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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 16 October 2023

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 16 octobre 2023

The House met at 1015.

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

Prayers.

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

This being the first sitting Monday of the month, I ask everyone to remain standing and join in the singing of the Canadian national anthem, followed by the royal anthem.

Singing of the national anthem / Chant de l'hymne national.

Singing of the royal anthem / Chant de l'hymne royal.

The Speaker (Hon. Ted Arnott): That was the Hillcrest Community School choir from the riding of Toronto–St. Paul's. Thank you for joining us and singing the anthems.

Applause.

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

RESIGNATION OF MEMBER FOR LAMBTON–KENT–MIDDLESEX

The Speaker (Hon. Ted Arnott): I beg to inform the House that a vacancy has occurred in the membership of the House by reason of the resignation of Monte McNaughton as the member for the electoral district of Lambton–Kent–Middlesex, effective October 6, 2023. Accordingly, I have issued my warrant to the Chief Electoral Officer for the issue of a writ for a by-election.

REPORT, CHIEF ELECTORAL OFFICER

The Speaker (Hon. Ted Arnott): I beg to also inform the House that, during the adjournment, the following document was tabled: the 2021-22 annual report from the Office of the Chief Electoral Officer of Ontario.

MEMBERS' STATEMENTS

Ms. Natalia Kusendova-Bashta: Speaker, good morning. October is Breast Cancer Awareness Month, aiming to promote screening and prevention. It is also an opportunity to raise awareness about the impact of breast cancer,

celebrate the progress made and support those affected by it.

This past spring, a US health task force recommended women get screened for breast cancer 10 years earlier than the current mammogram recommendations, starting at 40 years old. Shortly after, I was pleased to hear the Minister of Health say that Ontario is currently exploring a similar change regarding breast cancer screening.

As a registered nurse, I have seen and heard stories from countless women about how deadly breast cancer is and how early screening can save lives and reduce the toll of this disease.

I recently met with a breast cancer survivor and advocate, Ellyn Robinson, who introduced me to a photo-essay campaign that brings together the images and voices of numerous Ontarians affected by breast cancer called I Want You to Know. It can be accessed at densebreastscanada.com.

In my own life, two survivors—my adopted grandma, Shirley Bray, and my francophone friend and leader, Melinda Chartrand—have also emphasized to me how beneficial early screening can be, how important self-examinations are on the first of every month to feel for lumps or bumps for women of all ages, and how we need to show up for screening and book mammograms, even if the truth is something that may terrify us.

To all the women who advocate for breast cancer screening and prevention, to the survivors and advocates, you are not alone. We see you. Thank you for your work.

1020

SMALL BUSINESS

MPP Kristyn Wong-Tam: On Friday, I held a press conference highlighting the plight of small business owners who took out federal CEBA loans during COVID lockdowns. Toronto itself was the victim of over 400 days of lockdowns—one of the longest in the world. The CEBA loan was essential and allowed small businesses to stay open. But now the federal government is undermining their good work by only extending the forgivable portion of the loan by 18 days instead of the requested year. The federal government is behaving as if businesses should have fully recovered from the pandemic, and we know that they have not; this is simply not true for at least two thirds of those businesses.

The Premier must use his political capital to push the federal government and their counterparts to extend the forgivable portion of this loan until the end of 2024. Without this, thousands of jobs will be lost, as we know

businesses will be forced to close. Ontario has already felt the majority of the pain as we've seen the loss of jobs and the closing of our main streets.

As we have heard from John Kiru from the Toronto association of BIAs, "Small businesses must be at the table for these decisions. Otherwise we are on the menu."

The state of small business overall can be best described by the recent dashboards of CFIB—51% are experiencing below sales; 57% are carrying pandemic debt; and an average of \$107,000 is what small businesses are carrying in debt.

Speaker, we must do more to support small businesses in Ontario.

RIDING OF THUNDER BAY–ATIKOKAN

Mr. Kevin Holland: I rise today to celebrate the significant work being accomplished in Thunder Bay–Atikokan. Since being elected as MPP, I've been privileged to meet with a vast variety of constituents, community organizations and industry stakeholders. From forestry, bioeconomy and mining advancements to policing, housing, health and education services, we have come together to better understand the tremendous opportunities in the riding and work toward securing a better future for all. There is much to celebrate.

By example, on September 9 I was privileged to attend the 2023 Annual Recognition Awards of the Ontario Native Women's Association's 52nd Annual General Assembly and Leadership Conference in Thunder Bay. ONWA has observed yet another year of successes and growth—an organization that has been dedicated to the well-being, empowerment and recognition of Indigenous women and girls for over five decades. As we all know, Indigenous women are a tremendous source of strength and resilience and have helped shape and influence their communities as nurturers, caregivers, providers, teachers and leaders. I have been privileged to meet with the leadership at ONWA on several occasions now, and their dedication to generating solutions for protecting the integrity and security of Indigenous women and girls has inspired me.

For these reasons and more, I remain a very proud resident and representative of the Thunder Bay–Atikokan region.

L'ARCHE SUDBURY

MPP Jamie West: Last March, at Science North, L'Arche Sudbury launched a project called It's Home. There was a video message from the Associate Minister of Housing, who's now the Minister of Children, Community and Social Services. I took a photo and shared it with him when we sat again, and he just said, "I love that place."

There is a lot to love about L'Arche Sudbury. L'Arche is an example of a better community, where people with and without intellectual disabilities live, work and play together—where, instead of clients and staff, core

members lead their own lives with the support of assistants.

Now imagine you take that independent living model beyond a typical L'Arche Sudbury home and you take it beyond core members and assistants—that's what L'Arche Sudbury Place will be. L'Arche Sudbury Place is a combined residential complex. It will have 28 units and a gathering space—10 will be affordable housing for L'Arche core members, and the rest for the general public. Think about that: affordable housing for people with intellectual disabilities, market rentals for the general public, and a truly accessible community gathering space. It's a great idea; it is so good that last Thursday Desjardins donated \$500,000 from their GoodSpark Fund to support it. That's half a million bucks, Speaker.

Thinking back to the minister who said "I love that place," I want to remind him that Jennifer McCauley, L'Arche Sudbury's executive director, said, "If we had all the funding and the dollars that we need, we could be shovel-ready for the spring of 2024."

I look forward to hearing about a provincial investment into L'Arche Sudbury Place soon.

GOVERNMENT INVESTMENTS

Mr. Matthew Rae: I rise today to recognize and celebrate some recent investments our government has made in my riding of Perth–Wellington.

Recently, I was able to announce on behalf of the Minister of Agriculture, Food and Rural Affairs that five worthy initiatives in my riding would be receiving a combined \$270,000 in rural economic development funding. The municipality of North Perth will be receiving \$137,000 for its agriculture excellence action plan, which will support our flourishing agriculture and agricultural technology sector. Perth county will be receiving \$50,000 for its workforce attraction and retention kit for employers. Drayton Entertainment is receiving more than \$49,000 to modernize operations and support the adoption of more environmentally friendly practices. The town of Minto is receiving \$20,000 for their Move to Minto business attraction campaign—and I encourage all businesses to move to Minto. Lynes Blacksmith Shop in Kenilworth is receiving \$17,000 to help maintain a historic and culturally significant landmark.

Our government has provided over \$4.3 million to support 80 projects across rural Ontario in this recent round of RED funding. Speaker, as you know, rural Ontario is the backbone of our provincial economy. Annually, businesses in rural Ontario contribute \$99 billion to our provincial economy.

I am proud to be part of a government that continues to support our small businesses and rural economic development.

WORKPLACE SAFETY

Mr. Jeff Burch: Good morning, Speaker. Back in May, I tabled the Captain Craig Bowman Act, which, if passed,

would change Workplace Safety and Insurance Board regulations to ensure more firefighters have access to cancer care coverage.

Captain Craig Bowman was a professional firefighter for the city of Welland for 20 years, and a volunteer firefighter for the city of Thorold for nearly three years. Captain Bowman passed away Sunday, May 21, 2023 from stage 4 esophageal cancer. He went to the doctor about a sore back. An ultrasound revealed lesions on his liver. Further testing led to the heartbreaking news of his advanced cancer. He had no family history of cancer.

Firefighters face a number of health hazards as they work to keep our communities safe. They put their lives and health on the line for us every day. I'm honoured to bring forth legislation that will help them navigate these hazards and improve access to insurance coverage for their families.

This is not a partisan issue and should not be a political issue. After I brought this bill forward, the former Minister of Labour personally promised the Bowman family he would act on this. Nothing would make me happier than for the new minister to work with me to pass legislation to get justice for the Bowman family and all firefighters.

SMALL BUSINESS HOSPITAL FUNDING

Mr. Sheref Sabawy: Happy Small Business Week, Mr. Speaker. Over the summer, I had the distinct pleasure of visiting dozens of local businesses in my riding of Mississauga–Erin Mills. From retail and services to manufacturing and logistics, Mississauga is becoming a place for business to thrive.

Speaker, small businesses are the lifeblood of our province. They strengthen neighbourhoods, provide jobs and stimulating greater connections with the local community. That's why our government will continue to support local businesses, allowing them to achieve all that they can offer. With tax credits such as the Ontario Made Manufacturing Investment Tax Credit, our government is fostering the conditions for growth. This is the reason Ontario has become the economic engine of Canada. That's why we have been able to welcome almost 40,000 new manufacturing jobs over three years.

By supporting the thriving economy, our government is building a stronger Ontario. Mr. Speaker, I'm pleased that our government is also building Ontario through investments in health care. I recently attended an announcement at Trillium Health Partners in Mississauga where the Premier and the Minister of Health announced Ontario's first women's and children's hospital. This will be the province's largest centre of specialized care for women and children, providing high-quality care for families. This will be just one part of a far larger Mississauga hospital that will serve our growing community for decades to come.

Mr. Speaker, our government is saying yes to building a thriving Ontario.

1030

TORONTO INTERNATIONAL BUSKERFEST FOR EPILEPSY

Ms. Mary-Margaret McMahon: Good morning, Mr. Speaker. I'm always proud to rise in this beautiful chamber to speak about special happenings in Beaches–East York.

On Labour Day weekend, I attended the Toronto International BuskerFest at Woodbine Park, a four-day, fun-filled entertainment extravaganza. It's an annual, donation-based event brought to us by Epilepsy Toronto and one that is a highly anticipated mainstay, with a 23-year history. BuskerFest is one of the biggest street performer festivals in North America and is the largest epilepsy event on the planet.

With the goal of creating a unique and memorable experience that brings epilepsy out of the shadows and into the public eye, BuskerFest delivers. There is much we can all do to raise epilepsy awareness, end the stigma and improve quality of life.

Epilepsy Toronto is the place where Torontonians can learn more about their condition, get the help they need and be a part of a family of caring people. Approximately one in every 100 adults in Ontario is living with epilepsy. In 70% of the cases, the cause of epilepsy is unknown.

Organizing a vibrant event like this takes much dedication and hundreds of volunteers. We've seen critical cuts to organizations like Epilepsy Toronto. We have an obligation to make sure that they are able to continue to do the hard and important work needed in all of our communities.

The countdown to next year's BuskerFest has already begun.

ENVIRONMENTAL PROTECTION

Mr. Brian Saunderson: It is a pleasure to rise this morning on behalf of the residents of Simcoe–Grey to speak about our environment.

Speaker, Ontario has committed to reducing our greenhouse gas emissions by 30% below the 2005 levels by 2030. By 2020, Ontario's emissions were 27% lower than the 2005 levels. On a per-capita basis, Ontario's emissions are the third best in Canada at 10.1 tonnes per resident annually; that is 43% below the national average of 17.7 tonnes per resident.

We know we have more to do, which is why this government is working with our steel producers in Hamilton and Sault Ste. Marie to convert the coke furnaces to electric arc furnaces by the end of 2027. That will remove six million more tonnes of GHGs per year.

Speaker, in addition to adding 9,400 acres to the greenbelt this year, this government committed \$14 million to our partnership with the Nature Conservancy of Canada, the Greenlands Conservation Program. This is the largest provincial fund to secure, restore and protect sensitive natural areas, and it has amassed over 167,700 hectares

since 2020. That is more than 20% of the total landmass of the greenbelt.

Ontario's energy grid is 90% GHG-free, and we are committed to increasing that number with the new, state-of-the-art, small modular nuclear reactor in Clarington, Ontario that will generate 300,000 megawatts, enough to power 300,000 homes.

Speaker, Ontario is leading Canada in reducing our carbon footprint, and this government is committed to making our province a leader in sustainability environmentally, economically and socially.

RESIGNATION OF MEMBER FOR LAMBTON–KENT–MIDDLESEX

Mr. Robert Bailey: As always, it's a pleasure to rise in the chamber today. On this occasion, I'd like to spend a few moments extending congratulations to my colleague and long-time friend, the Honourable Monte McNaughton, who has now officially left public office after a long and successful career. I rehearsed this; I ought to wing it.

As many know, Monte first came to Queens Park as a legislative page back in 1991, and he would some 20 years later return as an elected member of this Legislature. In between, Monte learned the ins and outs of local politics as a three-term municipal councillor and developed his understanding of an honest day's work while serving customers at his family hardware store in Newbury, Ontario. At this time, I'd like to wish an Irish blessing:

May the road rise up to meet you.

May the wind be always at your back.

May the sun shine warm upon your face;

The rains fall soft upon your fields and until we meet again,

Monte, Kate and Annie, may God hold you in the palm of his hand.

So mote it be.

Applause.

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

INTRODUCTION OF VISITORS

M^{me} France Gélinas: It is my pleasure to welcome over 100 members of the Ontario Medical Association. We have their president, Dr. Andrew Park, and soon-to-be CEO Kim Moran. I had the pleasure to meet with Dr. Kapur, Dr. Koka, Dr. Karlinsky, Dr. Berman, Dr. Abdulla, Dr. Krishna and many more. We also have Craig Duhamel and Dara Laxer from the OMA. Welcome to Queen's Park.

I hope everybody joins them at lunchtime for their reception.

Hon. Sylvia Jones: I would also like to recognize the Ontario Medical Association and the many doctors in our

galleries today who have come from across Ontario to meet with members of the Legislature.

As the member opposite referenced, as part of their Queen's Park day, the OMA is hosting a luncheon reception in room 230 of the Legislative Building beginning at 11:30.

I'd also like to recognize specifically and introduce the leaders of the OMA who are in the member's gallery: Dr. Andrew Park, president of the OMA; Dr. Cathy Faulds, chair of the OMA board; Kim Moran, current chair of the Ontario College of Family Physicians and incoming CEO of the OMA; and, of course, members of the OMA executive. Welcome to Queen's Park.

Ms. Marit Stiles: I'd just like to join everybody else in welcoming members of the Ontario Medical Association who are here today, but especially my friend and constituent Dr. Audrey Karlinsky, who is vice-chair of the OMA. I'm looking forward to our meetings this afternoon and to visiting with all of you at the reception.

Mr. Stephen Blais: I'd like to join everyone in welcoming members from the OMA with us today. In particular, I'd like to introduce Dr. Alykhan Abdulla, an assistant professor at the University of Ottawa and medical doctor at Kingsway Health centre in Toronto.

Mr. Lorne Coe: I'm pleased to welcome to Queen's Park our page captain today, Bronwyn Renwick, and her parents, Grace and Carl Renwick. Welcome to Queen's Park.

Miss Monique Taylor: On behalf of the member from Hamilton West–Ancaster–Dundas, I would like to welcome Kris Noakes, who is the mother of page Fallon from Dundas. Welcome to Queen's Park.

Mr. Adil Shamji: We've had many greetings for members of the OMA. As a member, I'd be remiss if I didn't say something myself. I'd like to welcome all of you, specifically Dr. Andrew Park, president of the OMA; Dr. Rose Zacharias, our past president; my friends, Dr. Lisa Salamon and Dr. Audrey Karlinsky; my boss from my other job, Dr. Angela Marrocco; and all of the members of the Ontario Medical Association. I must admit, I don't feel as lonely today because, very clearly, the doctors are in.

Mr. Trevor Jones: It gives me great pleasure to welcome my friend and the mayor of Pelee Island, Cathy Miller, to the legislature today. Your Worship, welcome to your House.

MPP Jamie West: He's also a member of the OMA, but I just want to welcome my friend Dr. Koka. We first met at United Way. There are very few things happening in Sudbury that are good that he's not part of. So welcome to Queen's Park, Dr. Koka.

Ms. Goldie Ghamari: I also want to welcome the OMA, including the doctors I met with today. I just want to particularly mention two Ottawa area doctors: Dr. Abdulla and Dr. Laughton. Welcome to Queens Park.

Ms. Jennifer K. French: I am pleased to be able to welcome Gayle and Gary Dudeck, who are in the member's gallery here today. They've been very strong voices for new home construction and fairness, so welcome to Queen's Park.

Ms. Daisy Wai: I also want to join members to welcome Dr. Park and the whole team from the OMA.

I would also like to introduce Owen Rao, a bright, enthusiastic student from St. Charles Garnier Catholic Elementary School. He is from my riding in Richmond Hill and is serving as a page now. He is observing his MPP in action, which promises to be a remarkable experience and a significant highlight of his education journey. Welcome, Owen.

1040

Ms. Peggy Sattler: It's my great pleasure as the member for London West to welcome two London West constituents who have joined us today, Dr. Andrew Park and Dr. Cathy Faulds. We are delighted to see you here with the Ontario Medical Association and looking forward to chatting later this afternoon.

Hon. Greg Rickford: Jackie and Paxten Hughes are here all the way from Fort Frances. Paxten is going to be introduced shortly as one of our pages—that doesn't happen very often, but we welcome them to this magnificent place.

Mr. Tom Rakocevic: It's an honour to welcome my friend Barbara Captijn and those joining her, who are all home-warranty advocates here in Ontario.

The Speaker (Hon. Ted Arnott): If there are no objections, I'd like to continue with introductions.

Mr. Aris Babikian: I would like to welcome Lisa Salamon-Switzman from Scarborough Health Network and her colleagues.

Ms. Catherine Fife: I'd like to welcome doctors from the OMA from my riding of Waterloo: Drs. Jessie Tu, Rebecca Lubitz, Scott Elliot, and Gurjovan Sahi and Marium Kiwan. I look forward to meeting with you later on today.

Hon. Raymond Sung Joon Cho: I'm also very happy to welcome Dr. Andrew Park, president of the Ontario Medical Association, and his team. Welcome to Parliament.

MPP Kristyn Wong-Tam: I'd like to welcome the medical officer of health for the city of Toronto, Dr. Eileen de Villa. I look forward to speaking with you and the OMA colleagues this afternoon.

Ms. Patrice Barnes: This week is Local Government Week, which aims to increase youth and public awareness about the important role of local government plays in our communities. I want to recognize school boards across the province for the work they do and their dedication to public education.

Miss Monique Taylor: I see Kim Moran over in the box. It's wonderful to welcome her back to Queen's Park in her new capacity. As you know, Kim was the former children's mental health—that's where I've had the opportunity to meet her. It's lovely to see you.

Speaker, I would also like to welcome the hundreds of autism advocates who are going to be on the front lawn today, talking to this government—

The Speaker (Hon. Ted Arnott): We can't have political statements during introduction of visitors.

Mr. Matthew Rae: I'd like to introduce Kaushik Patel, Smitaben Patel and Riya Patel, business owners from Huron–Bruce, actually, but great community advocates in my riding as well. Welcome to Queen's Park.

Ms. Jennifer K. French: I'm also looking forward to my meeting with folks from the OMA this afternoon: Linda Petersen and Aileen Thomas, but, specifically from the Durham region, Natalie Chen, Victoria Young, Maryam Mahjoob—I'm looking forward to those conversations. Thank you for joining us at Queen's Park.

Hon. Michael Parsa: Very happy to introduce Sarah Klodnicki and Myra Zettel. They're the parents of children with autism and here from the Balance Support and Self Care Studios, where they support parents and caregivers of disabled and neurodiverse children and youth. I also would like to welcome the Ontario Autism Coalition, many of whom I've met before and look forward to seeing again. Welcome to Queen's Park, everyone.

Ms. Doly Begum: I would also like to welcome one of the OMA physicians, who is here from Scarborough Southwest, my riding, Dr. Kamruz Zaman, who's actually practising in Scarborough Southwest. Welcome.

Hon. David Piccini: It gives me great pleasure to welcome a constituent of mine, Alex Tinker, who's here to see her daughter, wonderful Katherine, who's a new page with us this week. Welcome to Queen's Park.

Mr. Joel Harden: I saw in the front row up there my friend Dr. Alykhan Abdulla. Thank you for coming here, my friend, and for all the work you do in our city, and thanks to friends from OMA for being here. Nice to see you too.

Hon. Todd Smith: I'd like to welcome a bunch of members from the Association of Major Power Consumers in Ontario to the Legislature today: Victor Stranges, from ArcelorMittal Dofasco; Francois Abdellour, from Ivaco Rolling Mills; André Ouimette, from GreenFirst Forest Products; Jeff Pagnutti, from Vale; Wayne McChristie from Agnico Eagle; and Colin Anderson, who heads up AMPCO. They are hosting a reception this evening as well in rooms 228 and 230, and I invite all members to stop by.

Ms. Jess Dixon: I'm very happy to say that we have a page from Oak Creek Public School in Kitchener South–Hespeler: Ananya Joshi. Welcome, and I'm looking forward to meeting you.

Hon. Lisa M. Thompson: I'm very pleased and honoured to welcome Dr. Charlotte Yates, president of the University of Guelph, to the House today.

The Speaker (Hon. Ted Arnott): That concludes our introduction of visitors.

VICTIMS OF VIOLENCE IN THE MIDDLE EAST

The Speaker (Hon. Ted Arnott): I've been advised that the Leader of the Opposition has a point of order that she may wish to raise.

Ms. Marit Stiles: I seek unanimous consent of the House for a moment of silence for the victims of the violence in Israel and Palestine.

The Speaker (Hon. Ted Arnott): The Leader of the Opposition is seeking the unanimous consent of the House for a moment of silence for the victims of the violence in Israel and Palestine. Agreed? Agreed.

Members will please rise.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): Thank you. Members will please take their seats.

QUESTION PERIOD

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: My question is for the Premier. Speaker, times are very tough for people in the province of Ontario. Every month they're struggling with higher costs and less support. People tell me they're feeling worn down and that, instead of seeing a government that's offering help, they're seeing one mired in scandal. The revelations from the government's \$8-billion greenbelt grab are getting more serious by the day, and people deserve answers.

Can the Premier confirm that his government is currently under criminal investigation by the RCMP?

The Speaker (Hon. Ted Arnott): To reply, the government House leader, the Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: Look, Mr. Speaker, we of course will be working with the RCMP as they undertake a review of the greenbelt.

