—I need to wrap up—

The Acting Speaker (Ms. Patrice Barnes): Thank you to the member from Nickel Belt.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Patrice Barnes): It is now time for members' statements. We'll continue further debate in the afternoon session.

MEMBERS' STATEMENTS

ANTI-BULLYING INITIATIVES

M^{me} Dawn Gallagher Murphy: Today is Pink Shirt Day, and I'm so grateful to be speaking to this topic today with my colleagues.

In 2007, two young men in Nova Scotia stood up for a fellow classmate who was being bullied. That child's crime? He was wearing a pink polo shirt.

Bullying has no place in our schools, in our workplaces or anywhere in our province, full stop. We must ensure that students across this province are treated with respect and dignity at all times.

Pink Shirt Day is all about being kind and lifting one another up. Moments of kindness, empathy and understanding can mean so much to children impacted by bullying. Quick fact: One in five kids are affected by bullying.

It is important that bullying behaviour is called out when you see it. It is also important to simply offer support and connect with people being bullied.

In this House, we may not agree on everything; however, I am truly impressed with so many members showing their support by wearing pink today. As we are lifting each other up, let's encourage others to lift one another up.

Madam Speaker, thank you for this opportunity to stand in this chamber today to raise awareness against bullying.

LABOUR DISPUTE

Mrs. Lisa Gretzky: I rise today in solidarity with 250 workers from the Windsor Salt mine and over 400 workers at Highbury Canco. Windsor Salt workers, members of Unifor Locals 240 and 1959, are on strike for job security and to fight the company's move to contract out their jobs to third-party and non-unionized workers—classic union-busting.

Over 400 workers from the Highbury Canco plant in Leamington, members of UFCW Local 175, are on strike for wage improvements. Their employer is busing in replacement workers, scabs, and paying them more than the permanent workers and offering them benefits—again, union-busting.

From beverages, food products and even road salt, these dedicated workers in Windsor and Leamington work hard every day. Scab labour undermines collective bargaining, prolongs labour disputes and removes the employer's incentive to negotiate in good faith.

New Democrats have tabled anti-scab legislation numerous times but neither the previous Liberal government or the current Conservative government has passed it. To be clear: Conservatives showing up for photo ops on picket lines isn't solidarity; passing anti-scab legislation is.

Conservatives claim to be friends of labour, but real friends don't allow scabs to cross picket lines. Friends don't attack education and health care workers, like the Conservatives did with Bill 28 and Bill 124.

Speaker, 98% of collective agreements are settled without a strike. With the Conservatives consistently undermining the collective bargaining process at every opportunity and refusing to pass anti-scab legislation, strikes will continue to happen.

To Unifor Locals 1959 and 240 and UFCW Local 175: I stand with you in this fight. One day longer, one day stronger.

CONGENITAL HEART DISEASE

Ms. Goldie Ghamari: I'm pleased to rise about a constituent of mine from Greely: Anna Bailie. Anna is a tireless advocate for Ontarians with congenital heart

defects and has been working with other board members of the Canadian Congenital Heart Alliance to raise awareness through Congenital Heart Defect Awareness Week, which took place from February 7 to 14. This is a part of February itself being Heart Month.

Congenital heart defects are structural problems that are present in the heart from birth. While once considered a disease that was fatal during childhood, progress has been made over the last 50 years in diagnoses, surgery, and interventional catheter-based procedures. Because of these advancements, about 90% of children born with heart defects survive into adulthood.

For Congenital Heart Defect Awareness Week, the Canadian Congenital Heart Alliance organized several events to raise awareness, including lighting monuments across Canada red and giving proclamations in major cities.

I would like to thank Anna Bailie and the Canadian Congenital Heart Alliance for their hard work and advocacy to educate Ontarians about congenital heart defects and to continue to raise money for research to ensure that Canadians with congenital heart disease can receive the most innovative treatment.

As Ontarians, let's support the hard work of Anna Bailie and the Canadian Congenital Heart Alliance.

COLDEST NIGHT OF THE YEAR

Ms. Jessica Bell: This Saturday, February 25, I will be participating in the Coldest Night of the Year event, joining thousands of Canadians who walk to raise awareness and funding for groups and organizations that are helping the homeless and the needy.

1020

And the need is very great. In my riding, people are sleeping in tents, in parks. They're living on the TTC. They're sleeping in foyers. They're raising their children in shelters. They're being evicted because they cannot pay the rent. They're dying of cold, and they're dying of exposure.

I want to recognize the volunteers, the people and the fabulous groups in my community who are participating in the Coldest Night of the Year: Fort York Food Bank; Street Haven, Canada's first women's shelter; Yonge Street Mission, which helps families and youth living on the street in need; and Sistering, a welcoming drop-in shelter on Bloor. Please go to cnoy.org and find an organization to support. They need your help. They are looking forward to walking and working with you.

And I want to issue a challenge. The additional challenge is this: As we provide our charity and our support on Saturday night, I urge us to emphasize our support with a call to action to push this government for province-wide change, to call on this government to have a plan to address homelessness and poverty, to call on this government to double social assistance rates, to bring in affordable homes and to bring in strong rent control to keep people housed. I look forward to seeing you on the 25th.

SHELTER SERVICES

Mr. Mike Harris: I was very excited to attend the grand opening of House of Friendship's new shelter care facility just over a month ago. Our government provided over \$10 million in funding to help purchase and operate a former hotel site and convert it into a new 100-bed emergency shelter. But it goes beyond shelter space, Speaker. It includes around-the-clock on-site staff as well as health and housing supports, which is very important. I want to quote Jessica Bondy, the director of housing services at House of Friendship: "Having those services and supports right on site for people who are struggling with homelessness goes an incredibly long way to helping them improve."

I've been a big advocate for this project for the last few years since it came across my desk, and I want to thank all the volunteers; the staff—everybody that's helped make this happen—John Neufeld, the executive director of House of Friendship; and of course, the fantastic team led by Minister Clark with municipal affairs and housing and all of the staff there that have helped see this come to fruition. It's a very big project. I was glad to see the member for Waterloo there as well for the grand opening.

This is something the whole community can get behind, a great non-partisan project, and it was really great to be part of it.

HEALTH CARE

Mr. Chris Glover: Ontarians deserve better health care. There was a recent report that showed that ERs have been closed across Ontario 158 times over the past year. It's absolutely inexcusable, and this government's actions have worsened that crisis. Bill 124, which illegally caps health care workers' wages at 1% over the last four years has made them feel completely unappreciated and driven health care workers out of the system.

Now this government has introduced legislation to privatize our public health care system, to transfer our tax dollars and our health care workers from the public system into a private, for-profit system. This is only going to worsen the crisis that we are already facing in health care. Ontarians deserve health care. They deserve health care when they need it.

This government is playing an ideological game. All of the people who are waiting in emergency rooms, all of the people who are waiting for hip surgeries and knee surgeries: Know that your suffering is part of this government's ideological goal of privatizing the system. And if you think that you're going to be better cared for in that private, for-profit system, just look at the Armed Forces report on long-term care during the pandemic and see how poorly the private, for-profit system created by the previous Conservative government treated seniors in our province.

HEART VALVE DISEASE
AWARENESS DAY

Mr. Rudy Cuzzetto: Today is Heart Valve Disease Awareness Day. Over a million Canadians are living with heart valve disease. Cardiologists have described this as the next epidemic of heart disease. It is easy to dismiss the symptoms as normal signs of aging, or, in my case, the effect of working 12-hour shifts at Ford Motor Co. But my wife knew it was something more.

I had a physical, including a simple stethoscope check. When the doctor listened to my heart, he heard a murmur. Fortunately, when valve disease is detected early, treatment is effective. Twelve years ago, I had an aorta valve replaced with a mechanical valve. Today, I'm living a normal, healthy life.

Some patients can have valves repaired and, increasingly, the surgery is minimally invasive. Unfortunately, based on a recent Heart Hub survey, only 3% of Canadians over 60 are aware of the most common type of heart valve disease and only 26% of Canadians had a stethoscope check within the past year.

Improving public awareness is critical, and that's why days like today are important. Later today, I will be introducing a private member's bill that would proclaim February 22 as Heart Valve Disease Awareness Day, and I'd like to invite all members to join us in room 247 after question period. Cardiologists from around the province are here today, and you can learn more about heart valve disease and get a free stethoscope check. It saved my life. It could save yours.

TRANSPORTATION INFRASTRUCTURE

Mr. Stephen Blais: Everyone in Ottawa knows that there's a need for a new interprovincial crossing in the national capital. Thousands of semi trucks travel through the heart of the downtown every day, putting pedestrians at risk and creating an environment that is not conducive to a modern capital city. And this is not a new problem.

Going as far back as the Gréber plan from the 1940s, the National Capital Commission has studied options for a new interprovincial bridge over and over again. And for decades, every study ever done has said that a new bridge on the east side of Ottawa should be built over Kettle Island, which would connect Highway 50 at Montée Paiement in Gatineau to a corridor leading to the 417 in Ottawa.

The most recent study from 2020, which builds on the previous study from 2009, concludes that the Kettle Island corridor would be the least costly of the three proposed routes, would attract the most truck traffic and public transit, offer the most manageable environmental effects and provide the biggest boost in terms of economic development. Instead of making this decision, the National Capital Commission continues to drag the process out, leaving in limbo thousands of concerned residents in Orléans and other communities in Ottawa. These ongoing

processes have been time-consuming, expensive and generate enormous anxiety for residents.

It's time for the NCC to get it done. Kettle or kill it.

WHO ARE THE JEWS? EXHIBIT

Mrs. Robin Martin: Last Tuesday, I had the pleasure of attending the launch of La'ad Canada's Who Are the Jews? travelling exhibit, along with city councillor James Pasternak, La'ad Canada's director of advocacy Sam Eskenasi, and representatives of Hasbara Canada. We joined Bruno Pileggi and others at the headquarters of the Toronto Catholic District School Board in the neighbouring riding of Willowdale for the launch of this new exhibit.

The Jewish people have been around for millennia. Unfortunately, anti-Semitic incidents have also happened throughout history, and they've recently been on the rise again, including, sadly, here in Ontario and Toronto. In 2018, La'ad Canada commissioned a survey of Canadians to gauge their understanding of Jews and Judaism. The results unfortunately revealed that Canadians have little knowledge about the Jewish people and, more concerning, that much of the information people thought they knew about the Jews was either false or based on anti-Semitic tropes.

When the cause of anti-Semitism is misinformation, or no information at all, the solution begins with gaining knowledge, and that is an understanding of who the Jews are. Exhibition visitors here will learn about where they come from, who they are, their connections to the land of Israel and how anti-Semitism differs from other forms of racism. Also, visitors can "ask a Jew anything" and they will answer the question. Someone is on hand to do that.

The exhibit is funded through our Anti-Racism and Anti-Hate Grant Program. It's a perfect example of how education will fix racism and anti-Semitism. I encourage all school boards to adopt this exhibit and have it go through their schools.

1030

PROJECT ARROW

Mr. Lorne Coe: I'm pleased to report that Ontario Tech University in Oshawa was the build partner for Project Arrow, Canada's pioneering full-build, zero-emission concept vehicle recently revealed at the Consumer Electronics Show by our Minister of Economic Development, Job Creation and Trade, the Honourable Vic Fedeli. Project Arrow is Canada's business card to demonstrate that the Canadian automotive ecosystem can build EVs.

Post-secondary institutions like Ontario Tech play an important role in this ecosystem—driving research and innovation, and developing Ontario's future automotive talent. This vehicle, Speaker, was built in partnership with the innovative automotive supply sector at Ontario Tech University, utilizing its world-class core research facilities, faculty and students. The project showcased, once

again, how Ontario Tech University offers unique experiential learning opportunities for its students to make a once-in-their-lifetime contribution to Ontario/Canada's technology future.

Congratulations to the students. Congratulations to Steven Murphy, the president of Ontario Tech University.

WEARING OF SHIRTS

The Speaker (Hon. Ted Arnott): Point of order. The member for Newmarket–Aurora.

M^{me} Dawn Gallagher Murphy: Mr. Speaker, if you seek it, you will find unanimous consent to allow members to wear pink shirts to promote the national day for anti-bullying.

The Speaker (Hon. Ted Arnott): The member for Newmarket–Aurora is seeking the unanimous consent of the House to allow members to wear pink shirts to promote the national day for anti-bullying. Agreed? Agreed.

Interjection: What if someone said no? What would we do then?

Interjections.

The Speaker (Hon. Ted Arnott): It all worked out.

INTRODUCTION OF VISITORS

The Speaker (Hon. Ted Arnott): We have with us in the public galleries high school students from across the province participating in the ninth annual Legislative Assembly of Ontario model Parliament. We want to thank all parties for their support and participation in this important project. Please join me in warmly welcoming our future parliamentarians to the Legislature today.

Mr. Mike Harris: I, too, want to welcome all the students from across Ontario here today, but I would be remiss if I didn't give an extra-special welcome and maybe a little tad of embarrassment to the member from Kitchener-Conestoga in the gallery up here. Some of you may remember him as page Jaxon, but he's back for a second time: Jaxon Harris.

Mr. Will Bouma: I don't see him in the gallery right now, but I'd like to welcome Brandon Barnard, who is aging out of the Sea Cadet program in Brantford–Brant. I want to thank him for his service to the community for over 10 years, and as he looks forward to being a volunteer now in Milton with the Sea Cadet program there. Thank you, Brandon.

Hon. Graydon Smith: I want to welcome the fantastic MP for Parry Sound–Muskoka, Scott Aitchison, joining us in the gallery today.

Mr. Terence Kernaghan: It's my honour to welcome students from my alma mater, Western University, for University Students' Council's Women In House initiative program, where young women shadow an MPP and participate in professional development sessions to explore the world of politics and empower them to pursue leadership. I'd like to welcome Jessica Look, VP of external affairs;

Cameron Cawston, VP of student support and programming; Keemia Abbaszadeh, VP of communications and public affairs; Melissa Kamphuis; Anaum Farishta; Anushka Goswami; Iris Jong; Jessica Kim; Jiya Sahni; Lara Suleiman; Michelle Wodchis-Johnson; Sara-Emilie Clark; Sofia Ouslis; Tamsen Long; and Abirame Pannerthasan. Welcome to Queen's Park.

Mr. Andrew Dowie: I've got a couple of introductions this morning. First, I want to welcome Cole Gorham, who is with the model Parliament today up in the visitors' gallery, from the Windsor area.

I also wanted to note how much of a privilege it is for me to introduce members of the Ontario Trial Lawyers Association here to the Legislative Assembly of Ontario. They have a delegation here today, and I would like to introduce a few of their Windsor members: Greg Monforton, Jennifer Bezaire and Joanna Sweet. Welcome to Queen's Park.

Mr. Ted Hsu: I wanted to introduce three young people: first of all, our page, Yonglin Su, from R.G. Sinclair elementary school in my riding. I want to welcome her to Queen's Park, and I look forward to seeing her and working with her in the House over the next couple of weeks.

A couple of model parliamentarians—Ayden Layng, from Kingston; and Kidane Singer, from Belleville—are here and I want to welcome them.

Mr. Tom Rakocevic: It's my privilege to introduce the Ontario Trial Lawyers, who are here for their reception happening from 5 p.m. to 7 p.m. on the second floor. We're joined by president Maria Damiano, president-elect Laurie Tucker, vice-president Sandev Purewal and CEO John Karapita, as well as Joanna Sweet, Karen Hulan, Gerry Antman and Sean Hayward. Welcome to Queen's Park. And welcome to all those participating in the model Parliament today.

Ms. Goldie Ghamari: I would like to welcome, from the model Parliament, two students from the fantastic riding of Carleton: Sharaphaajan Sivapalan and Manahil Bhojani. I know they're somewhere in the gallery. I look forward to meeting them later today. Welcome to Queen's Park.

M^{me} Lucille Collard: I'd like to welcome people from the Ontario Trial Lawyers Association, who are meeting later today, and especially a member from Ottawa, Laurie Tucker; as well as Western University Students' Council members Opeyemi Dinah and Basta Mustafa, who are here and are going to be shadowing me today. Welcome to Queen's Park.

Ms. Bhutla Karpoche: I'd like to welcome Alexander Primrose from Parkdale-High Park, who is here to participate in the Ontario model Parliament program; and also two students from the Women In House initiative who are shadowing me today, Joy Chen and Sthuthi Satish.

Mr. Rudy Cuzzetto: Today I would like to welcome Heart Valve Voice Canada and the Canadian Cardiovascular Society. As well, I would like to welcome, from the Trial Lawyers Association, Sonia Nijjar.

Mr. Joel Harden: I want to join colleagues who have welcomed the Ontario Trial Lawyers Association, especially Laurie Tucker from Ottawa. It's nice to see you here.

Ms. Andrea Khanjin: I would like to introduce students from the Munk School of Global Affairs and Public Policy: Kate Todd, Napas Thein, Armaan Sahgal, Anton Babak and Dasha Bielik. I would also like to introduce two ladies from Western University who I get the honour of having for the Women In House day: Abi Pannerthasan and Jessica Kim.

The Speaker (Hon. Ted Arnott): If there are no objections, we'll continue with introduction of visitors.

Mr. Terence Kernaghan: It's a privilege to welcome members of the Ontario Trial Lawyers Association to the Legislative Assembly of Ontario. OTLA has a delegation here today and I'd like to introduce a few of the members from London, including Alfonso Campos Reales, Mary-Anne Strong and Karen Hulan. Also from London is Barb MacFarlane. Barb will be OTLA's president from 2025 to 2026. They're having their reception from 5 p.m. to 7p.m. in committee rooms 228 to 230. All MPPs are invited to attend. On behalf of members of the Legislative Assembly of Ontario, I would like to welcome you to Queen's Park.

Mrs. Robin Martin: I just wanted to welcome to the Legislature today Cindy Zhu from my riding of Eglinton-Lawrence, who is here for the model Parliament.

MPP Lise Vaugeois: I would like to welcome Emma Ouellette and Paula Ocampo who are here from the Western University Women In House program. It's a pleasure to meet you and have you here.

Ms. Mary-Margaret McMahon: Good morning, Speaker, and everyone. I would like to welcome some model Parliament students from beautiful Beaches-East York. That's Wolfgang Wai-hahn, Quinlan Chang and Romée Looman. I hope you find your time here scintillating.

Hon. Stephen Lecce: I want to introduce Aisha Mahmoud, Tiya Patel, Stephanie De Castro and Naomi Musa. All are here with the Ontario Student Trustees' Association. We appreciate their leadership in Ontario.

Mrs. Lisa Gretzky: I would like to welcome Cole Gorham from my riding. Go, Mustangs!

Mr. Stephen Blais: I'd like to welcome model parliamentarian Esmā Muhammed from Orléans, where the sun rises on the nation's capital.

1040

Ms. Natalie Pierre: I'd like to welcome the following students who are participating in today's model Parliament program, from Burlington: Su Arslan, Noor Grewal, Grace Sakran and Thomas Antunes.

Miss Monique Taylor: I would also like to welcome trial lawyers who I will be meeting with this afternoon. Mike Santilli, Karen Hulan and Jeffrey Shinehoft, welcome to Queen's Park.

Mr. Adil Shamji: I wish to welcome Heart Valve Voice Canada and the Canadian Cardiovascular Society to the Legislature for their valve disease lobby day today.

Mr. Rob Flack: Today is National Human Trafficking Awareness Day. As such, I am pleased to recognize Kelly Tallon Franklin, a human trafficking survivor, along with her team of 30 delegates in the members' gallery and in the public gallery. Welcome to Queen's Park.

Courage for Freedom, and their Project Maple Leaf, represents 500 allies. These community leaders are doing the heavy lifting in all sectors in society as collaborators to bring awareness to end human trafficking, with key support systems here in Ontario and across Canada. Welcome to Queen's Park.

Ms. Jennifer K. French: I am very pleased to welcome Angela Huang and Mariana Batista, who are here with Western University Students' Council's Women In House. They're in town for a conference, and they will be keeping me company all day. Thank you, ladies.

Mr. Hardeep Singh Grewal: I'd like to welcome the following students from Brampton East who are going to be participating in the model Parliament: Asrat Randhawa, Dharra Raheja and Udhay Kapila. Thank you for joining us today. I welcome you, and I hope you enjoy your stay.

Ms. Doly Begum: It is my absolute pleasure to introduce the proud family of our page captain Riya Azaredo today. We have with us Riya's mother, Anna Esmatyar; father, Colin Azaredo; sister, Sophia Azaredo; uncle, Ajmal Esmatyar; and aunt, Fausia Esmatyar.

I also have the privilege of introducing three wonderful young women in the gallery today from the University of Western Ontario, from the Women In House program—a non-partisan program which takes young women, including women from diverse backgrounds, to have the opportunity to be involved in politics. Please welcome Chanel Parikh, Tiffany Lin and Shreya Menon to the House. Welcome to the House.

Mr. Amarjot Sandhu: I would also like to welcome the students from Brampton West participating in the model Parliament. Parneet Kaur, Noah Charles, Navya Mahajan, Kushi Iyer, Aditri Janapatla and Kevin Gill, welcome to Queen's Park.

MPP Jill Andrew: I would like to welcome all the participants of Women In House. I'm glad to see you here. We need more of you here.

I would also like to welcome Alexander Koutakos, a participant in the Ontario model Parliament from St. Paul's.

And I'd also like to welcome Ontario Trial Lawyers and say a special shout-out to Gerry Antman and Jeffrey Shinehoft as well, from our community of St. Paul's. Welcome to your House.

Ms. Natalia Kusendova-Bashta: Good morning, Speaker. I'd like to welcome three Western University students, Veronika, Maria and Sarah, from the Women In House program.

I would also like to welcome Josiane, who is my new executive assistant at the Ministry of Francophone Affairs. I look forward to working with her.

I would also like to welcome, from the Ontario model Parliament, from the beautiful riding of Mississauga Centre, Rishi Jarajapu.

Mr. Tom Rakocevic: I just want to welcome, from Humber River–Black Creek, Mutahar Anwary, who is participating in the model Parliament here today. Welcome.

Mr. Nolan Quinn: I would like to welcome four students from my riding of Stormont–Dundas–South Glengarry for the model Parliament: Isabelle Gillard, Alexis Grenkie-Brooks, Leah Shirley and Jacob Pilon, who I'm also lucky enough to have work at my restaurant as well. Welcome.

Hon. Lisa M. Thompson: From the great riding of Huron–Bruce, I would like to welcome Curtis Metcalfe, who is also participating in model Parliament today.

Mr. Vijay Thanigasalam: I would like to welcome two students from my riding of Scarborough–Rouge Park who are here for the model Parliament: Tia Seepersad and Neha Devineni. Thank you and welcome to the Ontario Legislature.