At the same time, it is very rich hearing the Leader of the Opposition talk about affordability when on every single instance that she and her party have had to help put more money back in the pockets of the people of Ontario, they have voted against it. When we cut taxes for the lowest-income earners in the province, with the LIFT tax credit, they voted against it. When we were working to bring down hydro rates and to stabilize out-of-control hydro rates—the partnership between the Liberals and the NDP had to put people in the position of choosing between heating or eating—they were voting against that, Mr. Speaker. When we fought tooth and nail to stop the carbon tax, which we said would impact every single Ontarian, every single Canadian, they stood in the way.

They have a good opportunity. They can tell their friends in Ottawa—Mr. Singh in Ottawa—force the federal government to remove the carbon tax to put more money back—

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

Ms. Marit Stiles: A bit of a stretch there, Speaker.

This Premier told voters he was different. He said his party wouldn't put insiders first, like the Liberals did. He promised to end cronyism, and that was the cronyism that

brought that government down. Well, the Premier broke that promise. And five years later, this Premier and his government are under criminal investigation by the RCMP.

Speaker, to the Premier: How can the people of this province trust their government when it's under active criminal investigation?

Interjections.

1050

The Speaker (Hon. Ted Arnott): Members will please take their seats.

Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: As I said, we will work with the RCMP, but by the same token, we are going to move forward with the priorities of the people of the province of Ontario.

The member in her previous question talked about the affordability issues that we're facing across the province. Now, we have worked hard to bring back 700,000 jobs for the people of the province of Ontario. That's 700,000 people who have the dignity of a job who did not before. But let's be very clear: What threatens the prosperity of the province of Ontario is the policies of the Liberals and NDP, the same policies which are seeing high interest rates across the province of Ontario.

We said that when you have out-of-control deficits, out-of-control spending, red tape and regulation, it will bring an economy down. We reversed all of that. We're seeing jobs come back, and now we need the NDP to do the right thing and tell their friends in Ottawa not to do what they did. Don't prop up a Liberal government that is putting billions of dollars of taxes on the people who make food, billions of dollars of taxes on the people who deliver food, and billions of dollars of taxes on the people who go to buy food. That's—

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

Ms. Marit Stiles: We won't be taking any lessons from a government under criminal investigation. The special unit at the RCMP is called the sensitive and international investigations unit. That's who is investigating this Premier and this government's actions in relation to the greenbelt. They investigate elected officials on "allegations of fraud, financial crimes, corruption and breach of trust"—fraud, financial crimes, breach of trust, corruption.

Back to the Premier: How can the Premier maintain the confidence of the people when he and his government are being investigated by the RCMP for corruption?

The Speaker (Hon. Ted Arnott): I'm going to caution the members on the use of their language.

I'm going to allow the Minister of Municipal Affairs to respond.

Hon. Paul Calandra: Look, I know the Leader of the Opposition isn't going to take any lessons from us, right? Because, when she had the opportunity to force the then Liberal government out of office, she chose, and her party chose, to do nothing. When we saw increases in taxes, they chose to do nothing. We saw out-of-control hydro rates; they chose to do nothing. When the Liberals were failing

on long-term care, on health care, they chose to do nothing.

We are going down a different path, a path that is putting more money back in the pockets of the people of Ontario, a path that is seeing 700,000 people have the dignity of a job that they didn't before. But we need help. We need the NDP here in Ontario to stand in their place, call their friends in Ottawa who hold the balance of power and say, "Help us put more money back in the pockets of the people of the province of Ontario. Force the Liberal government to remove the carbon tax on the staples that are so important to the people of the province of Ontario." Will she do it? I doubt it, because she won't take lessons in affordability—

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

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: This is serious, and people in this province deserve the truth. We've tried to get it by using the tools we have in the Members' Integrity Act and by requesting an investigation by the auditor, and with each report and each revelation, it's become more and more clear that this is a government that puts its friends first, no matter what the cost is to taxpayers. The police unit investigating the government handles "sensitive, high-risk matters that cause significant threats" to the political, economic and social integrity of Canada's institutions.

So back to the Premier: This government used to say that it's for the people. Well, they've lost the people's trust. How do they carry on when they are under an RCMP criminal investigation?

The Speaker (Hon. Ted Arnott): Members will please take their seats.

Once again, the Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: As I've said on a number of occasions, there is no doubt we made a mistake when it came to a public policy decision that was not supported by the people of the province of Ontario. Throughout the report, it is very clear that the intention of that policy was to build more houses for the people of the province of Ontario. We are in a housing crisis not only in Ontario but across Canada. It was a public policy decision that was not supported by the people, and that is why, later on today, I'll be introducing legislation to return all of those lands back to the greenbelt.

But let there be no doubt, despite what we're hearing from the opposition. I will continue, as Minister of Municipal Affairs and Housing, to work with my colleagues to remove obstacles that stand in the way of building homes for the next generation of the people of this province. I will do whatever it takes to hit our target of 1.5 million homes for the people of the province of Ontario, and let me put on notice all of our municipal partners that they, indeed, will be doing their part to help us build those 1.5 million homes.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Marit Stiles: This question is also for the Premier.

Speaker, weeks ago, the Premier stood in front of the remaining members of his cabinet and claimed he was sorry for their greenbelt grab. But now, in the same breath, he and his minister deny anything untoward happened. This is a scheme—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Ms. Marit Stiles: Speaker, it's really something, here, I've got to tell you, to hear these members applaud themselves when they're under RCMP criminal investigation. I just can't get over it. I can't get over it. It's unbelievable.

This is a scheme—I'm going to remind the members opposite—that favoured land speculators and people with Conservative connections who got preferential treatment from this government. It's a scheme that saw provincial land use policy being decided on the casino floor in Sin City.

Returning the land is not enough to repair the absolutely colossal damage to the people's trust. When will the Premier confirm that his personal phone records—

Interjections.

The Speaker (Hon. Ted Arnott): Thank you. Members will please take their seats.

Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: Mr. Speaker, as we've said on a number of occasions, what we want to do is build more homes for the people of the province of Ontario. We brought in a public policy decision that was not supported by the people of the province of Ontario. The Premier himself has confirmed that the process was not one that could be supported by our government, and obviously, we will work with the RCMP as they look into the matter.

But let there be no doubt: When it comes to leadership, it is this government and this Premier who are showing leadership every single day on the files that matter most to the people of the province of Ontario. Building more homes: We're getting it done. Building long-term care: We're getting it done. Putting more money back into people's pockets: We're getting it done. Fighting taxes that harm people: We're getting it done.

This is a leader who had the opportunity to show leadership, to stand up to the anti-Semitic hard left of her party—the first test of leadership that she had. And what did she choose to do? Nothing. She has failed on leadership on her very first test, showing that she's not fit to hold the office of Premier, ever, and I'm sure the people of the province of Ontario will agree with me on that.

Interjections.

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

Start the clock. The final supplementary.

Ms. Marit Stiles: It's a sign of the desperation of this government, Speaker—I'm telling you—to, I will say, exploit—

Interjections.

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

Ms. Marit Stiles:—exploit the deaths of people across an ocean just to make a political point, when they are under criminal investigation.

I get that that this minister has a job to do—he has to protect his embattled Premier—but these responses show nothing but disdain for the people of this province who have serious questions.

Even after being found to have breached the Members' Integrity Act, the government voted against an NDP bill to strengthen it; they have refused to produce documents; they voted down a NDP call for a Speaker's warrant because it was going to protect their friends; and they even voted against NDP legislation, weeks ago, that would have returned land to the greenbelt.

Speaker, back, again, to the Premier: Is he truly sorry, or is he just sorry that he got caught?

Interjections.

The Speaker (Hon. Ted Arnott): Members will please take their seats.

Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: Thank you, Mr. Speaker.

Listen, what we are doing is focusing on the priorities of the people of the province of Ontario. We made a public policy decision that was not supported by the people of the province of Ontario, and that is why we're returning those lands to the greenbelt. We have co-operated and worked with the Auditor General, we have worked with the Integrity Commissioner, and we will assist the RCMP as they undertake a review of the entire plan.

But let there be no doubt that we will stand firm in our commitment to build 1.5 million homes for the people of the province of Ontario. Let there be no doubt that we will continue to fight against carbon taxes, which are decimating this economy across Canada—not only Ontario.

1100

And let there be no doubt that the Leader of the Opposition could show true leadership by standing up against the anti-Semitic hard left of her party. That is also leadership, Mr. Speaker. She could do that today and ask that that member from Hamilton Centre leave this place.

At the same time, Mr. Speaker, we will stand up for all Ontarians because we know it is the right thing to do.

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: Let's just be clear: not sorry, just sorry they got caught.

This question is, again, for the Premier. Speaker, one of the reasons why this government is under RCMP investigation is because they put their friends and insiders ahead of the needs of everyone else. Since 2018, this government has given countless patronage appointments and even seven-figure contracts to their friends and donors.

Exhibit A: They tried to appoint the Premier's friend—remember that?—Ron Taverner to head up the OPP.

Exhibit B: They appointed the Premier's friend Mark Saunders as a special adviser to Ontario Place. Our FOI found no proof he did any work.

Exhibit C: Another friend and honoured wedding guest, Carmine Nigro, made LCBO chair and Ontario Place chair.

More to come, I'm sure.

Speaker, back, to the Premier: Why is the government stacking the deck with their unqualified insiders?

Interjections.

The Speaker (Hon. Ted Arnott): Members will please take their seats.

Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: It should be no shock to anybody here that the NDP don't think that two superior police officers—people who have served their community for what, 150 years combined?—are qualified to continue to serve the people of the province of Ontario. That high-lights, in itself, the difference between the NDP and the Liberals, Mr. Speaker.

What we do is, for qualified people who have served their community for generations, we ask them to continue to serve. What do they do? They shout them down. They protest them. That is the legacy of the Liberals and the NDP. They do it every single day.

That is why they're standing in the way of building a better, stronger Ontario. That is why they want carbon taxes, because it's not about making people more prosperous. For them, it's about making sure that the people of the province of Ontario rely only on government.

For us, we want to give people the tools to succeed each and every day. That means providing more money in their pockets, providing supports for families and building houses for them. While they get in the way, we'll remove them as an obstacle, and we'll move forward for the people of the province of Ontario.

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

Ms. Marit Stiles: Speaker, just last week, this government was forced to remove their appointee, a land speculator, from an environmental advisory committee because it turns out he had misappropriated millions of dollars.

But it doesn't stop there, because a majority of senior members on Ontario's major tribunals have connections back to this Conservative Party. Massage tables, "boys' trips" to Vegas, luxury spas—this government and their friends are living it up while people in this province suffer.

My question to the Premier is, how many times must your government get caught before there's a moral reckoning in this province?

Interjections.

The Speaker (Hon. Ted Arnott): Members will please take their seat.

The Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: Mr. Speaker, I don't know where you begin with the NDP. In their caucus, they have a hard-left anti-Semitic person who, frankly, should not be sitting in the caucus. Really, there is a discussion of whether they should even be sitting here. That Leader of the Opposition chose to do nothing.

They have members who bring around signs that say, "F the police."

At their convention this weekend, when brought forward with policies that they didn't necessarily agree with, they said, "We don't have to care about anybody else. It's just about us." They brought policies to increase taxes, Mr. Speaker.

You have an option. You could tell your friends in Ottawa who hold the balance of power, don't take your example. Do the right thing. Bring down a government that is costing the people of the province of Ontario billions of dollars, that puts our economy at risk, that harms us in terms of affordability, and that's causing high interest rates. Will you do the right thing and tell them to bring them down so that we get a government that respects the people in Ottawa?

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. Once again, I'll remind members to make their comments through the Chair, not directly across the floor of the House.

Start the clock. The next question.

NORTHERN ONTARIO DEVELOPMENT

Mr. Will Bouma: My question is for the Minister of Indigenous Affairs and Northern Development.

The previous Liberal government, propped up by the NDP, drove jobs out of Ontario and failed to unlock our province's full economic potential. Instead of support, the north endured insults from the previous Liberal government, who called them a "no man's land." That is why our government must recognize the incredible opportunities that exist in northern Ontario and the First Nations communities as we continue to partner with them for their economic growth.

I understand that the Premier recently made a historic visit to the municipality of Greenstone in northwestern Ontario, to witness the incredible economic transformation that is taking place there. Speaker, can the minister please explain how our government is promoting economic development projects in northern communities, especially in towns like Greenstone?

Hon. Greg Rickford: A significant visit on so many levels. The province of Ontario stands ready to respond. Regional economic support promoting Ontario's northern development couldn't be more critical for a new centre of gravity that is emerging in that municipality and the surrounding First Nations communities.

The focus of that visit with the Premier and I was training, employment, commercial infrastructure and community enhancement. We announced investments in Nedaak, to build a training complex for First Nations to participate in the forest sector; the Minodahmun Development incorporation, to build a commercial plaza right at the heart and soul of where the corridor to prosperity will begin; and some community enhancement projects throughout the municipality of Greenstone, sprucing up some of their arenas and other recreational infrastructure.

We have an enormous opportunity here. The province stands ready. The municipality of Greenstone and the surrounding First Nations communities recognize that.

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

Mr. Will Bouma: Minister, thank you for that response. Since coming into office, our government has been working to address the gap in skilled labour. Shortages in skilled labour are being felt across the province, and Greenstone is no exception. With hundreds of jobs to fill in many sectors, communities across the north are looking to our government for support. In many cases, communities in the north need to bring in skilled labour from the southern parts of our province.

That is why it is vital that our government continues to make investments that will promote training, education and skills development to fill current and future job vacancies in this important region. Speaker, will the minister please explain how our government is investing in the workers of tomorrow to build up northern communities?

Hon. Greg Rickford: We share a vision with First Nations communities and the municipalities there, to decrease the number of workers who come externally. We know that there are human resources on the ground, like the Nedaak investment I just referred to.

We also announced the ability of Kiikenomaga Kikenjigewen Employment and Training Services—based in Thunder Bay, but it has more than seven participating First Nations communities all throughout the central corridor of northern Ontario—to provide Red Seal training for young First Nations people.

There's a lot of work to do. I talked about the infrastructure that we're building in that corridor. I know the Minister of Energy is really excited about the corridor, which will not only supply Greenstone but move up into the corridor to prosperity. This is a great opportunity. It's even more awesome to know that it's going to be built by First Nations young people.

ONTARIO PLACE

Mr. Chris Glover: To the Premier: The NDP has obtained a document showing that this government had been planning to build a massive, government-funded parking garage at Ontario Place nearly two years before telling the public. The parking garage will cost half a billion tax dollars, for the benefit of Therme, a private luxury spa. But the original RFP stated that bidders to redevelop Ontario Place would need to work with the existing parking and that the government would not pay for additional parking facilities.

1110

This government is under criminal investigation by the RCMP for the greenbelt grab, and this is yet another suspicious deal. Did the government give Therme preferential treatment by accepting a bid that required a taxpayer-funded parking garage?

Interjections.

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

Minister of Infrastructure.

Hon. Kinga Surma: Mr. Speaker, I came to Queen's Park this morning to find out that the NDP was hosting a press conference at 9 a.m. Why? To tell the public that government was contemplating building a parking lot facility because we are redeveloping Ontario Place to be a world-class tourist destination.

What do Wonderland, the zoo, Exhibition Place all have in common? Yes, they're tourist destinations, but they also have parking spaces for the convenience of those that attend those wonderful locations.

The Speaker (Hon. Ted Arnott): The member for Parkdale–High Park: supplementary.

Ms. Bhutla Karpoche: Back to the minister: There are too many irregularities with the Ontario Place procurement process that awarded the development rights to Therme. There was no fairness monitor appointed to verify fairness and integrity. There was no public information about what scoring criteria were used, if any, and the government can't show the scorecards evaluating the bids.

There is no evidence that the government performed due diligence to confirm the source of Therme's financing, and the entire process—more like lack of process—was overseen by a close friend of the Premier. We've seen this before. The government is already under criminal investigation by the RCMP for the greenbelt grab.

Will the Premier cancel the shady Therme deal?

Hon. Kinga Surma: Government will continue to bring Ontario Place back to life, just like we've stated over the last five years. Infrastructure Ontario, who—everyone in this House knows—is an arm's-length agency, led the procurement, led the process and made recommendations to government. It was Infrastructure Ontario who also retained an external advisory team with Colliers, KPMG and McCarthy Tétrault to make sure that the process was fair and to get their expertise.

Mr. Speaker, Ontario Place is not enjoyed by the public anymore. We will make sure that there will be lots of activities for families to enjoy all year round, 365 days a year.

ELECTRICITY SUPPLY

Mr. Dave Smith: My question is for the Minister of Energy. Under the previous Liberal government, Ontario saw an exodus of more than 300,000 manufacturing jobs. But thanks to the leadership of the Premier and the Minister of Economic Development, Job Creation and Trade, our province is witnessing a revitalization and expansion in our manufacturing sector.

Our government has announced significant new investments being made here in Ontario, particularly in electric vehicle production and battery manufacturing. While all of these investments are great, they also mean an increased demand in our electricity network. That's why it's so vital that our government take action to meet the current and long-term electricity needs of residents and businesses.

Speaker, can the minister please explain what our government is doing to ensure that Ontario has sufficient energy capacity to meet our growing needs?

Hon. Todd Smith: Thanks to the member from Peterborough for the tough but fair question this morning. He's absolutely right when he says one thing: Under the previous Liberal government, supported every step of the way by the NDP, we saw hundreds of thousands of manufacturing jobs leaving our province. Since we brought in some economic stability to Ontario, under the leadership of our Premier and our Minister of Economic Development and everybody working so hard to remove red tape and make this a sought-after jurisdiction, we have multi-billion-dollar electric vehicle platforms that are coming back to Ontario, Mr. Speaker—EV battery manufacturing.

The folks from Dofasco are here with us today. They're putting in electric arc furnaces at their facilities in Hamilton, just like they are at Algoma in Sault Ste. Marie.

For the first time since 2005, we're seeing increased electricity demand in our province to make sure that we're powering those businesses and those homes that we're going to be building as well, Mr. Speaker. We know that millions of people are coming to Ontario because this is the place where they want to do business and, earlier this summer, I unleashed our plan to power Ontario's growth and I'll have more to say in the supplementary.

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

Mr. Dave Smith: Thank you to the Minister of Energy for that or, as I refer to him, the founder of the Smitty committee.

It's encouraging for the people of Ontario and for businesses that are looking to invest here. Our province is well positioned to provide clean, affordable and reliable energy. As our province moves toward an electric future, with a strong electric-vehicle supply chain network, the need for reliable, low-cost and clean power has never been greater. That's why our government must remain focused. Actions to ensure that our energy supply will continue to meet the needs of a growing population and industrial expansion are critical.

Can the minister please elaborate on what energy policies our government will advance to help build a stronger Ontario and strengthen our competitive advantage?

Hon. Todd Smith: Thanks again to the member from Peterborough. We're very fortunate in Ontario to have one of the cleanest electricity grids in the entire world. We're working hard to make sure that it stays that way with our Powering Ontario's Growth plan.

Under the plan we're investing in 4,800 new megawatts at Bruce Power on the west coast of Ontario, taking that world-leading facility to an even bigger emissions-free generating facility for our province. We're not just building one small modular reactor on the site at Darlington with OPG; we've announced under the Powering Ontario's Growth plan that we're going to be building four small modular reactors there. That's enough clean power to power 1.2 million homes. We're making the investments that we need in large-scale and small-scale nuclear

reactors. We have the largest energy procurement in the country going with our battery-storage facilities located across Ontario, and we've invested \$1 billion into energy-efficiency programs. We're going to have the power that Ontario needs.

GOVERNMENT ACCOUNTABILITY

Ms. Catherine Fife: My question is to the Premier. Last week, we learned that this government is under another criminal investigation by the RCMP and that the Auditor General's office is investigating the Conservatives' shady MZO process. The government's pattern of fiscal and environmental irresponsibility is finally coming to light.

In Waterloo region the forced expansion of 2,200 acres of precious green space and farmland to development is cause for legitimate concern. This threatens the Waterloo moraine, the main source of drinking water supply, and once again disrespects First Nations who supported our responsible regional plan. No process, no consultation, no transparency, no due diligence with no plan to address the housing crisis: Who is driving these decisions? Because it certainly will be costly on all fronts.

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

Hon. Paul Calandra: The planning process followed all of the rules established by this Legislature, as a matter of fact.

I know the member is upset. She's upset because of the changes that we have made that have seen jobs come back to the province of Ontario, her region, because of the hard work of the Progressive Conservative members of the provincial Parliament. They're seeing jobs and opportunity come back like never before. Because of the hard work of the Minister of Colleges and Universities, that sector is thriving there as well.

It's an odd thing: When more people want to come to an area they want to have a place to live. Because of that, we are ensuring, by working with our municipal partners, that there will be places for people to live in Kitchener-Waterloo.

We're going even further than that. We're asking our partners across the province to join with us in building 1.5 million homes for the people of the province of Ontario—large communities, small communities. I've heard from small-town mayors in northern Ontario who have said, "Don't count us out. We can build five, six, seven—we want to be a part of it." And you know what? We'll make sure that they're a part of that, Mr. Speaker.

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

Ms. Catherine Fife: Housing starts are down and municipalities are still waiting to be made whole by this government. We have a criminal investigation and yet another Auditor General investigation. In addition, we have a leaked briefing note on this mess, indicating specific site consultations occurred with third parties, but who are these third parties? Why did they get a voice and the

power and the profit at the expense of the people of Waterloo region?

At the same time as the RCMP criminal investigation on the greenbelt land scandal, an auditor is investigating the MZOs "R" Us model of land use planning. These forced boundary expansions are profoundly undemocratic and won't address housing or affordability concerns.

Why is this Premier and this government so beholden to land speculators, so eager to bend to their wishes, that they're willing to cast aside good governance and the duty to consult?

1120

Hon. Paul Calandra: The plans went before the people, and they had the opportunity to have their voices heard.

She talks about MZOs. Let's talk about MZOs for a second, if we can, because I know that when I was Minister of Long-Term Care, I brought municipal zoning orders, I requested them for long-term-care homes in communities that refused to build long-term-care homes. What's wrong with that, Mr. Speaker? Now, I know they are ideologically opposed to that, because when they were in cahoots with the Liberals, they built 611 long-term-care homes. Now, this Minister of Long-Term Care is ushering 58,000 new and upgraded homes across the province of Ontario.

We've said very clearly to our municipal partners, if you're going to stand in the way of long-term care, we'll remove the obstacle. If you're going to stand in the way of students, we're going to remove the obstacle. If you're going to stand in the way of transit and transportation, we will remove the obstacle. If you stand in the way of building a bigger, better, stronger, safer Ontario, we'll remove the obstacle and get it done for the people of the province of Ontario.

GOVERNMENT ACCOUNTABILITY

Ms. Stephanie Bowman: The RCMP recently launched a criminal probe into the government's backtracked \$8.3-billion greenbelt land swap. According to Michael Kempa, an associate professor of criminology at the University of Ottawa, "The main concern ... on this file, is in the area of breach of trust ... where elected officials abuse their position either by giving out patronage appointments or favourable contracts or insider information that could prove profitable to their friends and donors..." Speaker, we know that's exactly what happened with the \$8.3-billion greenbelt land swap, and this government has lost the trust of the people of Ontario.

My question to the Premier: Will the government press pause on the decisions they have made on the Ontario Place spa, the science centre and Highway 413 to prove to the people of Ontario that those processes are not flawed too?

The Speaker (Hon. Ted Arnott): Minister of Infrastructure.

Hon. Kinga Surma: The answer is absolutely not. We will be bringing Ontario Place back to life, because right now, it is an asset that is not enjoyed by 15 million Ontar-

ians. We will not stop our work in building the 413 because we know how important it is for people to get to their families faster and reduce congestion.

We are investing \$184 billion to build infrastructure that's desperately needed in the province, and we will get it done.

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

Ms. Stephanie Bowman: The AG's greenbelt report showed that a flawed process was used to benefit a small group of developers, so we now must question all processes this government uses to make decisions where developers have a role. We have the AG investigating the government's process for MZO, some of which benefit these same developers.

In my riding of Don Valley West, constituents are asking if flawed processes were used to cut corners to allow dense high-rise developments when the city says that children in those developments won't attend nearby schools because they're full.

Speaker, this government has a history of fast-tracking decisions under the guise of getting housing built when we know from the AG report that the main result was to benefit their friends.

My question to the Premier: Will the Premier press pause on MZO until the Auditor General completes its full review of the province's process for using them?

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

Hon. Paul Calandra: Honestly, Mr. Speaker, I think that, in a nutshell, highlights just how incompetent Liberals really are, because this isn't about anything else but their desire to stop housing from being built. We have the sad spectacle of one of the leading Liberal contenders avoiding doing her job so that she could stop housing from being built in Mississauga.

So, very clearly, I say to the member: Every single municipality across this province will work with us. We will remove obstacles, and we will build 1.5 million homes. They don't want them built around transit. They want us to stop that. They don't want us building long-term care. They don't want us building homes for students.

Well, I say very clearly to the member for Don Valley West: No. We will continue to do whatever it takes to build more homes for the people of the province of Ontario and untangle the mess that 15 years of Liberals left this—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

The next question.

CURRICULUM

Ms. Laura Smith: My question is for the Minister of Education. Parents in Ontario expect their children to receive a world-class education in our school system. They expect our government to prioritize the foundational subjects of reading, writing and math when it comes to their children's education.

That is why the Premier and the Minister of Education must continuously support and commit to strengthening math studies in our school system. By doing so, children in schools will be able to learn the skills they need to be ready for the jobs of the future.

Can the minister please explain how our government is strengthening math studies in our schools?

Hon. Stephen Lecce: I just want to take a moment to thank the member from Thornhill for her exceptional leadership in standing up against anti-Semitism in this province and in her community. We are very grateful.

Mr. Speaker, this is a very important question about how we strengthen numeracy skills amongst young people in the province. And we have a plan. I'm proud to confirm to you that we have now hired the full number of math coaches, which we doubled, right across Ontario; we've completed the hiring of a math lead in every single school board, as per Bill 98, the Better Schools and Student Outcomes Act—all designed to improve accountability and outcomes of students when it comes to math skills.

We now require every board to submit three times a year their math achievement action plan, with metrics used to hold the directors and school boards to account, to lift outcomes and improve the pathways of young people into STEM careers.

We have doctors with us, and engineers—

The Speaker (Hon. Ted Arnott): Response?

Hon. Stephen Lecce:—so many is in this House.

We want young people to have the skills they need to succeed in the modern economy and to achieve good-paying jobs here in Ontario.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Laura Smith: Thank you to the minister for his solid work.

It's evident that our government is committed to ensuring that students are learning the important skills they need to succeed. The 2022-23 EQAO assessment results are showing an improvement in comparison to the previous years. These test results demonstrate the positive proof that our government's focus on the back-to-basics approach is working. In fact, with respect to math and literacy, as a mother, I can appreciate that test scores—they have increased in both English and French school boards across this province.

While it's clear that our government is on the right track, we must remain focused on what is most important: ensuring our students receive the best education possible.

Can the minister please elaborate on what actions our government is taking to continue to improve academic achievement and the well-being of our students?

Hon. Stephen Lecce: I think, first off, there are two key principles, the first of which is, if we want to improve student outcomes and the well-being of children in Ontario, then we have to, as legislators, stand up for the right to learn and ensure they stay in school every day right to June without disruption. That's why we signed a deal—we agreed on a deal with OSSTF that ensures 400,000 high school children will be able to have peace in their academic journey for the next three years. Every child

deserves that. We're fighting to ensure every child in Catholic and French and public elementary schools get the same stability that OSSSTF children deserve.

Mr. Speaker, the second premise, and the key contrast with members opposite, is that we believe as Progressive Conservatives, when it comes to the quality of teachers, that the merit and qualification of new educators should reign, not their seniority in a union. We will always ensure the best educator has the job. We ensure qualification, diversity and experience are the key attributes when we bring new educators and promote them in Ontario.

We'll stand up for the rights of kids, stand up for students and for—

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

GOVERNMENT ACCOUNTABILITY

Mr. Jeff Burch: Speaker, through you to the Premier: The government wants us to believe that their greenbelt grab was just a sloppy process resulting from negligence and mismanagement, but last week we learned that it's much worse—the government is under criminal investigation. And that's just one scandal. Now we're starting the process all over again with a new Auditor General investigation into this government's many ministerial zoning orders, which municipalities have long said favour the interests of influential land bankers over the interests of the public.

Can the Premier tell us if this new Auditor General's report will lead to a new criminal investigation?

The Speaker (Hon. Ted Arnott): To reply, the Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: There's no doubt we made a public policy decision that wasn't supported by the people of the province of Ontario, and for that we are obviously sorry, and that is why we are returning the lands and bringing forward a new process later on today.

But make no mistake about it, Mr. Speaker—I understand what the NDP are trying to do. They are trying to put as many obstacles as they can in the way of building homes. This member himself, in his own community—he sat on a council, and he could have helped avert the crisis that we're seeing in housing in his own community. Did he do it? No, Mr. Speaker. Because for the NDP and the Liberals, it's not about helping people, it's about holding them back so that they can only rely on government.

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We're different, Mr. Speaker. What we want to do is give the people the power to succeed. Part of that is ensuring that we have 1.5 million homes. I will not stop in that mission, Mr. Speaker. I will remove obstacles. We, this entire caucus, will get it done for the people of the province of Ontario.

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

Mr. Jeff Burch: Back to the Premier: The government has issued an unprecedented number of minister's zoning orders, which are now being investigated by the Auditor General. By now, we've all heard of Mr. X, who has made

a whole career out of lobbying the government for these zoning orders which make his clients rich. But does this lead to more affordable houses? No. With no sunset clause for development permits, these land speculators just sit on properties until they can get the highest price.

The greenbelt grab has led to a criminal investigation. Will the government come clean about the MZO back-room deals, or will they need the RCMP to intervene again?

Hon. Paul Calandra: Mr. Speaker, I've been very clear that I am in the process of developing a policy that will be use-it-or-lose-it—I have no interest in having developers sit on allocations.

But at the same time, perhaps the member can tell me, is it the Innisfil long-term-care home that I issued an MZO on that he's unhappy with, or is it the Clarington long-term-care home? Is it the Toronto hospital expansion which we issued an MZO on that you're unhappy with? Maybe it's the mixed-use housing development in Brampton that you're unhappy with, or maybe it's the modular homes that the city of Toronto asked us to provide an MZO with—maybe he's unhappy with that one.

Maybe it's the Ajax long-term-care home, maybe it's the Mississauga long-term-care home, maybe it's the Toronto mixed-use development that the city of Toronto asked us to develop, maybe it's the second Ajax long-term-care home, maybe it's the Aurora long-term-care home, maybe it's the Oakville long-term-care home, maybe it's the Hamilton long-term-care home, maybe it's the Vaughan long-term-care home, maybe it's the Toronto long-term-care home.

Which of those MZOs—I'll give him the opportunity to stand in his place—are you unhappy with?

Interjections.

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

Order. Order.

Start the clock. The next question.

LONG-TERM CARE

Mr. Sheref Sabawy: My question is for the Minister of Long-Term Care. For nearly a decade, the previous Liberal government, supported by the NDP, failed to plan ahead for the needs and care of our seniors. As a result, only 611 long-term-care beds were added across our province, and 40,000 Ontarians were left waiting for a place in a long-term-care home. The health care needs of Ontario seniors are becoming more complex. That's why our government must act right away to ensure that they receive the quality of care they deserve, both now and in the future.

Speaker, can the minister please explain how our government is ensuring that Ontario's seniors are receiving the care that they deserve?

Hon. Stan Cho: Looking across the way, it looked like the member had a question. I'm glad it's for me this morning. Thank you very much for that.

Speaker, the list of shortcomings from the last Liberal government is a long one, whether it's transit, transportation, building homes, the environment, reducing red tape, affordability—we can go on and on. It's also true when it comes to the long-term-care sector. In fact, the last

Premier, Premier Kathleen Wynne, said one of her biggest regrets was not investing more into our seniors in long-term-care.

This government is doing things differently, but the track record of the Liberals still remains. When it came to the four hours of daily care, the Liberals missed that mark by an astonishing hour and 15 minutes when it came to our seniors. We think, on this side of the bench and those government members there, that our seniors deserve better. That's why we're not only investing a record \$10 billion to expanding capacity when it comes to building new homes—58,000 beds—but \$4.9 billion to make sure we have the staffing to carry those four hours. We're going to take care of our seniors—

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

The supplementary question.

Mr. Sheref Sabawy: In 2018, we inherited a broken long-term-care system, and it's clear from the minister's response that our government is addressing long-standing problems and concerns. It is encouraging to hear that our government is making up for the many years of inaction by the previous Liberal government.

Seniors across our province are benefiting from additional investments made by our government.

However, more needs to be done and must be done to ensure that we remain focused on implementing measures that will improve the quality of life for residents in long-term care.

Can the minister please elaborate on what our government's strategies are to increase the amount of direct care provided to residents in long-term-care homes?

Hon. Stan Cho: I was sitting in this chamber when I watched the Liberals and the NDP vote against \$4.9 billion to establish that four hours of daily care per resident, a nation-leading standard.

Speaker, the member asks an important question: What other updates have been provided? Well, not just an astonishing amount of \$10 billion to build those 58,000 new beds—but I'm proud to tell this House that, since 2018, 18,000 beds have been completed or are under construction today. I was just in the great north—from Sudbury to Timmins to Matheson, all the way down to Huntsville and Gravenhurst—to announce the creation of these brand new beds, led under the leadership of the last Minister of Long-Term Care.

The hours of care that we mentioned earlier—let's talk about the Liberal record on this. In nine years, they provided an extra 21 minutes of care per resident; that's like two and a half minutes per resident. We did in one year what the Liberals took nine to do.

We're on track to hit that four hours of daily care. Our seniors took care of us; this government is going to take care of them.

CONSUMER PROTECTION

Ms. Chandra Pasma: My question is to the Premier.

Five years after they paid deposits for new homes, my constituents are being held hostage by a developer. They do not even have a timeline for construction, let alone a

new home. Despite multiple appeals, they have gotten no help from this government.

On June 8, I hand-delivered a letter to the Premier asking him to meet with my constituents and hear their stories. They are still waiting for a response, but they are here today in the gallery to hear directly from the Premier. Will he meet with them? Yes or no?

The Speaker (Hon. Ted Arnott): The minister of business and government services.

Hon. Todd J. McCarthy: Our Premier, the Honourable Doug Ford, is second to none in terms of his outreach to the citizens of this province, his availability to meet with and communicate with all of our citizens, and in that sense, he stands as one of the great Premiers of the province of Ontario, with that kind of representation.

I do want to say specifically to this question that this government vowed to stop bad actors from trying to make extra money off the backs of hard-working Ontarians, which is why we announced new changes that strengthen the regulatory tools available to directly address this issue. The Home Construction Regulatory Authority is one of 12 administrative authorities under the jurisdiction of my ministry, and we will work with that administrative authority to make sure that bad actors are stopped in their tracks.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Chandra Pasma: [*Inaudible*] respond to a request from a meeting isn't just second to one; it's second to a lot of people.

It has been five years and the ground hasn't even been prepared for building; 26 months and counting since a complaint was filed with the HCRA and no action.

The Premier said he doesn't support bad developers, but time and time again his actions suggest otherwise.

When are we going to see real measures to hold bad developers accountable?

Hon. Todd J. McCarthy: Our government has heard this and many stories of Ontario homebuyers getting ripped off.

The member opposite has a lot to say about helping Ontarians, but when push comes to shove, the members opposite choose to play politics rather than vote for real supports for Ontarians. They voted against stronger consumer protections for new home buyers. They voted against higher fines for bad developers. And they voted against providing families across the province with the supports they need to purchase a new home. We'll take no lessons from this gang opposite us.

1140

MENTAL HEALTH AND ADDICTION SERVICES

SERVICES DE SANTÉ MENTALE ET DE LUTTE CONTRE LES DÉPENDANCES

Mr. Will Bouma: My question is for the Solicitor General. Across Ontario, police services are experiencing a substantial increase in mental-health-related calls. Many situations are complex and call for resources that go beyond what police officers may be able to provide in

responding to an incident where an individual is in distress. Individuals who are experiencing a mental health or addictions crisis need specialized assistance. They may also need to be connected to health care and to community supports. That is why our government must do all that we can to help those most in need, no matter where they live in the province of Ontario.

Speaker, can the Solicitor General please explain what our government is doing to help our front-line officers in supporting people who are experiencing a mental health crisis?

Hon. Michael S. Kerzner: I want to thank my colleague from Brantford–Brant for everything that he does for this community and standing up against hate.

And I want to thank our first responders, who keep our communities safe every day. That's why our government is working to provide our police with the tools and resources they need every day, and we're investing more than \$4.5 million to help police services provide specialized support to people who are experiencing a mental health or addiction crisis. The Mobile Crisis Response Team Enhancement Grant enables police to do work with trained crisis workers when responding to those in need. These crisis workers help de-escalate distress situations.

And at the end of the day, everyone that keeps Ontario safe will know, and do know, that our government will always have their backs.

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

Mr. Will Bouma: Thank you, Minister, for that response. It is evident from the Solicitor General's response that our government is committed to helping our front-line officers support people who are experiencing a mental health crisis.

Investments into mobile crisis response teams will go a long way to helping to improve safety and care for individuals who are in distress. The reality is that these situations are affecting all communities large and small, rural and urban. We need to ensure that investments by our government are reaching all regions of Ontario.

Speaker, can the Solicitor General please elaborate on how funding for mobile crisis response teams is being allocated and how their work will translate into improved outcomes?

Hon. Michael S. Kerzner: Again, I wish to thank my colleague. I've seen this for myself. I've seen the good work that our first responders do in Sault Ste. Marie, in Hamilton, in Perth and in Peel as examples. The work these teams are doing is evident that our investments are making a difference in keeping Ontario safe.

Mr. Speaker, I'm proud to say that our recent announcement includes investments to 39 police services, both municipal and OPP, and in all regions of Ontario. We will always have the backs of everyone that keeps Ontario safe.

Monsieur le Président, nous investissons de manière proactive, ciblée et précise afin de lutter contre la criminalité et d'assurer la sécurité de nos collectivités. Et, monsieur le Président, de plus, nous continuerons de faire ce qui est difficile pour assurer la sécurité de l'Ontario.

RESPONSABILITÉ GOUVERNEMENTALE

GOVERNMENT ACCOUNTABILITY

M. Guy Bourgouin: Au premier ministre : les temps sont difficiles pour les travailleurs de l'Ontario. Chaque mois, ils se voient confrontés à des coûts de la vie plus élevés combinés avec les diminutions des services publics. Les gens nous disent qu'ils sont épuisés et qu'au lieu de voir un gouvernement qui leur vient en aide, ils voient un gouvernement les deux pieds dans des scandales sans fin.

Monsieur le Président, les révélations de la mainmise du gouvernement sur la ceinture de verdure, à la hauteur de 8 milliards de dollars, s'aggravent. Les Ontariens méritent des réponses. Le premier ministre peut-il confirmer que son gouvernement fait actuellement l'objet d'une enquête criminelle de la GRC?

The Speaker (Hon. Ted Arnott): Minister of Municipal Affairs and Housing and government House leader.

Hon. Paul Calandra: Look, the member will know that we made a public policy decision that was not supported by the people of the province of Ontario and that is why we are presenting legislation later on today to return those lands to the greenbelt.

The member asks why we brought a decision like that forward. Well, principally because we want to build 1.5 million homes for the people of the province of Ontario, and that includes in his own riding. I've actually been heartened by the responses that I'm getting from northern Ontario thanks to the hard work of the Minister of Northern Development, who was telling me—and communities, frankly, reaching out to me saying that they want to participate in building homes for their communities. They're seeing jobs coming back to their communities, and they want to participate in that.

It is true that the member opposite voted against, for instance, Mining Act changes that would have brought even more jobs and opportunity to his community. But I can say to him and people in this riding that we won't let them down. We'll continue to work towards improving that economy and building homes for the people in his riding as well.

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

M. Guy Bourgouin: C'est tout le temps impressionnant de voir une réponse sur l'objet d'une enquête criminelle de la GRC où on patine comme des joueurs de hockey. Il serait un bon joueur de hockey, je peux vous le dire.

Ce premier ministre a dit aux électeurs qu'il était différent. Il a déclaré que son parti ne prioriserait pas leur cercle d'amis comme l'ont fait les libéraux. Il a promis de mettre fin au copinage qui a fait tomber le gouvernement libéral. Cinq ans plus tard, Ford et son gouvernement font l'objet d'une enquête criminelle de la GRC.

Monsieur le Président, au premier ministre : comment les Ontariens peuvent-ils faire confiance à leur gouvernement alors qu'il fait l'objet d'une enquête criminelle active?

Hon. Paul Calandra: We have started, right from the beginning back in 2018, to focus on the priorities of the people of the province of Ontario. This is an NDP party that kept the Liberals in power when they called the north basically a wasteland, when they stopped investments from being made there. This is an NDP that supported that. So the member who asked the question from northern Ontario sits in a caucus that once called his region a wasteland, a no man's land that people should not invest in.

Well, you know what, Mr. Speaker? The people of northern Ontario returned more Progressive Conservatives to this legislature following that election. But this member, he doubled down. He doubled down: He voted against the Mining Act changes that would bring more jobs and opportunity to his community. He voted against legislation that would bring more housing to his community.

So I say to the member this: I know you're going to get up in your place and every single day vote against the people of the province of Ontario. But fear not. We have the members from northern Ontario in this caucus who will stand up for the—

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

INDIGENOUS MENTAL HEALTH AND ADDICTION SERVICES

Mr. Will Bouma: My question is for the Associate Minister of Mental Health and Addictions. A few weeks ago, we raised the Survivors' Flag here at Queen's Park, and we recently observed the National Day for Truth and Reconciliation as we all paid respect and honoured residential school survivors.

Indigenous leaders have been clear that the inter-generational impacts of the residential schools program continue to affect the mental health of their communities across the province. Our government's \$3.8 billion Roadmap to Wellness is rebuilding and strengthening the mental health and addictions system to expand health services and supports. However, we know that Indigenous peoples and communities have faced many barriers to accessing safe, effective mental health and addictions care.

Can the associate minister please explain how our government is supporting Indigenous communities in Ontario with the mental health care and services that they need?

Hon. Michael A. Tibollo: Thank you to the member for that important question. Over the past few years, it's been an absolute privilege for me to be able to work so closely alongside the Minister of Indigenous Affairs and so many Indigenous leaders and communities across the province to discuss how our government can help improve mental health and addictions outcomes for Indigenous people throughout the province of Ontario.

Trauma-informed care, low-barrier addictions medicine, services closer to home, and culturally safe and appropriate care are critical to ensure that we have the system that works for everyone. These are things that I have consistently heard from members throughout the province of Ontario.

I'm proud to say that through the \$7-million investment, we will be funding new land-and-water-based healing programs in First Nations communities across the province. From Kettle and Stony Point in the south to Kashechewan in the north and points beyond, we're working to ensure Indigenous people struggling with mental health and addictions issues have the care and access they need wherever they are in the province of Ontario.

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

There being no further business this morning, this House stands in recess until 1 p.m.

The House recessed from 1150 to 1300.

INTRODUCTION OF VISITORS

Ms. Mary-Margaret McMahon: I would love to introduce two beautiful Beaches–East Yorkers who are here crusading for the amazing Ontario Place, and also my new co-op student from Danforth tech high school, a fantastic east end high school, Will.

Mr. Chris Glover: I'd like to welcome to the House Maddy Torres, who is a Durham College student who is interning in my office. I'd also like to welcome, from Ontario Place for All, Norm Di Pasquale, Cynthia Wilkey, Erika Wybourne, Christine Hutchings, Faith Jones, Rosemary Merkley, Julia Sasso, Debbie Green, Anne Low, Andrea Crawford, Heather Brooks, Joanne Enser, Sara Audrain, Heather Johnston, Julie Foley, Guillaume Gogo, Alex Wilmot, Jane French, Paul French, John Scott Tripp, Judi Walsh, Anahita Mahdi, Lisa Neighbour, Matthew Herbert, Jennifer Wood, Lazzell Gelias, Alexandra Horsky, Geoff Kettell, Tai Fu Wong-LaRose, Sara Winnett, Robin Wordsworth and Oliver Waddington. Welcome to your House.

INTRODUCTION OF GOVERNMENT BILLS

GREENBELT STATUTE LAW
AMENDMENT ACT, 2023

LOI DE 2023 MODIFIANT
DES LOIS EN CE QUI CONCERNE
LA CEINTURE DE VERDURE

Mr. Calandra moved first reading of the following bill:

Bill 136, An Act to amend the Greenbelt Act, 2005 and certain other Acts, to enact the Duffins Rouge Agricultural Preserve Act, 2023, to repeal an Act and to revoke various regulations / *Projet de loi 136, Loi modifiant la Loi de 2005 sur la ceinture de verdure et d'autres lois, édictant la Loi de 2023 sur la Réserve agricole de Duffins-Rouge et abrogeant une loi et divers règlements.*

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 of Municipal Affairs and Housing care to briefly explain his bill?

Hon. Paul Calandra: The proposed Greenbelt Statute Law Amendment Act, 2023, would restore 15 parcels of land that were redesignated or removed from the greenbelt and Oak Ridges moraine areas. It would enhance protections by ensuring any future changes to the boundaries of these areas can only be made through an open, public and transparent legislative process.