Hon. Doug Downey: I want to join the chorus of those welcoming the Ontario Trial Lawyers Association. I've never heard such a warm welcome to a group of lawyers in my life.

I'd also like to bring greetings to Armaan Soota, who's joining us—a York University student. Welcome.

Ms. Jess Dixon: I want to welcome my friend, and fellow persistent woman, Connie Cody, who is the federal Conservative candidate of record for Cambridge. She's also here as part of the action against the sexual exploitation of children committee.

Finally, a very happy birthday to my fellow MPP Natalia Kusendova.

LEGISLATIVE PAGES

The Speaker (Hon. Ted Arnott): I'm now going to ask our legislative pages to assemble for their introductions.

It is my pleasure and honour to introduce this group of legislative pages: from the riding of Scarborough South-west, Riya Azaredo; from the riding of Waterloo, Mary Bader; from Markham–Unionville, Bianca Caracoglia; from Kitchener Centre, Georgia Fox; from Aurora–Oak Ridges–Richmond Hill, Rohan Goel; from Oxford, Harry Langford; from Humber River–Black Creek, George Li; from Don Valley North, Taylor Moore; from Thornhill, Jaden Musharbash; from Whitby, Maya O'Brien; from Windsor–Tecumseh, Adam Penner; from Etobicoke–Lakeshore, Keira Pettypiece; from Oakville North–Burlington, Vedant Ravilla; from the riding of Durham, Paige Richards; from the riding of Northumberland–Peterborough South, Wyatt Sharpe; from Kingston and the Islands, Yonglin Su; from Lambton–Kent–Middlesex, Charlotte Tamminga; from Scarborough Centre, Nolan Wu; from York–Simcoe, Liyao Yin; and finally, from Parkdale–High Park, Lindsay Matheson.

Please join me in welcoming this group of legislative pages.

Applause.

HAZEL MCCALLION

The Speaker (Hon. Ted Arnott): Point of order, 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 of the late Mayor Hazel McCallion, fifth mayor of Mississauga, with five minutes allotted to His Majesty's loyal opposition, five minutes allotted to the independent members as a group and five minutes allotted to His Majesty's government.

The Speaker (Hon. Ted Arnott): The government House leader is seeking the unanimous consent of the House to allow members to make statements in remembrance of the late Mayor Hazel McCallion, the fifth mayor of Mississauga, with five minutes allotted to His Majesty's loyal opposition, five minutes allotted to the independent members as a group and five minutes allotted to His Majesty's government. Agreed? Agreed.

I recognize the leader of His Majesty's loyal opposition.

Ms. Marit Stiles: Good morning, Speaker. It is an honour to rise today to pay tribute to the remarkable life of Mayor Hazel McCallion. Everyone in this House knows of the no-nonsense Hurricane Hazel, who served as the mayor of Mississauga for 36 years, ushering the city into a new era. Indeed, under her tenure, Mississauga transformed into Canada's sixth-largest city.

1050

For 101—just short of 102—years, she lived a dynamic and colourful life. Born in Port Daniel, Quebec, Hazel McCallion moved to Montreal as a child. In the early 1940s, she played professional hockey, one of the first women ever to do so, and that spirit stayed with her. Into her eighties, she carried a hockey stick in her car trunk on the off chance she came across a game. Hazel's passion for hockey led her to do great work with the Ontario Women's Hockey Association, advocating to grow women's hockey as a sport.

Hazel also supported politicians of all different stripes with her singular goal of bringing prosperity to the city she loved. She once joked that she never considered running provincially or federally, because she'd wear out the carpet crossing the floor—not a problem I have, Speaker, but it speaks to her ability to work with everyone, regardless of political stripe.

Her straightforward approach led her to being a sympathetic ear to Prime Ministers, Premiers and mayors alike, and no matter her age, Hazel burst with energy. She rarely missed a local event, and even in political retirement she was an adviser to the Ontario government, first chancellor of the Hazel McCallion Campus of Sheridan College, and oversaw the Greater Toronto Airports Authority.

While we in this House may not agree on everything, we can all agree that Hazel left behind an extraordinary legacy. She was a trailblazer, an innovator, and she inspired many women to enter politics. She was small in stature, but she was a giant.

On behalf of Ontario's official opposition, we are profoundly grateful to her family for the sacrifices they made to share her with the people of Mississauga and with all of us. Mayor McCallion will never be forgotten.

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

Mr. Mike Schreiner: Speaker, it is an honour to rise today to pay tribute to Her Worship the late mayor of Mississauga, Hazel McCallion. The word that keeps coming to mind when people remember Hurricane Hazel is "one-of-a-kind." It is well earned. There has never been a public figure quite like the long-serving mayor of Mississauga, and I doubt there ever will be.

She was a trailblazer, feisty and fearless, beloved by her constituents, respected and feared in equal measure by those she crossed swords with. No Premier had to bestow strong-mayor powers on Hazel McCallion; she simply assumed them through sheer force of will, and for 12 consecutive terms—36 years, into her 94th year—she used them to change the face of her city.

I last spoke with Mayor McCallion in November when our paths crossed at duelling events, and she was very clear about what she thought about my position on the greenbelt. Speaker, there is no doubt I took it squarely on the chin, but despite that, I join my fellow MPPs and countless others in Ontario and across Canada in paying tribute to a remarkable woman and the remarkable life she lived. May we all aspire to Hazel McCallion's unparalleled commitment to public service and to her community.

She will be missed, but she will never be forgotten, the one-of-a-kind mayor of Mississauga. May she rest in peace.

The Speaker (Hon. Ted Arnott): The member for Scarborough—Guildwood.

Ms. Mitzie Hunter: It is truly an honour to rise today and pay tribute to Her Worship, Mississauga Mayor Hazel McCallion. Hurricane Hazel served as Mississauga's mayor from 1978 to 2014. She was one of the longest-serving mayors in Canadian history, and a symbol of strength and inspiration to a great many through her decades of service.

A business person, an athlete, a politician and a force of nature in all that she did, very few people have or will ever come close to what Hazel McCallion achieved in her lifetime, and she lived to be 101 years old, passing away just a couple of days shy of her 102nd birthday, which is February 14, Hazel McCallion Day. Her accomplishments are reflected in the honours that she received, which include the Order of Canada, the Order of Ontario, the Queen Elizabeth II Golden Jubilee and Diamond Jubilee Medals, and an honorary doctorate of law degree from the University of Toronto and Ryerson University.

Hazel's story is closely connected to the village of Streetsville, where she put down roots and settled with her husband, Sam McCallion, in 1951 to raise their three children, Peter, Linda and Paul. This was also where her remarkable political career began to take shape.

Beginning in 1964, she served the community on the Streetsville Planning Board and was later elected as mayor of Streetsville in 1970. Hazel was a true public servant and a mayor of the people, who dedicated her life to tirelessly and selflessly serving her community and her city.

Her first act of courage, in 1979, was to evacuate safely the residents of Mississauga with the Mississauga train derailment. Over 200,000 residents were saved from this explosion.

Throughout a period that spanned 36 years, she oversaw a process of amalgamation and growth, and not only put Mississauga on the map, but transformed the place from a small city just west of Toronto to Canada's seventh-largest city.

I want to say a few words now about the significance of what Hazel McCallion meant to generations of women, and so many are in the gallery today for this tribute. To say that she was a mentor or an exemplar would be a considerable understatement. I got to meet Hurricane Hazel very early in my career in business while at Bell Canada, and she left an impression. Hazel had a rare drive that could be seen early on in her passion for hockey, which she played from the time when she was a young girl. This was a space where she challenged the status quo of male dominance, and for that, she will always be remembered as a trailblazer in the world of Canadian women's hockey. Unwavering in her belief that having more women in leadership roles would make an important difference in our communities, she went on to become a force that helped propel women all across Canada into politics. She was a champion of the people, a true inspiration and a catalyst for change.

As anyone who spent any significant time around her knows, you never had to guess what Hazel was thinking. She spoke her mind. She did her homework, and it became well known that she expected everyone she worked with to do theirs. Hazel McCallion was a voice that demanded to be heard, and she made sure that she was heard. But far beyond that, she also earned the respect that won the admiration of political leaders from all levels of Canadian politics. She left an enduring mark on her community and the city of Mississauga, and she will be greatly missed by all who had the privilege of knowing her.

My deepest condolences to Hazel's family, especially her children Peter, Linda and Paul, and her granddaughter Erika. Her legacy will remain with us and be an inspiration to all for many generations to come.

The Speaker (Hon. Ted Arnott): The Premier.

Hon. Doug Ford: I rise today to pay tribute to my dear friend Hazel McCallion. My deepest condolences go to her children, Peter, Linda and Paul, and her granddaughter Erika, and everyone who had the pleasure of knowing the one and only Hazel McCallion.

I'll tell you what Hazel meant to me. Hazel was a mentor, she was an adviser, but most importantly, she was a dear friend.

Hazel was a giant. She was a true leader, in charge of every discussion—even when we had breakfast in the morning, she would take charge—every debate in rooms

she entered. There isn't a single person who met Hazel who didn't leave in awe of her force of personality throughout her life. Whether on the ice, in the boardroom or on the floor of the council chamber, she was a force to be reckoned with.

1100

She always said what was on her mind, and she was always, always right, because she never lost sight of why she entered public service: to serve the people. No politician in the country understood grassroots better than Hazel did. She was in the malls, she was in the stores and she was on the streets meeting the people and listening to what they need.

She was a champion for the underdog because she believed in them, she saw their potential, and because at one time she was one herself. She grew up in a time when women, like her, were told no, but she didn't accept that, and she proved the naysayers wrong. That's what made Hazel such a trailblazer.

She was an icon, a legend. She was Hurricane Hazel, and today we honour her. As I said last week, we honour her 36 years as mayor of Mississauga—the longest-serving mayor in the history of Mississauga. She dedicated her life to building and serving the city she loved so much.

Mr. Speaker, I'll tell you a story. I had her over and we went out for breakfast, and she sat down and she talked to me about how when she took the chair of mayor in 1978, the population of Mississauga was 281,000 people. Today—and it's growing—it's over 716,000 people, the sixth-largest city in the country. That's a growth of 435,000 people. Just think of that: 435,000 people. She told me in the conversation—as the leader of the Green Party said—about the greenbelt and developing and so on and so forth. She told me that there were cow pastures all throughout Mississauga, and now there are hospitals; there are homes; there are community centres; there are long-term-care centres; there are roads; there are transit systems. She said, "Doug, don't listen to the naysayers. Don't listen to no. We have a growing population. Move forward and be the visionary that this province needs to fulfill the needs of the 300,000 people coming to this province." I think she said that publicly, as well, numerous times.

So I'm going to listen to Hazel McCallion, one of the true leaders in this country. We're going to make sure that the 300,000 people who come here will have a place to call home; a place that they can put the key in the door, walk through the door, have a family, start a business.

Mississauga, because of her being a visionary, is a better city. Ontario is a better province and Canada is a better country because of the vision that Hazel McCallion had.

I'm so lucky to consider Hazel my dear friend. She was a gift. She was a mentor. May God bless Hazel McCallion.

Applause.

The Speaker (Hon. Ted Arnott): We give thanks for the life and public service of Hazel McCallion.

QUESTION PERIOD

HEALTH CARE

Ms. Marit Stiles: My question is to the Premier.

There's no question that Ontario's health care system is in crisis, but make no mistake, this crisis is by design. This government has underfunded our hospitals, held down the wages of our health care workers, and now, after years and years of neglect, the government has tabled a new bill that uses this crisis as an excuse to expand for-profit health care in Ontario.

Hospitals and long-term-care homes are already desperately fighting to retain nurses and doctors in what is really a staffing crisis across the system, and they're now going to face competition from new two-tier investor-driven clinics. Nothing in this bill prevents that from happening.

Can the Premier guarantee today that these for-profit clinics will not poach staff from our publicly funded hospitals and long-term-care homes?

Hon. Doug Ford: Thank you for the question from the Leader of the Opposition.

I'll tell you, when we took office in 2018, the health care system was an absolute disaster. There was hallway health care. It was just a total, total mess. Since 2018, we've hired 60,000—I repeat, 60,000—new nurses, 8,000 new doctors. We've put a medical school together that's going to graduate more doctors. Just last year alone, Mr. Speaker, we hired over 12,000 nurses that came on board. We've spent \$14 billion more—a record in Canada when it came to health care. We're building 50 new sites across every single region, community and city, spending over \$40 billion making sure they have the infrastructure they need.

I'll finish on question number 2, there. Thank you.

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

Ms. Marit Stiles: I guess that's a no, Speaker; that's a no. Because no matter what this government says anyway, they can't guarantee that. They can't guarantee that, because they're too busy fighting in court to keep those workers' wages down in the public system. Meanwhile, we have operating rooms collecting dust in our hospitals and shifts that are unfilled.

I want to go back to the Premier again: This bill also includes no actual oversight mechanism to ensure patient safety. The Minister of Health yesterday couldn't even say which body would be overseeing these clinics to ensure that procedures are done safely—couldn't even say that.

What concrete guarantees can the Premier make today regarding people's safety in these for-profit clinics?

Hon. Doug Ford: As we're building the health care system, the opposition is blocking it every step of the way. They have no solution, Mr. Speaker, for the 203,000 backlog surgeries. We have a solution: working collaboratively with the Ontario Hospital Association, working collaboratively with the Ontario Medical Association, working collaboratively with the CEOs of hospitals to make sure

we take the burden off the hospitals when it comes to hip replacement and knee replacement or cataracts that are happening right now. We are going to expand it.

Just think: You have an elderly mother or an elderly father that's been in pain for a year because they can't get a hip replacement. They're going to be able to get that hip replacement and change their lives every single day.

When it comes to the nurses, there's 30,000 nurses studying in colleges and universities that are going to join the Ontario health care team.

We will continue building health care to make sure we have the best health care system in the entire world, Mr. Speaker.

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

Ms. Marit Stiles: I'll tell you, Speaker, this government took us from hallway medicine to no medicine. Operating rooms are empty and ERs are closed because of this staffing crisis.

And the fact is, Speaker, the government is asking Ontarians to just trust them. But the minister said yesterday that they wouldn't be able to share some details because of the—and I want to quote her—"business-model nature" of these new clinics. The minister says there are guardrails, but beyond saying people can complain to the Ombudsman, the bill doesn't guarantee oversight for public funds or public safety.

So again: How will this government ensure that the interest of patients takes precedence over people who just want to make a buck?

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

Hon. Sylvia Jones: The member opposite will continue to protect a small group of individuals who don't want to change, who don't want to see change. What we are protecting, what we are advocating for, are patients—patients who are waiting far too long for cataract surgeries, for knee surgeries, for hip replacement. We want those individuals to be able to be back with their families, back in their communities, back in their jobs. We're doing that by making the investments that we have with your health care Ontario act. I am very, very proud of the work that our stakeholders have done—clinicians, hospital leaders, individuals who are working in the system, who understand that innovation is not a bad word.

1110

We're making those investments. We've ensured, through our investments, like the medical school in the city of Brampton, that we'll have new graduates and new students starting next September who will be able to have those opportunities here in Ontario in our publicly funded system.

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: This government has shown, over and over again, that their interest is in a few people getting very rich, not in Ontarians and their suffering. There is a cloud hanging over this government.

I want to go back to the Premier: Yesterday, the Premier dodged questions about the curious nature of his cozy relationships with developers. We know that developers just happened to receive some oddly specific ministerial zoning orders and access to protected greenbelt land just months after attending a fundraiser for the Premier's family.

In the interest of transparency, I'm going to ask again: Did anyone in the Premier's office, past or present, or any other government staff have a role in making the invitation list for his family's fundraiser?

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

Hon. Paul Calandra: I think the Premier has answered that on a number of occasions. Equally important, the integrity commissioner has also reviewed that.

What this is obviously about is the inability of the opposition to see what is happening in the province of Ontario—the progress, the prosperity that is happening across our province. We want to build new homes for people. We want the over 300,000 people who are coming to Ontario each and every year to fill the thousands of jobs that are available because of the incredible investments that have been made by this minister, by this Premier, to bring jobs back to Ontario.

And do you know what they want? They want what everybody wants—what my parents wanted, what everybody wants when they come to this country: They want to have the ability to buy their first home. They want to have a community to live in that is prosperous. They want to be able to raise a family, have good schools and safe streets. That is what we're doing: building a stronger, more prosperous, safer Ontario. They'll do everything in their power to avoid that happening.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. Order. While the clock is stopped, I'll remind the members that we have the youth Parliament participants in the visitors' gallery today. I think we want to show them our best efforts today.

Start the clock. The Leader of the Opposition.

Ms. Marit Stiles: Speaker, I really think that the people of this province deserve answers from the Premier. There is a smell around this issue and a cloud over this government. It goes without saying that when you're the Premier of a province, you are held to a higher standard than the average father of the bride, especially when the guest list includes lobbyists and developers who have since received suspiciously favourable changes to the law.

The Premier has said that his family events have an open-door policy. Why, then, are there reports that some people felt they were being strong-armed into paying to attend? Again to the Premier: Did anyone from his office help create the invitation list for this event? Yes or no?

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

Hon. Paul Calandra: Well, I think that question and the way the Leader of the Opposition has been asking it over the last few days is indicative of where the NDP

really is at. It's not about the economy. It's not about building better schools. It's not about building long-term care. It's not about changing health care to make it better for the people of the province of Ontario. Forget about the changes that the Minister of Energy has done to ensure that people can afford to pay their bills. Forget about safe streets. Forget about the students who are going to colleges and universities. The only thing that the NDP care about is bringing down the people of the province of Ontario.

And what are we doing? We're building back this province, stronger than it was before. We're cutting taxes for people. We're building roads. We're building highways. We're building transit systems. We're building 60,000 new long-term-care beds across the province of Ontario. Our Minister of Agriculture is doing everything that she can to make one of the most important industries in our province prosperous, despite punishing carbon taxes from the federal government. We're going to continue to get the job done despite the Leader of the Opposition.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Ottawa Centre will come to order.

The final supplementary.

Ms. Marit Stiles: You know what this is about? This is about having a government that Ontarians can trust, a responsible government, a government that Ontarians could be proud of. That's what this is about. These are the questions that Ontarians have, and this Premier won't answer them.

Let's review the timeline, shall we? The stag-and-doe was in August, the wedding in September. Just two months later, this government broke its promise to the people of Ontario and started carving up the greenbelt. Now we find out that some of the very people who attended the Premier's family festivities suddenly had their land value skyrocket due to this government's decisions—curious.

But the Premier—or the government House leader, even—can clear this up right now: Did the Premier share this intentions to open up the greenbelt with developer guests who contributed to this family fundraiser?

Hon. Paul Calandra: Again, the integrity commissioner has reviewed this, and I think what he has said is obviously very important, Mr. Speaker.

But look, the people of the province of Ontario made a very important decision in June. What they decided to do was reduce the opposition and elect more Progressive Conservatives to this chamber to get their priorities done. They had had enough of the negativity that was coming from the opposition. This is a party who couldn't even muster enough energy up to have a leadership race; they had to appoint their leader. It's a party that has been so diminished by the people of the province of Ontario that their newly elected, selected leader won't even sit in the seat of the opposition leader, but wants to sit over. But that's not important.

What is important is building better for the people of the province of Ontario, building more homes so that the next generation can have every bit of optimism that they can afford to have a home, that people can have jobs and

opportunity, like millions of other Ontarians have had. The people of Ontario know that only this side and the members of the Conservative caucus on that side will get it—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. The House will come to order.

Start the clock. The next question.

MUNICIPAL DEVELOPMENT

Ms. Catherine Fife: My question is for the Minister of Municipal Affairs and Housing. Two weeks ago, Waterloo councillors voted to defer a \$68-million reconstruction project that would have created 800 new homes. Why? Because they're not getting answers from the government about how to fund the needed infrastructure to support the new housing. Council's decision came after city staff found that Bill 23 is estimated to cost the city between \$23 million and \$31 million over the next few years. They paused work on a development charges study to allow for more time to fully understand the financial implications of this bill. Meanwhile, the housing crisis continues to get worse in Waterloo and Ontario. Bill 23 is already having a cooling effect on new housing starts.

Will the minister go back to the drawing board and truly consult with municipalities to actually incentivize new housing in the province of Ontario?

Hon. Steve Clark: We're very concerned with some of the things we're hearing from the mayor and council in Waterloo. Obviously, we've had a very good dialogue recently with the big city mayors. I attended their last meeting, and I look forward to continuing the conversation around development charges as we develop the rules around those DC incentives.

We do not believe as a government that non-profits and affordable housing providers should be charged huge, unsustainable fees from municipalities. We believe the best way to incentivize those costs is to directly eliminate or reduce development charges. That's the policy of the government. We look forward to working with our municipal partners, but we're very concerned with some of the things that are being discussed around Waterloo regional council.

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

Ms. Catherine Fife: Well, this minister created the problem, so we're also very concerned with Bill 23.

It's not just home construction that is now being delayed; it's actually vital infrastructure like pumping stations, roads, storm sewers, water mains. This is infrastructure that would help drive new housing projects across Waterloo and Ontario.

The government promised to make municipalities "whole" financially, but Waterloo Councillor Freeman said council "doesn't see the tools to actually secure the development charges to pay for that growth." Construction on this project won't move ahead now until 2024 because of the financial uncertainty this government has caused with Bill 23.

1120

When will the government repeal Bill 23, which is jeopardizing the progress of Waterloo and other cities across Ontario by eliminating those development fees that municipalities rely on to help pay for the necessary infrastructure? Go back to the drawing board; let's get it right.

Hon. Steve Clark: We want municipal partners to work with us. For example, I want to applaud the city of London that just recently passed a motion approving the housing pledge that we've asked of all the big city mayors. I want to speak to the difference between what we're hearing from New Democrats and the government. I want to speak specifically to the young people who are in our audience today. Unsustainable fees like we see in the GTA are adding \$116,900 to the average cost of—what it means to you is it means another \$800 a month on a mortgage over 20 years. What are we seeing? We're seeing millennials having to save 20 years to be able to put a down payment on a home. That's unacceptable to our government. We want all three levels of government to be working together. We've heard from many municipalities who want to work with us.

Again, I'm very concerned with what I'm hearing from Waterloo. Folks, I want you to know something: We hear you. We want you to realize the dream of home ownership.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. I need to remind all members to please make their comments through the Chair, not directly to the public galleries.

Restart the clock. The next question.

SKILLED TRADES

Ms. Andrea Khanjin: The skilled trades are a vital part of our province's economy, but unfortunately, after 15 years of neglect under the previous NDP-supported Liberal government, we are experiencing critical labour shortages in this sector.