The legislation would also restore protections previously provided by the Duffins Rouge Agricultural Preserve Act, 2005. It would strengthen immunity provisions. And, finally, it proposes to maintain the 9,400 acres that were added to the greenbelt in 2022.

INTRODUCTION OF BILLS

PLANNING FOR YOUR SILVER YEARS AWARENESS WEEK ACT, 2023

LOI DE 2023

SUR LA SEMAINE DE SENSIBILISATION À LA PLANIFICATION DE L'ÂGE D'OR

Mrs. Wai moved first reading of the following bill:

Bill 137, An Act to proclaim Planning for Your Silver Years Awareness Week / Projet de loi 137, Loi proclamant la Semaine de sensibilisation à la planification de l'âge d'or.

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

First reading agreed to.

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

Mrs. Daisy Wai: This act designates the first week in November as a time to heighten awareness regarding the essential early planning for the future living arrangements of our seniors. It is a recognition of the invaluable contributions made by our senior population in Ontario, with the primary goal to enable them to live in environments that best cater to their needs.

By fostering proactive discussions among families, friends and caregivers, this initiative is aimed at lessening the possible challenges associated with unprepared transitions. In essence, this act serves to ensure that all seniors in Ontario can savour their silver years with the dignity and respect that they deserve.

PETITIONS

HEALTH CARE

Mr. Terence Kernaghan: It gives me great honour to present the following petition entitled "Health Care: Not for Sale." It reads:

"To the Legislative Assembly of Ontario:

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

"Whereas Premier ... Ford and Health Minister ... Jones say they're planning to privatize parts of health care;

"Whereas privatization will bleed nurses, doctors and PSWs out of our 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 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 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;

"—10 employer-paid sick days;

"—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 fully support this petition, will affix my signature and deliver it with page EJ to the Clerks.

TENANT PROTECTION

Mr. Brian Saunderson: It's my pleasure to read a petition that was submitted to my office by the residents of Simcoe-Grey. It says:

"To the Legislative Assembly of Ontario from the Ontario Land Lease Homeowners' Action Group in support of private members' Bill 48, An Act to amend the Residential Tenancies Act, 2006, as it pertains to section 6.1 of the Residential Tenancies Act, 2006, to be repealed:

"Whereas the population of land lease homeowners in Ontario numbers 26,000-plus women and men, mostly seniors, in 12,000-plus homes in 72 communities, with thousands more under development; and

"Whereas land lease homeowners live in self-owned homes on rented property; and

"Whereas, from a land lease homeowner's perspective, the Residential Tenancies Act has not been revisited since 2006; and

"Whereas the land lease housing environment has changed dramatically; and

"Whereas many land lease homeowners feel the current section 6.1 of the Residential Tenancies Act allows certain landlords to exploit this section and must be addressed;

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

"To direct the Ministry of Municipal Affairs and Housing to work in committee with appointed representatives from the Ontario Land Lease Homeowners' Action Group, to review and revise the Residential Tenancies Act to repeal section 6.1 to ensure that land lease homeowners are treated fairly, justly and equitably."

I will pass this to page Paxten.

HOUSING

Ms. Teresa J. Armstrong: I want to thank Marg Szabo for sending this petition.

“To the Legislative Assembly of Ontario:

“Whereas all Ontarians have the right to adequate housing;

“Whereas to ensure an adequate supply of housing, Ontario must build 1.5 million new market and non-market homes over the next decade; and

“Whereas the for-profit private market by itself will not, and cannot, deliver enough homes that are affordable and meet the needs of Ontarians for all incomes, ages, family sizes, abilities and cultures;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to implement a comprehensive housing plan that ensures the right of all Ontarians to adequate housing, including:

“—ending exclusionary zoning and enabling access to affordable and adequate housing options in all neighbourhoods;

“—stabilizing housing markets and stopping harmful speculation; establishing a strong public role in the funding, delivery, acquisition and protection of an adequate supply of affordable and non-market homes;

“—protecting tenants from rent gouging and displacement, and ensuring the inclusivity of growing neighbourhoods; and

“—focusing growth efficiently and sustainably within existing urban boundaries, while protecting irreplaceable farmland, wetlands, the greenbelt and other natural heritage from costly and unsustainable urban sprawl.”

I fully support this petition and pass it to page Gurkaram to deliver to the table.

The Speaker (Hon. Ted Arnott): With us in the House today is a former member of the Legislative Assembly who represented the riding of Scarborough East in the 36th and 37th provincial Parliaments. In the Speaker’s gallery, Steve Gilchrist—welcome back to Queen’s Park. Great to have you here.

1310

LABOUR LEGISLATION

MPP Jamie West: I’d like to thank Terri Rinta, a proud steelworker from USW Local 2020, who helped collect these petitions during Labour Day. It is a petition to enact anti-scab labour law.

“To the Legislative Assembly of Ontario:

“Whereas strikes and lockouts are rare: on average, 97% of collective agreements are negotiated without work disruption; and

“Whereas anti-replacement workers laws have existed in Quebec since 1978, in British Columbia since 1993, and in Ontario under the NDP government, it was repealed by the Harris conservative government;

“Whereas anti-scab legislation has reduced the length and divisiveness of labour disputes; and

“Whereas the use of scab labour during a strike or lockout is damaging to the social fabric of a community in

the short and long term, as well as, the well-being of its residents;

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

“To pass the anti-scab labour bill to ban the use of replacement workers during a strike or lockout.”

I wholeheartedly support this, Speaker. I affix my signature and provide it to page Clara.

ÉDUCATION POSTSECONDAIRE DE
LANGUE FRANÇAISE

M. Guy Bourgouin: J’ai une pétition intitulée « Appuyez l’Université de Sudbury.

« À l’Assemblée législative de l’Ontario :

« Attendu que les Franco-Ontarien(ne)s du Nord ont travaillé pendant un siècle pour la création d’une institution d’enseignement supérieur francophone pour, par et avec les Franco-Ontarien(ne)s à travers l’Université de Sudbury; et

« Attendu que 65,9 % des Franco-Ontarien(ne)s croient que la province devrait financer l’Université de Sudbury pour la mise en place de sa programmation d’enseignement supérieur en français; et

« Attendu que les Franco-Ontariens se battent toujours pour leur droit d’obtenir la même qualité d’enseignement donné dans la langue minoritaire française que dans la langue majoritaire tel que garanti par la Charte; et

« Attendu que des études ont démontré qu’à terme, l’Université de Sudbury générerait 89,3 millions de dollars pour la région; et

« Attendu qu’il y a 8 500 Franco-Ontarien(ne)s âgés entre 10 et 19 ans qui auraient l’option d’intégrer un établissement d’études supérieures en français seulement près de chez eux dans les 10 prochaines années;

« Nous, soussignés, pétitionnons l’Assemblée législative de l’Ontario :

« De garantir le financement nécessaire de 10 millions de dollars par année tel que demandé par l’Université de Sudbury pour assurer l’avenir de l’Université de Sudbury, un établissement d’enseignement supérieur fait pour, par et avec les Franco-Ontariens, et ce dès maintenant. »

Je supporte cette pétition. Ça me fait plaisir de signer la pétition et la remettre au page Yijie pour l’amener à la table des Clerks.

GO TRANSIT

Ms. Catherine Fife: This petition is entitled “All-Day, Two-Way (Including Weekend) GO Trains for Waterloo Region.

“To the Legislative Assembly of Ontario:

“Whereas the government of Ontario is responsible for investing in building, maintaining and upgrading GO Transit trains and rail routes throughout the province; and

“Whereas the government of Ontario has repeatedly made commitments to invest in and improve GO Transit trains for the purposes of improving connectivity, increasing transit ridership, decreasing traffic congestion, connecting people to jobs, and improving the economy; and

“Whereas a lack of reliable transit options impedes quality of life and growth opportunities for commuters and businesses, including the tech sector, in Waterloo region;

“Whereas Waterloo region is home to three post-secondary institutions, the University of Waterloo, Wilfrid Laurier University, and Conestoga College, whose students and staff require weekday and weekend train options; and

“Whereas dependable, efficient public transit seven days of the week is critical to the growth of our region;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to provide a firm funding commitment and a clear timeline for the delivery of frequent, all-day, two-way GO rail service along the full length of the vital Kitchener GO corridor.”

It’s my pleasure to affix my signature to this petition on behalf of the people of Waterloo region and give it to the Waterloo page, Trent.

PUBLIC SAFETY

MPP Jamie West: This petition is entitled “Protect 2SLGBTQIA+ Communities and Drag Artists.

“To the Legislative Assembly of Ontario:

“Whereas anti-2SLGBTQI+ hate crimes and harassment are increasing across Ontario;

“Whereas drag artists have been specifically targeted for intimidation by anti-2SLGBTQI+ extremists;

“Whereas drag performance is a liberating and empowering art form that allows diverse communities to see themselves represented and celebrated;

“Whereas drag artists, small businesses, and 2SLGBTQI+ communities deserve to feel safe everywhere in Ontario;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass the Keeping 2SLGBTQI+ Communities Safe Act so that 2SLGBTQI+ safety zones can deter bigoted harassment and an advisory committee can be struck to protect 2SLGBTQI+ communities from hate crimes.”

I support this petition. I’ll affix my signature and provide it to page Yijie for the Clerks’ table.

OPPOSITION DAY

ONTARIO PLACE

Ms. Marit Stiles: Mr. Speaker, I’m pleased for us to be able to debate the following motion:

Whereas Ontario Place is public property intended for the public benefit; and

Whereas there has been no meaningful public consultation on how Ontario Place should be developed; and

Whereas there is evidence to suggest that the bidding process gave an unfair advantage to specific companies and there was no fairness monitor in place to oversee the process; and

Whereas the government has refused to release details of the reported 95-year lease for a private spa; and

Whereas the government is spending at least \$650 million of public money to provide private benefits for the spa; and

Whereas people are experiencing an affordability crisis and feeling the impacts of this government’s cuts to health care, education and housing;

Therefore, the Legislative Assembly calls on the government to terminate the lease with Therme Canada and stop the transfer of public funds to private profits.

The Speaker (Hon. Ted Arnott): Ms. Stiles has moved opposition day number 2.

I look to the Leader of the Opposition to lead off the debate.

Ms. Marit Stiles: Good afternoon, Mr. Speaker. Unfortunately, I am once again standing here saddened to inform you, who is not just a member of the House but also a citizen of this province, that what we have in Ontario right now is a government that is all too preoccupied with helping their close friends and turning profits and making billions. They are too busy making shady backroom deals with their well-connected friends that they cannot see the very real struggles Ontarians are going through.

Mr. Speaker, I’d like to tell this government how the people of Ontario are doing. They’re deeply struggling. The relentless rise in the cost of living, housing, rent, mortgages, groceries and gas is forcing Ontarians to make very tough choices. They’re making meal choices depending on what grocery items are on sale.

And while Ontarians are stressed about how they’re going to stretch their paycheque till the end of the month, or whether renovation and potential homelessness is around the corner for them, in these tough financial times, what we have is a Premier and a government who are busy trying to get a luxury spa built on public land in downtown Toronto. I’m talking about the Premier’s illogical plan for Ontario Place and what he believes is—I want to quote him here—a “bold vision.” That’s the Premier’s own words, not mine—definitely not mine. Let me tell you, there is nothing bold about a plan that is handing hundreds of millions of dollars of taxpayer money to a private company for a luxury spa that most people will not even be able to afford, because most people right now are struggling to afford the basic necessities of life. The only thing that’s bold about this plan is how arrogantly this government is steamrolling over a public park, ignoring the interests of Ontarians and blatantly disregarding taxpayers.

1320

Speaker, just like with the greenbelt, the official opposition won’t stop asking questions until this government gives us and the people of this province some answers and until trust and transparency and accountability are returned to Queen’s Park. In this effort, the official opposition NDP has asked the provincial Auditor General to conduct a compliance investigation and value-for-money audit of the government’s plans. We also submitted a freedom-of-information request to Infrastructure Ontario to get answers for Ontarians—answers and transparency this government has been denying the people of this province.

Today, I can reveal that the Ontario NDP has obtained documents Infrastructure Ontario provided that contain mounting evidence of a rigged process for the Ontario Place redevelopment—a rigged process that ultimately saw this public parkland handed over to Therme. These documents, Speaker, include a parking study from Infrastructure Ontario from January 2021, and that mentions Therme and its half-billion-dollar parking garage nearly two years before the public even knew about it. It suggests that the Premier gifted a publicly funded, half-billion-dollar parking garage to Therme and hid it from the public for nearly two years and throughout an entire election. That's half a billion dollars of Ontarians' money spent on an elite luxury spa while people were pleading—pleading, Speaker—for investment in emergency rooms in this province and schools. The greenbelt smelled bad from the very beginning and so does this one.

Ontarians know a bad deal when they see one. That's why we banded together to stop the greenbelt grab in its track. Now we are looking at a government that is under criminal investigation by the RCMP. Madam Speaker, if the Premier has nothing to hide, then why won't they give us more details of the rushed and secretive deal that this government has cut with Therme, a private European company? The Ontario NDP is committed to making sure that this land is publicly accessible not just today, but in perpetuity.

We've learned through recent media reports—through the media, but not, by the way, through this government, despite many, many requests—that Minister Surma was informed by Carmine Nigro, chair of Ontario Place Corp.—and, by the way, I want to point out again, a major donor and a friend of the Premier's and a donor to this party, but also somebody that not only is the chair of Ontario Place, but was made the chair of the LCBO because, you know, one's not good enough. That site had 2.8 million visitors in 2022. That's according to Carmine Nigro, the chair of Ontario Place Corp.: 2.8 million visitors in 2022. They turned a record profit.

You know what I checked. That's actually almost on par with the number of visitors to the Statue of Liberty in a year. That's no small thing. So why is it that Minister Surma never shared these numbers with the public? Why did she instead choose to keep Ontarians in the dark and insist that Ontario Place is not enjoyed by not just Torontonians, but by Ontarians? The people of this province are being kept in the dark about what this deal is costing them. They're being kept in the dark about the facts of who goes and how many visitors go to Ontario Place. And let me tell you that the number of what this deal is costing the people of this province keeps on growing.

Initial estimates put taxpayers on the hook for \$650 million for the parking garage—a parking garage—but also, yes, I'll grant you, for some site preparation. But we're now seeing that that is a low estimate. It appears that taxpayers are also going to be on the hook for the upgraded water and sewer systems to fill this private luxury spa's pools and to treat their sewage water.

Commercial property in downtown Toronto sells for approximately \$200 per buildable square foot. With 700,000 square feet, that means the West Island at Ontario Place is worth about \$1.4 billion. Not only is this government handing over this prime, valuable, public parkland to an Austrian corporation for free, they're also giving this corporation hundreds of millions of dollars of taxpayer money. We, the official opposition, want this project and this sketchy deal cancelled.

My NDP colleague and our infrastructure critic, Jennifer French, has asked the minister and the Premier some really tough questions about their Therme project and the details, and their response has only been, "Just trust us." I'm going to tell you, "Just trust us" isn't going to cut it with Ontarians. Ontarians need to know how much of their hard-earned tax dollars are going to a private company to make this luxury spa so that rich people can get expensive massages. The Premier has asserted that there's no taxpayer money on the line. Well, I really wish that were so—I really do—but it is not going to be the case.

I just want to point out, Speaker, while we're on the topic, that we are seeing a troubling pattern of this government's obsession with massages.

Interjection.

Ms. Marit Stiles: We know. But if they really want to see this spa built, then the city of Toronto mayor, Olivia Chow, has graciously proposed an alternative: the Better Living Centre, which would also, I think, perhaps be a better fit.

All the people of this province want to know is, how much is this really going to cost them? The official opposition NDP care as well about public accountability for their hard-earned tax dollars.

But Ontarians also want to know why, since 2018—that's five years of this Premier's government—an annual report for Ontario Place has not been published once, not once—all of a sudden, no published reports. They've kept secret how much revenue has been brought in from tenants like Live Nation or expenses that Ontario Place has incurred during this time. These reports are supposed to be published around the same time as public accounts every year. Ontario Place Corp.'s financial results are consolidated annually by the government of Ontario. Let me be clear what that means: This government knows. They know, but they aren't going to tell us. Why? Why is this government so bent on hiding facts and the truth from the very people who pay their salaries, from the very people who will be paying for this absolutely nonsense deal? We see absolutely no transparency, no responsibility from this government, and I think the people of Ontario are asking, "What are they hiding?"

We've got them under investigation by the RCMP right now for a deal that was bad—a bad deal. I want to say, the people of this province have said enough is enough. They want to know what this Premier has signed them up for, why he won't release the terms of the 95-year lease of our public lands, our waterfront, that he is gifting to a private foreign company. Why the secrecy?

The questions just keep coming. Who stands to benefit? Who stands to benefit from this backroom deal? Because it certainly isn't the people of Ontario. This deal shows us that, once again, insiders are everywhere when it comes to this government. I'll let you connect the dots, Speaker.
1330

We have Mark Lawson, Therme Canada's highest-profile executive, who worked in Premier Ford's office and, guess what, before that, as chief of staff for the Minister of Finance. Then there's Edward Birnbaum, a new hire announced about a week ago, who came from—also a friend of the Premier—Mayor John Tory's staff. Finally, there's Simon Bredin, a Therme spokesperson, who has worked formerly for Navigator, connected to the Conservative Party. Spacing magazine has noted that Therme's top strategy consultant is John Perenack, another Conservative Party insider whose clients have included EllisDon, the general contractor for the Ontario Place site services replacement project.

Through freedom-of-information requests and questions before the legislative committee, the NDP has learned that there was no fairness monitor for the Ontario Place procurement. I want to remind the people of Ontario: This is standard practice for large procurements, because it's there to ensure fairness and integrity. Why wasn't there a fairness monitor?

The government has also been unable to show any scoring criteria used to assess the bids, or the scorecards for each bid. Without the scorecards, we don't have any way of knowing whether the contract was awarded based on evidence or preferential treatment. Preferential treatment, Speaker: I suspect that's going to be the real issue here.

Journalist John Lorinc—who, I think, actually is a resident of my riding, a constituent—was writing for Spacing magazine, and he found that the procurement process “lacked ... detail about project financing and public information on other proposals for the site.” I wanted to quote him here. He's an award-winning journalist, and he writes, “What's more—and this seems like a highly salient detail—the 38 other bidders were told, in the Call for Development document, that the site had adequate parking, and that they should fashion their proposals accordingly. It was only after the government (via Infrastructure Ontario) selected Therme that it announced the construction of a massive five-level parking garage—an unambiguous commercial benefit to Therme that was never made available to the other bidders.”

Speaker, none of this looks right. It doesn't sound right. It doesn't smell right. This government is tanking in trust and accountability—

Ms. Catherine Fife: It's indefensible.

Ms. Marit Stiles: The member from Waterloo is right: This is indefensible.

They now have a criminal investigation at their door. We can't trust a word they say. They have to show us the papers. They need to open the books, because the people of this province deserve answers. So I ask: Why won't the Minister of Infrastructure show us the business case that

she says showed it was more expensive to renovate the Ontario Science Centre than build a new one at Ontario Place?

Interjection.

Ms. Marit Stiles: Right? She said it would be made public. She hasn't made it public so far. Will she stand here today in the Legislature—I hope so—and make that case public, finally, for the people of this province?

Will the Premier and his government leave Ontarians on the hook to pay for something for the next 100 years that they never wanted in the first place? Should the Therme spa fail, what happens then? Can this foreign company do what they want on our public lands? Is this another shady deal that's tapping into the public coffers of this province to benefit private interests? I'll tell you, it has all the makings of one.

Speaker, I want to end by saying that the last thing this government needs is another criminal investigation. That's why we, in the official opposition NDP, are asking this government to just cancel this ridiculous deal; get realistic about revitalizing this important public land, this important waterfront; keep it public; and stop this pattern of handing out secret backroom deals to corporations over the public interest. Will they step out on the right side of governance today and pass our motion?

The Acting Speaker (Ms. Patrice Barnes): The Minister of Infrastructure.

Hon. Kinga Surma: I think it's my opportunity to speak to the motion.

Madam Speaker, Ontario Place is a site that is not living up to its potential and only has one remaining major attraction, Budweiser Stage.

I am glad to stand in this House today to speak to the facts.

In 2012, the Liberal government made the decision to close portions of Ontario Place, including the water park, amusement rides and Cinesphere. They did this because dismal attendance numbers had left the once-iconic destination a liability rather than an attraction. When announcing the closure, the then tourism minister, Michael Chan, even said himself during a press conference right here at Queen's Park that “Ontario Place has been a drain on the government treasury for many years ... it's no longer sustainable.” Those are not my words but rather the words of a Liberal minister. John Tory was then named chair of the Ontario Place revitalization committee, who exercised a procurement for Ontario Place. Dalton McGuinty was Premier and the leader of the Ontario Liberal Party at that time.

And, in 2018, Kathleen Wynne also wanted to revitalize Ontario Place and solicited proposals.

Criticisms as of late by the Ontario Liberals over our government's redevelopment plans could not be more disingenuous. It's clear that even the governments of McGuinty and Wynne were able to recognize that Ontario Place was falling into disrepair and that no one was going there anymore and that this had to change.

More than half of visitors to Ontario Place this year are attending concerts at Budweiser Stage, the one remaining major attraction.

These are the figures. These are the facts.

Following the partial closure of Ontario Place in 2012, Ontario Place Corp. began to experiment in 2016 with how the site could be programmed leading into and up to the redevelopment of Ontario Place—public engagement, visitor attraction, and to help offset some of the costs associated with keeping the site open.

Record Lake Ontario water levels in 2017 led to severe flooding across the site. Marina slips were under water and not available to rent. The flooding issues were so bad that even Live Nation amphitheatre attendance was impacted.

In 2018, Ontario Place Corp. could resume its programming post-flood.

In 2019, we saw attendance grow thanks to the great shows at Live Nation’s Budweiser Stage and a successful run of Cirque du Soleil’s Alegria—a contract the government of Ontario secured—and, of course, viewing parties for the Toronto Raptors championship run that year.

The story for 2020 is well-known, with the pandemic leading to the cancellation of the Budweiser Stage concert season, to the closure and eventually limited reopening of the Cinesphere, and to a delayed opening of the marina. Life stopped. People were encouraged to protect themselves and stay at home. One of the few safe activities, of course, was being outdoors.

While the return to mass gatherings was cautious, OPC visitation in 2022 reached its highest levels since the closure given that the pandemic was ending and people were finally able to enjoy life again. Cirque du Soleil’s Kurios and record concert attendance for Live Nation concerts, which included Echo Beach, Budweiser Stage and Rolling Loud, were once again enjoyed by the public.

As early work commenced on the site’s utility upgrades and restoration of the pods and bridges continued in 2023, parts of the site including the marina, parking lot P2A and the path through the marina that connects Trillium Park and West Island were closed to ensure safety for the public.

Madam Speaker, the lack of attendance at Ontario Place has been a challenge since the 1990s. The only real draw to Ontario Place is the Budweiser Stage. Flooding has been an ongoing issue in need of a resolution.

It seems like the NDP is the only party that does not want to bring Ontario Place back to life. Dalton McGuinty, John Tory and Kathleen Wynne all wanted to redevelop Ontario Place; the difference between us and them is that this is the government that will get the job done.

Together with the 9,200 people who have been consulted on this project to date, we are building a world-class destination with over 50 acres of free public spaces and parks that will have attractions and activities to bring people back to Ontario Place: a new marina that’s more inclusive for everyone to enjoy; a new science centre with more and modern exhibition space that will be open all year round; Therme’s health and wellness facility and family water park, again, open all year round; a new all-season concert venue; and so much more—like annual dollars from our tenants for annual maintenance to keep the site in a state of good repair, clean and beautiful, and shoreline repairs which are desperately needed to protect the island from future floods.

If the members opposite want to know who goes to Ontario Place, just ask any random person on the street who does not live in walking distance. I already know what they will say.

Speaker, I move adjournment of the debate.

The Acting Speaker (Ms. Patrice Barnes): Ms. Surma has moved the adjournment of the debate. Is it the pleasure of the House that the motion carry? I heard a no.

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

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

In my opinion, the “ayes” have it.

Call in the members. This is a 30-minute bell.

The division bells rang from 1342 to 1412.

The Acting Speaker (Ms. Patrice Barnes): All members will please take their seats. The House will come to order.

Ms. Surma has moved the adjournment of the debate.

All those in favour of the motion, please rise and remain standing to be counted by the Clerks.

All those opposed to the motion, please rise and remain standing to be counted by the Clerks.

The Clerk of the Assembly (Mr. Trevor Day): The ayes are 61; the nays are 31.

The Acting Speaker (Ms. Patrice Barnes): I declare the motion carried.

Debate adjourned.

ORDERS OF THE DAY

CONVENIENT CARE AT HOME ACT, 2023

LOI DE 2023 SUR LA PRESTATION COMMUNE DE SOINS À DOMICILE

Ms. Jones moved second reading of the following bill:
Bill 135, An Act to amend the Connecting Care Act, 2019 with respect to home and community care services and health governance and to make related amendments to other Acts / *Projet de loi 135, Loi modifiant la Loi de 2019 pour des soins interconnectés en ce qui concerne les services de soins à domicile et en milieu communautaire et la gouvernance de la santé et apportant des modifications connexes à d’autres lois.*

The Acting Speaker (Ms. Patrice Barnes): I recognize the Minister of Health.

Hon. Sylvia Jones: It is indeed my pleasure today to introduce the Convenient Care at Home Act, 2023, and to lead off debate of this important piece of legislation. I will share my time with my colleague the Minister for Seniors and Accessibility, Minister Raymond Cho. The minister responsible for seniors and accessibility will speak about how, if passed, the Convenient Care at Home Act will make it easier for seniors to age in their own homes.

Before I begin, I would like to take this opportunity to thank my two parliamentary assistants: MPP Robin Martin, member for Eglinton–Lawrence, and MPP Dawn Gallagher Murphy, the member for Newmarket–Aurora.

Both parliamentary assistants have been tremendous champions in their community and strong advocates for patient-focused health care. I am very appreciative of their support and their ongoing contributions toward building a stronger health care system that centres on the needs of patients and their families.

I would also like to extend my thanks to the entire team at the Ministry of Health. Working together to improve health care for all Ontarians continues to be our shared goal, and I am incredibly grateful for the work that has occurred behind the scenes to get this legislation introduced in the House today.

Lastly, I would also like to extend our deepest thanks to all the providers, health care professionals and volunteers who provide compassionate care for patients, families and loved ones. Our government sincerely appreciates the important work you do and your significant contributions to our health care system and to communities across Ontario.

Indeed, across Ontario, I have had the opportunity to see many examples of world-class health care taking place in communities in every corner of the province, delivered by our incredible health care workers. It's great to see the ongoing collaboration and partnerships taking place across the health care sector, including in palliative and end-of-life care, but I know that our health care system and health care workers face some significant pressures and too many people face challenges to accessing care close to home. Our government is working hard to address these long-standing challenges, which is why, earlier this year, our government established Your Health: A Plan for Connected and Convenient Care. Your Health is our plan to build a better health care system that puts patients at its heart. It is focused on improving the health care experiences of Ontarians at every stage of life, now and for years to come.

If passed, the Convenient Care at Home Act will support our broader Your Health plan to improve and modernize home and community care services, which are critical to providing patients with the right care in the right place. Speaker, we know people and their families want better and faster access to home care services. Home care plays an important role in the lives of around 700,000 families in our province each and every year. The only thing better than having care close to home is having care in your home.

We've heard loud and clear from Ontarians that they want better and faster access to home care services, and our investments will provide them with more choice to connect to convenient care in your own home and in their community, instead of a hospital or a long-term-care home.

1420

Home care addresses the needs of people of all ages, such as people with medically complex needs, physical disabilities and chronic diseases; frail seniors; and others who need services and support to live safely and independently in the community or in their homes. Community care includes services such as personal support, homemaking, meals, transportation, caregiver and respite supports, and

other services, and it supports over 800,000 people each and every year. Home and community care helps to keep people healthy and safe, and is an essential component of a connected, convenient and integrated health care system.

Home and community care providers work with primary care, acute care hospitals, mental health and addictions service providers, long-term-care homes and other providers of health and social services to provide appropriate and cost-effective care that meets people's needs. Home care allows people to return home from the hospital sooner and reduces avoidable hospital readmissions, emergency department visits and unnecessary long-term-care-home placements.

Supporting access to home and community care services helps ensure that Ontarians are receiving the care they need in appropriate settings, such as in their homes, where they would rather be. All Ontarians deserve to be connected to the care they need in ways that are more convenient for them, throughout their life, every step of the way, and our government will continue working to improve patient care and build a more connected and convenient health care system.

Speaker, the proposed legislation being introduced today is another significant step forward in our government's work to improve and modernize home and community care services and seamlessly connect people to care. The Convenient Care at Home Act would enable the gradual transition of home care to Ontario health teams. By taking on the delivery of home care, we are further developing Ontario health teams to fulfill their mandate to deliver integrated health care services across Ontario.

The first part of this gradual transition—implemented through today's proposed legislation, if passed—would involve consolidating the province's 14 regional home and community care support service organizations into a single integrated service organization called Ontario Health atHome, which would work under Ontario Health to support Ontario health teams to provide home care. Upon consolidation, the local health integration networks, or LHINs, would cease to exist.

I want to emphasize that under the proposed Convenient Care at Home Act, all employees of the home and community care support service organizations, including unionized and direct care staff, would transition to Ontario Health atHome. Following the creation of Ontario Health atHome, there would be a gradual transfer of responsibility for providing home care to Ontario health teams, with Ontario Health atHome continuing to provide strong central back-office supports to those teams.

Alongside the consolidation of 14 agencies into one under this proposed legislation, the province would continue to develop, implement and expand new innovative models of care with home care and health service providers, which will serve as a one-stop shop to better support hospital-to-home transitions, as an example, and provide better support for patients and their families. The province will also be updating home care procurement and contracting processes to support quality improvement and support new models of care, with a focus on introducing

new performance standards, updating standardized contracts and preserving existing volumes for qualified providers.

Throughout all of these changes—consolidating 14 home care agencies into one, expanding new models of home care and updating home care contractual frameworks—we will continue to focus on maintaining stability and continuity of care for patients and families who need home care, long-term-care-home placements or referral services. I want to be clear that the stability and continuity of care for patients and families is an absolute, key priority during this process, and that means providing stability for important home care workers.

While Home and Community Care Support Services transitions to a new service organization, patients, families and caregivers will continue to access home care in the same way and through the same contacts they have come to know and trust. The new organization that would be created through the consolidation of the 14 regional Home and Community Care Support Services agencies would be a subsidiary of Ontario Health, the agency currently responsible for funding most other health care sector organizations. Ontario Health oversees health care planning and delivery across Ontario, ensuring providers have the tools and information to deliver high-quality care. And Ontario Health supports the integration and coordination of Ontario's health care system to focus on the needs of patients and their families.

The proposed legislation also amends provisions governing the designation of Ontario health teams, which in the long term will ultimately provide home care as part of their responsibility for locally integrated health care. Ontario health teams are at different stages in their development and in their readiness to provide home care. And as each Ontario health team develops, they will start taking direct responsibility for managing home care delivery, with continuing operational and back office supports from Ontario Health atHome. It is anticipated that the first group of Ontario health teams would start to be designated by the end of 2024, with the first transitions of home care funding and responsibilities to Ontario health teams or their members in early 2025.

Ontario health teams play a key role in connecting all parts of a patient's care journey. These teams are bringing together different health care providers from across health and community sectors—including, of course, primary care, hospitals, home and community care, long-term care, mental health and addictions, and more—to work as a collaborative team to better coordinate care, share responsibilities and ensure patients experience connected care from their providers.

Ontario health teams are responsible for delivering care for their patients and understanding their health care history while easing their transition from one provider to another, directly connecting them to different types of care and providing 24/7 help in navigating the health care system.

Through the next steps forward in home and community care, we will advance the work of Ontario health

teams to seamlessly coordinate services for patients, support Ontarians who rely on these important services, make it easier for people to find and navigate home and community care services, bring decisions closer to the patient and improve the way people receive these services.

We've already approved the creation of 57 out of 58 Ontario health teams, entities that will simplify the process of transitioning between health care providers. These teams ensure that every individual's care is coordinated seamlessly, offering a unified patient record and care plan.

But we are not stopping there. To further support this essential work, the government is investing over \$128.2 million to empower each Ontario health team with \$2.2 million over three years, helping us to better coordinate your care. Ontario health teams will be a one-stop shop that provide people with easy-to-understand home care plans that let them know the care they are going to receive when and before going home from hospital.

An initial group of 12 Ontario health teams has been chosen to lead the way in delivering home care in their communities starting in 2025. With the support of the Ministry of Health and Ontario Health, these teams will focus on transitioning individuals experiencing chronic diseases from primary care, hospitals, to home and community care with ease. We've seen successful examples like the Southlake Regional Health Centre, a pioneer in providing convenient and coordinated transition services. These initiatives ensure that people leaving the hospital have a home care plan in place, granting them peace of mind and a smoother transition.

1430

The proposed changes to modernize home care will also improve the system of care delivery for the many organizations in the sector and thousands of health care workers on the front lines. I again want to acknowledge the countless individuals who work tirelessly every day to care for individuals in our community. They are the true heroes of our health care system, and this legislation is dedicated to making their jobs more manageable and more focused on the well-being of their patients.

Ontario Health atHome care coordinators would be assigned to work within Ontario health teams and other front-line care settings. They would also work alongside care providers like doctors and nurses, and directly with patients while in the hospital or in other care settings to facilitate seamless transitions for people from hospital or primary care to home care services. This change will make it easier for Ontarians to access the home care services they need. Instead of grappling with a complex system or waiting for a phone call, Ontario Health atHome and Ontario health teams will serve as a one-stop shop. This approach is about ensuring that Ontarians have the support they need to age comfortably and gracefully in the place they call home.

Speaker, our government recognizes the incredible dedication of the home and community care workforce and the value of the work they do every day. Across the province, thousands of front-line home and community care workers provide exceptional support to Ontarians,

often at a time when they need it most. Home and community care workers play such an important role in many people's lives, and they make a significant impact in our communities. We are very grateful for their contributions and their service to Ontarians, and our government continues to take action to support them so they can continue to provide essential care and support to the people of Ontario.

Our government also values the important partnerships the province has with many organizations that are involved in providing home and community care. I am very grateful for the input and advice provided by the Minister's Patient and Family Advisory Council, who have emphasized how vital timely and easily accessible home and community care is to patients and families and the critical role it plays in our health care system. In particular, I want to thank our chair, Betty-Lou Kristy. Betty-Lou Kristy has lived experience as a patient, a caregiver and a bereaved mother, and she helps guide the advisory council to share their perspectives to better improve health care.

The council consists of patient, family, and caregiver representatives who are helping to improve patient care by ensuring that the voices of patients, families and caregivers are central to policy development and decision-making. An essential part of building a world-class health care system is listening to and learning from patient, family and caregiver experiences. Engaging with patients, families and caregivers in health care system design and navigation helps build a more effective and efficient system, resulting in better quality care and better patient outcomes.

I've been incredibly honoured to meet with the council on multiple occasions and it is fulfilling to see patient experiences being used as a catalyst for change in our health care system. Engaging the council, and ongoing conversations with organizations and stakeholders, is a key component of the province's work to modernize home care and gradually bring it into Ontario health teams, as we work towards the shared goal of providing high-quality, connected and convenient care across Ontario.

I am also grateful for the continuing input from Home Care Ontario and the Ontario Community Support Association, whose member organizations, working alongside other provider organizations, deliver home and community care services to so many Ontarians each and every day. We've been meeting regularly with service providers at every step in the development and implementation of our home care modernization plans, and we know that the advice we receive from the front-line experts in home and community care will be key in our shared success.

Speaker, I want to highlight that the progress we've made is in no small part a testament to the unwavering support, tireless efforts and commitment of our community partners. Their dedication, expertise and passion for the well-being of Ontarians has been instrumental in shaping the proposed Convenient Care at Home Act and I am forever grateful for their input. We are proud to work hand in hand with these exceptional organizations, and we

thank them for their unwavering dedication and partnership.

I want to take a few minutes, if I may, to share some of their comments. Deborah Simon, the CEO of the Ontario Community Support Association, says, "Home and community care plays a critical role in the future of a strong Ontario health care system. Legislative changes that strengthen this vital service will be important for supporting client care in an integrated health system."

Sue VanderBent, the CEO of Home Care Ontario, says, "Ontario must massively expand the size and role of the provincial home and community care system to properly care for a growing and aging population. The legislative changes being introduced today are an important step towards ensuring more Ontarians can get the health care they require in the most appropriate setting—at home."

Sandra Ketchen, the president and CEO of Spectrum Health Care, said, "Today's announcement is an important step in modernizing Ontario's home care system. We look forward to continuing to work together to provide the best possible care to patients, in the comfort of their homes."

Matt Anderson, the president and CEO of Ontario Health, said, "This 'connected care' approach, and the provincial investments to support it, will help transform health care delivery and support the vision of all Ontarians having full access to the care they need, across the spectrum of health care—all working together to deliver integrated care, through their Ontario health team."

Our government is also building home and community care capacity to help ensure patients are provided with the right care in the right place. We are delivering on our promise to expedite additional funding for our \$1-billion investment to stabilize, expand and improve home care services and address worker compensation this year. Furthermore, we are going above and beyond by investing an additional \$100 million for community care. This infusion of funds is aimed at stabilizing the delivery of services and addressing workers' compensation concerns.

These investments aren't just numbers on a budget sheet; they make a tangible impact on people's lives. To put it in perspective, in the 2022-23 fiscal, our investments translated into additional volumes of services that included an estimated 930,000 hours of person support services and 120,000 nursing shifts. These numbers represent individuals who received the care they need in the comfort of their home, promoting faster recovery and improved overall health. Our investments are playing a crucial role in helping patients return home after surgeries to recover in a familiar environment. They are ensuring that individuals with complex health conditions receive the comprehensive care they require right in their own homes. This isn't just about convenience. It's about providing high-quality care where it matters most.

Moreover, our promise to build home and community care capacity is also integral to ensuring that hospital beds are available for those who need them most. By expanding and improving home care services, we are not only making health care more accessible, but also freeing up critical hospital resources to cater to our most urgent cases.

During my travels across Ontario, I've seen many examples of world-class health care, but I've also seen that our health care system and health care workers face some significant pressures. These are long-standing challenges that many communities have faced for decades. The status quo is not working. Our government has been unequivocal in our stance: We will not accept the status quo. We are standing up for Ontarians, who rightfully deserve better health care, and we are advancing bold, creative and innovative changes, which is why we are working tirelessly to increase access to service across the health care system. This, indeed, is central to our government's Your Health plan.

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As part of this plan, we are expanding the number of assessments and treatments that pharmacists can provide to Ontarians without the need for a doctor's appointment. Pharmacies are some of our most accessible access points in our health care system, and I'm proud to say that since our government implemented these changes in January of this year, there have been over 400,000 pharmacist consultations.

Just last week, I heard about a mother who had a son with pink eye, who was able to conveniently go to their local pharmacy and receive an assessment and treatment on the spot. Speaker, that is convenient care close to home.

Additionally, we are increasing our investment in community surgical and diagnostic centres, and we are indeed improving access to MRI and CT scans. This means more people will have quicker access to critical diagnostics and treatments, ultimately enhancing the quality of their health care experience.

We are also investing in health care training and education programs. We've provided grants and supports to individuals pursuing careers in health care. Moreover, we are taking steps to break down barriers for internationally educated health care workers and those registered in other Canadian provinces and territories. Our aim is to facilitate their entry into the Ontario health care workforce, ensuring they can start making a difference that much sooner.

Last year was a remarkable year, one for health care in Ontario, as we set a record with nearly 15,000 new nurses registered to work and care for the people of Ontario. We are also building upon this progress with the addition of more than 62,000 new nurses and 8,000 new physicians registered to work in Ontario since 2018, along with the invaluable contribution of thousands of personal support workers. Under the leadership of the Minister of Long-Term Care, Stan Cho, we are leaving no stone unturned. With more than 30,000 net new long-term-care beds and upgrading over 28,000 beds, we are doing everything we can to be better equipped to meet the needs of our aging population. In communities across Ontario, we are getting shovels in the ground, with more than 50 approved hospital development projects that will add thousands of beds to our system.

And our government continues to make it easier and faster for people of all ages to connect to mental health and

addiction supports by building on our Roadmap to Wellness, with additional investments and innovative new programs such as more youth wellness hubs and addiction treatment beds.

Patients and health care providers are also being supported by our government's investment in digital and virtual care, including supporting initiatives such as virtual home and community care, integrated virtual care, remote care management and surgical transitions, and patient portals. And we are expanding access and improving the way people can connect to home and community care services by increasing funding for these services and breaking down long-standing barriers between home care and other parts of the home health care system.

As our population ages, the need for effective and accessible home and community care services becomes even more critical. Over the past decade, we've witnessed a 62% increase in the number of patients with complex or high needs. Simultaneously, the proportion of home care clients who are seniors has grown from 54% to now 68% in that same period. These figures underscore the growing importance of providing comprehensive home and community care services.

Looking ahead, the numbers are even more compelling. The senior population aged 65 and over in Ontario is projected to increase significantly from 2.8 million in 2022 to, indeed, 4.4 million by 2046. These projections present both a challenge and an opportunity. We have a responsibility to ensure that all Ontarians, particularly our seniors, receive the care they need and deserve.

The objective is clear: Ontarians should have access to appropriate care in an appropriate setting without being forced to rely on health care settings like hospitals or long-term-care homes, which may not always align with the unique needs of individual patients. It is because of this that we introduced the Convenient Care at Home Act. This act represents our unwavering dedication to providing Ontarians with the right care in the right place, both today and for future generations. By integrating home care through Ontario health teams, we are creating a robust framework that connects home care seamlessly with other types of care at the local level. This is about building a health care system that is not only more connected but also more patient-centered. These changes aim to create a better, more integrated model of home care. They bring decision-making closer to the patient, where it rightfully belongs. It's about ensuring that our health care services can better align with the unique needs of patients and their families. By strengthening the connection between home care and the broader health care system, we are laying the foundation for a more comprehensive and coordinated approach to health care.

We must remember that the future of health care is not a distant vision; it is a reality that we are working tirelessly to build, now and for future generations.

I encourage everyone in this Legislature to read this legislation carefully and support this important piece of legislation that supports better home and community care for Ontarians.

It is a pleasure for me to share my time with the Minister for Seniors and Accessibility, Minister Raymond Cho, who will speak further about our government's effort to improve care for seniors in their homes and everyday lives.

Speaker, I think all of us in this chamber have a personal story that we can share or have heard from our constituents about the value and the importance of the transitions that we are making with this legislation, and I hope that we can take those experiences and those stories and translate them into action through supporting this legislation.

I will turn it over to Minister Cho.

The Acting Speaker (Mr. Lorne Coe): The Minister for Seniors and Accessibility, please.

Hon. Raymond Sung Joon Cho: Mr. Speaker, today I'm very proud to rise in our Parliament in support of the Convenient Care at Home Act, 2023. This act, if passed, will continue to do what we said we would do as a government when we were first elected in 2018. When the Premier appointed me as Ontario's first Minister for Seniors and Accessibility, my goal was and continues to be to have people living in their homes as long as possible in the dignity they deserve.

Whether you're a Progressive Conservative, NDP, Liberal or Green Party member, regardless of your political stripe, regardless of your religious affiliation or your cultural background, we will all become seniors.

With this act, we are creating a better health care environment for everyone. We are continuing to deliver and expand programs and services for seniors, their families, caregivers and the entire older adult community. We are continuing to increase health care funding to historic levels with this legislation to give people the care in their homes and in their communities that they deserve.

Our government, thanks to the leadership of the Premier along with the hard work of the Deputy Premier and Minister of Health, is seeing real results that are providing the care that people need in their home.

This legislation is the next step in creating a one-stop shop that provides people with easy-to-understand home care plans. This will create Ontario Health atHome, and will do exactly that: This will bring more care to more people in their homes.

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I would like to take this opportunity to let you know why this is such a positive step in the right direction. Ontario Health atHome builds on all the great work we are doing to keep our seniors fit, active, healthy, socially connected and close to home in their communities, but more importantly, it addresses the root cause of so many things that cause trouble and challenge seniors, and that root cause is social isolation.

Social isolation is public enemy number one for seniors. Here's an interesting statistic from research that we have done. Before the global pandemic, our ministry did research and surveyed 8,000 seniors, families and caregivers. We asked how many people wanted to stay in their homes. We found out that 80% of the respondents of

this province-wide survey said they felt staying in their home was the most beneficial way to ensure good health and a good life. Now, after the global pandemic, we have found out that 99% of anyone we talk to wants to stay in their home as long as they want to. That is why this act is so important. Madam Speaker, staying in the comfort and familiar surroundings of your own home, no matter where you live in Ontario, creates a sense of stability and security. This act allows people to remain stable and secure, because more health care will now come to them in their home. As a super senior myself, I cannot stress more how important that is. It is key to having a fulfilling life.

I also want to let you know about the leadership of the Premier and hard work of the Minister of Health to address the needs of seniors so that they can continue to live their lives in their homes. Because of the leadership of the very best seniors' advocate, our Premier, we now have a commitment to the 500 agencies all over Ontario that deliver programs and services on a daily basis to seniors in their homes and in their communities.