In Barrie–Innisfil, thousands of jobs are being unfilled in the trades sector. These jobs represent opportunities for people, many of them paying good paycheques, with benefits and potential pensions. These are jobs that are valued. They're important and they're urgently needed for our province to overcome the housing shortage we are facing and to rebuild vital infrastructure.

Can the Minister of Labour, Immigration, Training and Skills Development tell us what our government is doing to address the skills shortage that is currently holding back Ontario from its economic potential?

Hon. Monte McNaughton: Thank you to the member from Barrie–Innisfil, who does a great job advocating for the skilled trades in her region of the province.

From day one, our government has known the skilled trades needed more attention and investments. I'm pleased to share with all members the success of our first-ever skilled trades career fairs for students. Over the course of 10 days, more than 13,000 students in five regions had the

opportunity to try the skilled trades and learn first-hand about the trades from over 90 exhibitors, including unions, employers and colleges. Later this year, we'll be bringing these fairs back and expanding them to even more locations right across the province.

Speaker, by giving more students a chance to see for themselves how rewarding and exciting the trades are, we're setting them up for success. As Premier Ford always says, when you have a career in the skilled trades, you have a career for life.

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

Ms. Andrea Khanjin: Our government understands we're going to need skilled trades to build up more housing. We're going to need skilled trades to build up our transportation system. Whether it's the subway, GO Transit or critical hospital infrastructure, all this is needed. We need to get more men and women trained in these great rewarding careers in the skilled trades. Together, we can build a better prosperous province that is operating on all cylinders. Can the minister tell the government and this House what we're doing to make it easier to remove the barriers to entry when it comes to pursuing careers in the skilled trades?

Hon. Monte McNaughton: Thank you again to the member for this really important question. Since we first formed government, we have increased the number of immigrants we're nominating for permanent residency by 50%. Last year, I'm pleased to share that a record 40% of those we nominated were in the skilled trades. For example, in 2018, we nominated 219 construction workers. In 2022, we nominated 835 construction workers.

Furthermore, we also passed legislation that eliminates the requirement for Canadian work experience to work in the skilled trades here in Ontario. We're welcoming the skilled immigrants we need and breaking down the barriers that newcomers face when arriving here in Ontario.

Speaker, we need all hands on deck to build back a stronger province and a stronger country.

HEALTH CARE

M^{me} France Gélinas: Ma question est pour la ministre de la Santé.

Yesterday, the minister took a huge step towards the destruction of medicare. The Auditor General, Canadian Doctors for Medicare, the Ontario Health Coalition, Health Quality Ontario, the Canadian Medical Association and Ontarians are all saying the same thing: The minister's bill will allow corporations to make big profits off the backs of sick people. Yet there is no oversight to protect patients in her bill. Why not?

Hon. Sylvia Jones: Yesterday, we made another investment to ensure that publicly funded health care, a system that in Ontario people believe in and want to be there appropriately in their communities, is going to be for generations to come.

Our government, as the Premier mentioned—since 2018, \$14 billion of new investment in health care in Ontario. What has that investment given us? It has given us two new medical schools in the works. It has given us an opportunity to actually ensure that people who are practising medicine in other parts of Canada can do that the next day when they come to Ontario.

We have, through Your Health Act, ensured, for generations to come, that a growing population and an aging population will be protected under a publicly funded health care system.

I am incredibly proud of the work that our stakeholders, our clinicians, our hospitals, our physicians have done—and are supporting Your Health Act today.

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

M^{me} France Gélinas: Speaker, there has been years of research on private, for-profit, investor-owned corporations delivering publicly funded health care services. The results are clear: longer wait times, no incentive for quality care, it is not efficient, and it is associated with increased mortality.

Why is the minister destroying medicare?

Hon. Sylvia Jones: By boosting the number of publicly funded clinics in the community, we are actually ensuring that the patients get access to the medically necessary services that they deserve and expect in a timely way. The member opposite is willing to have people languish on wait-lists; our government is not.

We have funded three additional expansions to cataract in Windsor, in Kitchener-Waterloo, in Ottawa. We've done that, and those clinically funded programs are already in place and already serving more patients in the province of Ontario.

We'll continue to make those expansions because I do not believe, at my core, that it is appropriate to have people waiting for medically necessary procedures in their community.

It is unfathomable to me that the member opposite doesn't understand, by expanding what is already in place in the province of Ontario, with over 800 community clinics—that we do not see an opportunity here to serve the patient better.

INDIGENOUS ECONOMIC DEVELOPMENT

Mr. Trevor Jones: My question is to the Minister of Indigenous Affairs and Northern Development.

Because of the policies of the previous Liberal government, supported strongly by the NDP, jobs were driven out of our province, holding back our full economic potential. Ontario's northern, remote and Indigenous communities experienced these losses and setbacks most severely.

That is why it's vital that our government partner with and promote economic development in Indigenous communities to create more opportunities for businesses and jobs throughout the province. Supporting Indigenous economic development furthers reconciliation and creates

opportunities to strengthen relationships with Indigenous partners.

Speaker, can the minister please inform the Legislature on how our government plans to increase economic prosperity for Indigenous communities in Ontario?

1130

Hon. Greg Rickford: I want to thank the member opposite for the extraordinary work he does on behalf of his constituents in southwestern Ontario.

I'm so proud to serve with a Premier and a caucus that has put a particular emphasis and a top priority on economic development and prosperity for Indigenous communities across this province. Let the record reflect now—National Chief RoseAnne Archibald's idea to develop a wealth and prosperity table with Indigenous business leaders and political leaders across the province and Regional Chief Hare's suggestion that that manifest itself in a fund to ensure that Indigenous businesses have a place in the supply chains in every sector of economic opportunity in the province.

They're manifesting themselves. We're pleased to work with them as full partners, and our own ministry has come up with two exciting programs to ensure that Indigenous communities and businesses play an integral role in Ontario's economic prosperity.

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

Mr. Trevor Jones: Thank you to the minister for his response. Businesses are only part of a vibrant economy, and there are additional ways to amplify prosperity and build up all of Ontario. Indigenous communities and organizations are providing leadership in developing infrastructure and growth plans to build businesses and create employment opportunities. Investments with First Nations partners will ensure long-term economic growth for Indigenous communities and for all of Ontario. Let's continue investing in Indigenous communities and creating more opportunities for everyone.

Can the minister please explain to the Legislature what our government is doing today to support prosperity in Indigenous communities?

Hon. Greg Rickford: There sure are ways, Mr. Speaker. Our ministry's own funds—and now applications are open through the Indigenous Economic Development Fund. Three important tranches: the Economic Diversification Grant, the Business and Community Fund and the Regional Partnership Grant. These focus on training opportunities that are pertinent and specific to economic opportunities close at hand to Indigenous communities. We have the Indigenous Community Capital Grants Program. I like to call it the bricks-and-mortar program.

We heard loud and clear in Greenstone, just a week or two ago, that the Kenogamisis development corporation has got a lot of opportunities there for growth in that region, but they need a building to operate and to be fully integrated, not just on-reserve, but off-reserve, where all of the action is taking place in and around their communities.

Full partnerships with Indigenous communities and their economic development corporations is what this government's priorities are moving forward so we can ensure Indigenous businesses and communities are fully integrated into economic prosperity for this great—

The Speaker (Hon. Ted Arnott): The next question.

HEALTH CARE

Ms. Jessica Bell: My question is to the Minister of Health. While the government is proceeding with its for-profit surgery plan, there are operating rooms in Toronto that are empty. SickKids hospital is not able to open two of their operating rooms because of staffing shortages, at a time when 3,400 children are waiting for necessary surgery.

Minister, why are you proceeding with for-profit surgery delivery when we have operating rooms sitting idle in public hospitals?

Hon. Sylvia Jones: There is no doubt that we want to make sure that our most challenged and youngest patients have health care where they need it and when they need it.

I will never, ever talk down SickKids. They are a world-renowned hospital that has been providing exceptional care, including, I might suggest, when we saw a surge in RSV. In fact, it was actually SickKids clinicians, nurses, doctors who stepped up and assisted community hospitals to make sure that they had the same level of knowledge and appreciation of how to deal with children coming into their emergency departments with RSV. When we saw those surges in our sick kids' hospitals across Ontario, we made immediate investments that have now turned into permanent investments, including pediatric ICUs.

The hospitals themselves—the clinicians, the staff—have stepped up, and we, as a government, will continue to support their work to make sure that our most vulnerable are protected.

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

Ms. Jessica Bell: Minister, there was nothing in that answer that indicated how you are looking at increasing capacity in public hospitals.

I want to go back to the Minister of Health. This isn't just an issue with SickKids. The University Health Network told me their ability to meet overwhelming surgery demand is not because of a lack of operating rooms; it's due to a staffing shortage. UHN is cancelling scheduled surgeries because they don't have the staff. Allowing for-profit surgeries is not going to alleviate the staffing shortage. It's just not.

Minister, my question to you is this: What is your plan to solve the staffing crisis in public hospitals in order to increase operating room capacity in public hospitals?

Hon. Sylvia Jones: I will tell you what our government already has done, and that is encouraging and offering a \$30-million post-pandemic surgery recovery plan that actually allowed publicly funded hospitals that had capacity to be able to expand their OR operating hours. Many, many hospitals have stepped up and done that,

specifically related to our pediatric population, which all of us understand is a critically concerning area.

As I said, in the fall, when we saw the RSV hitting our pediatric hospitals, in particular, most dramatically, we did a number of things, including making additional investments in ICU beds that have now become permanent. We have more pediatric ICU beds in the province of Ontario today than we did as recently as six months ago. We will continue to make those investments. Premier Ford has made it clear we will not leave our hospital partners behind.

HEALTH CARE

Mr. Adil Shamji: My question is for the Premier. Yesterday, this government presented a plan for health care that inspired zero confidence that it would protect patients or ensure fair, equitable, timely access in our province. It avoided the root causes of our crisis and made a series of promises that we have no reason to believe will be acted upon.

I mean, why should we? This government promised they wouldn't touch the greenbelt, and then they carved it up. They promised they would sign up 8,000 children to the Ontario Autism Program this year, and instead they just let the wait-list balloon and stopped reporting data. They told us there wasn't a crisis in health care, even as at least 158 emergency departments closed across our province.

And now, the government is presenting a superficial plan for health care that makes vague promises about guardrails for some of the very same problems they have been consistently ignoring since they came into power. Mr. Speaker, why should anyone trust anything this Premier and government have to say?

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

Hon. Sylvia Jones: The short answer is that the investments are being made, the announcements are being made and we're seeing the results of those investments. When we, in August, directed the College of Nurses of Ontario to expedite the process and, when appropriate, license internationally educated nurses, we had a historic number of nurses being licensed in the province of Ontario; 6,000 nurses in 2022 now have the ability to work in their communities in health care and hospitals across Ontario. We've made those investments by announcing not one, but two medical facilities, medical universities that are going to train more physicians, because we understand that those investments need to be happening.

Now, would I have liked to see those investments happen 10 years ago? Absolutely, but we're getting it done now. We're fixing a system that frankly was ignored for far too long under previous governments.

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

Mr. Adil Shamji: I'm glad that the Minister of Health touched on nurses, because in August of this year she promised she would look at the massive problem of

temporary, for-profit nursing agencies in our province. Well, we're still waiting.

We have already seen the poisonous effects of profits in long-term care, in which seniors died in droves. This government did nothing except introduce legislation to protect the most negligent operators and then award them more contracts. Now this government is enabling for-profit operators to siphon health care workers out of our public health care system. As Bill 124 pushes them out, temporary nursing agencies are pulling them out.

Many of these agencies engage in unscrupulous recruiting practices, like hiring out of parking lots, or they institute harmful contractual obligations that stop nurses from working in the location of their choice. Others engage in rampant price gouging, allowing hospitals to be charged three or four times the normal rates.

Will this government explain why they have not fulfilled their promise to take action on temporary, for-profit nursing agencies?

1140

Hon. Sylvia Jones: I'm sure the member opposite appreciates and understands that nursing agencies and health care agencies have been in operation for many, many decades in the province of Ontario. They are a way to deal with surges and challenges that we have when we see a disproportionate rise in illness or issues.

I must say, I find it interesting that the member opposite would choose to focus on something that exists in the province of Ontario. We have 800 community surgical diagnostic clinics in the province of Ontario—which, by the way, the previous Liberal government approved and allowed to operate for many, many years. Why? Because I think they do understand that there is value and there is a place to ensure that people have access in their community, in a timely way. We will continue to do that work.

POLICE SERVICES

SERVICES DE POLICE

Mr. Mike Harris: My question is for the Solicitor General. I first want to take a minute and thank the courageous and dedicated police officers from the Waterloo Regional Police Service. Every day, these men and women put their lives on the line for our community, not only in Waterloo region but across the province.

Minister, just recently, Waterloo region police chief Mark Crowell stated that his officers respond to a minimum of 3,000 mental health calls annually. According to a report by Waterloo region police, their officers attend about nine to 10 mental health calls and five to six attempted suicides each day. These calls represent complex issues, Mr. Speaker, and our officers need the appropriate tools to support and address them. Through you to the minister, what is our government doing to help our officers appropriately respond to these types of calls?

Hon. Michael S. Kerzner: I'd like to thank my friend our member from Kitchener–Conestoga for his excellent question. Our government has revamped training for

police, who are now better prepared to identify situations where people are in mental distress.

I want to highlight and showcase the Ontario Police College in Aylmer, Ontario, a place that does extensive training for over 1,500 amazing cadets that will graduate this year to keep Ontario safe. And we're not stopping there. Ontario is currently funding 18 mobile crisis response teams to ensure better outcomes and appropriate responses, and we're investing more than \$4 million over two years to keep all of Ontario safe.

Monsieur le Président, ce sont des gens formidables qui nous protègent au quotidien.

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

Mr. Mike Harris: Back to the Solicitor General: I want to thank him for the response. We do benefit from one of those teams in Waterloo region, the IMPACT team, which is phenomenal. We have crisis clinicians embedded with our police officers who are able to actually go out to these calls.

I did want to just highlight a couple of more things that Chief Crowell has mentioned. He further indicated that a different approach for police officers to respond appropriately to mental health issues is needed. Chief Crowell stated that "if we can find any ways to off-board the call to an alternative response, whether it's a non-police response [or] a follow-up from a mental health professional, that's" the direction "where we want to go." The chief also stated that there's still room for improvement, with the police service aiming for greater alternative service deliveries.

Through you again, Mr. Speaker: How is our government supporting our front-line officers in responding to the increasing number of mental health-related calls?

Hon. Michael S. Kerzner: Thanks to my friend from Kitchener–Conestoga. We continue to take action with funding by our government. The crisis call diversion program in Waterloo went live in November 2022, and Ontario has invested over \$9 million over three years for a community engagement and well-being branch with the crisis call diversion program. I want to give a shout-out to the great chief there, Chief Crowell.

The crisis diversion program engages mental health professionals in the Waterloo Regional Police communications centre, with the goal of diverting appropriate mental health-related calls away from traditional dispatch police response. Waterloo Regional Police Service is a leader in addressing mental health through the lens of public safety, and we are grateful for their partnership in this issue.

PUBLIC TRANSIT

MPP Jill Andrew: Last weekend, CityNews shared documents obtained via freedom of information revealing that the Premier and the Minister of Transportation are directing Metrolinx to withhold information from the public about what has gone wrong with the Eglinton

Crosstown P3 project. Little Jamaica and midtown business and residents have endured over 11 years of construction disruption in Toronto-St. Paul's, and now this P3 project is delayed yet again and this government refuses to tell us why.

My question is to the Premier: Will the Premier and the Minister of Transportation stop keeping secrets from the public, stop gaslighting my own community and tell us why the P3 project is once again delayed and when it will finally be completed?

The Speaker (Hon. Ted Arnott): I'm going to caution the member on her language.

To reply, the Minister of Transportation.

Hon. Caroline Mulroney: Ontarians deserve a transit system that is reliable and safe to use, and right now, our focus is on ensuring that the Eglinton Crosstown is safe when it is complete. Speaker, we've learned from the experiences in Ottawa with the Ottawa LRT that you cannot rush a transit system to open before it is ready to do so.

The project is currently in one of its most critical phases that will inform with greater certainty exactly when we can say that it will be complete. But progress has been made. We're seeing major intersections along Eglinton open, including Mount Pleasant and Brentcliffe Road. This is good news for businesses, for residents, for commuters.

We know this is frustrating. That's why our government has provided funding for businesses that have been affected. But, Mr. Speaker, let me be clear: We are focused on getting it open as soon as it is safe to do so.

Interjection.

The Speaker (Hon. Ted Arnott): Member for Toronto-St. Paul's, come to order.

Supplementary question, the member for Ottawa Centre.

Mr. Joel Harden: Back to the minister, actually, because it was the minister that answered the question from Toronto-St. Paul's, but I didn't get an answer.

The minister said yesterday in this House—she was asked why Metrolinx was directed to withhold information from my colleague from Toronto-Danforth and my colleague from Toronto Centre about the Ontario Line. She told this House in her answer that that was an unacceptable act that she did not condone.

But what we just learned from CityNews is that this has happened again. Information has been withheld from the public about the Eglinton Crosstown LRT at the direction of this minister and at the direction of the Premier. Speaker, why is this minister demonstrating a pattern in this House of withholding information to the public about transit systems? We need an answer to the question this morning.

Hon. Caroline Mulroney: Well, the pattern of behaviour Ontarians should be interested in is why this member and the party opposite keep asking about transit delays when this government puts forward a piece of legislation that will address transit delays such as the Building Transit Faster Act and each and every one of

them voted against that legislation. They can't have it both ways.

Mr. Speaker, I have said since the beginning that I understand the frustration and we are working very hard—Metrolinx is overseeing the projects—to ensure that it opens in a way that is safe for transit riders. That is what Torontonians deserve. And from the member opposite who knows how important it is to not rush a transit system to open before it is ready, it is ironic that he is asking such a question. I wonder if he has actually read the recommendations and the report that came out of the public inquiry into the Ottawa LRT.

Mr. Speaker, we are focused on make sure that Torontonians get the transit system they deserve, even though the members opposite keep voting against it.

ELECTRICITY SUPPLY

Mr. Lorne Coe: My question is to the Minister of Energy.

Ontario has one of the world's cleanest electricity systems, with over 90% of power generation creating zero emissions. Because of our government's leadership and support, we're fixing the mess in our energy system that the previous Liberal government created. When energy is reliable, affordable and clean, our whole province wins.

We've heard from the minister many times that nuclear power and hydroelectricity are the backbones of our energy system, as they provide low-cost, reliable and emissions-free electricity.

Speaker, my constituents want to know what leadership our government is demonstrating in seeking innovative energy solutions for the future.

1150

Hon. Todd Smith: Thanks to the member from Whitby for the question.

From small modular reactors to battery storage, our government really has embraced innovative and bold energy solutions. That also includes last week's announcement of a new Hydrogen Innovation Fund. This fund is \$50 million that's going to be invested over the next three years to kick-start and develop new opportunities for hydrogen to be integrated into Ontario's clean energy system, including hydrogen electricity storage. This launch marks another milestone in the implementation of our low-carbon hydrogen strategy, positioning Ontario as a clean manufacturing hub for hydrogen. This fund is going to help us lay the groundwork for hydrogen to contribute to our diverse energy supply that we have in the province, Mr. Speaker, and it's going to help us build on the clean-energy advantage that we now enjoy in Ontario.

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

Mr. Lorne Coe: Back to the minister, Speaker: What's clear is that our government must support innovative investments in clean technologies like hydrogen that will position Ontario as an energy leader.

As we have seen, energy prices and the stability of our energy grid are linked directly to Ontario's economic

competitiveness. Under the previous Liberal government, surplus electricity generation from Ontario's nuclear and hydroelectric fleets was sold at a loss to competing jurisdictions. Ensuring we have the right energy supply mix is critical to restoring Ontario's economic and competitive edge.

Speaker, can the Minister of Energy please elaborate on how our government will ensure we have the right energy supply mix and how this will benefit hard-working families here in Ontario?

Hon. Todd Smith: Speaker, the member is absolutely correct: We inherited a terrible mess when it came to our energy sector in Ontario, and the Hydrogen Innovation Fund that we've now rolled out over the last week or so is going to unlock Ontario's hydrogen economy and support projects across three different streams. Existing facilities that are already built or operational will be used to evaluate how hydrogen can support Ontario's clean grid. We are also going to help build new hydrogen facilities that can grow our capability to use hydrogen. And, lastly, the fund will enable research to study new and innovative applications for hydrogen here in Ontario.

By making these investments early, we're paving the way for the growth of our own hydrogen economy in Ontario. We're cleaning up the mess that was left by the previous Liberal government and bringing a stable Ontario energy supply to Ontario. It's just one more part of our plan to build Ontario's clean energy advantage and to make Ontario a leader in the latest frontier in energy, and that would be the hydrogen economy.

AUTISM TREATMENT

Miss Monique Taylor: My question is for the Minister of Children, Community and Social Services. Children and parents are being betrayed by this Conservative government's autism program. A recent news report shared the story of a mother who has moved out of province for better services after being told her child would have to wait until 2027 for a determination of needs assessment. Another mother was forced to take a leave from work simply because she had to sit with her son in school, because he is stuck on a wait-list with no end in sight.

Speaker, it is beyond clear that this government and this minister have failed. What is the minister going to do to overhaul this broken system?

Hon. Merrilee Fullerton: Frankly, I reject the premise of that entire question. Our government is implementing a world-leading program that has been created by the autism community for the autism community. It is a comprehensive needs-based program.

We are meeting our benchmarks, as we said we would. All children, as of the beginning of this year, have received an invitation. If anyone hasn't checked their email box or answered the phone or received a letter, then they need to do so to make sure that they can get into the program.

This is a comprehensive program with mental health, occupational therapy, physiotherapy, speech therapy. This is an ongoing effort to create the supports that vulnerable

children and families need, and our government is continuing to do that work. We have been doing that work throughout.

The issue is, unfortunately, there is information that goes out into the media that is perhaps incorrect. We need to look into that and find out what is true in that statement, so thank you for bringing it to my attention.

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

Miss Monique Taylor: The program that the minister is talking about is sending out invitations; it's not giving kids services. You need to fund the programs. You need to ensure there are actual services available with children in them.

What does it say about Ontario that this Conservative government is knowingly depriving children with autism of the supports they need to reach every opportunity for a good life?

For five years, this Conservative government has been announcing and re-announcing changes to the Ontario Autism Program, and yet children are falling further and further behind.

This minister promised to fund 8,000 kids into core clinical services by fall of 2022, but in October, just 1,511 children had entered into service agreements—that's agreements; that's not actual service. This is 19% of their target. This government has failed to reach its own benchmark.

Can the minister provide families with any guarantee that children will receive services in a timely manner? Yes or no?