The Minister of Health has seen to it that Home and Community Care Support Services is receiving a \$1-billion investment to further support our seniors at the local and community level. We now have permanent funding for those 500 agencies all across Ontario to deliver programs and services to our most vulnerable populations, older adults and our senior communities. This did not exist until our government committed this funding. This takes a vision. This takes leadership. That is what our Premier is doing. This shows the hard work and commitment that our Minister of Health is doing. This is our ongoing commitment so people stay connected and get the services and programs they need in their homes. This Premier knows how key it is to make sure that at the local level, people can receive the health and support they need.

This Minister of Health knows that, once passed, this legislation builds on creating a greater health care ecosystem that delivers the needed health-at-home services. Getting the services you need shouldn't be a chore or a challenge. They should be there when you need them and should be at your fingertips. Ontario Health atHome is another new way that our government is delivering the right health care at the right place and the right time, especially for our seniors.

Another new way our government is getting care into the home is through Ontario's Seniors Care at Home Tax Credit. Sometimes, seniors may require a range of supports to meet their unique needs and circumstances—attendant care; a medical practitioner, like a nurse or an occupational therapist; dental, vision and hearing care; walking aids; wheelchairs and electric scooters; bathroom aids such as grab bars, grips, rails; oxygen and assisted breathing devices; renovation or construction that improves a person's mobility within the home. All of these supports are eligible for the Ontario Seniors Care at Home Tax Credit and help seniors continue to live at home in the dignity they deserve.

While we have created new ways to provide health care at home, our government has strengthened and invested in ways to let our seniors stay fit, active, healthy and socially connected in their communities while remaining to live in their homes. Seniors Community Grants are doing just that. This past year, we have increased the funding for Seniors Community Grants to historic levels. This year, we invested \$6 million into more than 280 local community projects. These projects are keeping seniors socially connected. They are keeping seniors active. They are providing them with creative and productive ways to continue to contribute to society, to keep in touch with old friends and make new ones. Since 2018, our government has invested over \$28 million and funded close to 1,500 projects. And no matter what the Seniors Community Grant, no matter where in the province I have visited, these investments are making a real difference to people's lives.

Other ways our government is making a real difference is our ongoing commitment to Seniors Active Living Centres—across Ontario, there are 299 Seniors Active Living Centres. This past year, our government, thanks to the leadership of our Premier and the hard work of our Minister of Health, saw Ontario invest over \$14 million into Seniors Active Living Centres. And let me tell you, the fun and activity that take place at these centres is money well spent.

Let me give you a couple of examples from this year's Seniors' Month that took place in June. I had the honour of travelling to Thunder Bay and Kakabeka Falls. In Thunder Bay, I visited Thunder Bay 55 Plus Centre—and let me tell you, oh my, what a place. It was bursting with services and recreational programs. The seniors there were as active as active could be. I would like to congratulate Thunder Bay 55 Plus Centre for taking very good care of our seniors.

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On the same trip, I visited Rural 60 Plus in Kakabeka Falls. What a place. The seniors there were so full of energy. I personally saw at Rural 60 Plus that when people have a purpose, can set their goals, and have a place to achieve those goals, anything is possible. Because, whether you are a senior or not, when we have the ability to come together, to set our goals, and to have an ability to see our goals in action, we have more focus and direction and, as a society, become a better place.

That is what I saw first-hand at Rural 60 Plus in Kakabeka Falls. I met one gentleman; he was 93 and he made me feel like a teenager, and he had more energy than I did. It was explained that a 99-year-old lady travels to play bridge once a week from Thunder Bay.

There is a woodworking workshop, a quilting room, and a room dedicated to the art of working with looms. And if that wasn't enough, there was an indoor shuffleboard, a lovely library and you could break out into a game of cards anytime you wanted to. And the seniors in Rural 60 Plus were exactly the kind of leaders we know our seniors are here in Ontario. They are resilient. They are resourceful. And most importantly, they are full of life.

But why are these two seniors' living centres, along with the others all across Ontario, such important parts of our seniors landscape? Because they provide a connection that is close to home, and that is the key. We as a society must understand that for seniors, being close to family, being close to the community and, most importantly, being able to continue to live in your own home is essential. And that is why, Madam Speaker, creating and investing in Ontario Health atHome is so vital for our seniors today, tomorrow and into the future.

Before I conclude, I want to let people know that none of this could be done without the incredible army of volunteers all over Ontario. It is our dedicated volunteers, seniors and not-so-seniors alike that are making sure we stay connected to our health care programs and services. It is also dedicated partners like OACAO and the Ontario Retirement Communities Association, or ORCA, that continue to work with our government to make things better for our seniors each and every day. And for that, as a minister but also as a senior, I am forever grateful. Ontario Health atHome will make it easier for people to find and navigate home care services, giving seniors the ability and the power they need to know the care options available to them, to stay in the comfort of their own home for as long as they wish.

Madam Speaker, I hope that once Ontario Health atHome is up and running, they integrate their services and have their leadership teams connect directly with Seniors Active Living Centres. This will help to create an even more seamless health care ecosystem for seniors.

Another way that Ontario Health atHome can connect with our seniors is through Seniors Active Living Fairs. These fairs also help seniors stay socially connected in their communities and in their homes. These fairs are a marvellous way for seniors to come together, and they have a real purpose. These active living fairs are the information centre for seniors. They are where we can learn about all the incredible services and programs taking place locally, plus it is where we can find out about health care and wellness so we can stay active in our communities and in our homes. These fairs are incredible ways for our government to partner with the Older Adult Centres' Association of Ontario. The OACAO brings together these local seniors' events. The seniors' fairs are ways for our seniors to come together to learn about the programs and services that are available to them in their homes, plus they are also ways to find out all the health care services that are provided locally as well.

I have been to a number of these fairs, and seniors are so happy to be with other seniors. These fairs are full of smiles and laughter, but most importantly, they are an important resource for seniors to stay connected. This is key because, as I have mentioned and will continue to mention, social isolation is public enemy number one for seniors. Seniors need people. People are our energy. To put it simply, we are like that Barbra Streisand song: "People / People who need people / Are the luckiest people in the world."

We are from a generation where meeting and greeting each other, being with each other, enjoying each other's company, is the key to a happy and healthy life, and it is we, the seniors, who deserve the dignity and respect to be able to live our lives in our homes. That is why we are growing the seniors' fairs to close to 90 this year. I would like to someday see each and every municipality have the opportunity to host at least one seniors' fair.

People are also medicine. Being with people provides stable, strong mental health, and with our focus on having people live in their homes for as long as they wish, that means that their lives will be more fulfilling and more uplifting.

It is we, the seniors, who raised the families, who have worked the jobs. We have built the best country, Canada, and the best province in the world, Ontario. That is why, Madam Speaker, I call on all members of provincial Parliament to say yes and vote for the Convenient Care at Home Act, 2023. This piece of legislation is a continuation of Ontario's best seniors' advocate, our Premier.

This act, once passed, builds on the goals and vision of this Premier to let seniors continue to live in their homes. This act, once passed, will continue to provide even more care for seniors, their families, loved ones, caregivers and the entire older adult community.

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And remember, no matter your political stripe, whether you are a Progressive Conservative, a Liberal, a member of the NDP or Green Party, that if we are all blessed to live long enough, we all become seniors—some of us even super seniors, like myself. That is why this legislation is so important at this point in Ontario's health care evolution.

Ontario Health atHome adds to our government's expanded health care commitment to the entire province, and this will ensure that our seniors can do what I've always longed for: to let seniors live at home for as long as they wish, in the dignity they deserve. That is why I am expecting that there will be unanimous support in this provincial Parliament, no matter what the political stripe. It's so important for all of us to come together in solidarity, as one voice here in Ontario, to pass this act so that seniors can get the health care they deserve.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

M^{me} France Gélinas: It was interesting listening to the Minister of Health. I certainly agree with her that the demand for home care is increasing, and the number of people who are not getting the home care they need in Ontario is also increasing, exponentially. Does the minister agree that a lot of this has to do with how health care providers cannot recruit and retain a stable workforce? Because PSWs who work for home care cannot pay their rent and feed their kids. Does the minister agree that if we were to give PSWs permanent, full-time jobs with good pay, benefits, sick days, a bit of a pension plan, the 500 PSWs in my community that are not working could go back to doing what they love to do, what they want to do?

Is any of this in the bill, to fix our broken home care system?

Hon. Sylvia Jones: Well, I would respectfully say, absolutely, we are expanding the health care workforce. Does the member opposite, who voted against the Learn and Stay program that actually ensures we pay tuition and books for health care workers who are being trained in the province of Ontario—to then use that and practise in areas of highest need—that is the question. As we build our health care workforce, is the member opposite for or against that? Because her voting record would suggest that she is against that.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Lorne Coe: Speaker, through you, my question is to the Minister for Seniors and Accessibility. Thank you, Minister, for your presentation. It was excellent.

The minister has been out to my riding several times, and more recently, we held a round table for my constituents in the seniors' centre, about a month ago. We talked at that time about the importance of aging in place for seniors. I'd like the minister to expand beyond the time he was allocated today about what this legislation is going to do to allow seniors, not only in my riding but in other communities across Ontario, to age in place.

Hon. Raymond Sung Joon Cho: Thanks for the question. As I mentioned, my ministry did a survey with over 8,000 seniors, their families and their caregivers, before the pandemic outbreak. At the time, the survey results indicated 80% of seniors want to stay in the community, live in their own home as long as they want to. Now, after the pandemic outbreak, every senior—almost 100%, 99% are anxious to stay in their own home and live in their community. This is why this act is so important.

Thank you for the question. I hope that, regardless of your political stripe, you will support this act so that more seniors can stay in their own homes and get the health care services they need.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Catherine Fife: Home care is such a key part of the health care system, and where governments past—I'm looking right now at what former Premier Mike Harris did. He went into full private delivery of home care. He said it would make it better, faster, cheaper. None of this, of course, came true.

Our home care system is broken right now. There is no question that it's broken. We have a labour shortage within that arena; there's inconsistent care for seniors; and this bill will essentially create an arm's-length agency to oversee home care, with the board of director members appointed by the government. This is also somewhat problematic, given the appointments that this government has made in the past.

How will this bill prevent private companies from taking over public home care services without governance, without any public accountability structure and without public interest protections?

Hon. Sylvia Jones: Respectfully, I'm not sure that the member opposite was listening to my presentation earlier today. I clearly spoke about the role of the Ministry of Health and the role of Ontario Health. The agencies will actually have more oversight and consistency in terms of how the contracts are prepared and how the contracts are monitored and fulfilled.

We need to make sure that we expand the program. The member opposite's suggestion would actually lead to a shrinking of home care providers and home care access in the province of Ontario. I can't believe there is anyone in this chamber who believes that we need to shrink home care in the province of Ontario. We need to expand it, which is exactly what we're doing with this legislation.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Brian Saunderson: My question is for the Minister of Health. I know in my riding we have an unusually large demographic of the retired and seniors. I know that this government has committed \$1 billion over three years to enhancing our home care experience.

In her comments today, the minister mentioned an increase of \$128 million over the next three years to the Ontario health teams and I'm wondering if she can just explain further to the House how this will impact home care for our residents.

Hon. Sylvia Jones: Thank you for the question. What we are doing with this legislation is enabling that home-care-at-home component. It is building, if I may, the house that will allow us to consolidate what we now have in the province of Ontario, which is 14 different local health integration networks or service organizations. We want to bring those together, do that back-office support that will ensure the front-line providers are there and able to access and provide care immediately.

The back-office support will be a key piece of this legislation to allow organizations that wish to provide in community the ability to do that and make it consistent, so that we don't have these examples of "in Ottawa, I get three hours; in Orangeville, I get an hour." That piece will be able to be consistent when we bring it together under one organization.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Jennifer K. French: My question is to the minister. I got a letter from Cindy, who is a PSW in my riding. She has written, "I make a top wage of \$22.50 after 10 years and we are struggling. With inflation we are having to go to food banks or get second jobs.... We actually hold people's lives in our hands and enable people to live and die in their own homes but can't afford to eat or live in our own home. There needs to be wage equity across all health care settings. All PSWs, nurses, etc. should make the same across all sectors. We deserve to be treated with respect for the jobs we do because without us how" do "your parents, grandparents or even yourselves live alone if they need care. Something needs to be done now! We need a living wage to continue in this profession and to be treated with respect, period."

That's from Cindy, but I'm sure it could be from any PSW: that they don't feel respected, that they are overwhelmed and overloaded and driven out of the field.

What is in this bill that I can tell Cindy is going to make her life better?

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Hon. Sylvia Jones: One of the things that you can tell Cindy is, in fact, we've done the work on stabilizing the health care workforce. It is absolutely important that whether that PSW is working in a hospital setting or in a home care setting or in a long-term-care home, there is a much more consistent approach in terms of remuneration. We've done that, and that has been very welcomed in the sector.

But if we want to talk about affordability, perhaps the member opposite could explain to her constituent Cindy why she supported the carbon tax, in fact making her job that much more expensive as she moves using a vehicle, moving from patient's to patient's home. Those are the types of affordability pieces that the member opposite and the party opposite don't want to talk about. There is a cause and effect when you support the carbon tax that was put on by the federal government, which we oppose, and now we're seeing the outcome, which is, of course, higher tax, higher inflation.

The Acting Speaker (Ms. Bhutla Karpoche): Very quick question, the member from Mississauga-Lakeshore.

Ms. Natalia Kusendova-Bashta: Mississauga Centre.

The Acting Speaker (Ms. Bhutla Karpoche): Centre.

Ms. Natalia Kusendova-Bashta: I can take all Mississauga but, for now, Mississauga Centre.

The minister spoke about the 12 Ontario health teams that have been chosen to work together with the Ministry of Health and Ontario Health to start focusing on a seamless transition for people experiencing chronic disease. Something that I'm very passionate about is people living with dementia, so can the minister explain how this transition and the local navigation services will also help patients living with dementia?

Hon. Sylvia Jones: You know, we all know the member opposite's work in the dementia field and advocating for. We, of course, because of her advocacy and others, have a dementia strategy that will ensure individuals and family caregivers who are dealing with patients with dementia have the support that they need. The collaboration and coordination that will be able to happen with this legislation will be an important piece of that.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

M^{me} France Gélinas: I would start by saying that I am quite happy that we will be talking about home care. As the minister of seniors' affairs said, things have changed in our province: more and more frail elderly people—more and more people—live at home. They want to continue to live at home. They want to be supported and respected to be able to continue to live a good life in their home, and often this is made possible because they receive home and community care.

So do I want strong and robust home and community care? Absolutely. We all do. We all know people—we're MPPs; I'm sure that I'm not the only one who receives complaints about home and community care, mainly about home care, pretty much every single day. When people get to my office in the morning, they will play the messages from the night before, and I guarantee you that there will be people calling in because of failures of their home care to support them. They will call my office, and I'm sure they call the offices of every other MPP.

Our home care system is broken. It fails more people than it helps every single day. Why is our home care system broken? Let me bring you back to the Mike Harris era, because before the last Conservative government, our home care system was offered throughout by not-for-profit agencies. In my area, it was the VON. VON had been providing home care for decades. They had staff, they had nurses and PSWs and others who worked for them for a career. They made a career of providing home care. They were really, really good at what they did. They shared best practices throughout the province, because if one thought of a better way to provide care, it was shared throughout. They had meetings together. They really tried to make home and community care as responsive to the patients' needs as possible, and they were really good at it.

Then came Mike Harris. Mike Harris convinced Ontarians that bringing in a competitive bidding process, bringing in the for-profit companies was going to make home care better, faster and cheaper. That was the logo at the time: "Better, faster, cheaper."

Let me tell you something, Speaker: We know now, three decades later, that none of that was true. Our home care system is not better, our home care system is not faster, and it certainly is not cheaper. But what has changed, though, is that VON in my community went bankrupt. They put in for the competitive bidding process when that happened. Bayshore won the contract and VON lost. They had to let go of all of those nurses. Those nurses that had 10, 20, 30, 35 years of experience working in home care, dedicated to their patients, dedicated to the profession, lost their jobs.

The American company who won the bid was supposed to do things better, faster, cheaper. You read the proposal. It looks like they were trying to have hundreds of Mother Teresas come and work for them for free, to offer all of those services. It was a beautiful thing to read. None of it was true.

All of those people who worked in home care for their entire life lost their job. Then the American for-profit company came in and offered them a job at less than what they used to make with no guarantee of full-time work, with no pension plan, with no benefits. They were not going to be paid in between patients anymore. VON used to pay them from, "You start in the morning, your first patients—we pay you for the whole shift." Not anymore: "You are only going to be paid when you provide care."

In my neck of the woods, they would come and show me, "Look, France, we submitted for over 600 kilometres between patients for the last two weeks." They don't get

paid for that. Do you know how long it takes to drive 600 kilometres in northern Ontario in my riding? All of those hours they do for free. They get 33 cents for their mileage for that. What do you figure happened? All of those people who were good at what they did and who loved what they did, they had no problem finding jobs elsewhere in the health care system.

We all know that the need for nurses is there. It was there back then. They moved. Since then, the for-profit home care deliverers have not been able to recruit and retain a stable workforce. What does that mean when you cannot recruit and retain a stable workforce? It means that you are not able to provide quality home care. It's as simple as that.

Think about it: You have a home care worker who is there to give you—in my neck of the woods it doesn't matter how high your needs are, you get two baths a week. You need somebody to help you with the transfer. You need somebody to help you to eat. You don't get any of this. Home care gives you two baths a week. Well, two baths a week from different providers every week—it doesn't take very long that grandpa doesn't want two baths a week anymore. He doesn't want to have to strip naked in front of a different stranger every single day because they cannot recruit and retain a stable workforce. This is what our home care system looks like.

We have a bill in front of us that looks at changing home care. I sure hope that we take into account the fact that our home care system is broken. One way to make sure that our for-profit delivery of home care in Ontario—Ontario is the only one, by the way, that has privatized the delivery of their home care system. The home care system in every other province is better than ours. We are at the bottom of the list. We are on another page at the bottom of the list, our home care system is so broken.

My question to the minister is that one way to help right here, right now a home care system, to recruit and retain a stable workforce: Make PSW jobs good jobs in home care. Give them permanent, full-time and well-paid jobs with benefits, a few sick days, maybe a pension plan and a workload that a human being can handle and problem-solve.

We now have hundreds in my community alone. Throughout Ontario, it's tens of thousands of PSWs, mainly women, who love what they do, who are good at providing home care, who would love to work home care if only it would mean enough money to pay the rent and feed their kids, but it's not. It doesn't matter how many hours you work home care, you're not going to be able to pay rent and feed your kids because, even if you have been there for 20 years, the maximum you can hope for is 22 bucks an hour.

1530

Let that sink in: 22 bucks an hour. You start your shift at 6 a.m. You're not paid for travelling from one care to the other. You will put in a 10-hour day. You will work from 6 a.m. until 4 in the afternoon but only get paid for six, seven hours, if you're lucky. For those other three hours that you travel between cases, you can't. And those

are those that are lucky enough to have a car because for many people who make 18, 19, 20 bucks an hour, owning a car, paying for fuel and insurance and everything else is not something they can afford. Those people travel by transit, which means it takes even longer to go from one client to the next, and that travel time, they don't get paid for it, which means that you put in your 10-hour shift and you're lucky if you get paid for six, at a maximum of 22 bucks an hour.

Can anybody see where we could easily fix a huge part of our home care system? Now, the first part of the bill is that 14 of what used to be CCACs—care and community, which became the LHINs and became the home care and community support services; it doesn't matter how you call it—will now be called Ontario Health atHome. So we have 14 of them right now. We will be down to one.

Let me give you an example of what it means once things get centralized to one agency rather than others. We have Ontario Health right now, which is putting out a planned procurement. They have a request for proposals—it's on their website. Anybody can go and see it; so did I. The request for proposal is, "The scope of the" request for proposal "will include supply, maintenance, delivery, set up and pickup of basic medical equipment in the following categories to support patient receiving care at home"—home care, so:

—"beds (beds, rollators, mattresses...;

"—mobility aids," such as "walkers, wheelchairs," canes, "etc.;

"—bath aids," such as "(commodes, bath seats, etc.); and

"—lifts, slings, transfer devices"—the list goes on.

The RFP goes on to say that they intend to award—resulting from this request for proposals—"to a successful bidder that can service the entire province of Ontario. The term of any recurring contract will be for a period of three (3) years, with an option to extend for up to two (2) additional years." And the request for proposals goes on—it's on their website; anybody can read it.

When the minister made her statement today, she made it clear that the same type of request for proposals that is presently on the Ontario Health website will also happen for home care providers. So now think about it: We will have home care providers that are big enough to provide the entire province. No matter where you are, they should be big enough to be able to be a provider for the entire province. You know who can do this, Speaker?

Ms. Teresa J. Armstrong: Nurse Next Door?

Interjection.

M^{me} France Gélinas: You're funny—big, for-profit home care providers. They are the only ones who will be able to answer that bid. You know what that means for the people of Nickel Belt, the people I represent? That means that there will never be people available.

Don't take that from me; I will read you some examples of my constituents. I will start with the constituents who just contacted my office on October 5:

"Dear France,

"My mother ... had an assessment from the local LHIN today." Home and community care keeps changing names. "She previously had a stroke in 2019 and then broke her hip in 2020 and then her back in 2021. She lives alone and was receiving four showers per week (often workers do not show up so it can be less than that in reality) as she tries to do everything else herself. She was visited" by "an assessment officer from the LHIN today and the woman said Mom would be cut back to two showers per week since that is the standard.... Mom then called their office and they said she could continue" to have "four showers per week. Then Mom received a call from the assessment officer who visited her in the morning and the woman told my mom, 'You were fine with the two showers when I was there with you today.' My mom was given no choice" so that she could say during the visit. "The woman said she would bring the matter up with her boss about the showers.

"I find it very sad that health care staff would put an elderly person through such" difficulty "when her life is already hard enough as it is. It seems like a power play at my mother's expense. After a stroke, elderly people cannot handle stress the same as before and are vulnerable. Does the province want elderly people to have to go to long-term-care homes and occupy hospital beds when simple services are not available in their homes? Often workers do not show up or called to cancel in the past, so two showers a week will either be one per week or none" at all. "This is the reality of the system. Mom currently has a pretty stable PSW for her four showers per week but if these are cut back this PSW may have to find other work, and Mom will lose out in the end. Having a stable PSW is so important for things as personal as a shower. We are ... entitled to dignity. I hope you can help with this situation."

That was one example. I have many, many that I could go through.

Maybe I'll do another one right now. This is from Lionel Rudd, again from my riding—a very nice man. He says:

"Hi again,

"A follow-up to my previous email.... I was anticipating a call from a Bayshore nurse last evening (Saturday) or at least early this morning (Sunday) when I would be informed as to the time of the nurse's visit.

"I did not receive any call—so I had to phone Bayshore. I was told that someone would call me at 10 ... no call. After 11:30 a.m. I called Bayshore again and was told eventually that a 'nurse' was coming on duty at 3 p.m. who would be able to see me.

"At around 2:15 p.m. I received a call from Bayshore telling me that there was no nurse available to see me today—maybe Monday.

"I was told that I was a level 3 patient ... whatever that might mean except that I was not in a critical condition ... and that I could miss the odd visit! Of course none of this was ever conveyed to me ... I had no idea of the whole set-up. It seems that Bayshore is not at all organized and appears that there is a level of management incompetence.

"It is most troubling that Bayshore did not have the common decency to pick up the phone and at least be

honest and straight with me. I sat around for many hours not knowing anything. They appear to have an extremely arrogant attitude and uncaring culture towards at least me. I wonder who else goes through the same kind of dealings with Bayshore.

“Maybe you can raise this issue where it counts—or maybe add it to the pile that you already have.

“Best regards,

“Lionel Rudd”—a resident in my riding.

I wanted to share that with you because he is not—we have complaints like this non-stop. I wanted to make the link between having one care-at-home provider and looking for providers who can service the entire province. I'll just read into the record and then show you how those two are related:

“Dear France Gélinas,

“I am writing to you because I have a growing concern” with Bayshore “not being provided for days at a time to the French River area.” The French River is an area in the south of my riding. “My husband is terminally ill and requires daily nursing for checkup and drawing up of medication. On”—she gave the date—“at 2:19 p.m. I received a phone message from Bayshore telling me that there was no nurse for the weekend, that they would be doing a virtual visit on the phone. I called back to Bayshore at 2:29 p.m. and left a message that this was not acceptable as my husband needs meds drawn up daily and I missed the nurse that day as I had to go into Sudbury myself to pick up the meds needed for my husband, which meant the meds were not there when the nurse came on Friday....

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“I then called my husband's caseworker, Linda Emms, at the North East LHIN to report this to her. Linda said she would look into it and then called me back to verify no nurse was coming for the weekend. After I verified once again no nurse she then called Bayshore and told them that this was not acceptable, that my husband had to have daily care. Bayshore assured Linda ... that my husband would have a nurse, but no nurse came that weekend. Our nurse practitioner”—there's a nurse practitioner who doesn't work for home care who is in the French River area—“Ann Desrosiers came to the house every day that weekend,” on Friday, Saturday and Sunday.

“I followed up with Linda ... on Monday ... and she said she would file a complaint against Bayshore. Our nurse practitioner, Ann Desrosiers, has had to come to our house several times to draw up meds because” the home care nurse does not “draw up enough or none at all or the meds are not here as we are waiting on the delivery. It's not just my husband that was without a nurse for the weekend but several others in the French River community that some are even sicker than my husband and they did not have care” at all this weekend.

“I had put this letter away for a while but here we are again ... and my husband has no nurse for the weekend. The nurse from Bayshore came today and drew up a lot of (syringes) meds to last the weekend. She told me no nurse” would be coming this weekend. “I did not receive a phone

call out of courtesy from Bayshore as of yet. I have left a message again with my husband's care coordinator Linda Emms at the North East LHIN but have not heard back from her as of yet. Again not just my terminally ill husband without a nurse for the weekend but several other French River residents that require home care will be without home care as well. If Bayshore has a contract to fulfill they need to fulfill it. Maybe Bayshore should make it mandatory that their staff should have to come to the French River one weekend every other month and maybe then French River will have a nurse every weekend. I have cc'ed our nurse practitioner ... on this.

“With kindness...” and she signed her name. She is from Alban in my riding.

I wanted to share that with you because there are solutions available. There is a little home care provider in the French River called Aide aux Séniors. Aide aux Séniors is a not-for-profit group of health care providers who are more than willing to go and help their neighbours, who are more than willing to provide home care on weekends, on day shift, to people who need it.

But do you really think that the little Aide aux Séniors in Alban in the French River will be able to fill out a request for proposals like you see on the website for Ontario Health? No, there's absolutely no chance of that, Speaker. The only one who will be able to meet the new requirement that the minister was so proud of saying, “Oh, we will have a centralized procurement process to make sure that everybody is treated the same”—what that means for the people in northern Ontario, what that means for the people that I represent, is that more and more people will never have the home care that they need.

That Bayshore will get those contracts I have no doubt. When it comes to writing up proposals, as I said, it looks like Mother Teresa works for them and will be delivering care to every single home care patient in Ontario. It's just a beautiful thing to read. But in reality, none of this comes through. In reality, they cannot recruit and retain a stable workforce.

Why can they not recruit and retain a stable workforce? Because they don't offer good jobs. What do good jobs look like? They look like permanent, full-time jobs, well paid with benefits, sick days, a pension plan and a workload that people can handle.

Do you feel like I'm repeating myself a bit there, Speaker? It's because I am. We have been saying this for a decade now. For decades, since Mike Harris brought us the privatization of the delivery of our home care system, our home care system has not been able to recruit and retain a stable workforce, because they don't offer good jobs, and people suffer.

Now, for the few not-for-profit home care deliverers that still exist in parts of the province, because the local CCAC, LHIN, home and community care support services, call it whatever you want—they existed locally. They knew the number of complaints they were getting about the people who get the big contract. Bayshore has a contract in my area. They know how many complaints that

they get. They know the areas that they're not able to support and they go, sometimes, out of contract.

Sometimes they do have a small contract with a not-for-profit agency that will service a little pocket. In Nickel Belt, it's 33 little communities, none of them big enough to be a city. They don't have a municipality. They don't have a mayor. But they have good people who live there, who love where they live, who work there, who age there, who become frail there and who need care.

Does Bayshore have a nurse who goes to Westree, Shining Tree, Biscotasing, Gogama, Mattagami First Nation or Alba? No. Do they have the contract for them? Yes. Do they provide care? No.

Things will get even worse with the change that this bill will bring forward because now it won't be that you have a contract for the city of Greater Sudbury and the little communities around; you will have to sign a contract that is province-wide. Aide aux Séniors is not going to be able to bid on one of those contracts—and neither are the other little home care providers that exist in my community—to help in those little communities. And what will happen to those good people? The same thing that I just read to you, and I have many, many more.

Before I go on to share more of the problems that we already have, I want to talk a little bit about the second part of the bill that would allow care coordinators to be incorporated into other health care providers. This is such a good idea that it is already happening. If you come to Health Sciences North, the name of our hospital in Sudbury, you will see that we have a health and community support—call them whatever you want—care coordinator who works there. We have very good family health teams called City of Lakes Family Health Teams in Sudbury that have many sites in my riding, one in Lively and one in Val Caron. They also have a care coordinator who is part of that family health team.

Actually, the Ontario Medical Association is at Queen's Park today. They came with three asks. The first was to ask for integrated primary health care teams. They all want to work in an integrated, interdisciplinary team. That means a community health centre. That means Indigenous primary health care. That means nurse-practitioner-led clinics. That means family health teams. That means a place where a physician is not a fee-for-service solo practitioner anymore. They are supported by nurse practitioners, nurses, dietitians, social workers, physiotherapists, psychotherapists, development workers and health promoters who work as part of a team so that they can focus on being a family physician and have the support of the integrated, multidisciplinary team to work with them. That was their number 1.

Number 2: Decrease the amount of paperwork that they have to do. We still have to go to a family physician three days after we feel better to ask them to sign a sick note; it is a capital waste of resources and we could do away with it. An electronic health record that works would be really good.

Then, number 3 of their recommendations to us is home care. They want a strong and robust home care system that

meets the needs of the patients, that meets the needs of the patients where they are. Those care coordinators should be available to most integrated primary care teams, but they are not.

1550

We all know that the government has dedicated \$30 million to new integrated primary health care teams. We expect those 17 teams to be announced any time now. Well, Ontario has 15 million people. What do you want 17 teams to do? We need 25 times that amount. In the northeast alone, we could use that \$30 million and those 17 teams, never mind the rest of the province.

Just to put an emphasis as to how important home care is, you have a group of physicians represented by their association. The Ontario Medical Association represents 42,000 physicians, and what are they asking us for? They're asking us to fix home care so that they know that if their patient needs somebody to help them transfer from their bed to their wheelchair, or somebody needs help to transfer into the tub or onto the toilet, or needs help with feeding themselves or changing beds or whatever, the service will be there. This is what their patients want. This is what the OMA and their 42,000 members came to Queen's Park to tell us, but none of that is in the bill.

The bill talks about basically creating province-wide home care, Ontario Health atHome, and then that would be responsible for procurement of home care services. Let me tell you that the inequality that you see—somebody who gets assessed and scores an 18, 20, 21 or 22 in my riding gets two baths a week. That's all they have resources for. Somebody in Ottawa who gets assessed for a 21 or 22 will get a whole lot more. They will have one or two hours of home care a day. They will get two or three hours of respite per day for their family caregiver.

It's not because the people in the north don't know that the need is there; it's because there is no money. If you look at the home care and support services, some of those agencies—not on the home care side, but on the support services side—there are still lots of not-for-profit agencies that do that work. They haven't seen a base budget increase in 12 years. That is when the Liberals were in power. For the last five and a half years that we've had a PC government in power—they have not seen a base budget increase for 12 years. Has the demand for their services increased during that period of time? Absolutely. Has the cost of providing those services increased during that period of time? Absolutely. Have they seen any of this actually acted upon by government after government? Absolutely not.

And now we see a bill—there is money in the bill, \$122.2 million, that would be to help the teams learn to work together. There's nothing wrong with helping teams work together, but that doesn't provide one hour of home care to anybody who needs it. That does not provide one extra bath a week to people who would like to have more than two baths a week, because they know full well that for at least one of those two, the PSW is not going to be able to show up. Having one bath a week—I couldn't live like that; I can guarantee you that. Why are we asking frail

elderly people and people who need home care to live like this? Why aren't we able to show them respect? Why aren't we able to meet the needs where they are? This is what people are asking for.

The minister also talks about new models of care. So rather than being paid for—you get 50 bucks to send a PSW for one visit to Mrs. Such-and-Such to do whatever needs to be done—usually a bath—and leave, and Bayshore gets 50 bucks, the PSW gets \$8.50, and end of story.

Now there's what they call care bundles. A lot of people have heard about total knee surgery. A lot of people have heard about total hip replacement, total knee replacement. The care afterward is being standardized. After you have a hip replacement, we know that you will need somebody to come and change your dressing. For a hip replacement, you used to have to stay in the hospital for 10 days, then you stayed in the hospital for seven days, then you stayed in the hospital for four days, then you stayed in the hospital for two days. Now you go home that day—yay! Nobody wants to stay in the hospital. You go home with home care. So we know that you will need somebody to come and change your dressing. We know that you will need access to a physiotherapist so that you regain strength, balance and range of motion. We know that you will need support from a PSW to make sure that you do your transfer in and out of bed, to the toilet, to the bath etc. Now they bundle that care together.

So now Bayshore will get an amount of money to look after you after a total hip replacement or total knee replacement that includes that we will have at least four visits by the nurse, three visits by the physiotherapist and 10 visits by the PSW to look after you as a care bundle after you have your hip replacement. That all makes sense. The first visit, the physio will do the assessment; after the second, we'll make sure your range of motion is coming; and by the third, make sure the strength and balance is back. The nurse will go make sure that you've had the dressing changed, make sure that the staples came out when they were supposed to come out. The PSW will be there to help you with your bath while you have a big bandage on your hip, blah blah blah. It all works—on paper. Bayshore gets paid to do all of that.

How much of that do they deliver? Very little. How many people who were put through the bundle process actually got what the bundle was supposed to include? Very little.

Did you know, Speaker, that 25% of the people who have a hip replacement will never walk again if they don't have access to physiotherapy? Let that sink in. We do those expensive surgeries so that people can continue to be active, and 25% of them won't be able to walk again—never mind going up and down the stairs or on an incline or on uneven ground—if they don't have access to physiotherapy.

But, coming back to Bayshore, who now gets a bundle of money to offer the four visits from the nurses, the three visits from the physio, the 10 visits from the PSW, because this is what you need to make a good recovery from your hip replacement—well, they had one physiotherapist, but

she has been on maternity leave for the last two months, with a brand new, very cute little baby, and is not available to work. The nurse never came to change the dressing. The stitches got infected. You had to be admitted back into the hospital and treated because we were afraid you were going to get septic because your stitches were badly infected because the nurse never came to change the bandages. And the PSW did come some of the time. She was not supposed to change the dressing. She ended up lifting the dressing because it didn't look too good and had been there too long, and she's the one who said you had to go back to the hospital really quickly. Bayshore got the money for the bundle of care.

This is supposed to be the innovation that comes from this new way of providing home care, but this innovation has already been tried here in Ontario. But because we have for-profit companies who dominate the home care system, the for-profit companies' number one objective is to make money. They exist to make money for their shareholders—and they do, in the hundreds of millions of dollars for their shareholders, at the expense of not being able to recruit and retain a stable workforce because they don't provide good enough jobs to allow PSWs to pay their rent and feed their kids.

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Interjection: So out of touch.

M^{me} France Gélinas: This is completely, completely out of touch.

The new care pathways that the minister was talking about have been tried, and they make sense on paper. We know what a patient needs after a total hip replacement in order to be able to stand up, walk, do stairs, walk on an incline, walk on uneven ground. We're talking Ontario here. There's not a physiotherapist in Ontario that does not know how to make sure that their patients know how to do that. There's not a nurse in Ontario that does not know how to change a dressing. There's not a PSW in Ontario that does not know how to transfer somebody into a bathtub. But this can only happen when the people they work with are able to recruit and retain a stable workforce, and this only happens when the for-profit companies put the wellness of the patient ahead of the payments to the shareholders. But that's not what's happening in Ontario. The shareholders always make up; the patients suffer and so does the staff who work there.

The Ontario health teams right now in Ontario include hospitals, long-term care, primary care, mental health, palliative care, and now we will add home and community care. In theory, all of this makes sense; all of those people should work with one another. A patient who goes through an episode of illness, of sickness, of injury, of surgery or whatever, they may very well very well need from one to the other, and to have them work as a team makes sense. But when you look at what the team looks like—I will take the team in my neck of the woods, in and around Sudbury. The team starts in Manitoulin Island, goes all the way to the French River and north for about a four-hour drive. What do the people of Alban have in common with the people of Manitoulin Island? Absolutely nothing. I bet you

they could not even name the names of the hospitals on Manitoulin Island, but they are in the same team. That's not a team. A team are people who know one another, who care for the same patients, who work together, who refer to one another. None of that is happening in my neck of the woods. It's a team on paper. But what will happen is that more and more parts of that team will be for-profit delivery, because right now, our hospitals, most of them—152 out of 156—are not-for-profit hospitals. Most of the palliative care is not-for-profit. Most of the mental health and addictions are not-for-profit. Those are three partners, but the other partners are for-profit.

Long-term care: Ontario is the only province where—remember Mike Harris?—where long-term care is dominated by the for-profits. We all know what that means. That means that, in the last three quarters, Extencicare paid \$300 million through their shareholders. That's \$300 million that never saw the bedsides of the people. That means that every Extencicare home in Ontario—I guarantee you that those workers were short because there was not enough staff, because they were working really hard to try to meet the needs of their residents in situations that are really hard. Long-term-care homes are part of those teams.

We also have primary care. A lot of primary care is not-for-profit. But I'll make a parenthesis around primary care: It is very different for physicians to run their own small business, because they're one on one with the patients. They know what their patients need and they have a relationship. This is really different from Extencicare shareholders, who have never set foot in one of their homes, who don't know any of the staff, who don't know any of the patients. Do they care or not? It doesn't look, from where I'm sitting—maybe they do. But they care about the \$300 million that they get in dividends. They care an awful lot about that.

So now we're bringing in the home care—home care that has been dominated by the for-profit companies. You start to see a bit of a—hmm.

Interjection: Pattern.

M^{me} France Gélinas: Yes. I was trying to find a nice word, but we'll say “pattern.” You start to see some kind of a pattern here, where those teams—the government will be transferring the money to the Ontario health teams so that they can work together. Who is big enough to handle the money for the entire team? A 10-bed palliative care? I don't think so. They have one executive director and a part-time bookkeeper. And all of a sudden, they would be responsible to get—a hospital, yes, maybe. Bayshore has enough executives and administrators to handle it. Certainly, long-term care, whether it be—I talked about Extencicare, but there are many others, like Revera or the other big players.

I see a further opening of the door to for-profit delivery, so that the people who will receive the money on behalf of the teams—because the teams don't have their own boards of directors; they don't have their own executive directors or anything like this. They are made up of different health care providers, and in some of the teams, it will be a for-

profit long-term-care home that becomes in charge of the entire team. I am really worried about this. Nothing good will come of that. More money will go to shareholders, and less resources will be available for the ever-increasing needs in our health care system.

We have a bill in front of us that aims at changing home care. Does home care need to be changed? Yes, absolutely. We cannot continue the way things are. Is there anything in the bill that will change home care so that it focuses on the patients who need care? Absolutely not.

I will share into the record a few more of my constituents who are receiving home care and reaching out to me—all of those have been shared with the Minister of Health, and the Minister of Long-Term Care sometimes, depending on the situation.

“Dear Minister Jones,

“I am writing to you today as a deeply concerned parent whose son has received substandard care from the Bayshore nursing agency. It is my duty to bring to your attention the alarming situation within the current system of utilizing contract nursing agencies to provide care to students requiring G-tube feeds and/or hydration while attending school in the Sudbury region. To outline the current practice, a care coordinator with Home and Community Care Support Services performs an assessment and allocates the appropriate number of visits which is then contracted out to an external nursing provider. This practice dates to a PPM from 1984, which indicates that G-tubes will be managed by a nursing provider and not school personnel. I would like to mention, that as a registered nurse with over 20 years of acute care experience, I expressed concerns about having an external provider come in to set up the feeds or hydration and then leave my son with individuals that have no training regarding G-tubes. They told me that I was anticipating problems where none existed, and the current system would remain as it was.

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“I have tried to work within the broken system for over two years but, unfortunately several situations have occurred which have led me to write to you to advocate for my son and others in his position. There have been instances when the assigned nurse would not be able to visit, and the agency could not find a replacement. When this occurred, it was my responsibility to leave work and provide the hydration or nutrition to my son. There were days when I had to leave work three times to manage my son's G-tube feeds and hydration. There were also instances when the school would call to say that the nurse set up the treatment and left, and now the pump was ‘beeping,’ and they were not sure what to do. It was very puzzling to me that the nurse and Bayshore were allowed to bill for a one-hour visit with my son and be billing for a visit with another client at the same time and were not available to attend to my son. The stress of this was a contributing factor leading to my resignation after 24 years of being gainfully employed” by “the same employer.

“The most concerning event, however, occurred on June 8, 2023, when my son came home dehydrated after

receiving none of his required hydration and nutrition that day. He came home with a dry diaper and did not void until much later that evening. The nurse from Bayshore had contacted me earlier that day and said that his pump did not seem to be working properly. Unfortunately, I could not get to the school that day, so I tried to troubleshoot some solution with her and instructed her to make sure I was contacted if there were more issues. Another nurse attended the remaining visit that day and just kept adding more fluid to the bag, but none of the solution infused. That nurse did not follow up or contact anyone about the issue. I had to keep my son up late that night to administer the fluids he had missed.

"I was in contact with his regular nurse, and I instructed her to submit an incident report for this event and informed her that I expected to hear back from her manager about a resolution to ensure this would not occur again. She suggested that I call the manager, but I informed her that I would instead be calling the care coordinator at Home and Community Care Support Services. I followed up with my son's care coordinator, and she sent a clarification to the nursing provider, Bayshore, indicating that they must stay for the entire duration of the treatment. They did not end up changing their practice before the end of the school year and I never received any correspondence from the manager of Bayshore. The care coordinator sent another clarification to the provider over the summer and a third reminder was sent in mid-September as the nurses were still not staying for the duration of the treatment.

"On September 14 ... I received a call from Jennifer, the nursing coordinator at Bayshore, to notify me that because of the instruction indicating that the nurse needed to stay for the entire hour, all the nurses were refusing the visit. I asked for more clarification, and she said that even though the nurses are scheduled for the hour, they 'can't stay because they have other places that they need to be.' I asked for further clarification and said, 'Just to be clear, you are telling me that all the nurses are refusing the visit if they have to stay for the entire time that they are being paid for?' She replied, 'Yes.' I then told her that I would be reporting the nurses and agency to the College of Nurses as this was not ethical. I then called Bayshore back and requested to be transferred to the manager and left a voicemail expressing my concern and requesting a return phone call.

"I have still not received a phone call from management at Bayshore. I have two major concerns with the above-described situation that I would like to bring to your attention. Firstly, I cannot understand why the school board would continue to follow a PPM from 1984 and not consider that there could be better ways of providing care to students with a G-tube. Secondly, I have grave concerns about the nursing standards upheld by Bayshore and question if they should still be considered the province's preferred provider.

"I want to expand on my concern with the current practice of utilizing a contracted nursing provider to administer G-tube feeds to students while at school. Firstly, this practice is dangerous as it leaves the students

in the care of teachers and EAs who have no knowledge or training regarding the management of their G-tubes and feeds. This model is also not client-centred and does not promote inclusivity. The individuals caring for the student all day cannot adjust to meet his/her needs and students cannot participate in all activities if they conflict with the timing of a nursing visit. Another issue is the stress this causes for the student's caregivers. It is incredibly stressful to know that if there is an issue with the nurse's availability, your child may not receive any hydration and/or nutrition if you cannot make it to the school. Lastly, the system is very wasteful on our province's scarce resources....

"I would also like to expand on my concern with Bayshore's business practices and their status as a preferred provider in Ontario. It is genuinely concerning that the agency and nurses are being permitted to bill for care which they are not providing. This incentivizes nurses for providing quick visits and does not promote high-quality, client-centred care. I feel that the privatization of nursing services in the community has led to a decline in the quality of care provided, which is endangering the well-being of Ontarians who require health care services at home. If this private system is to remain in place, the province must impose strict standards and regulations to ensure the highest quality of care for all patients. Moreover, a more equitable system should be established, where multiple agencies can bid on contracts and providers are selected based on their merits, rather than favouritism. Allowing clients to choose their providers will motivate them to fulfill the contracts properly and have their staff provide good care, instead of trying to maximize income by 'double billing' or turning down less profitable contracts.

"It is crucial that we urgently address these issues. I implore you to consider implementing reforms in both the system of hiring contract nursing agencies to provide care within the school and the practice of giving preferential treatment to a single agency.