Hon. Merrilee Fullerton: That is exactly what we are doing. Again, I reject the premise of your question. The reality is, we have five times as many children—

Interjection.

The Speaker (Hon. Ted Arnott): I'm going to ask the member for Hamilton Mountain to come to order and withdraw.

Miss Monique Taylor: I'll withdraw.

The Speaker (Hon. Ted Arnott): The minister can reply.

Hon. Merrilee Fullerton: The reality is, we have five times as many children receiving supports than the previous government before our government came in in 2018—approximately 40,000 children receiving services and a comprehensive approach. We are meeting our benchmarks. There are more children than ever before receiving the supports that they need.

Absolutely, we listened. The autism community wanted a new program. We developed a new program that is world-leading, and we are implementing that program. AccessOAP is responsible for intake. That is happening.

Despite what the member opposite says, I can tell the public with all complete honesty that we are implementing the program by the autism community, for the autism community—that they asked us to change. We're doing exactly that, and we'll continue this important work.

HOUSING

Mrs. Robin Martin: My question is to the Associate Minister of Housing.

The Toronto Regional Real Estate Board recently published its 2023 Market Outlook and 2022 Year in Review reports. These reports indicate that high borrowing costs have resulted in a market shift from home ownership to rental demand.

Other industry voices such as the Building Industry and Land Development Association and the Federation of Rental-housing Providers of Ontario are urging all levels of government to take action regarding policies that will promote purpose-built rental development.

We as a government need to take these matters seriously and take action to ensure families and individuals can still access our housing market.

Speaker, can the associate minister please share what our government is doing to address this market shift?

Hon. Michael Parsa: I want to thank my honourable colleague from Eglinton–Lawrence not only for the question but for the great work that she does on behalf of her constituents.

Speaker, I actually had the opportunity and the pleasure to speak at the event that the member is referring to. In my remarks, I emphasized just how important it is for us to continue building on our collective effort to increase housing supply.

Increasing supply is a big part of the solution to the housing crisis, and our government, under the leadership of Premier Ford, alongside the municipal affairs and housing minister and the parliamentary assistant, will continue to introduce policies that will get more shovels in the ground, for us to build homes faster.

I'm proud to say that last year we saw the most purpose-built rentals on record, with just under 15,000 homes. Let that sink in for a second. We set the record for the most purpose-built rentals ever recorded here in the province of Ontario.

So it's clear our policies are working—

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

1200

Mrs. Robin Martin: Thank you to the Associate Minister of Housing for the answer. In the same report, published by Toronto Regional Real Estate Board, the market outlook for 2023 emphasizes the need for more rental supply to keep up with rising demands. Rental vacancy rates are projected to fall and competition between rental households will increase in 2023.

Owning or renting a home provides a sense of place and pride in community. It offers individuals and families economic security for decades, even during turbulent times. With the team we have at the Ministry of Municipal Affairs and Housing, as was just mentioned by the associate minister, I have a lot of confidence that we can build more housing that people will be able to access. But I want to ask the associate minister once again, what other

approaches is our government implementing to address the rental shortage, now and for the future?

Hon. Michael Parsa: Again, I want to thank my honourable colleague for the question. In addition to the record purpose-built rental starts that we had last year, our latest piece of legislation, More Homes Built Faster Act, offers incentives for the construction of more rental units by reducing development fees: 25% on three-or-more-bedroom units, a 20% discount on two-bedroom units and a 15% discount on one-bedroom units.

To further increase rental supply, we also introduced as-of-right policies in our most recent bill to allow for more units to be constructed on existing residential lots. Other legislation allows for basement apartments, garden houses or main residences to have up to three rental units without obtaining additional building permits or paying any additional development fees.

Ontarians deserve to have affordable options when it comes to housing, and as we've said before, we're going to continue fighting for every Ontarian to make sure they do in this province.

GENDER-BASED VIOLENCE

MPP Kristyn Wong-Tam: A question to the Premier: During the Renfrew inquest, the jury was clear that significant change needs to happen in the way Ontario provides treatment to those who perpetuate intimate partner violence, but Ontario has not responded to this recommendation. International Women's Day is fast approaching. How many more women will have to suffer preventable violence and death at the hands of perpetrators before Ontario will make meaningful changes in the system that's supposed to protect them?

The Speaker (Hon. Ted Arnott): To reply, the Solicitor General.

Hon. Michael S. Kerzner: I want to thank the member for the question. Our thoughts continue to be with the victims, the families and friends and all those impacted by the tragedy.

Everyone has a right to feel safe in their own home and their own community, free of intimidation and the threat of violence. The Ministry of the Solicitor General has provided an interim response to the Office of the Chief Coroner for Ontario. We will continue working across government to provide updated responses in advance of the anniversary date of the verdict's release. This will allow the time needed to continue to carefully review and consider recommendations, provide a whole-of-government response and ensure meaningful steps can be identified and taken to address these issues. Mr. Speaker, we are going to get it right.

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

MPP Kristyn Wong-Tam: Providing a response by actually not answering the question is no response at all. We know that systems and programs can't be perfect unless you fix them. When I was growing up, my dad

would always say, "If you know something is broken, you've got to fix it."

Can the government explain how many times it has been warned about the inadequacy of the services they provide perpetrators of intimate partner violence and why this government won't actually fix it today? When will we get a commitment? When will you fix this?

The Speaker (Hon. Ted Arnott): The associate minister.

Hon. Charmaine A. Williams: I think this is a great question. When I went to Renfrew county to see the reveal, it was very clear that femicide doesn't just hurt those families, it hurts a whole community.

Mr. Speaker, we are taking action. On February 10, the government did provide only part 1 of Ontario's response to the Office of the Chief Coroner, and that reflects the progress we're making so far. Across government, we are taking action to make sure women are kept safe. We are investing in programs and organizations, like some of the many who came here today, to see that women are given the freedom and the opportunity to be free and live in their communities, like our investments in the Investing in Women's Futures Program, like our investments in just so many others. Mr. Speaker, we take this very seriously. We believe women should be safe, and we did send the national action plan to the FPT for the justice ministers, with a written request that they commit to taking further action to improve the justice system responses—

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

AGRI-FOOD INDUSTRY

Mr. Will Bouma: I appreciate the opportunity to ask this question of the Minister of Agriculture, Food and Rural Affairs. I am so proud that agriculture is one of the largest economic sectors in my riding of Brantford-Brant, with ginseng crops being a major product. Our farmers work day in and day out to get Ontario-made products to market that help support our economy. And, from the bottom of my heart, to all the farmers in my riding: Thank you for putting the best-quality food on our tables every single day.

But over the past few years, our ginseng growers have been hit by significant challenges in their primary overseas markets due to supply disruptions as a result of COVID-19. Our government must show leadership by recognizing, appreciating and understanding the complexities and uniqueness of ginseng.

Speaker, can the minister please share how our government is supporting the sustainable growth of this industry?

Hon. Lisa M. Thompson: I want to express my appreciation to the member opposite for the amazing advocacy that he shares, not only on behalf of Brant county farmers, but also ginseng growers.

In the fall of 2021, I went into that region of Ontario to visit, first-hand, ginseng growers to see how the pandemic had impacted their markets at a global level, and we were very quick to act. It was our government, under the leadership of Premier Ford and my ministry team, that came

together with our ginseng growers to introduce an industry-led pilot program that ultimately led to stabilizing this particular industry.

I'm really pleased to share with you that, most recently, we participated in a trade mission to both Japan and Vietnam, and it was in Vietnam where we secured three specific ginseng MOUs. We had the Ontario Ginseng Growers Association sign an MOU with the Vietnamese Pharmaceutical Association, and we also had a local Ontario ginseng company sign additional MOUs, with business-to-business opportunities lying ahead of them.

So a bright future lies ahead for not only ginseng growers, because they have a government that stands with them and understands agricultural and market issues, but they also have a government that believes that it's important to stand with them as we build back our markets around the world.

BIRTHDAY OF MEMBER'S HUSBAND

The Speaker (Hon. Ted Arnott): The member for St. Catharines has a point of order.

Mrs. Jennifer (Jennie) Stevens: I know this isn't really a point of order today, but I would like to wish my number one supporter, my husband, my best friend and the first lady of St. Catharines a very happy 60th birthday.

The Speaker (Hon. Ted Arnott): There being no further business at this time, this House stands in recess until 3 p.m.

The House recessed from 1208 to 1500.

INTRODUCTION OF VISITORS

Mr. Graham McGregor: Today we have a guest from the greatest riding in Ontario, the great riding of Brampton North: my dear friend and the founder and publisher of Road Today. His daughter Saanvi is in model Parliament here today. Please give a warm welcome to my friend Manan Gupta. Welcome to Queen's Park.

Mr. Lorne Coe: I've got two young people participating in the 2023 Legislative Assembly of Ontario: Zainab Mohammad and Shlok Panchal. Welcome to Queen's Park. I'll see you later tonight.

And we've got Maya O'Brien, who is now a legislative page here at Queen's Park for the next few weeks.

Welcome, everyone.

INTRODUCTION OF GOVERNMENT BILLS

ST. THOMAS-CENTRAL ELGIN BOUNDARY ADJUSTMENT ACT, 2023

LOI DE 2023 SUR LA MODIFICATION DES LIMITES TERRITORIALES ENTRE ST. THOMAS ET CENTRAL ELGIN

Mr. Clark moved first reading of the following bill:

Bill 63, An Act respecting the adjustment of the boundary between the City of St. Thomas and the Municipality of Central Elgin / Projet de loi 63, Loi concernant la modification des limites territoriales entre la cité de St. Thomas et la municipalité de Central Elgin.

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

First reading agreed to.

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

Hon. Steve Clark: Thanks, Speaker. The proposed legislation, the St. Thomas-Central Elgin Boundary Adjustment Act, 2023, will help secure new investment opportunities for a land site that has the potential to create thousands of new jobs in southwestern Ontario. We're proposing to move the site, which currently straddles two municipalities, into one municipality, St. Thomas. This would reduce red tape and help ensure the site is shovel-ready for future investment by helping to ensure that all needed permits and site changes can be approved faster. The proposed actions show that the government is ready and willing to take the steps needed to compete in the global marketplace for the jobs and investment Ontario needs.

INTRODUCTION OF BILLS

CHOSEN FAMILY DAY ACT, 2023

LOI DE 2023 SUR LE JOUR DE LA FAMILLE CHOISIE

MPP Wong-Tam moved first reading of the following bill:

Bill 64, An Act to proclaim Chosen Family Day / Projet de loi 64, Loi proclamant le Jour de la famille choisie.

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'll invite the member to briefly explain their bill.

MPP Kristyn Wong-Tam: Thank you, Speaker. It's an honour.

Chosen families are made up of individuals who may not be biologically related to one another. These families are especially important to the 2SLGBTQI+ community. For individuals who have been rejected by their biological families, chosen families are picked instead of assigned, providing each individual the freedom to choose who they want to be understood and loved by. Chosen families help to impart a sense of acceptance and belonging in 2SLGBTQI+ communities. Chosen Family Day, held on February 22 of each year, celebrates the importance of such a day for the chosen families they belong to.

HONOURING OUR VETERANS
ACT, 2023

LOI DE 2023 VISANT À RENDRE
HOMMAGE À NOS ANCIENS
COMBATTANTS

Mr. Coe moved first reading of the following bill:

Bill 65, An Act to amend the Remembrance Week Act, 2016 / Projet de loi 65, Loi modifiant la Loi de 2016 sur la semaine du Souvenir.

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 wish to briefly explain his bill?

Mr. Lorne Coe: The bill amends the Remembrance Week Act, 2016, to require members of the Legislative Assembly, on the last sessional day before Remembrance Day in each year, to pause and observe two minutes of silence in honour of those who died serving their country in wars and in peacekeeping efforts. Members are also permitted to make speeches.

HEART VALVE DISEASE AWARENESS
ACT, 2023

LOI DE 2023 SUR LA SENSIBILISATION
À LA CARDIOPATHIE VALVULAIRE

Mr. Cuzzetto moved first reading of the following bill:

Bill 66, An Act to proclaim Heart Valve Disease Awareness Day and Heart Valve Disease Awareness Week / Projet de loi 66, Loi proclamant la Journée de sensibilisation à la cardiopathie valvulaire et la Semaine de sensibilisation à la cardiopathie valvulaire.

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 like to briefly explain his bill?

Mr. Rudy Cuzzetto: Heart valve disease is one of the most common heart problems today, affecting over one million Canadians, including one in every eight people over the age of 75. With Ontario's aging population, the number of people affected is growing. Cardiologists have described this as the next epidemic of heart disease. When left untreated, the mortality rate is up to 50% every year. When it's detected early, treatments are effective, but the symptoms are often dismissed as a normal sign of aging. A stethoscope check can detect heart murmurs and other sounds that indicate valve disease. That's why regular scanning is critical, especially for people at high risk. Unfortunately, only a quarter of adults had a stethoscope check in the past year.

By proclaiming Heart Valve Disease Awareness Day and Heart Valve Disease Awareness Week, the bill would help raise awareness of the risk of the symptoms of heart valve disease, and ultimately, it would help to improve the detection and treatment of this condition.

PETITIONS

SOCIAL ASSISTANCE

Mrs. Jennifer (Jennie) Stevens: "To the Legislative Assembly of Ontario:

"Whereas Ontario's social assistance rates are well below Canada's official Market Basket Measure poverty line and far from adequate to cover the rising costs of food and rent: \$733 for individuals on OW and soon \$1,227 for ODSP;

1510

"Whereas an open letter to the Premier and two cabinet ministers, signed by over 230 organizations, recommends that social assistance rates be doubled for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

"Whereas the recent small budget increase of 5% for ODSP still leaves these citizens well below the poverty line, both they and those receiving the frozen OW rates are struggling to live in this time of alarming inflation;

"Whereas the government of Canada recognized in its 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 double social assistance rates for OW and ODSP."

I will sign this petition wholeheartedly and pass it on to Keira to send down to the table.

HEALTH CARE WORKERS

Mr. Dave Smith: I have a petition to the Legislative Assembly of Ontario.

"Whereas Ontario has one of the most dedicated and highly trained health workforces in the world. Over 60,000 new nurses and 8,000 new doctors have registered to work in Ontario; and

"Whereas hiring more health care professionals is the most effective step to ensure Ontarians are able to see a health care provider where and when you need to; and

"Whereas starting in spring of 2023, the government will expand the learn and stay grant and applications will be open for eligible post-secondary students who enrol in priority programs, such as nursing, to work in underserved communities in the region where they studied after" they graduate. "The program will also provide up-front funding for tuition, books and other direct educational costs; and

"Whereas with new as-of-right rules, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to immediately start caring for you, without having to first register with one of Ontario's health regulatory colleges. This change will help health care workers overcome excessive red tape that makes it difficult for them to practise in Ontario;

"Whereas we are investing an additional \$15 million to temporarily cover the costs of examination, application,

and registration fees for internationally trained and retired nurses, saving them up to \$1,500 each. This will help up to 5,000 internationally educated nurses and up to 3,000 retired nurses begin working sooner to strengthen our front lines;

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

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

I fully endorse this petition, will sign it and give it to page Adam.

SOCIAL ASSISTANCE

Mr. Terence Kernaghan: My petition is entitled “Petition to Raise Social Assistance Rates.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas Ontario’s social assistance rates are well below Canada’s official Market Basket Measure poverty line and far from adequate to cover the rising costs of food and rent: \$733 for individuals on OW and soon \$1,227 for ODSP;

“Whereas an open letter to the Premier and two cabinet ministers, signed by over 230 organizations, recommends that social assistance rates be doubled for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

“Whereas the recent small budget increase of 5% for ODSP still leaves these citizens well below the poverty line, both they and those receiving the frozen OW rates are struggling to live in this time of alarming inflation;

“Whereas the government of Canada recognized in its 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 double social assistance rates for OW and ODSP.”

I fully support this petition. I will affix my signature and deliver it with a page to the Clerks.

HEALTH CARE WORKERS

M^{me} Dawn Gallagher Murphy: “To the Legislative Assembly of Ontario:

“Whereas Ontario has one of the most dedicated and highly trained health workforces in the world. Over 60,000 new nurses and 8,000 new doctors have registered to work in Ontario; and

“Whereas hiring more health care professionals is the most effective step to ensure Ontarians are able to see a health care provider where and when you need to; and

“Whereas starting in spring 2023, the government will expand the learn and stay grant and applications will open for eligible post-secondary students who enrol in priority programs, such as nursing, to work in underserved communities in the region where they studied after

graduation. The program will provide up-front funding for tuition, books and other direct educational costs; and

“Whereas with new as-of-right rules, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to immediately start caring for you, without having to first register with one of Ontario’s health regulatory colleges. This change will help health care workers overcome excessive red tape that makes it difficult for them to practise in Ontario;

“Whereas we are investing an additional \$15 million to temporarily cover the costs of examination, application, and registration fees for internationally trained and retired nurses, saving them up to \$1,500 each. This will help up to 5,000 internationally educated nurses and up to 3,000 retired nurses begin working sooner to strengthen our front lines;

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

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

I will sign this and provide it to page Vedant.

LAND USE PLANNING

Ms. Jennifer K. French: I have been receiving a lot of petitions by mail entitled “Protect the Greenbelt.” Here is one that was signed by Dawn and Beth Richardson of Oshawa, among others.

“To the Legislative Assembly of Ontario:

“Whereas Bills 23 and 39 are the Ford government’s latest attempt to remove protected lands from the greenbelt, allowing developers to bulldoze and pave over 7,000 acres of farmland in the greenbelt;

“Whereas Ontario is already losing 319.6 acres of farmland and green space daily to development;

“Whereas the government’s Housing Affordability Task Force found there are plenty of places to build homes without destroying the greenbelt;

“Whereas Ford’s repeated moves to tear up farmland and bulldoze wetlands have never been about housing, but are about rewarding PC donors and making the rich richer;

“Whereas green spaces and farmland are what we rely on to grow our food, support natural habitats and prevent flooding;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately stop all plans to remove what has long been protected land from the greenbelt, pass the NDP’s Protecting Agricultural Land Act, and protect irreplaceable farmland in the province of Ontario.”

Of course, I support this petition wholeheartedly. I will affix my signature and send it to the table with Paige.

SOCIAL ASSISTANCE

Ms. Mitzie Hunter: I have a petition 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 over \$1,169 per month, only 41% and 65% of the poverty line;

“Whereas 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 a month was standard support required by individuals who lost their employment during the pandemic;

“We, the undersigned citizens of Ontario, petition the Legislative Assembly of Ontario 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 will sign this petition and give it to page Wyatt.

1520

VOLUNTEER SERVICE AWARDS

Mr. John Jordan: “To the Legislative Assembly of Ontario:

“Whereas in the First and Second World Wars, over 7,000 First Nation members, as well as an unknown number of Métis, Inuit and other Indigenous recruits, voluntarily served in the Canadian Armed Forces; and

“Whereas countless Indigenous peoples bravely and selflessly served Canada at a time of great challenges for Canada; and

“Whereas this spirit of volunteerism and community marked the life of the late Murray Whetung, who volunteered to serve in the Second World War; and

“Whereas many First Nations individuals lost their status after serving in the wars off-reserve for a period of time; and

“Whereas despite this injustice, many continued to recognize the value in continuously giving back to their community; and

“Whereas the values of volunteerism and community are instilled in the army, air, and sea cadets across Ontario; and

“Whereas the Murray Whetung Community Service Award Act establishes an award for the cadets and tells the story of Indigenous veterans’ sacrifice and mistreatment;

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

“To urge all members of the Legislative Assembly of Ontario to support the passage of the Murray Whetung Community Service Award Act, 2022.”

Speaker, I’ll sign the petition and provide it to page Nolan.

HEALTH CARE

MPP Jill Andrew: This petition is entitled “Stop Ford’s Health Care Privatization Plan.

“To the Legislative Assembly of Ontario:

“Whereas Ontarians should get health care based on need—not the size of their wallet;

“Whereas Premier Doug Ford and Health Minister Sylvia Jones say they’re planning to privatize parts of health care;

“Whereas privatization will bleed nurses, doctors and PSWs out of their public hospitals, making the health care crisis worse;

“Whereas privatization always ends with patients getting a bill;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately stop all plans to further privatize Ontario’s health care system, and fix the crisis in health care by:

“—repealing Bill 124 and recruiting, retaining and respecting doctors, nurses and PSWs with better pay and better working conditions;

“—licensing tens of thousands of internationally educated nurses and other health care professionals already in Ontario, who wait years and pay thousands to have their credentials certified;

“—making education and training free or low-cost for nurses, doctors and other health care professionals;

“—incentivizing doctors and nurses to choose to live and work in northern Ontario;

“—funding hospitals to have enough nurses on every shift, on every ward.”

I couldn’t agree with the petition more. I’ve affixed my signature to it and will hand it to Mary for the table.

HEALTH CARE WORKERS

Ms. Natalie Pierre: “To the Legislative Assembly of Ontario:

“Whereas Ontario has one of the most dedicated and highly trained health workforces in the world. Over 60,000 new nurses and 8,000 new doctors have registered to work in Ontario; and

“Whereas hiring more health care professionals is the most effective step to ensure Ontarians are able to see a health care provider where and when you need to; and

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

“Whereas with the new as-of-right rules, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to immediately start caring for you, without having to first register with one of Ontario’s health regulatory colleges. This change will help health care workers overcome

excessive red tape that makes it difficult for them to practise in Ontario;

“Whereas we are investing an additional \$15 million to temporarily cover the costs of examination, application, and registration fees for internationally trained and retired nurses, saving them up to \$1,500 each. This will help up to 5,000 internationally educated nurses and up to 3,000 retired nurses begin working sooner to strengthen our front lines;

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

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

Speaker, I endorse this petition and will give it to page Maya.

ORDERS OF THE DAY

YOUR HEALTH ACT, 2023

LOI DE 2023

CONCERNANT VOTRE SANTÉ

Resuming the debate adjourned on February 22, 2023, on the motion for second reading of the following bill:

Bill 60, An Act to amend and enact various Acts with respect to the health system / Projet de loi 60, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Acting Speaker (Ms. Patrice Barnes): The member for Nickel Belt.

M^{me} France Gélinas: Bill 60 is one huge step towards decimating a program that defines us as Canadians and Ontarians: medicare, a program that makes sure that care is based on your needs, not on your ability to pay. What we are doing right now will be almost impossible to undo. Once the private, for-profit, investor-owned corporations have set up shop in Ontario, they will not leave. It doesn't matter what the needs will be. If the backlog—they will continue to be there. We are seeing, by the actions of this government, the beginning of the end of medicare. I'm really troubled by that.

When we talk about medicare, what we have here in Canada, in Ontario, is a single-payer, publicly funded health care system. The one payer is the government of Ontario, which pays for medically necessary care that we get in our hospitals with doctors, with physicians. This is what medicare is all about. Medicare is about, if you go to the hospital, it doesn't cost you anything; if you go to see a physician, it doesn't cost you anything. That's all. Everything else—long-term care, home care—not part. Medicare is about hospitals and physicians.

Bill 60, the bill we're debating this afternoon, is about to change all of this because it will change who delivers that care. Right now, surgeries are mainly done—99% of surgeries are done in our hospitals, where you don't pay for care. They're about to change this.

People often get a bit confused as to what's public and private and all this. There are four types of providers in Ontario. The first one is the publicly owned facilities. If you think of a community health centre, an Aboriginal health access centre, a nurse practitioner-led clinic—those are publicly owned facilities. They deliver the care in a publicly owned facility.

The second one is what we call the privately owned, not-for-profit community. Those are all 152 hospitals in Ontario. There are four private hospitals that predate medicare. The rest of them are all not-for-profit facilities, and they are most of the hospitals that all of us know.

The third type is a physician-owned small business. This is what most doctors' offices look like. They pay rent. They hire a secretary and maybe a nurse to work with them. They will look after 1,000 or 2,000 patients. They are a privately owned small business. The physician is the owner of the business, and the physician provides the care to the patient. And you will remember, Speaker, that because it is a physician's service, it is free for us to use.

The fourth kind of delivery is what we call private, for-profit, investor-owned corporations. Once you bring in investor-owned corporations, you change everything, because—they don't have any patients' roster to them or anything—they are there for one reason: They are there to make money.

To build a surgical suite in Ontario is not cheap, have no doubt. It's not something you and I could do—I don't know about you, but it's not something I could do. It takes millions of dollars to build a surgical suite.

1530

I can tell you right now, there are private, for-profit, investor-owned corporations that are biting at the bit to come and invest those millions of dollars in surgical suites in Ontario. Why? Because they can guarantee their investors double-digit returns on their investment. We're not talking about 11%, 12% returns; we are talking about returns in the 20% range and the 30% range every single year. They are willing to put up those millions of dollars ahead because they will make back those millions—and those hundreds of millions—really, really quickly. How do they do that? They do that by upselling. They do that by using the power differences in the relationship—when you go see somebody who's about to do surgery, the surgeon has all the power and you have none. You are a person who is sick, you are a person in need of care, and you depend on the surgeon, on the physician, to make you better. I don't wish harm upon anyone, but we all know that people do get sick, people do need care, people do need surgery at some point—and when you do, you are more or less at the mercy of the person who provides that care. Big, private, for-profit, investor-owned corporations know this power dynamic. They know full well that you depend on that person for your health, that you depend on that person for your life, and that you are willing to pay. And they will make you pay, have no doubt. They have you pay, first, by gaining access.

I can share the story of Mr. Dutton. Paul Dutton is a Toronto writer and musician. He needed surgery done. He

saw a gastroenterologist who told him that it would take quite a bit of time to get his colonoscopy done in a hospital, and he could have it done faster in one of the private clinics that exists in Ontario right now, but he could only gain access to the colonoscopy if he had an appointment with the dietitian at the colonoscopy clinic. The appointment with the dietitian costs \$495. The gastroenterologist acknowledged that he did not need any nutritional consultation, but in order to gain access to the colonoscopy within a few days—this is what this private clinic did. You did not get a colonoscopy unless you spoke to a dietitian, and the dietitian costs 495 bucks. He made a complaint to the Ontario college of physicians and surgeons, and he made a complaint to the complaint line that exists at the Ministry of Health, but nothing happened. Nothing happened because it was not the physician who charged him \$495 to see a nutritionist, that dietitian he didn't need to see; it was the business that charged him \$495 to see a dietitian in order to gain access.

So this is happening right here, right now. The opportunity to make money is there. You have surgeons telling you that you need to have that test done, that your health is at risk, that there may be cancer and you need to get at it really quick if you want your chances of survival to increase, but it's going to cost 495 bucks to gain access. What are you going to do? What are any of us going to do? We're going to pay the 495 bucks because we don't want to die of cancer. This is how it works. They prey on the vulnerability of people who are sick to make money, and the resources, the creativity they have to find ways to charge you is just out of this world. We already know that. It's happening right here, right now in Ontario.

And what is this government doing? This government is opening the door wide open, inviting all of the US-based multinational corporations to come to Ontario and set up shop—

Interjection: Open for business.

M^{me} France Gélinas: We are open for business, all right. We are open for business so that we can make millions of dollars off of the backs of sick people.

I cannot stand for this, Speaker. I'm from the party of Tommy Douglas. I believe in care based on needs, not on ability to pay. I believe in medicare—but not this government. This government is putting this to the trash because there is money to be made off of the backs of sick people.

Of course, Paul is not the only one who came forward. Brenda Seaton said that her mother, who is 90 years old, needed cataract surgery. She went to the ophthalmologist and asked to have the cataract surgery done—she had had one done, but because the other was not done, it made her dizzy because she didn't see well out of one eye and could see better out of the one that had had the surgery. The wait-list to have this done in a hospital where it would not cost anything was months long, but if she was willing to pay \$1,000 for basic cataract surgery to be performed by Dr. Derek Lui of Woodstock, she could have it done right away. Since her mother was having a tough time at 90 years old—she didn't want her mother to continue to be dizzy; the last thing you want is for her to fall and break a

hip and ruin her health, ruin her ability to be independent—she came up with \$1,000. She could not wait any longer. So they went to Woodstock. Ms. Seaton said that once they got to the private clinic in Woodstock, there were at least 10 people in the waiting room who she recognized from ophthalmologist Derek Lui's practice, and all of those people had agreed to pay \$1,000 so they would not have to wait months to get their cataract surgeries done in the hospital. Dr. Lui insists that that was not him charging \$1,000; it was the clinic that kept those fees, that he received no financial benefit. He said, "I am just using their facilities. I am not an employee. I don't have any shares in that clinic.... it makes no difference to me. I just bill OHIP." But it makes a difference to that family. Brenda did not have \$1,000. It put her in financial distress to be able to gain access to the care she needed.

This is what medicare is all about—care based on your needs, not on your ability to pay.

I could go on and on with examples of other people who have had to pay to gain access to care, but I want to make sure that I save time to go through the whole bill.

The first thing that the government will have you believe, the first myth, is that if you have private clinics, they will alleviate wait times in the public system. There is a tremendous body of evidence that shows this is not true. This is a myth. The last jurisdiction to try this was Australia. In 1997, they brought in those private, for-profit corporations. What happened is, yes, the private corporations gave faster access to people who are able to pay for add-ons, but for the rest of the people in the system, the wait-lists got longer. We already have Australia that has this, and many other countries have what Ontario is about to do. And in all of those countries, the wait-lists for the publicly delivered services are longer, and in most of them the general wait-list is longer than in Ontario. So this is a myth. Bringing in for-profit delivery is not going to bring the wait-lists down in Ontario.

1540

Myth number two is that private, for-profit ownership of health facilities leads to better health outcomes—"Let the private sector do things. They can do things better, faster, cheaper." None of that is true, Speaker. Here again, you can look at the humongous body of evidence that exists. The truth is that the for-profit model does not incentivize high-quality care. In fact, for-profit delivery has been associated with increased mortality.

I would like to give a very sad example that happened right here in Ontario. You can look it up online. It's the case of *Levac v. James*. Forever on end, pain clinics were only delivered in hospitals, where people would come and get injections to control their pain. Then, many pain clinics opened throughout—mainly, southern Ontario. As it is, independent health facilities have no oversight, no accountability. A physician opened up his pain clinic, saw thousands of people, billed OHIP for millions of dollars, but to try to cut costs, he did not follow best practices, infection prevention and control practices. Multiple people got infections. We're talking about severe infections. When you get an infection in your spinal cord,

it goes into meningitis, it goes into—some people got paralyzed from the waist down, from the injection site down, and a person died. All of this continued for two and a half years, because there is no oversight of independent health facilities in Ontario. If the same physician had done the same thing in a hospital—the first time somebody gets an infection, the hospital has mechanisms in place. It went on for two and a half years—same physician, same surgery. In a hospital, the first time somebody gets an infection, there is quality monitoring in place so they don't get a second one—you change, you make sure that high quality is provided. With that private clinic, it went on for two and a half years, and it was only after three people got meningitis in the same week—meningitis is a reportable disease, so this disease had to be reported to Toronto Public Health. Toronto Public Health looked at three meningitis cases, started to do a bit of an investigation, realized that all three of them had dealt with Dr. James, and closed him down. Two and a half years—dozens of people with severe diseases, some of them incurable. They are paralyzed from the waist down for the rest of their lives, and a person is dead, because there is no oversight. This is happening right here, right now, in Ontario. To say that private clinics will have high-quality care—there is nothing in this bill to guarantee that.

Another myth is that private financing will make health care more efficient. This is also a myth. There is plenty of evidence that shows that health care is most efficient when it is delivered in the not-for-profit sector by a single payer, which we already have.

Myth number four: We can't afford publicly funded health care. The truth is, we can't afford privatized health care. Studies are there; I have dozens of them—it always costs more in the private, for-profit system because you have to make a profit. When it comes to private, for-profit, investor-owned corporations, the for-profit comes first. It will always be there before quality care, before safety, before anything else.

Don't get me wrong; I have nothing against community-based care. Some hospitals in Ontario already do this. They have opened up surgical suites where all they do is day surgery. Across the street, this way—go to Women's College Hospital. They don't have beds. All they do is day surgery. But they do this within the confines of a hospital, with all of the oversight and accountability to make sure that they provide quality care. We have many other great examples right here in our province, in order to do that—but that's not what this government has chosen to do.

This government has chosen to open the door to private, for-profit, investor-owned corporations, which we already know will put profit ahead of care.

In the bill, there is very little about oversight, except to let us know that there will be some oversight; it's yet to be determined as to what that will be. This is not how you build a strong and robust health care system—you put those oversights in place before anything else.

We have 10 independent health facilities right now that provide surgery. We have over 800 independent health

facilities; 98% of them are for-profit. There are a few—Kensington Eye Institute is a not-for-profit. But that's not the intention of this government. The intention of this government is to bring the for-profit system in.

The bill talks a bit about what will happen if people have complaints. Apparently, they will be able—I need a drink. Sorry about that, Speaker. It's all my husband's fault, I want you to know. He plays hockey. One guy gets a cold in the change room, then he gets a cold and brings it home. I blame hockey. But that's an aside.

Complaints: In the bill, they talk about how people will be able to make complaints to the ombudsman. This already happens. With the independent health facilities, people can put a complaint to the Patient Ombudsman. The Patient Ombudsman reports on those complaints. I had the stats in front of me, but I have a bit of a mess, so I will go by memory: Of over 332 complaints, over 228 of them were found to be valid complaints. The Patient Ombudsman has no authority to carry out any changes. “Yes, your complaint is valid; yes, you were charged for an upsell; yes, you were told something that wasn't true; you did not need to buy the different lens; you could have had the OHIP-covered lens”—and this is where it ends.

1550

There's also a line where you can call the ministry and complain about those overpayments. Same thing—you look at the number of complaints that have been received, and two thirds of them were found to be valid. Where people had been charged for something that was covered by OHIP and they should not have been charged, the physician or the clinic was made to pay back that one person who had complained, and they could continue to charge \$1,000 an eye to the other 500 patients who came in—because unless they complain, nothing happens. And even for the physicians who were found guilty, there were no consequences, except for giving back the money that they should have never taken before. What kind of oversight is this, when you know the power imbalance, when you know that the physicians have all the power and the patients have none? They have been found guilty of charging for something they shouldn't have, and all you ask of them is to give the money back; you don't even look at the other 500 people who have been charged the same thing.

Make no mistake, most people don't want to complain against their physician. Most people say, “The physician was a very nice guy. He did the surgery, and I see very well now. I don't even need my glasses. I was able to keep my driver's licence. Could you help me, because I don't have the \$2,000 to pay him. Do you figure there's a government program that could help me pay the 2,000 bucks? But no, no, no, I won't make a complaint against the physician”—because they have all the power, and you have none.

I went to a seniors fair organized by the YMCA and a seniors group in Sudbury. They had given me an opportunity to talk, and I talked about the different programs that were there to help seniors stay home safe. When I ended my talk, I said, “I'm curious to see: Have any of you

ever been charged when you went and saw a physician?" I had 142 people in line to come and tell me their stories. About two hours into this, I realized that Dr. S charges about \$500 an eye; the other one charges about \$1,000 an eye. If you don't pay, then you're put on the hospital wait-list and you lose your driver's licence. If you agree to pay, you get to keep your driver's licence because you will be seen within a short period of time. If you don't pay, you're put on the long wait-list in the hospital and you lose your driver's licence. The stories were all the same. After a while—I still listened to them all. Out of 140 people, I asked, "Can I bring your story forward? Would you be willing to make a complaint?" Zero. Not one of them felt that they wanted to put in a complaint. Many of them wanted me to help them find a way to get funding for this, but none of them were willing to put in a complaint.

If this happens in Nickel Belt, I am absolutely positive that it happens in every part of the province—but although the Auditor General's report told them about this, Canadian Doctors for Medicare told them, the Ontario Health Coalition told them and Health Quality Ontario told them, the government didn't think it was important enough to put it in the bill. How could you not think it was important enough to put it in the bill? But they did not.

Apparently, we will get some oversight at some point in the future in some kind of regulations; we don't know when, we don't know what it will look like. But I'm worried because we already know that this is happening, and once you open the door to the private, for-profit, investor-owned corporations, it will just increase exponentially.

Another concern that I have: We've talked about the complaint mechanism to the ombudsman. First of all, the Patient Ombudsman has less power than the ombudsman, and second, he has no way of implementing changes. We've talked about the complaint lines that happen at the Ministry of Health. By the way, we are all pretty good with computers in our jobs—try to find that complaint line. Use the last 20 minutes of my speech to try to find it by yourself; let me know if you do. I know the number by heart, but for you to find it by yourself and connect with it—good luck with that. That system fails more people than it helps, and even when you do get your money back, no consequences come of it.

Then it's the poaching of staff—you are about to open up a brand new, private, for-profit, investor-owned corporation—

Mr. Mike Harris: It took me two seconds.

Mrs. Jennifer (Jennie) Stevens: Did you get an answer?

M^{me} France Gélinas: Yes, see how long before you get an answer.

Private, for-profit, investor-owned corporations are going to set up surgical suites, so if they decide to use nurses in their surgical suites—because they don't have to. A physician can delegate any act they want to anyone, so it could very well be that the nurse who is in the operating room with the physician is not a nurse at all—she is the hairdresser of his wife, and she is the one who puts in your

IV, takes your blood pressure and makes sure that everything goes well through the surgery.

If they decide to have surgical nurses—think about it, Speaker—they will offer a Monday-to-Friday day-shift job, with no night shifts, no evenings, no weekends, no statutory holidays. Hmm. If I'm a nurse, a single mom with two kids in school, I could work a day shift, drop my kids off at the daycare and be there to pick them up after, and never have to work a statutory holiday, a weekend, an evening or a night shift, or I could go work in the hospital, where for the first 10 years of my career I will be working weekends, night shifts and statutory holidays. Which one would you pick, Speaker? You can choose to work in a private, for-profit, investor-owned corporation that will only pick the healthy and the wealthy people to work on, where the surgeries will all be successes—unless they don't follow IPAC procedures, or else. And somebody with mental health and addictions? You send those to the hospital. Somebody who doesn't speak English? You send those to the hospital. Somebody who has other comorbidities, other problems? You send those to the hospital. All you have to do is the easy cases. The healthy and the wealthy will come and have surgery there.

As a nurse, what would you pick? Working weekends, night shifts and statutory holidays, or working steady days, Monday to Friday? Hmm. tough choice, isn't it? We are all human beings; nurses are human beings also. When those jobs open up, they will go to the steady day jobs, not because they don't care about the patients, not because they don't care about the people they work with, not because they don't care about our hospitals. It's because they have kids to feed, they have daycare and they have responsibilities just like everybody else.

1600

That's why the Ontario Hospital Association made it really clear that those community-based surgical suites have to be linked to our hospitals. The physicians will have to have privileges in hospital—all good, but what about the rest of the staff? The rest of the staff will leave our hospitals in droves. There are fewer and fewer all the time who are still working in our hospitals, and once this opens, they will move.

The Ontario Hospital Association was really clear. Those surgical suites have to be under the purview, under the responsibility of a hospital so that you have quality control in place, you have infection protection and control in place and you make sure that the staff get some steady dayshifts, Monday to Friday, and some hospital work. They get to work with some of the healthy and wealthy patients that will go well, but they also get to help the persons who are just as deserving of having surgery but happen to have a comorbidity, happen to have a mental health issue or addiction, happen to not speak English, happen to have early signs of cognitive decline or whatever else that makes them a little bit more complex. This is what our hospitals tell us they want, but it's not what the government is moving forward with. The government is moving forward with private, for-profit, investor-owned corporations.

When we asked them how many of those they plan on opening, it was a great big question mark.

Interjection: No limit.

M^{me} France Gélinas: No limit. You have enough US investors willing to put one of those in every municipality in Ontario—one, two, three of those in every municipality in Ontario; the door is wide open. Remember, we're open for business. I'm sorry; health care is not a business. Health care should not be treated as a business. Health care is something that matters to each and every one of us, but apparently not to this government.

We have talked about the dangers of bringing the for-profit in. Could we at least agree that no one should be denied essential care because of an inability to pay? Could we agree that the tenets of medicare, which are based on need, not on ability to pay, will drive our health care system forward? Could we agree to that? Isn't that part of who we are as Canadians? Isn't that part of what differentiates us from our friends to the south: because we get care based on need? But this bill will do away with this.

I have a very hard time thinking that I was there when this bill was introduced and have not been able to change it, not been able to protect the people of Ontario. It weighs really heavily on me.

I would like to talk a bit about the Auditor General's report. The Auditor General report did a value-for-money audit, which is what an auditor does, called Outpatient Surgeries. It was tabled in December 2021. Since December 2021, I have been on the committee for public accounts and I have been trying to get this audit in front of committee. It will finally come on March 7—a year and a half later. I can't wait.

The Auditor General makes it clear—and I will quote from her. I'm on page 41, if you're interested:

“(4.6) No provincial oversight to protect patients against inappropriate charges for publicly funded surgeries.

“(4.6.1) Surgery provider sales practices include providing misleading information and charging patients for unnecessary add-ons.”

You have the Auditor General of our province who tells the government that, who has shared her report with the government. The government even answered back to her recommendations and didn't say much except that they will take disciplinary action against physicians and organizations found to have misinformed or failed to inform patients—sorry, that the College of Physicians and Surgeons will do that. But we all know, Speaker, that once it is a private corporation that owns it, they're not covered by the College of Physicians and Surgeons of Ontario. The College of Physicians and Surgeons of Ontario is there to supervise their members. They're there to supervise physicians and surgeons, not private, for-profit corporations that decide to charge people money for tests and other procedures as an add-on.

The Auditor General goes on to say, “However, there is no provincial oversight of surgery providers (the surgeons and/or the clinics they work for) who may have provided misleading information to patients who are unfamiliar

with their right to publicly funded surgeries and who may be misinformed about these added charges.”

She goes on to give an example—and, please, read the report; there are many, many examples: “Common add-on fees specifically relate to cataract surgeries, which represent the highest volume of outpatient surgeries in Ontario.... Patients with a cataract are able to receive cataract surgery that is paid for fully by OHIP. However, patients do have the option to pay—out of pocket or through private health insurance—for a modified eye lens that is not covered through OHIP”—all good. The problem is that “the add-on charges for a modified lens and additional testing vary by provider but could range from a few hundred to a few thousand dollars.” There are no regulations on this. I have seen up to \$5,000 values from the people who have come and talked to me, but I'm sure that there is more.

In theory, “ophthalmologists must discuss all uninsured services with cataract surgery patients and must inform these patients of the option of receiving medically necessary tests and lenses without paying any additional charge.” But she noted, “There is no mandatory documentation.” There is no oversight from the government. And she goes on that a “person complained about having to pay for cataract surgery because the surgeon did not inform them that they were entitled to receive standard surgery free of charge through OHIP.”

The Canadian Medical Association did the same: “Patients who misunderstand the optional nature of non-insured services may make substantial sacrifices to pay for” their “surgery. Alternatively, they may decide to postpone or forgo surgery until they can afford the non-insured costs, which will leave them to suffer unnecessarily for longer with” things that could be corrected by surgery. That comes from the Canadian Medical Association Journal, a peer-reviewed general medical journal here in Canada.

I am putting this on the record to show that all of this is known to the government. They know that this is the path that they are taking. This is their choice. They are choosing to dismantle medicare so that a few wealthy for-profit investors can benefit off the backs of sick people. How sad is that? How sad is that?

The Auditor General hired some mystery shoppers to go into some of the existing clinics in Ontario, and they basically were told that cataract surgery using a specialty lens cost the patient anywhere between \$450 to almost \$5,000 per eye. “Some clinics indicated that specialty lenses are or may be mandatory depending on the surgeon's assessment. As noted earlier, specialty lenses are considered an add-on and should never be mandatory, meaning these clinics were providing misleading information to the mystery shoppers” that were hired by the Auditor General.

1610

The clinics are misleading patients by indicating that OHIP-covered testing is inferior. Some clinics said that there will be additional costs that patients will have to pay out of pocket: “Some clinics indicated that the standard

eye testing covered by OHIP is of inferior quality and that add-on tests provide more thorough and accurate results. While there may be benefits to undergoing add-on tests, specifically when opting for a specialty lens, these clinics are misleading patients by indicating that the OHIP-covered testing is inferior.”

We also have the Ontario Health Coalition, who phoned thousands of private clinics and found that the great majority of them extra-bill patients.

The “ministry does not proactively monitor the practices of surgeons and clinics to confirm that patients are being adequately informed about their right to receive a fully covered surgery without the need to pay out of pocket,” and it goes on and on.

I see that my time is running short. The path that we are on is not a healthy one.

Other parts of the bill talk about health care providers from other provinces having the right to practise in Ontario. At the 40,000-foot level, this is something that could work. To become a nurse, to become most health care professionals, you have to write a Canadian-wide test. You write the same test whether you’re a nurse in Ontario or a nurse in Alberta. Once you register with your college—let’s say you register with the college of nurses of Alberta—it will take you a very long time to be able to go into the College of Nurses of Ontario. To make that easier has value.

But again, the bill stays silent as to how long people, without being members of a college, are going to be allowed to practise in Ontario—until their practice certificate is up for review? Everybody has to renew their licence every year. So if your licence is due for renewal on April 1, then we’ll let them into Ontario on their Alberta licence until April 1, and on April 1, they have to register in Ontario—or you don’t have right to practise? The bill doesn’t say any of that. All the bill says is that we will welcome people with licences from other provinces, and then what? The people of Ontario have a right to be able to make complaints to the colleges if they’re not happy with the services received by a regulated health professional. But all of this falls in limbo because the bill only talks about one little part and doesn’t talk about the rest of it.

Same thing about giving non-regulated health providers the right to give medications; the right to give serious medication, intravenous medication; the right to give very addictive medications. There is a reason why nurses do that: It’s because they know that sometimes a milligram change in the dosage of a medication could kill someone. We will all remember the sad story of the nurse who killed seven of her long-term-care patients by giving them diabetes medications that were not for them, and they died. The idea that this could be done safely when there is so little oversight—I know that the private for-profit long-term-care homes very much want the PSWs to be giving out medication, because you will only have to give them 16 bucks an hour rather than paying a nurse what she is worth to do that important job. The bill allows them to do that.

The private for-profit long-term-care corporations are really happy that they will be able to save even more money by putting peoples’ lives at risk, but they have shown us clearly through the last pandemic that they are willing to do this when it means maximizing profits for their shareholders rather than looking after the people of Ontario. There is way more in that bill I could go on about.

I can guarantee you that there is no way that I could ever support the dismantling of medicare—never. This is a program that defines us. This is a program that makes us Canadian. This is a program that makes us who we are. We care for one another. We make sure that you have access to care no matter who you are. I am not willing to change this. I am Canadian. I’m Ontarian. I believe in those principles. I believe in caring for one another, and this bill is to make sure that the rich get richer, that the rich get to make money off of the backs of sick people at the expense of all of us who will wait longer, who will have less quality care, who will put peoples’ life and health at risk. I hope all of you will vote that down.

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

Mr. Mike Harris: Do you know what? Usually, I would stand up and say, “Listen, I appreciate the member from Nickel Belt’s remarks,” but today it’s a bit of a different story. I can’t believe she would stand up for an hour and tell, quite frankly—if she wants to use the term “myths”—myths to the people of Ontario—

The Acting Speaker (Ms. Patrice Barnes): Language—myths.

Mr. Mike Harris: Thank you.

I’m a proud Canadian myself, Madam Speaker. And you know what? When we talk about places—when we talk about being Canadian, when we talk about making sure we have a strong, publicly funded health care system here in Ontario—Alberta, BC, Quebec already use this model.

I don’t understand how it can be so confusing to members of the opposition. They want to stand up here and they want to fearmonger and they want to say, “Oh, my God, the sky is falling.” But there are multiple other provinces here in Canada that are already doing this—including in the UK, including in Germany, including in other parts of Scandinavia—including in Waterloo region, where TLC laser centres is already performing cataract surgeries in partnership with St. Mary’s hospital—

The Acting Speaker (Ms. Patrice Barnes): Thank you. Response?

M^{me} France Gélinas: The member is right that under Dr. Day and others in British Columbia, a lot of private for-profit investor-owned corporations were developed to provide care. It was not good. It was brought in front of the Supreme Court, and they lost. The NDP government in British Columbia is spending millions of dollars buying back those private clinics and bringing them back into the not-for-profit sector, because they want to ensure quality, they want to ensure equity and they want to ensure that medicare will continue to be there for generations to come.

Yes, they went down this path when previous governments were in British Columbia. They saw the errors, and they are bringing it back into the not-for-profit.

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

Ms. Catherine Fife: Thank you very much to the member from Nickel Belt for clearly outlining all the risks that are associated with Bill 60. Expanding for-profit health care will cost us more, and it will deliver less.

And we should be looking at other jurisdictions that have made the same mistake. In fact, the Saskatchewan Health Authority just bought back five Extendicare homes with gruesome track records during the pandemic. They paid \$13.1 million for these homes, just to stop avoidable deaths.

1620

My question for the member from Nickel Belt: What is at stake going down the line—both on a financial and economic impact but also on the health outcomes for Ontarians?

M^{me} France Gélinas: We all got a glimpse as to what for-profit delivery of care looks like through the pandemic, when we saw the number of deaths in for-profit long-term-care homes that was five times higher than in not-for-profit homes.

The Conservative government of Saskatchewan bought back every single long-term-care home from Extendicare. They kicked all of their for-profit long-term-care homes to the curb, and they brought them back into not-for-profit. Why? Because not-for-profit delivery is the only way to make sure that quality patient care is always priority number one, not making a profit.

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

Ms. Goldie Ghamari: Speaker, when it comes to your health, the status quo is no longer acceptable.

I appreciate that the member for Nickel Belt is speaking about this in a very calm and collected manner, but that does not solve the problem. That does not negate the fact that the member from Nickel Belt and the entire opposition party has ignored the needs of the people of Ontario.

My question to the member is, will you actually focus on supporting the people of Ontario? Will you stop the fearmongering? Will you stop making people think that they will have to pay with their credit card, and make them stop thinking that privatization is a bad thing? The reality is, our family doctors are privatized, our labs are privatized, our eye clinics are privatized. Privatization doesn't mean spending money out of your pocket. Privatization means making sure that anyone can get access to health care by paying with their OHIP card, not with their credit card.

M^{me} France Gélinas: The member is right that the status quo cannot continue. The status quo is a government that continues to fight nurses in court over Bill 124. This cannot continue. Show them respect.

Do we have a crisis in our health human resources? Yes, absolutely. There are hundreds of nurses who leave the hospitals every single day. Why? Because they feel

discouraged and they feel disrespected by this government. Show them respect. How do you do this? You don't take them to court about Bill 124. You let them bargain. They have always been reasonable. Look at the last 50 years of collective agreement of nurses. They have always been reasonable. Why are you doing that to them? Why are you disrespecting them?

The status quo has to change. Respect health care workers if you want better care.

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

Mr. Wayne Gates: I want to talk about something a little different, because it's always a good idea to go back over history. Let's go back into the Mike Harris history. When we had this same debate in this very House about long-term care and how much better it was than—if we had private long-term care, how it would be better for our moms, our dads, our aunts, our uncles, our brothers and our sisters. Guess what happened? It wasn't true. That whole debate was a lie. It wasn't about care; it was about profit. Shareholders got rich. Do you know what happened to our moms and dads, our aunts, our uncles during COVID in these long-term-care facilities? They died—5,400 of them died, most of them in for-profit long-term care.

My question—she did a great presentation, by the way—is, why would anyone want to privatize, for profit, our publicly funded, publicly delivered health care system after what we've seen and have gone through for the last three years in long-term-care facilities?

M^{me} France Gélinas: The member is right; back when Mike Harris's government was there, they decided that the for-profit sector was going to do things “better, faster, cheaper.” I can still remember the slogan: “Better, Faster, Cheaper.” They opened the door to privatization of our long-term-care system. They opened the door to privatization of our home care system.

Who in this House right here, right now, would say, “I'm proud of our home care system that fails more people than it helps every single day because they cannot recruit and retain a stable workforce because those jobs don't pay and don't pay the bills”? This is what the private sector does—they get lots of money for their shareholders, but no money for the people who actually deliver the care.

We've seen the disaster in long-term care, in home care, and now we are about to see it in surgical care. They are opening the door like they did before.

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

M. Anthony Leardi: J'ai bien écouté le discours offert par la députée de Nickel Belt. Elle a fait référence à la chirurgie de la cataracte, et j'aimerais faire la même chose. Mes citoyens d'Essex ont beaucoup de confiance en le D^r Tayfour et le D^r Emar. Ce sont des médecins qui pratiquent la chirurgie de la cataracte.

Ce projet de loi devant nous offre la chirurgie de la cataracte avec le D^r Tayfour et le D^r Emar. Les patients vont payer avec leur carte OHIP, non pas avec leur carte de crédit.

La députée de Nickel Belt soutient-elle cela? Votera-t-elle pour cela?

M^{me} France Gélinas: Nous avons beaucoup d'ophtalmologistes qui, en ce moment, offrent la chirurgie de la cataracte dans leur bureau. Malheureusement, la vérificatrice générale nous a démontré que dans la plupart des bureaux il y a des frais supplémentaires. Les frais supplémentaires sont souvent une barrière à l'accès pour des gens, qui vont tout simplement décider de ne pas recevoir la chirurgie parce qu'ils n'ont pas les moyens, ou de la recevoir beaucoup plus tard, ce qui va leur causer beaucoup de problèmes.

On aurait voulu voir le projet de loi s'assurer qu'il y a des mesures en place pour protéger les patients contre les surcharges, et il n'y rien de ça dans le projet de loi. Non, on ne l'appuiera pas.

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

Ms. Natalia Kusendova-Bashta: The member opposite and I can probably agree on one point, and that point is that the status quo is simply not working.

It is an honour to rise today to speak to the bill introduced by our Deputy Premier and Minister of Health entitled Your Health Act, 2023. I will be sharing my time today with the member from Thunder Bay–Atikokan.

I would like to congratulate the minister and parliamentary assistants for their hard work, resolve and courage in bringing bold and innovative solutions to challenge the status quo in our health care system.

The bold and innovative plan is based on three pillars: the right care in the right place; faster access to care; and hiring more health care workers.

Before I get into the three pillars and their importance, I would like to highlight some of the foundational work this government has done in the last Parliament to lay the foundation for today's legislation.

Speaker, under our government, we have increased health care funding by \$14 billion since 2018. To put things into perspective, in 2015, the health care budget was \$50 billion; today, the health care budget is \$75 billion—a 50% increase in eight years. These are historical investments into our health care system.

Madame la Présidente, le plan audacieux et innovant repose sur trois piliers : les bons soins au bon endroit, l'accès plus rapide aux soins, et l'embauche de plus de travailleurs de la santé.

Avant d'aborder les trois piliers et leur importance, j'aimerais souligner certains des travaux fondamentaux que ce gouvernement a accomplis au cours de la dernière législature jusqu'aux fondements de la législation d'aujourd'hui.

Sous notre gouvernement, nous avons augmenté les dépenses en santé de 14 milliards de dollars depuis 2018. Pour mettre les choses en perspective, en 2015 le budget de la santé était de 50 milliards de dollars. Aujourd'hui le budget de la santé est de 75 milliards de dollars, une augmentation de 50 % en huit ans. Ce sont des investissements historiques dans notre système de soins de santé public.

1630

And Speaker, I call these “investments” and not simply “spending,” because our government believes in fiscal

responsibility, respecting taxpayer dollars and not simply throwing money at a problem.

Let me outline some of these investments and some of the monumental foundations we have laid to enable this ambitious work.

Over the last four and a half years, we have built 3,500 acute hospital beds, including pediatric critical care beds—the equivalent of about six to seven community hospitals in four years.

We currently have shovels in the ground on 50 new major hospital projects, including the expansion of Mississauga's Trillium Health Partners. In total, it's a historical infrastructure investment of \$40 billion over 10 years.

We have also provided operational funding for 49 new MRI machines in hospitals since 2021 to help us address some of the diagnostic imaging backlogs.

We are on track to building 30,000 new long-term-care beds by 2029, including culturally and linguistically appropriate beds for francophone, Muslim, Coptic, Arabic, Punjabi and many other diverse communities living and thriving in Ontario.

We have grown our health care workforce by 60,000 new nurses and 8,000 new physicians since 2018.

We currently have 30,000 nursing students enrolled in our colleges and universities, and I am excited to say that one of them, Maria, is here today as part of Western University's Women in House program. I'm so happy—

Interjections.

Ms. Natalia Kusendova-Bashta: Welcome, Maria—that we had an opportunity to connect and chat about our health care system.

Speaker, I want to share Maria's story, as I think it is important that all of us legislators listen to the voices of the future generation of nurse leaders. Maria is currently in her fourth year of nursing, doing her consolidation and working full-time at Victoria Hospital in London at the pediatric in-patient unit. Here is her story:

“I decided to apply to nursing very late in my high school career; but what inspired me to go into nursing are the rewarding interactions with people from diverse backgrounds. I think nursing is unique because it connects science and theory and views the patient through a more holistic perspective. During placement I was able to put into action what I learned in school and learn a lot more ‘on the job’ rather than through textbooks. Nursing goes beyond textbooks and it's the hands-on skills that make me feel confident within my abilities as a student. You also learn things that aren't mentioned in the hospital such as the conversations I would hear as a student about nurses debating on which patient takes priority over a bed regardless of both of them being equally sick or in need of care. While some days as a student I feel relaxed as a lot of the respiratory cases have gone down and the shifts are less chaotic,” sometimes “I myself have felt and heard from nursing student colleagues that it would be nice if nursing students were also compensated for working full-time jobs while also being full-time students. Regardless I would not have chosen any other field; the feeling of

excitement or sense of reward I have felt after helping a patient with relieving their symptoms or even being with them throughout their journey as a patient cannot be replaced or be provided in any other field.”

Maria, I want to thank you for your commitment to Ontario’s patients. Thank you for choosing nursing and for sharing your story with us. I wish you very well as you enter the exciting and rewarding career of nursing.

Speaker, with my remaining time, I’d like to outline the three pillars and what they mean to Ontarians.

Pillar 1: the right care in the right place. We have expanded the role of pharmacists to allow them to prescribe for 13 common ailments, such as hay fever, oral thrush, pink eye, dermatitis, acid reflux, cold sores, urinary tract infections and insect bites, to name a few. This will allow patients convenient access to care while off-loading some of our primary care clinics. We are also supporting end-of-life care by adding new hospice beds to the 500 beds already available. The ER is no place for a patient to spend the last days of life, and it certainly is not a place for ER nurses to palliate patients. Building a robust hospice palliative care network is more important today than ever.

The second pillar, faster access to care, under which the government is investing \$18 million into existing surgical and diagnostic centres, will allow thousands of patients access to these much-needed procedures. As a nurse working in the ER, it is devastating to see patients coming in after a few years of not being able to see their family physician due to the pandemic. They are coming in with aches or pains in a certain area, and upon investigation, we are finding aggressive, late-stage tumours and cancers. These cancers could have been caught much sooner had the patients had access to one of these 800 existing centres, and their prognoses could have been much better. These patients cannot wait any longer. We need to clear the backlogs, and we need to clear them now. This investment into 49,000 hours of MRI and CT scans—these are not just talking points. These represent cancers caught earlier and lives of Ontarians prolonged.

Interjections.

Ms. Natalia Kusendova-Bashta: Thank you. Once these patients are diagnosed, they often need surgery, and that is why our government is investing \$300 million into the Surgical Recovery Strategy.

Finally, the third pillar, hiring more health care workers: I’m so proud that the last year, 2022, has seen a record high number of registrations under the College of Nurses of Ontario—12,000 nurses, a record high number, have entered the profession. Despite the rhetoric coming from the opposite side about how nursing is not a great profession and there’s such a crisis discouraging our young people from entering into the profession, we have seen 12,000 nurses register under the College of Nurses of Ontario. We’re also fast-tracking internationally trained nurses. We are leading the charge. We’re the only jurisdiction that is currently doing that in Canada, and 5,000 internationally educated nurses are on track to work in our health care system.

Finally, very excitingly, we are building two brand new medical schools. In decades, we have not built medical schools in Ontario. One of them is coming in my region of Peel, in Brampton—the Toronto Metropolitan University medical school—and I can’t wait to see the first cohort of medical students enrolled there.

In closing, Speaker, nothing is more important to people than their health. Time and health are the two precious assets that we don’t recognize and appreciate until they have been depleted. Let us use the time we have been given here, the privilege to serve in this House—let us use this time wisely. Let’s not allow it to be depleted, and let’s continue protecting our precious asset, which is our health and our health care system.

The Acting Speaker (Ms. Patrice Barnes): The member for Thunder Bay–Atikokan.

Mr. Kevin Holland: I am pleased to rise in the House today to speak to Bill 60, Your Health Act.

I’d also like to express my gratitude to our world-class health care workers for their skill, compassion and unwavering commitment to the people of Ontario.

This proposed legislation supports our goal to ensure that Ontario health care workers can provide high-quality, connected and convenient care now and into the future.

Since 2018, more than 60,000 new nurses have registered to join Ontario’s workforce, but we know there is more we can do to increase our nursing numbers further. That’s why we are expanding access to training for our nurses over the next two years by adding up to 500 registered practical nurses and 1,000 registered nurse training spots to help create faster access to primary care. We are investing up to \$100 million to add an additional 2,000 nurses to the long-term-care sector by 2024-25.

I know, first-hand, there are unique health care challenges in small, rural and remote communities and that recruiting and retraining health care workers in these regions requires a dedicated approach. Last spring, we launched the Ontario Learn and Stay Grant to help these communities build their own health workforces. This program covers the cost of tuition, books and other direct educational costs for post-secondary students who enrol in high-priority programs in more than a dozen growing and underserved communities and commit to work in those communities after they graduate.

1640

That’s why this year we are expanding the program, beginning in the spring of 2023, targeting approximately 2,500 eligible post-secondary students who enrol in high-priority programs, such as select nursing, paramedic and medical laboratory technology/medical laboratory science. This program focuses on building a stronger health care workforce in priority communities that have been challenged by staffing shortages. It will help to ensure every community in our province is stronger and has access to the care they need, when and where they need it.

We’re also growing the supply of nurse practitioners to facilitate faster access to primary care, long-term care and to add capacity in northern and rural areas. Along with this, we are adding 150 more education seats for nurse

practitioners starting in 2023-24. This expansion will bring the total number of seats to 350 annually and will be an incredible investment for constituents in my riding and across northern Ontario.

The Your Health plan, which is supported by this bill, builds on the significant progress our government has made over the last several years. Since 2018, we have increased health care funding in our province by \$14 billion. We have expanded Ontario's health workforce with more doctors, nurses and personal support workers. We've added more than 3,500 hospital beds across Ontario, including acute, post-acute and critical care beds. We're building new hospitals across the province, getting shovels in the ground for 50 new major hospital development projects.

Since 2021, we have provided funding to support operations of 49 new MRI machines. We've added nearly 60,000 new and upgraded long-term-care beds and investing nearly \$5 billion over four years to hire more than 27,000 long-term-care staff, including nurses and personal support workers, increasing the amount of direct care residents receive.

Our government is better connecting health care organizations and providers in our communities through Ontario health teams. We know that to ensure you have faster and easier access to the care you need, we need to better connect you to care within your own community. Throughout the pandemic, Ontario health teams demonstrated the importance of health providers working together to care for patients. With their leadership, communities across the province were able to establish community COVID-19 testing sites, vaccination programs and other vital services.

Across the province, 54 Ontario health teams are working to improve transitions between health care providers and are ensuring a patient's medical record follows them wherever they go for care. They're also focused on embedding home care and primary care services so that you and your family can get care in your home or in your community.

Applications for four additional Ontario health teams are being reviewed. Once approved, these remaining teams will result in the province achieving its goal of full provincial coverage, ensuring everyone has the support of an Ontario health team. Working together, they will ensure that people can move between providers more easily, directly, connecting them to different types of care and providing 24/7 help in navigating the health care system.

We know that when people have health care available in their communities, they are more likely to seek and receive the treatment they need when they need it and stay healthier. Delivering convenient care to people in their communities will help keep our province healthier by diagnosing illnesses earlier, starting treatment as soon as possible and keeping emergency room wait times down when people need urgent care.

One of the key parts of ensuring the right care in the right place is expanding care at local pharmacies. Pharmacists in Ontario are highly trained, highly trusted

and regulated health professionals. They are often the closest, most convenient option for health care in communities across Ontario. Throughout the last few years, pharmacists played a critical role in supporting patients across the province by supporting COVID-19 testing and vaccination efforts and educating patients about medication and treatment options. And we are expanding the role of pharmacists by increasing their scope of practice so that families will be able to connect to care closer to home at their local pharmacist, such as enabling them to prescribe medications for 13 common ailments. In the first month that this service was available to Ontarians, over 40,000 people visited their pharmacy for a prescription.

These initiatives are part of our ongoing work with front-line pharmacists, nurses and other regulated health workers to expand their scope of practice in ways that make it more convenient and faster for people to get care in their community.

Finally, we have heard loud and clear that you and your family want better and faster access to home care services. Last year, we dedicated over \$1 billion to expand access to home care services over the next three years. This funding will benefit nearly 700,000 families who rely on home care annually by expanding home care services while recruiting and training more home care workers. It will help prevent unnecessary hospital and long-term-care admissions and shorten hospital stays. Most importantly, it will provide you and your family with a choice to stay in your home longer.

Speaker, our plan and this legislation will support our bold, innovative and creative vision to break with a status quo in our health care system that has stifled innovation and struggled to respond to growing challenges and changing needs. We're making it easier and faster for people to connect to convenient care closer to home, including and especially the surgeries that they need to maintain a high quality of life.

Thank you again for this opportunity to speak to Bill 60 today.

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

MPP Lise Vaugeois: We have a profound staffing shortage in health care, and we know that for-profit health corporations will poach those health care workers from the public system. We also know that large corporate interests will set up shop where they can make the most money, where there is a critical mass of people, like in Toronto, London, or perhaps Ottawa.

We already have a drastic shortage of health care workers in northwestern Ontario, and I'm hearing from these workers daily about how burnt out they are from overwork and that their wages are not enough to keep up with the cost of living. I really wonder where the members opposite think we will be finding nurses and health care workers for remote regions. Yes, you're offering some scholarships; that's great. That will help for a while. But basically those nurses are going to be drawn to the easier places in southern Ontario where they have an easier

workload. They are not going to be staying in remote communities.

So my question is, where do you think those health care workers are going to come from after they've been poached from the public system?

Ms. Natalia Kusendova-Bashta: I'll take this opportunity to educate the member opposite about our learn and stay program. This is an innovative program. For the first time in the history of this province, the government is actually paying the full cost of tuition and textbook expenses for nurses who choose to go to school in those far and remote areas. I wish that program was available to me when I was a nursing student, but unfortunately the previous government did not have such foresight. Perhaps if they had, we wouldn't be in the position we are in today.

However, once the student graduates—we have also expanded this program to allow paramedics and lab technicians in addition to nurses to access the learn and stay program—they actually have to commit to working in that community for at least two years of service. And we're hoping that this will encourage these practitioners to fall in love with those communities and actually stay.

This is a concrete action that this government has done that no other governments have done in the past.

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

Ms. Andrea Khanjin: My question is for the great member for Thunder Bay–Atikokan. I just wanted to ask him—I know recently he was at a science festival, and this is something that has been going on in the Thunder Bay area for quite some time. We talk about bringing more people into the profession. What do science festivals like the one that you attended—how do those types of events inspire the next generation to get into health care and the sciences?

Mr. Kevin Holland: Thank you for the question. Obviously, events such as the science fairs and going out into the communities, into the schools, to attract our young into these professions are going to have an everlasting effect on our communities. The ability to bring these students into a love of learning and a love of the health care system is going to go a long way to address the health care crisis that we're facing and the shortages that we're facing.

1650

And let's be clear: It's not a shortage we're just facing here in Ontario; it's a crisis that's being faced across the world. That's why we have to come up with innovative new approaches to attract these students and these children coming out of post-secondary to get into the health care field, because we're in competition in the world. If we don't up our game and make sure that we're making it more attractive and better for these students to want to stay and practice in Ontario, and in particular in the underserved areas in northern communities, we're failing our communities and we're failing Ontario. So these are great opportunities for us to do that. Thank you.

The Acting Speaker (Ms. Patrice Barnes): Time for a question.

Mr. Wayne Gates: It's a very interesting debate considering that—and I think even your side will probably

agree to this—over the last four years, you created a crisis in health care. You did it yourself. It was manufactured. There is no doubt about that. Bill 124 is—it really says that—

Interjections.

Mr. Wayne Gates: You want to heckle me while I'm asking the question? Is that what you want to do? Why don't you listen to the question instead of heckling?

Interjections.

The Acting Speaker (Ms. Patrice Barnes): The House will come to order, please.

Please ask your question.

Mr. Wayne Gates: Well, I'd like to, but they obviously don't like my question and I haven't even asked it yet.

Why are we funding for-profit clinics instead of adequately paying doctors and nurses, which would help increase surgical capacity in public hospitals? Why is this government still challenging the ruling on Bill 124 and attacking nurses and doctors and health care workers?

Ms. Natalia Kusendova-Bashta: So while the members opposite continue fearmongering, this government is actually putting shovels in the ground on many hospital expansions, including 50 brand new hospital expansions in the province of Ontario.

This is a historic \$40-billion infrastructure fund over the next 10 years, including, in my city of Mississauga, Trillium Health Partners: We're expanding and adding 350 more in-patient beds. And just to educate the member opposite, these 350 beds will come fully staffed and operational funding will be attached to the infrastructure funding, so it will be fully staffed and operational once it gets built.

Please stop fearmongering, because we're actually building the health care system, unlike the party opposite.

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

M. Anthony Leardi: J'ai une question pour la députée de Mississauga-Centre. J'aimerais dire, premièrement, que c'est un plaisir de servir dans la législature avec elle, avec toute son expérience, parce que c'est très important pour nous.

J'ai déjà posé cette question à une autre députée; j'aimerais poser la même question à la députée de Mississauga-Centre. Dans ma circonscription il y a deux docteurs qui s'appellent Tayfour et Emara. Ils sont bien respectés. Ce sont des médecins qui pratiquent la chirurgie de la cataracte. Le projet de loi devant nous offre la chirurgie de la cataracte avec le D^r Tayfour et le D^r Emara, et les patients paient avec leur carte OHIP et non pas avec une carte de crédit. La députée de Mississauga-Centre soutient-elle cela? Votera-t-elle pour cela?

M^{me} Natalia Kusendova-Bashta: Merci beaucoup pour la question, et merci pour la question en français. Je dois dire que je n'ai pas encore pratiqué ce projet de loi en français, alors je vais faire un effort pour répondre.

Oui, bien sûr, je vais voter pour cette législation. Je pense que c'est très important que les patients aient accès à la chirurgie de la cataracte, que ça ne prenne pas deux ou trois années pour avoir accès à cette chirurgie.

Avec l'investissement et avec ce projet de loi qu'on a déposé hier, c'est exactement ce qu'on va faire. Les patients vont avoir accès à ces chirurgies, et ça va vraiment changer leur vie.

Moi aussi, j'ai des lunettes. Si je ne les porte pas, je ne peux pas voir. Alors, c'est très important pour les patients de pouvoir voir et améliorer leur santé.

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

Mrs. Jennifer (Jennie) Stevens: Speaker, through you to the members opposite: You know, simply—we all know we have a staff crisis in hospitals in Ontario. If for-profit health care clinics result in an exodus of nurses from hospitals, it's a failure—period, the end. When the government's own documents admit that Bill 124 contributed to the worsening of the staff crisis in public hospitals, why are we not correcting bad policy first, to ensure families get the public health care they deserve instead of selling it off?

Mr. Kevin Holland: Thank you for the question. Our government has launched the largest health care recruiting and training initiative in the province's history. We're building on the 12,000 new nurses registered to work in the province last year, and our government is investing in a range of initiatives to attract, train and retain more nurses and get them into the system sooner, including \$342 million to add over 5,000 new and upscaled registered nurses and registered practical nurses, as well as 8,000 new personal support workers. On top of that, in October, our government announced we were breaking down registration barriers so more health care professionals trained in other provinces or internationally can practise in Ontario.

We are doing the work. We are outside the status quo. We are making the changes that are necessary in this era of time, not the 15 years of the previous government's time, and we're going to do what needs to be done.

Interjection.

Mr. Kevin Holland: And I thank you for your wave. I appreciate it.

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

Mr. Terence Kernaghan: It's an honour for me to rise today to add the voices of the great people of London North Centre to this incredibly important debate. You see, people in London take their health care very seriously. We have wonderful institutions; we have wonderful education programs that bring people into the health care system.

I want to also thank the member from Nickel Belt for her remarks in clearly stating for this House that the NDP, His Majesty's official opposition, is the party of Tommy Douglas, and it is the party that brought medicare to Canada and to Ontario. It seems most appropriate that I should begin my remarks with a quotation from Tommy Douglas. It reads, "I felt that no" child "should have to depend either for" their "leg or" their "life upon the ability of" their "parents to raise enough money to bring a first-class surgeon to" their "bedside"—and I could not agree more.

You see, Speaker, over the last number of years, both with this government and the government prior, we have seen an overt and deliberate destruction of medicare, but nothing like we're seeing in Bill 60. This is taking it to the next level. This was not an election promise; this was not even an election threat by this government. This has been a crisis of Conservative design. This has been wrought by a staged process. And the COVID-19 pandemic has been often used and trotted out in this chamber as a convenient excuse to explain why they're doing what they're doing, to justify why they're doing what they're doing, to excuse why they're doing what they're doing. But nobody believes these lines.

What we've seen are cuts, year over year, to the health care system. In the second stage, we've seen a weakening of the workers: the people who provide that excellence of care, the people who have held up a system that has been cut and eroded and neglected year over year, leaving that in a situation where the only option is private, independent health facilities where people will profit off someone's ill health.

Let me state here for the chamber: Publicly funded and publicly delivered health care is not a profit-making business, nor should it ever be.

In terms of the cuts to our system of care that we've seen, Ontario's spending on health care is the lowest among all the provinces, despite the fact that we are the richest province. A solution, an antidote to this would be for this government to properly fund health care, like the other provinces—to not be the last, to not be bringing up the rear, to not be making it over the finish line after every single other province. Ontario could do better—but it's not under this government and certainly not under the last government.

1700

We also have the lowest number of health care workers per capita in Canada. The solution to that would be things like repealing Bill 124, treating nurses with fairness, treating nurses with respect, letting them have the opportunity of free collective bargaining, which is their charter right. Imagine that: being fair to nurses.

We hear a lot of words, but we don't see the actions. We hear a lot of words from this government saying how they respect health care workers, and they ought to, but their actions tell an entirely different story, and when actions and words don't match up, that should make everyone concerned.

We heard, for many years, this talk of hallway medicine, and this was very much a Liberal invention. We saw cuts year after year—not keeping up with inflation and not making sure people were getting the surgeries they needed. I remember, when I was first elected, people and seniors coming to my office, living in pain, waiting years and years for knee replacements and hip replacements, and they told me—and we could clearly see—it was a result of Liberal underfunding. It was a result of them placing arbitrary caps on the number of joint replacement surgeries that could be performed in operating rooms. Surgeons were ready, willing and able to do it. But they

chose to let these people languish in pain. Pain changes a person. Pain makes you less than yourself. It affects everyone around you, and not only just that—not just the social, not just the emotional, but also the health impacts. If you're not moving in the way that you should, if you are overcompensating, then it has a dramatic result on the rest of your body, and so your health gets worse and worse and worse. And that was all on the Liberal watch. But this government, after they took power, did not fix that. They maintained that status quo. They are responsible for that status quo. We hear a lot of talk about them saying the status quo is not working; they have upheld it. They have kept it the exact way it was under the Liberals and made it yet worse.

Back when the Liberals were in power, they would blame situations—they would blame the increasingly older demographic; they would say there's a complexity of care. They would say that medicine is getting better, people are living longer—and all of these things are true, but those are not things you should blame. Those are wonderful things, but you should fund accordingly. You should make sure that people who have raised our families, built our communities, have the care they deserve when and where they need it—because they deserve it the most.

It's ironic, too, that they're actually blaming the medical system, which has helped these people live longer, and then not funding it. It's a very strange situation.

Recently, the Financial Accountability Officer, an independent officer of this Legislature with whom I'm sure you're all familiar, released a report showing that this government is going to underspend on health care by \$5 billion over the next three years; they're going to underspend on education by \$1.1 billion over the next three years; they're going to underspend on justice by \$0.8 billion over the next three years. They're going to be hoarding money. They're going to be hiding money. They probably wouldn't have admitted this had the officer not mentioned this—almost \$20 billion in an unallocated contingency fund, so that it's not subject to public scrutiny and they can spend it like drunken sailors wherever they wish, but obviously not on education, obviously not on health care. And yet we have their solution in Bill 60. They've maintained the status quo of cuts and underfunding and disrespect for workers, and their only solution is privatization.

This is all going according to plan, and that is very much my concern. This government has been responsible, over the last four and a half years, for maintaining a health care system that has been on its knees, and now this government is effectively kicking it in the stomach. It's really disgraceful that the health care workers who have worked so incredibly hard throughout the pandemic, who have sacrificed, who have kept time away from their families, were living in fear, were absolutely working hour upon hour upon hour to make sure that we were healthy—and then they deliver them Bill 124. COVID-19 was a one-two punch, but this government made it yet worse. It's almost impossible to think that this government could take

a crisis that enveloped the entire world and make it yet worse with Bill 124.

I had the opportunity to travel with the Standing Committee on Finance and Economic Affairs across this province, and we heard from multiple delegations across many different industries, with many perspectives. I can tell you, Speaker, that not one delegation supported Bill 124—not one. Nobody said it was a good thing. Nobody was even agnostic. I think the words that are most apt and will always stick with me were that Bill 124 was “demeaning,” Bill 124 was “degrading”—but more than anything else, Bill 124 was “humiliating.” Nurses feel humiliated by this government.

Across all of these delegations, people want nurses and health care workers to be treated fairly. It should be easy. It should be a knee-jerk reaction. Small children understand the concept of fairness; it should not be difficult for this government. Yet this wage restraint, this targeted attack still is on the books. Even though the Supreme Court has struck it down, they still continue to appeal it. They're wasting money on this ideological battle. It's ridiculous.

Pay people what they're worth. Treat them with respect. And be fair.

Ms. Catherine Fife: And they'll stay.

Mr. Terence Kernaghan: And perhaps they'll stay.

As a result of Bill 124, we heard from multiple delegations and we've heard from many different organizations that nurses have left in droves because they feel insulted. For many years, as I've said, as the past Liberal government strangled and underfunded the health care system, they have been holding up that system by the virtue of their good nature, by the virtue of their hard work. That's absolutely wrong. Ten years to go without a raise? It's unconscionable. It's an honourable profession. It's a caring profession. It takes a strong and a capable person—but I don't think that anyone deserves to be treated the way that this government has. Bill 60 could have taken the opportunity to rectify that, to admit that mistake—it's not.

We also heard from multiple delegations about the wage disparity between home care, long-term care and acute care within hospital settings. This does nothing to do that—in fact, as I'll get to in my comments if I have time, it actually makes it yet worse.

In terms of profit-making, no one should look forward to or hope for somebody else to become ill because that will line their pockets. That's disgraceful. I think we should all be able to agree with that. But this bill opens the door for these profiteers, people who will be doing just that. It's almost worse than ambulance-chasing. When someone is sick, our health care system pays for that care. These are people who want to skim off the top. When they skim these public dollars off the top to put in their own pockets, that means yet less care. They latch on to the public system, and they're going to slowly bleed it of resources.

We saw this with home care and long-term care. When privatization was suggested as a model for that, it was touted as the greatest thing since sliced bread. They said,

“There’s going to be choice. There is going to be competition, and prices will stay down.” Well, we know that the exact opposite is true. The COVID-19 pandemic exposed what has been going on for many years. The Wettlaufer crisis exposed what has been going on for many years. And yet, this government refuses to treat seniors with respect.

1710

Conservatives and Liberals have always been very comfortable bedfellows. There has long been a Liberal-Conservative consortium when it comes to this for-profit care model.

In 2017, Liberals tried to pass legislation to allow for community health facilities, and guess who supported them? The Conservatives. Of course they did, because they have always been in it together when it comes to wresting public dollars from our health care system into private pockets. Fortunately, this bill died at committee. That was 2017. Here we are, in 2023. Oh, they’re not called “community health facilities”; they’re now called “independent health facilities.” It’s old wine in new bottles, but it’s the same program, isn’t it?

There has been an ideological blind adherence to this for-profit model, and I want to point out in my remaining time some of the myths about private health care that have been put forward, because this government has been relying on some very deep misunderstandings.

Our Premier said, “We just can’t as a province keep doing the same thing and expecting a different result.” Well, “doing the same thing” was underfunding health care and strangling it of resources. Of course, it’s not going to have a different result from the Liberals, but this is the result that he wanted.

Funding health care properly and ensuring health care would be different, ensuring that money was spent on front-line care, ensuring it was spent on those nurses would be different from the status quo. But you’ve maintained the Liberal status quo, so congratulations on that.

Myth number two: Private clinics are needed to clear the backlog. This implies by its very nature that publicly funded surgeries are at full capacity, but we know that hospital hallways are not full of people waiting for a knee replacement or a hip replacement. In fact, there is a complexity of care, but this government won’t fund that care properly.

I also want to point out some concerns that I have with this legislation.

Schedule 2 attempts to deregulate health care settings. It expands the definition of “regulated health professionals” to include those who are not part of a regulatory college. Just when you thought that this government could not attack, insult, degrade, demean and humiliate health care workers more, they’re trying to take away their titles. They’re actually making it so that, according to schedule 2, this definition of “physician” becomes nebulous; this definition of “registered nurse” becomes something different. Does that mean, by this, that anyone can be deemed to be this role within these settings? It will be interesting, because, quite frankly, the oversight isn’t

going to be here, because that is something that is also not included properly within Bill 60.

Ms. Catherine Fife: It’s like you didn’t learn anything.

Mr. Terence Kernaghan: They’re just leaving it up to chance.

It has been very clearly stated that there is a limited pool of talented, trained health care workers, that there’s a limited pool of nurses. Many have left the profession, and this opening up of these private, for-profit—predatory, quite frankly—clinics will drain yet more resources from the public system. That also should be a tremendous concern, but yet it seems to be this crisis by design. It seems to be as though that is exactly what the government wants. They want the public system to fail, because they want their insiders, the people who are talking to them in the backrooms, the people who want to skim off the system and want to make money—apparently, this government wants them to have their pockets filled. That’s not fair. Our public health care system is the definition of democracy, it’s the definition of fairness, because it ensures that people are going to get the care they need regardless of their ability to pay. Just like education, it’s a democratizing force, and this is completely undermining it.

I wonder as well, is this an attempt to change the channel from recent news? I can’t be sure.

As I begin to close my remarks, I think it’s important that we recognize that we cannot go backwards in terms of public health care. We can’t sit and watch government after government undermining and strangling—it’s like this government is strangling the health care system and then asking it why it’s not able to breathe. It needs to be funded properly.

Let’s look for solutions. Let’s repeal Bill 124. Let’s have a health care human resources strategy, like has been recommended across the province, to recruit, to retain and to return nurses. Treat them with respect, treat them with fairness, and hopefully they will come back. But that’s on you. You need to listen to Ontarians.

I want to conclude my final remarks by again quoting Tommy Douglas. He stated: “Health services ought not to have a price tag on them, and ... people should be able to get whatever health services they require irrespective of their individual capacity to pay.” I could not agree more, Speaker.

I hope that this government will change course. I hope it will listen to Ontarians, who want to see nurses treated well, and embark upon a comprehensive plan to have a health care human resources strategy to recruit, retain and return nurses and fund the system properly.

Don’t maintain your status quo of cuts. Don’t maintain your status quo of not keeping up with inflation. Take that \$20 billion you’re hiding and spend it where people need it the most.

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

Mr. Mike Harris: We’ve heard some pirate references this afternoon. We’ve heard the term “myth” thrown around a little bit. I think maybe, for those watching at home, for those in the room, for those in the gallery—let’s do a little bit of myth-busting, shall we, Madam Speaker?

There are already 800 independent health clinics that are doing procedures in the province of Ontario—licences extended by the NDP government in the late 1990s, the Conservative government and the subsequent Liberal government. We're performing roughly—correct me if I'm wrong, colleagues—26,000 procedures at these facilities already.

The member opposite sits beside the member from Waterloo, and so my question to him is—in Waterloo, we have TLC laser institute. They've been in partnership with St. Mary's hospital for the last several years doing these cataract procedures outside of the hospital, with great success. So my question to the member from London North Centre is: Does he believe that the people of Waterloo should have to wait longer for their cataract surgeries to be able to have them performed in hospital, or should they be able to be performed in independent clinics?

Mr. Terence Kernaghan: I'd like to thank the member from Kitchener–Conestoga for his comments.

What we have here is a question of oversight. There is no reason to think that these different surgical suites could not be within the hospital's purview. In London, there are operating rooms which are able to operate at this capacity—but the key difference here, and one that I wish you could understand, is that it's publicly funded and publicly delivered. Nobody is skimming money off the top and putting it in their pocket. I know that's what you love, but that's something that is wrong. It's care or profit—you stand for profit, we stand for care.

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

Ms. Jennifer K. French: I'm pleased to be able to ask a question of my colleague.

There's a man in my riding, and I've shared his email before before—his name is Don—who had blood that was taken at his doctor's office. It was sent away. He doesn't think that they told him about any charge associated with it, but then he got the bill for \$30. As he said, "\$30 doesn't seem like much, but it is to me. With groceries and rent taking most of my pension, very little is left. I really thought that this month was finally coming together...."

"This is a reason seniors are stopping going to hospitals and seeing their doctors.

"Thanks again...."

What happened to Don actually isn't legal, if it happened as he remembers. They're supposed to tell him about these charges.

This is happening already, all over.

So with a bill like this in front of us that opens the door, that doesn't have a significant and outlined oversight system ready to go with it, what are the risks to folks like Don who will never be able to afford a private surgery?

1720

Mr. Terence Kernaghan: I'd like to thank the member from Oshawa for bringing up that really incredibly important question because I will always state that consent is key. Clearly Don was not provided with the opportunity to give consent.

I think as well about an individual from my riding who recently approached me, and they had said that their pharmacist, who happened to be from a Galen Weston chain—shocking; I know this government loves to support Galen Weston whenever they can—was asking about different medications. They were going through this list and, after about five, 10 minutes—I have to hand it to my constituent; she's very savvy—she said, "Are you doing a meds check on me?" The pharmacist said, "Oh, well, I was going to tell you that at the end of the call," and she was going to bill OHIP for that meds check without consent. I think it's in the neighbourhood of \$60, but they were doing that and it's mercenary. Calling people on the phone, pretending to care, but it's all about the money, isn't it, with privatization?

The Acting Speaker (Ms. Patrice Barnes): The member from Brampton West.

Mr. Amarjot Sandhu: I want to speak of what people expect from their government: that their government should be people-oriented and, at the same, results-oriented. We have shown that in the pandemic that protecting the health and safety of Ontarians was the topmost priority for our government and also, at the same time, results-oriented. We're not building only hospitals and medical schools; we're making unprecedented investments in health care. By the way, the first medical school we're getting in over 100 years, the opposition voted against that medical school.

They can always stand in the House and give lectures on the quality of health care services, but when it comes to action, they will vote against those bills. Will the member opposite and their partners do the right thing and support this bill?

Mr. Terence Kernaghan: I would love it if this government would actually do the right thing, and that would be listening to the front-line workers within the system, the people who know where the solutions are, the people who know that operating rooms remain unused and yet this government wants to fund yet new ones so people can skim money off the top. That makes no sense.

I also wish this government would listen to solutions that have been brought forward in this very chamber, like embarking upon a health care human resources strategy and treating nurses with fairness, repealing Bill 124, levelling the playing field, stopping your ideological battle and your attack on health care workers and just letting them bargain.

Do the right thing. Do the fair thing. I know you have it within you. I'll keep waiting for it.

The Acting Speaker (Ms. Patrice Barnes): The member from Mississauga Centre.

Ms. Natalia Kusendova-Bashta: As a nurse, I would just like to set the record straight. When the member opposite said that nurses didn't get a raise in the last 10 years, well, last year, nurses got a \$5,000 retention incentive, which represented a \$786-million investment by this government, and they deserved every single penny of that. Prior to that, nurses got two rounds of pandemic pay and they deserved every single penny of that.

I agree with the member opposite that we have a limited pool of talented health care workers, but the rhetoric coming from the opposition is actually scaring them. My question—

The Acting Speaker (Ms. Patrice Barnes): The member from Mississauga Centre, excuse me.

The member from London.

Mr. Terence Kernaghan: I look forward to a government that is going to listen to nurses, a government that will do the right thing and stop this endless ideological battle, stop trying to appeal the decision on Bill 124 that will actually make sure that they invest in people.

We have seen again and again—these historic investments that they want to talk about? They're talking giving yet more money to P3 infrastructure projects. We need to invest in people in our province. That means giving nurses a raise. You talk about this one-time funding, but let's let them bargain fairly. Let's bargain reasonably.

Like I said, young, small children understand the concept of fairness; I just wish it wasn't so difficult for this government. I know you have it in you. I know you understand what's fair and what's unfair. So let's be fair to nurses. Give up your battle on Bill 124.

The Acting Speaker (Ms. Patrice Barnes): The member for Kiiwetinoong.

Mr. Sol Mamakwa: Meegwetch and thank you to the member for London North Centre. It's always an honour to be able to speak on behalf of Kiiwetinoong. I know in debate back and forth we talk about myths, and one of the myths I know is the province of Ontario thinks they're doing reconciliation, but they're not. When we have 28 years of boil-water advisories in one of the First Nations, it's a different Ontario. And when you have those basic human rights—access to clean drinking water—it has an impact on the health and the wellness of those people.

One of the things that the member talked about is the crisis of Conservative design. Can you elaborate that, the meaning, that you're talking about? Meegwetch.

Mr. Terence Kernaghan: I want to thank the member from Kiiwetinoong for his incredibly important question. We had the opportunity to travel the province with the standing committee and we heard about the lack of services that folks in many communities have been treated with. It's unconscionable that, in a province as rich as Ontario, there should be boil-water advisories for 28 years. If that were to happen in downtown Toronto, it would be solved in a day.

But this government, when they first formed, started off without a land recognition in their throne speech, they cancelled the Indigenous curriculum writing sessions and they refused to acknowledge September 30 as a truth and reconciliation provincial holiday.

This is a crisis by design because they understand that if they cut and underfund, people will be so upset and so desperately in need of care that they will accept anything that is offered to them. They won't acknowledge that somebody is skimming off the top, somebody is making a profit, because people are so desperate for care. That's all on their watch, leaving people in pain.

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

Mr. Stephen Blais: It's so great to see everyone tonight. It's an interesting debate. It's a lot nicer in here than it is outside at the moment, so I'm glad to be here and honoured to be here to debate this important legislation about the future of changes to health care.

Madam Speaker, I don't think anyone would tell you that our health care system is working the way we want it to right now. Emergency rooms are backlogged, causing those in need to wait hours and hours and hours to see a doctor. The backlog in our emergency rooms is causing off-load delays with our ambulances, because when an ambulance arrives at a backlogged emergency room, the paramedic has to stay with their patient. That in turn means that ambulances aren't out on the road helping those who are calling 911. Of course, when there are no ambulances left, this is called level zero.

Now, the city of Ottawa's Emergency Preparedness and Protective Services Committee was told last week that there were 1,819 level zero events in Ottawa in 2022. Some 1,800 times last year, the Ottawa paramedics had no ambulances to respond to 911. That's more than double the number from the previous year. And of course, Madam Speaker, when there are no ambulances in Ottawa to respond to 911 calls in Ottawa, 911 deploys the ambulances from Renfrew; they deploy the ambulances from Kemptville and Arnprior and Hawkesbury and Rockland to service the city of Ottawa. So it's not just an Ottawa problem; this is an eastern Ontario problem, and it's caused because of the backlog in our emergency rooms.

We also know, Madam Speaker, that millions of Ontarians don't have access to a family doctor. This is a problem that's only getting worse. Some 400,000 more Ontarians didn't have access to a family doctor last year when compared to when this government took office.

So millions of Ontarians don't have access to a family doctor. When they go to the emergency room, they end up waiting hours and hours and hours. And when they call for an ambulance, there is a growing likelihood that one won't be available to respond to them in their time of need. So no, I don't think any Ontarian would agree that the health care system is working the way they would like it to. The question before us really should be about how to solve these problems. How do we improve and guarantee primary care access and access to a family doctor? We figured out how to guarantee access to schools, but we still haven't figured out how to guarantee access to family doctors, and that's a problem.

1730

Now, there is also certainly a problem with surgical backlogs and surgical delays. It doesn't mean that what the government is proposing is the solution to that problem, though. There are some over here to my right who think operating rooms should run 24 hours a day, seven days a week, like some kind of assembly line. And while I have no doubt that you can get a little more efficiency and capacity out of operating rooms in hospitals, it is not at all clear to me that you can get the amount you need to really address the problem that exists.

The hospital CEOs I've spoken to are very open to the idea of moving some elective—at least, non-critical—surgeries out of hospital. For many, if not most Ontarians, what they care about the most is that access is timely, that it's as close to home as possible, that it is, of course, safe and professional, and that when they leave, they pay with their green health card, not their gold or their platinum credit card. There are some who are ideologically opposed to that entire idea, but ideological entrenchment won't help us solve the health care crisis we're facing. Everyone needs to take off their partisan blinders so that we can offer Ontarians the best guaranteed and universally accessible health care services possible.

Now, what I'm worried about in this legislation, Madam Speaker, are the safeguards. Are the safeguards in place to ensure that facilities are safe and professionally operated? Are the safeguards in place to ensure equal access is guaranteed, that Ontarians aren't asked to pay out of pocket for services that would otherwise be covered by OHIP in some other setting, that there are not pressure tactics employed to receive medically unnecessary but profitable services and procedures? Those are the types of safeguards we need to see, Madam Speaker. Those are the types of questions I hope that this government will answer throughout this process of debating this legislation and the committee hearings that I'm sure will follow. Those are the questions that we'll be pressing the government to provide answers to.

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

Ms. Jennifer K. French: I've been in this House—it's now my third term. One of the—I don't want to use the word “traumatizing” lightly—one of the most challenging things that I endured while in this House as a member was sitting across from a Liberal government that sold off Hydro One. And we fought, and I did so much sincere work, and so did my community, and town halls and all of that, and we were so invested in stopping the sale of Hydro One, and it was all for naught, as it turns out.

Now, you can run into Liberals who got booted out of this place or some who might still be here, and they will tell you that maybe it was the wrong path and that train got ahead of them and down that path we went. So here we have a Conservative majority that is hell-bent on privatizing our health care system, selling it off for parts, and I worry that we're going to see the same thing, that we lose the integrity of our health care system.

So I wonder if the Liberal member would be kind enough to offer perhaps some words of wisdom to the Conservatives about how wrong it is to sell off our public services and to diminish what Ontarians depend on.

Mr. Stephen Blais: I'm not sure if I missed something; I don't think that anything is for sale in this piece of legislation. What I said is that what's critical is that the safeguards are in place to ensure that the facilities are professionally run, that the professional credentials of those who run them are there, that they are safe and that they are universally accessible. That would be the advice that I would provide to this government if they're going

down this path of outsourcing surgeries outside of hospital: that they are safe, that they are professionally run and guaranteed and that access is universally guaranteed for Ontarians.

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

Mrs. Robin Martin: Thank you to the member opposite for his questions. I don't know if you've had a lot of chance to look yet at the legislation but, for example, issuing a licence is one safeguard. You can issue a licence, revoke a licence, suspend a licence, and there are provisions 6 and 7 that deal with that.

Also, section 29—and I'm just responding to what you were talking about, about safeguards being in place. In that section, there are five prohibitions for one of these integrated community health centres: charge and accept a payment for facility costs provided, charge or accept payment of a facility cost unless it was the Minister of Health, charge or accept a payment or other benefit for providing an insured person with preferred access—all of these things are laid out in the legislation.

I think you would agree with me that these are some of the kinds of safeguards we should be looking for in the legislation.

The Acting Speaker (Ms. Patrice Barnes): Response.

Mr. Stephen Blais: Madam Speaker, there are licences right now for home builders. Right now in Ottawa there is a home builder called Highbridge Construction which has, frankly, scammed their clients out of hundreds of thousands, perhaps millions, of dollars in renovations gone wrong. So yes, licences are important, but supervision and follow-up and penalties are also important.

Issuing a licence is the first step, and it's an important first step. But there is much more that goes into ensuring that something is safe and professional and that access is universally guaranteed than simply issuing a licence.

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

Mr. Wayne Gates: I want to follow up on my colleague's question. Sometimes you make big mistakes, and Hydro One might have been the biggest mistake that I ever saw here, when you sold it off. My good friend Jim Bradley and I have this conversation all the time. He feels that the only reason why he's not here is because he couldn't get the Premier at that time, Wynne, to listen to him.

And then Bill 115—the Conservatives are following in your footsteps because they brought in Bill 124. Do you know what happened when that was being done in the Liberal Party? They ended up with a van party, quite frankly—a van caucus.

I think it's fair and reasonable to ask this question because I think this is one of the biggest mistakes that's ever been made in Canada, quite frankly, since Tommy Douglas brought it in: Do you think that the Conservatives privatizing what is publicly funded and publicly delivered will end up, like with the Liberal Party, defeating the Conservative government?

Mr. Stephen Blais: I guess my question to the NDP would be: Do you think that the universal, private, for-profit dental plan promoted by the federal NDP is wrong?

As I say, take off the partisan blinders. Get out of the ideological trench. Everyone, including myself, let's get down to the business of fixing things for our neighbours and our family and our friends.

This bill isn't perfect. There's lots in it to criticize and lots of questions that need to be answered. We're committed to asking those questions and trying to get a resolution to that. But take off the partisan blinders.

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

Mrs. Daisy Wai: I am sharing my time with the member from Mississauga–Malton.

Thank you to the Minister of Health for introducing the Your Health Act, 2023. We're moving in the right direction to improve medical care in our province. I am privileged to rise for the second reading of the Your Health Act, 2023, and to speak on behalf of my constituents in Richmond Hill.

The legislation represents a significant step forward for Ontario, building on our government's commitment to breaking down barriers and ensuring that every Ontarian has access to quality health care and services when and where they need them. We have to provide the right care at the right time.

As I'm sitting here listening to the presentation just now, I feel that there are a lot of misunderstandings. I agree with the member for Eglinton–Lawrence saying that it doesn't seem that they really read the legislation clearly. There's a lot of information in here, and they were trying to say something which was totally different.

We're saying that we are not going to do the status quo. Basically, we have to find the solutions to give the best health care for Ontarians. We are caring for all the patients, the people that need our support in health care.

The Your Health Act, 2023, is a bold and innovative piece of legislation that aims to address the long-standing challenges of our health care system. It recognizes that Ontario's health care system must be more responsive and flexible to meet the changing needs of our communities, including an aging population and a growing demand for surgeries.

The Your Health Act, 2023, focuses on several key objectives, including making it easier and faster for people to connect to the convenient care closer to home, enhancing quality standards and oversight and protecting the stability of the health care workforce in public hospitals and other health care settings.

1740

One of the most important aspects of the Your Health Act, 2023, is integration of community surgical and diagnostic centres into our health care system. These centres will help reduce wait times and improve patient experiences, allowing people to access the surgeries they need to maintain a high quality of life.

I have a friend who has been calling me and telling me that her mother has been suffering from knee and hip pain, and she has been waiting for three months and still cannot get on to having the surgery that they aim at or are planning to have. Part of that is because of the pandemic

and part of that is because the surgeries have been lined up for so long. The same way, I have somebody, a constituent from my riding, also writing to me that she was diagnosed by the family doctor and she's waiting for the MRI and CT scan. Can you imagine? The MRI and CT scan can really diagnose what she will have and the treatment that she needs. Not only will she be suffering—all her family members have been suffering.

If we would be able to move up all these things faster, not only will they relieve the pain faster, they will have the results of what they need to take care of the problem. Hospitals will also have the room to take care of other surgeries and more severe treatments that we need for our Ontarians.

The Your Health Act, 2023, will also mandate that every community surgical and diagnostic centre must have a process for receiving and responding to the patient complaints. This process will include the documentation of all complaints. That's why I don't know why the opposition party is so concerned, because it's made very clear: If patients are not able to have their complaints addressed through the centre, they will be able to seek help from the Patient Ombudsman.

The act includes community surgical and diagnostic centres under the oversight of Ontario's Patient Ombudsman, who will report on any patient complaints and will adjust quality and oversight controls as needed to be responsive to these concerns. This will ensure that patients are always heard and their feedback is taken seriously.

Madam Speaker, another critical component of the Your Health Act, 2023, is protecting the stability of doctors, nurses and other health care workers. The act will mandate several components of a proposed centre's application to protect the stability of health care workers at the public hospitals and other health care settings. This includes the requirement to submit a detailed staffing model, including evidence of its sustainability.

Consistent with the Canada Health Act, the Your Health Act, 2023, will put into place strong measures to ensure that Ontarians will always receive insured services using their OHIP card and never their credit card. These measures mean that all insured services must be provided without extra charge to the patient. Under Premier Ford, this will not happen. We will only pay by the OHIP card and never by the credit card.

The Your Health Act, 2023, will also strengthen protections for personal health information and data. The act will require community surgical and diagnostic centres to implement strong privacy and security protocols to protect patient information. This will help to ensure that patient privacy is respected and that their personal health information is protected from unauthorized access or disclosure.

I might have a lot more to say, but I will leave that with my great member to continue with the following presentation.

The Acting Speaker (Ms. Patrice Barnes): The member for Mississauga–Malton.

Mr. Deepak Anand: Madam Speaker, before I start, I want to acknowledge that my good seatmate Daisy Wai is doing an incredible job. She deserves a big round of applause.

Mrs. Daisy Wai: Thank you. I will make sure I give all the time back to you.

Mr. Deepak Anand: Thank you, PA Wai.

Madam Speaker, before I present my remarks about the bill, I just want to acknowledge that today is Pink Shirt Day, aimed at showing empathy and understanding towards children facing bullying. I'm wearing pink to stand in solidarity against bullying, with a dream of a world where everyone supports each other.

In my riding of Mississauga–Malton, I want to acknowledge that we have a great organization, the Naseeha youth helpline, that provides a safe space to youngsters facing challenges like bullying in their day to day, and I'm grateful to them for their hard work.

Now over to the amazing bill that I'll be talking about, Madam Speaker. Before I get into the debate and talk about what this great bill is going to be doing, I want to share with you something that we all in the caucus on this side believe in: that the health care sector is vital to the health and well-being of everyone in Ontario. With the introduction of the Your Health Act, 2023, we're continuing our journey to bring down wait times in our hospitals and improve our excellent health care system, something we heard in 2018 and something we heard in 2022 again. We will continue to make sure that we will continue to work on this. We can't wait to break the status quo, as we already know.

Let's take a look at some of the data. The medium wait time for a specialist appointment in the province of Ontario is 8.8 weeks. The wait time for a CT scan is 5.5 weeks. For having an MRI, it's 11.5 weeks. Anyone needing cancer surgery has to wait for four weeks. The wait time for radiation therapy is four and a half weeks. It's 193 days for hip replacement surgery and 209 days for knee replacement surgery. Madam Speaker, when you have pain, you want to get rid of pain. You want to make sure the system is in place to make sure that the system can take care of you.

On the other side, we know we have a labour shortage. We need health care workers. If you really look at what we need—and we talk about this—we have a problem where we know that the people of Ontario are suffering. And when we know there is a shortage of people and the labour shortage is there in the health care sector, the obvious solution is not to keep it as the status quo but to work and break that. That is exactly what this bill is doing.

We don't need to wait; we need to take action and we need to take this challenge head-on. That is why—again, obviously the other side is talking about what we've done, so let's talk about what we have done. We are on the way to building 30,000 new long-term-care beds by 2029 while growing our health care workforce by 60,000 new nurses and 8,000 new physicians since 2018. We need to fill up our health care workforce and help those with credentials get into jobs faster than ever before.

I'll give you an example, Madam Speaker. I always talk about it. I am a first-generation immigrant. Before coming, when I was talking to my family and my wife and she was talking about Ontario and Canada—this is the land of opportunities. You want to come here and build a career, and when you have those credentials, when you have experience back home, you want to make sure you continue serving the community with the asset that God has gifted you and you have achieved through your hard work. That is what we're doing here in this province. We are making sure through this bill, Your Health Act, if passed, that people across Canada, the people who move into different provinces from across the globe who are trained in the health care sector, can begin working the day after they move to Ontario.

I'll give you a small example. I know a resident from Mississauga–Malton who moved into my riding of Malton with her husband, who is an incredible IT professional. She was working in Alberta as a nurse for over three years. All of a sudden we hear that there is a need for health care professionals. She has all that is required, including the Canadian experience, but she's in Ontario now, and she has to wait.

1750

What is this bill doing? It's giving a hope and a dream to those people who have the ability to work and give back to this community. This bill will make sure they will be able to do it.

This game-changing move will help address the labour shortage in our hospitals and health care services. Madam Speaker, as you know, 2022 was a record-breaking year for new nurses in Ontario, with over 12,000 new nurses registered and another 30,000 nurses studying at an Ontario college or university.

Our government is also working with the College of Nurses of Ontario to break down the barriers to train up to 5,000 internationally educated nurses so that they can register and practise in Ontario and give back to the community.

With this new as-of-right rule, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to start working in their field immediately. And Madam Speaker, I can guarantee you that when we are going to do this, other provinces are going to follow our lead, and they will do the needful the same way.

Not only this, but we have invested nearly \$5 million in the Michener Institute for nurses wanting to upskill to work in critical care areas of hospitals. By spring 2023, close to 600 registered nurses will have completed their upskilling education and will be able and ready to give back.

Our government has also made the most significant investment in expanding medical education in 15 years by adding 160 undergrad and 295 postgrad positions and creating a new medical school, which, as my colleague from Mississauga Centre talked about, is going to be in the region of Peel and is going to serve the whole of Ontario.

Every time we talk about the labour shortage, of course I have to talk about the Minister of Labour, Immigration, Training and Skills Development, a champion for workers who is doing an incredible job.'

Interjections.

Mr. Deepak Anand: Thank you for that.

Madam Speaker, under the leadership of Premier Ford and Minister Monte McNaughton, this government, along with every caucus member on this side, believes in helping people get the skills they need to secure better jobs with bigger paycheques. That is why our government is also investing in upskilling Ontario's workforce. With a \$660-million Skills Development Fund, we are helping develop the skills for the next generation of health care workers.

Projects like the Medical Technology Association of Canada received \$900,000 in the second round of the Skills Development Fund to help train workers and develop Ontario's first virtual clinical immersion program, which will provide state-of-the-art health services for the patient.

Madam Speaker, we are not sitting. We are taking concrete action. We understand the problem and we are breaking the barriers. We are taking bold steps. We are doing the needful to make sure that Ontarians' health and well-being is our first priority, and we will continue to do that.

Another project, the In Honour of the Ones We Love program, received \$2.5 million in the second round of SDF to help the organization's personal support workers establish new relationships with care providers in southwest Ontario.

Madam Speaker, our unwavering focus stems from our desire to find solutions for the next generation to build a stronger Ontario. On one side, I talked about that we already have a big, huge lineup, and then on the other side, I want to remind all my caucus members that in this province of Ontario, in the next many, many years, as the federal government is going to increase the number of immigrants coming to Canada to 500,000, 300,000 are going to come and build their lives in this beautiful Ontario.

I want to take a moment and welcome them. You are choosing an amazing place; I guarantee you. If you can dream it, with hard work, this is a place where you can achieve it. But this comes with a challenge: When they're going to come here, like any other human beings, they will need services.

I just want to remind you of some of the data points which my office has put together. Ontario's population is projected to increase by 37.7% by 2046. And who is going to be enjoying this benefit of welcoming more people and building a better and stronger Ontario? It includes Halton, 56%; Peel—our Peel—is going to grow by 51%; Durham region, 39%. And it's not only the big suburbs around Toronto. It's actually going to grow everywhere. The same is true for central Ontario. In Waterloo, there is going to be 55% growth; Wellington, 52%; Dufferin, 51%; Simcoe, 44%; and the list goes on.

Madam Speaker, as Ontario grows, it will need more long-term solutions for health care and other labour shortages, too. That is why this government, under the leadership of Premier Ford, is taking bold steps, making the necessary investments and changes to ensure that people can come to Ontario to find work, especially those in health care.

Not only are we breaking down barriers so qualified people can come and work in their field, we're also making the required investments to help build a better Ontario. That is why we are making sure that we are increasing health care funding by \$14 billion. We have built 3,500 hospital beds across Ontario. We're getting shovels in the ground for 50 new major hospital projects. We've provided operational funding for 49 new MRI machines in hospitals since 2021, and we're on track to building 30,000 new long-term-care beds by 2029.

We have a bill in front of us which is going to give you the right care in the right place, which will make sure there's faster access to care and will make sure, at the same time, to be providing and ensuring the hiring of more health care workers right here in Ontario. That is why, Madam Speaker, I'm here to support this crucial bill and I'm looking forward to the rest of my caucus and my friends on the other side. Let's support and build a better Ontario.

The Acting Speaker (Ms. Patrice Barnes): Quick question, quick response?

Ms. Jennifer K. French: I'll direct my question to the member from Richmond Hill, who started off the government comments, then. First of all, when they're trying to make us feel bad about not having read the bill, this was available today for the first time after being tabled yesterday and we're already in debate. So I'm happy to do my homework, but maybe give us some time.

However, the comment about patient complaints and not understanding what we don't understand? Well, here's what I don't understand: I don't understand what you are not getting about physician versus private clinics. The Auditor General did a report, the Value-for-Money Audit: Outpatient Surgeries, and was concerned that there will be no provincial oversight of the private, for-profit surgical clinics. Right now, if a patient calls this Patient Ombudsman and makes a complaint, which is what you were talking about, the physicians are under the CPSO. But a private clinic, when you shift all of that—there will be, inevitably, more concerns and more questions, but it's no longer under the CPSO, and you don't have an oversight mechanism in this.

Please explain what I don't understand.

Mrs. Daisy Wai: Thank you to the member opposite for giving us all these questions. The newly proposed Integrated Community Health Services Centres Act will, if passed, protect patient safety through strengthening the quality assurance and oversight of the community surgical and diagnostic centres, ensuring that no centre can refuse an insured service to a patient who chooses not to purchase uninsured upgrades and no patient can pay to receive insured services faster than anyone else.

It also ensures that patients who are not able to have their complaints addressed at the centre can seek help from the Ontario Patient Ombudsman. It will also protect the stability of the health human resources—

The Acting Speaker (Ms. Patrice Barnes): Thank you.

Second reading debate deemed adjourned.

Report continues in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

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

Clerk / Greffier: Todd Decker

Deputy Clerk / Sous-greffier: Trevor Day

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

Meghan Stenson, Christopher Tyrell

Temporary Sergeant-at-Arms / Sergent d'armes par intérim: Mike Civil

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barnes, Patrice (PC)	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	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	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	
Calandra, Hon. / L'hon. Paul (PC)	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
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough- Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Hon. / L'hon. Stan (PC)	Willowdale	Associate Minister of Transportation / Ministre associé des Transports
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	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	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
Fedeli, Hon. / L'hon. Victor (PC)	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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	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
Ford, Hon. / L'hon. Michael D. (PC)	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	
Fullerton, Hon. / L'hon. Merrilee (PC)	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	
Gill, Hon. / L'hon. Parm (PC)	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	
Jones, Hon. / L'hon. Sylvia (PC)	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	
Karpoche, Bhutla (NDP)	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	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Kerzner, Hon. / L'hon. Michael S. (PC)	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	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
Lumsden, Hon. / L'hon. Neil (PC)	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	
McNaughton, Hon. / L'hon. Monte (PC)	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
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Associate Minister of Housing / Ministre associé du Logement
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Pierre, Natalie (PC)	Burlington	
Pirie, Hon. / L'hon. George (PC)	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	
Rasheed, Hon. / L'hon. Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
Rickford, Hon. / L'hon. Greg (PC)	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	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	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	
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	
Skelly, Donna (PC)	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	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Smith, Hon. / L'hon. Todd (PC)	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	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	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	Opposition House Leader / Leader parlementaire de l'opposition officielle
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	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	