"I trust that you will recognize the gravity of this situation and take immediate action to rectify these concerns. The well-being of our most vulnerable citizens is at stake and it is our moral obligation to provide them with the care they deserve.

"I appreciate your attention to this matter and look forward to hearing your response and proposed actions."

And it's signed by the mother.

I wanted to read this letter that she has written to the Minister of Health and to directors, because those are real-life examples of people who depend on our home care system, of people who have front-line views of our broken home care system. Everybody agrees that this child needs G-tube feeding. Everybody agrees that Bayshore will be paid for an hour to deliver that care. Bayshore never stayed, the nurses never stayed for an hour. They hook him up, and they go. The systems start to beep and now the mother or the dad needs to leave their work to come to school to make sure that they can fix whatever is wrong

with the G-tube feeding machine. There are so many ways that we could make this better.

PSWs, the mental support workers handle G-tubes in group homes; why can they not do this with kids in school? Why is it that when she confronted Bayshore and said, “You are being paid for a full hour, but you will not stay for the full hour,” they said, no, they cannot find a nurse who is willing to stay for the full hour, because, in order to make money and make ends meet, they will receive the money for a full hour but just set up the G-tube feeding machine and go on to the next patient. If that does not convince you that our home care system is broken, I don’t know what will.

The bill—I see that I’m running out of time—has two parts: the first one is to create Ontario Health atHome, which, again, will centralize all of the decision-making process regarding providers at the provincial level, which means that little, community-governed not-for-profit agencies that provide good-quality home care in little communities throughout Ontario will never be able to win any of those bids. They won’t even have the capacity to answer the requests for proposals that come from Ontario Health atHome. The big, for-profit companies—Bayshore, the care partners: They will fill that up and they will be the ones who will have the contract. That means further privatization of our already very privatized home care system that fails more people than it helps every single day.

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The second part, where we bring those home care providers into Ontario health teams, does the exact same thing, Speaker: further privatization of our Ontario health teams. The Ontario health teams’ having health care providers work together, whether it’s hospitals, long-term care, home and community care now, mental health and addictions, palliative care and primary care—it makes sense that those care providers work together, but it also has to make sense at the local level. In order to work together, they have to be within a geographical area that makes sense. Linking in the same team people who live a six hours’ drive away on a good day in the summer—because in northern Ontario, we’ve already had snow; we’ve already had highway closures—makes no sense. Do we want hospitals and long-term care and primary care and palliative care and mental health and addictions to work together? Yes, but we want them to work together in a geographical area that makes sense.

Also, there is nothing in there that would provide for maintaining what’s culturally appropriate and made in northern Ontario. That means that the few francophone health care providers that we have will now be part of huge English Ontario health teams. They don’t want to be part of this. They’ve tried to refuse and stay out of this as long as they can because they know full well that once they are part of a big English Ontario health team, it will become almost impossible to continue to serve the French population that exists in my riding and elsewhere.

There’s lots that needs to be done in home care. This bill doesn’t do any of it.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Mrs. Robin Martin: Thank you to the member opposite for her comments. I listened intently and the strangest thing is that we were in the Ontario Medical Association thing at lunch and the member was talking about how important team-based care is; the OMA was talking about how important team-based care is, and what this bill is about is moving home care into Ontario health teams, which are team-based care.

The member seems to think that this does nothing to improve home care, but Sue VanderBent, for example, and Matthew Anderson say it will help transform the delivery of home care by making home care part of team-based care through Ontario health teams. This bill is getting us to that point.

Will the member not stand up and support this? Or does she love the status quo, which she says isn’t working, so much that she won’t support us improving the system?

M^{me} France Gélinas: The Ontario Medical Association is at Queen’s Park today and they want more interdisciplinary primary health care teams; that is, a physician who works with a nurse practitioner, with a nurse, with a social worker, with a dietitian, with a physiotherapist, with a psychotherapist, with a health promoter, with a community development worker as part of a community health centre, as part of a family health team. They were talking specifically about primary care.

So, primary care of interdisciplinary care teams? Yes, absolutely. We need those, the sooner, the better. This is but one little component of Ontario health teams. Ontario health teams look at hospitals, look at long-term care, mental health and addictions, palliative care, primary care and home and community care. The physicians were not talking about Ontario health teams.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Ms. Teresa J. Armstrong: I want to talk about an example of what happened in the long-term-care system, because the Ontario health teams now, as was pointed out, oversee that.

This is a CBC article from October 5, 2023, and I’m going to read:

“Less than a year after the province heralded its opening as a safe option for seniors, a new long-term care home in Owen Sound ... has been forced to close its doors to new admissions due to serious problems found during inspections.

“The province’s Ministry of Long-Term Care issued a cease of admissions order to Southbridge Owen Sound on Aug. 16 due to ‘significant instances of non-compliance,’ a spokesperson for the Minister of Long-Term Care said. Inspection reports show those issues include residents wandering away from their rooms or the facility altogether, as well as a report of a resident lying in a room with urine on the floor left with no way to call for help.”

How do we trust that this government is going to get health care right if they can’t even get long-term care right?

M^{me} France Gélinas: Long-term care is a part of our health care system that is heavily privatized, and we see it. I mean, you can go to Saskatchewan where the Conservative government put Extendicare to the curb. They own long-term-care homes in Saskatchewan, and they said, “No more. You will put patients’ care before profit.”

Ontario welcomes the for-profit company in long-term care. The for-profit companies are able to give hundreds of millions of dollars to their shareholders at the expense of quality care. The pandemic showed us how bad that was: people dying of starvation, people dying of dehydration, people dying because they’re covered in bedsores because they haven’t been changed.

Ontario knows better than that, and that’s no more for-profit in long-term care.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

M. Anthony Leardi: C’est un plaisir de continuer le débat avec la députée de Nickel Belt.

Ce projet de loi devant nous propose de remplacer des réseaux locaux d’intégration de services avec un nouvel organisme. Le nouvel organisme s’appelle Santé à domicile Ontario. C’est quelque chose qui a été demandé par des professionnels : de remplacer les réseaux locaux d’intégration de services avec quelque chose de nouveau.

Est-ce que la députée est d’accord avec les professionnels qui veulent remplacer les réseaux locaux? Est-ce qu’elle est d’accord avec ces professionnels?

M^{me} France Gélinas: Ce que le projet de loi est en train de créer : ils vont créer Santé à domicile Ontario. Ça, c’est une agence provinciale qui va être en charge de toute la distribution des services à domicile pour toute la province.

Pendant l’heure que je viens de passer, j’ai lu extrait après extrait de lettres des résidents de Nickel Belt qui démontrent que, dans les petites communautés, c’est Bayshore qui a le contrat; dans les petites communautés, ils ne sont pas bien desservis parce que celui qui a le contrat, Bayshore, n’est pas capable de recruter du personnel pour aller y travailler.

D’avoir maintenant un organisme provincial pour s’occuper des services à domicile va rendre ça pire, pas mieux, que ce qu’on a là.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mrs. Robin Martin: Our government believes that seniors are entitled to dignity. Our government wants to keep them in their homes if that’s where they want to be, and that’s the place to provide the most appropriate level of care for them. That’s why we’ve been bringing forward changes to home care over the years, since we’ve been elected in 2018. That’s why we removed the service maximums so that people can get more than four hours of care in their homes, because we want seniors to have that choice. It makes sense to us that they do.

The member opposite talked about how there’s no money in this bill. I think she said \$122 million, but it’s actually \$128.2 million, and that won’t provide a single bath for a single senior. Does the member want to perhaps elaborate about the \$1 billion that was in budget 2022 over

three years, including \$569 million brought up to the beginning, that she neglected to mention that will provide baths for seniors?

M^{me} France Gélinas: The bill that we have in front of us will do two things. The first thing is to create Ontario Health atHome. The second is to allow home and community care to be part of Ontario health teams.

I quoted the minister who had quoted \$128.2 million over three years at \$2.2 million per team to help the teams work together. That’s the comment that I had made.

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I also made the comment that home and community care have not seen a base budget increase in the last 12 years; that is the five and a half years that this government has been in power as well as when the Liberals were in power. This is a very long time where the needs of residents have increased, the demand for those services have increased but those little, mainly community-based not-for-profit agencies have not seen a base budget increase.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Chandra Pasma: Thank you so much to the member for Nickel Belt for those remarks. I don’t think there’s a person in the House who understands our health care system better than the member for Nickel Belt. The government would do well to listen to her.

I’ve been speaking with organizations in Ottawa West—Nepean that are providing not-for-profit home care and community care services—Carefor, the Olde Forge Community Resource Centre, Jewish Family Services, Meals on Wheels—and all of them are struggling so much due to the underfunding of these home care and community care services by this government. They are struggling because, yes, the government promised additional funding but then hasn’t delivered it, so they are bleeding money every single month, waiting for this money to actually flow. They are losing staff every month because they can no longer compete with other sectors. The staff feel like they are being asked to do the impossible, to fill in the gaps of the social safety net this government has broadened.

My question to the member from Nickel Belt is why should anybody trust this government’s changes on home care and community care when they’ve done such a bad job managing the system to date?

M^{me} France Gélinas: Everybody will remember two weeks ago, on September 25, the day we were back at Queen’s Park, there were 10,000 people on the front lawn of Queen’s Park asking this government to not further privatize our health care system. They came from all over the place. Not one member of the Conservative Party went and saw their constituents out there. There were people from North Bay, people from Timmins, people from Sault Ste. Marie, people from all over Ontario. They were asking us not to further privatize our health care system.

This bill continues to open the door to privatization. The small, not-for-profit agencies that the member mentioned have not seen a base budget increase in 12 years. They need more money in order to meet the needs of the people of Ontario.

The Acting Speaker (Ms. Bhutila Karpoche): Further debate?

Mrs. Robin Martin: Before I forget, I just wanted to take a moment. It's October 16; this is my mother's birthday. She passed away several years ago, but I know she's with me here in spirit. I just want to take a moment to say that I'm thinking about her.

I wanted to thank the Deputy Premier and Minister of Health, first of all, for her leadership in building a stronger and more connected and publicly funded health care system that is centred on the needs of patients. I'm very pleased to be rising today to speak about our Convenient Care at Home Act on behalf of the constituents of my riding of Eglinton–Lawrence and as the parliamentary assistant to the Minister of Health.

Speaker, under the leadership of Premier Ford, our government has been making record investments in health care to improve health care delivery and connect every person in Ontario to care that is faster, easier and closer to home. Our government has increased the health care budget by over \$16 billion—with a “b”—since 2018, an average of 6.1% per year since we have been elected.

We've focused on:

- expanding access to primary care providers, building and strengthening health care infrastructure and growing the health care workforce for today and for years to come;
- bringing down wait-times for services;
- reducing unnecessary emergency department visits, avoidable readmissions to hospitals and the rate of alternate level of care;
- improving access to mental health and addictions services, including for individuals in crisis;
- improving access to digital services;
- providing people with more connected and convenient care through local Ontario health teams; and
- delivering better coordinated care in the community and in the home, including improving transitions and wait times between hospital and home care.

We have heard loud and clear that Ontarians want better and faster access to home care services. The proposed Convenient Care at Home Act is another important milestone in providing the right care in the right place through better home and community care in our province, and in supporting Ontario health teams to deliver comprehensive, integrated care to patients, families and caregivers.

Ontario health teams are bringing together health care providers, including primary care, home care, long-term care and hospitals, to work together to ensure people can move between providers more easily with one patient record and one care plan that follows them wherever they go to receive care.

Speaker, Ontario has world-class health services provided by our incredibly skilled and dedicated health care workers, like my colleague from Mississauga Centre, MPP Kusendova, who is a registered nurse.

Our health care providers are an important part of our health care system. They are instrumental in supporting healthy and strong communities, and we sincerely appre-

ciate everything they do in providing extraordinary care and support to every person in Ontario.

Unfortunately, for all concerned, over the past decades the province's health care system has become fractured and disconnected. Patients, families, caregivers and providers have all repeatedly identified the same types of challenges and barriers. Our government has listened to them and continues to take bold action to transform our health care system by overcoming these challenges and barriers so that it's focused on the needs of patients, families and caregivers, and so that it more effectively supports our health care workers.

A key part of building a patient-focused health care system was the creation of Ontario health teams, which the province introduced in 2019, and which will be further supported and enabled by the proposed Convenient Care at Home Act.

In 2019, our government brought forward a new legislative framework to support better health care. Through The People's Health Care Act, a new statute was enacted—the Connecting Care Act—which established Ontario health teams as a new model of health care organization and funding and a model of integrated, population health-based care delivery, where health and community care providers work together as one team for their local population, even if they're not in the same organization or physical location.

Since 2019, groups of health care providers and organizations across the province have come together to form these Ontario health teams in every region of the province. In December 2019, we announced the first cohort of 24 Ontario health teams that were created across the province. And in the following years, more teams have been established.

Betty-Lou Kristy, chair of the Minister of Health's patient and family advisory council, has supported Ontario health team development within the Ministry of Health since her appointment and continues to play a key role in supporting Ontario health teams, along with the council. I want to thank her for her work.

There are currently 57 Ontario health teams in every corner of our province. And we are very, very close to the goal of full provincial coverage by Ontario health teams, ensuring that everyone in Ontario has the support of an Ontario health team. The Ministry of Health and Ontario Health continue to engage with providers in west Parry Sound so they can become an Ontario health team in the near future, building on their commitment and strong foundation to integrating and improving care in their community.

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Ontario health teams have focused their initial efforts on improving health care experiences and health outcomes for their identified target patient population, such as advancing digital health and virtual care initiatives, enhancing the quality of home and community care for seniors and their caregivers, creating more seamless care pathways and making transitions between health care providers smoother for patients. Over time, Ontario health

teams are expanding the services they provide, and they're continuing to build towards integrated care for their entire attributed population.

At maturity, Ontario health teams will be held clinically and fiscally accountable for providing a full and coordinated continuum of care. Through Ontario health teams, patients will experience improved access to health services, including digital health and virtual care options; better coordination and transitions in care; and better communication and information from their health care providers.

As our government modernizes home and community care, and home care service gradually shifts under the auspices of Ontario health teams, patients will greatly benefit from these changes. Home care will be easier to find and navigate, and transitions from hospital to home will be more convenient and easier to understand, with home care plans for patients that they can hold, understand and follow. Because, as has been said before, the only thing better than having care close to home is having care in your home.

The Ontario health team model provides the opportunity for front-line health care professionals to expand on their great work and take the lead at doing what they know best: delivering excellent patient care. Ontario health teams are already well on their way to transforming how people access care in their communities, and there are many instances of health and community providers coming together to provide more connected and convenient patient-centred care, designing and implementing new integrated models that are responsive to the unique needs of the communities that they serve.

For example, the Algoma Ontario Health Team has established a community wellness bus, bringing primary health care to vulnerable communities, helping to provide easier access to health and social services, improve health outcomes and reduce gaps in mental health and addictions care. Between April 2022 and March 2023, the community wellness bus in Algoma had more than 5,000 visits.

Another example is the neighbourhood care team, which is closer to home, in my area. It was established within a seniors' housing building by the North Toronto Ontario Health Team. The neighbourhood care team offers low-income seniors and tenants a range of health care services, including regular blood pressure checks, foot care, access to social workers, wellness checks and attachment to primary care.

The Middlesex London Ontario Health Team is connecting primary care providers to on-demand video or audio phone interpretation services to enable patients to receive care in the language they are most comfortable using.

Through their surgical transitions projects, the Noojmawing Sookatagaing Ontario Health Team has reduced 30-day emergency department visits by around 32%, and reduced length of stay by 48% for those recovering from surgery, allowing people to spend more time at home.

The Mid-West Toronto Ontario Health Team has a remote care monitoring program that has seen positive outcomes in supporting alternate-level-of-care patient discharges from the hospital back into a more appropriate setting in the community. And that program is now being spread to other Ontario health teams across the province, because we're going to take the best of what we can find in these teams and spread those around, because we can learn from these things and everybody can benefit.

Ontario health teams are also exploring new partnerships with home care providers for more convenient and coordinated transition services. An early leader is the Southlake Regional Health Centre in my friend's riding of Newmarket–Aurora, a member of the Southlake Community Ontario Health Team. Their geriatric alternate-level-of-care reduction program ensures that people who have completed a hospital stay in acute care are safely transitioned home, with a home-care plan in place before they leave.

A number of Ontario health teams are developing new models of integrated home care by participating in a home care leading projects initiative. For example, the Guelph Wellington Ontario Health Team will implement an integrated primary care team model that integrates home and community care support services coordinators into primary care teams to bridge information gaps, enhance care quality and ensure that home care providers are dedicated members of the patient's care team. The Durham Ontario Health Team will implement a primary and community care hub model providing integrated and wrap-around services for older adults through a central location, ensuring seamless transitions among services and incorporating a flexible support network with non-traditional providers to address diverse patient needs.

Ontario health teams are also enhancing home care and primary care services so that patients and families can get the care they need in their homes and communities: for example, the East Toronto Health Partners Ontario Health Team, which together with its primary care network has developed primary and community care response teams to support primary care providers in providing care to home-bound and vulnerable seniors with unmet health or social needs.

Ontario Health will be leading next steps in the assessment of these new models to inform their scale and spread to other Ontario health teams. As new models are replicated across the province, there will be tangible improvements to patient care and patient and family experience.

Speaker, the government continues to support and invest in Ontario health teams. When Ontario health teams were approved, each team was eligible to receive one-time funding, and the ministry has directly invested more than \$118 million to support initial development, build capacity for collaboration and implement the Ontario health teams model.

The Ontario health teams are also playing a pivotal role in implementing our Digital First for Health Strategy. An integrated health care system requires strong digital capabilities at the front lines of clinical care. The Ministry of

Health is working closely with Ontario health teams to support digital health adoption, including the development of digital standards for virtual patient visits, digital health information exchange, online appointment-booking and patient portals, while enabling Ontario health teams to also implement digital solutions in a way that meets their local needs. Supporting digital health and Ontario health teams is giving front-line providers better access to the tools and information they need to meet the needs of their patient populations and empowering patients with choices in how they can access health care.

More than \$124 million has been allocated to support Ontario health teams and other health service providers in providing digital and virtual care options so that people in Ontario can easily connect with a health care worker from the comfort of their own home. This includes remote care monitoring, online appointment-booking, among other advances. More than 760 approved digital and virtual care projects have benefited over 4.2 million patients, and successful digital projects that provide a significant impact on health care delivery are being considered for further funding to spread and scale initiatives to other Ontario health teams, eventually, across the province.

The province also continues to develop operational and policy supports for Ontario health teams. This includes a coordinated network of supports that assists Ontario health teams at all stages of their development and implementation with guidance tools, webinars, best practices and other approaches, delivered by partners with expertise and experience in the delivery of integrated care.

About a year ago, the province also provided updated direction to further ensure Ontario health teams are built to last and positioned to deliver better patient care. The Path Forward guidance focused on establishing a common, not-for-profit corporation for the purposes of managing and coordinating an Ontario health team's activities, standardizing the groups involved in the Ontario health teams' decision-making, addressing operational capacity and support and communications and implementing common integrated clinical pathways to help teams deliver proactive, evidence-based care for patients with specific conditions. The province continues to engage with Ontario health teams on the implementation of this guidance and the supports required to advance these priorities.

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Recently, our government invested \$43 million to bolster Ontario health teams, to support their ongoing work to break down long-standing barriers between different parts of our system, to ensure that people experience connected care from their providers and help patients navigate local services, to improve access to preventive care and to advance innovative care solutions across hospitals, primary care, home and community care and other sectors, to improve patient experiences, health outcomes and well-being.

To support all teams in coordinating care for their local communities and prepare home care transitions, an initial group of 12 Ontario health teams from all areas of the province has been selected. They will lead the work to

accelerate the delivery of home care and share lessons with all teams. The 12 teams include:

- All Nation Health Partners, serving Kenora and Sioux Lookout;
- Burlington Ontario Health Team, serving Burlington and surrounding areas;
- Couchiching Ontario Health Team, serving Orillia;
- Durham Ontario Health Team, serving Durham;
- East Toronto Health Partners, serving east Toronto;
- Frontenac, Lennox and Addington, serving Frontenac, Lennox and Addington, obviously, including Kingston and surrounding areas;
- Greater Hamilton Health Network Ontario Health Team, serving Hamilton;
- Middlesex London Ontario Health Team, serving Middlesex and London;
- Mississauga Ontario Health Team;
- Nipissing Wellness Ontario Health Team;
- Noojmawing Sookatagaing Ontario Health Team, serving the city and district of Thunder Bay; and
- North York Toronto Health Partners Ontario Health Team, serving North York, Thornhill and Markham.

With support from the Ministry of Health and Ontario Health, these teams will focus on connecting primary care, hospitals, and home and community care for patients with chronic diseases like chronic heart disease and diabetes, so that the experience is seamless and we avoid unnecessary visits to hospitals and emergency departments. These teams will look at how to expand 24/7 patient navigation solutions for local health services as part of Health811.

It's very encouraging to see how the Ontario health teams are continuing to innovate and build partnerships, with the ongoing support of the Ministry of Health. I look forward to what they will accomplish next, particularly as they continue to take on a greater role, and I'm really excited about the primary care and home care part of this.

The Ontario government is building on the work that has already been done to connect people to home and community care through Your Health. Over time, these changes are going to build a more connected and convenient model, focused on patients and delivering the best care. That's what this government is focused on.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mrs. Jennifer (Jennie) Stevens: To the member from Eglinton—Lawrence: In Niagara, many residents have expressed concern about privatization of our home care system. While other provinces, like BC, choose to reinvest in their public health care, Ontario has looked to privatization. Seniors who built our province and have supported health care for a lifetime with their wages want to know public health care will be there when they need it the most.

Niagara has a mix of not-for-profit care providers. Speaker, to the member: Why doesn't the bill explicitly prevent for-profit entities from dominating the home and community care sector in regions like Niagara, ensuring patient care remains paramount?

Mrs. Robin Martin: I thank the member opposite for the question. I really don't know where the member is

getting this. This bill has nothing to do with privatizing anything. This bill is about making sure that we have home care services to deliver throughout the province, and making sure those home care services are the same, as the minister said, for every part of the province and that people get the home care that they need and are looking for. That's what we're here to do.

The opposition seems to focus on issues that I don't think are what people are focused on. What I think people are focused on is making sure they actually get the home care that they're looking for, and that that home care provides what they need so that they can stay in their home as long as possible.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Robert Bailey: I've enjoyed the debate this afternoon very much. I like this bill and everything I've heard so far. Can the member from Eglinton–Lawrence tell us what other steps the government is taking to ensure people in my riding and across Ontario have access to home care when they need it?

The Acting Speaker (Ms. Bhutla Karpoche): Response?

Mrs. Robin Martin: Thank you very much for the question, to the member from Sarnia–Lambton. Look, the government has passed three pieces of legislation involving home care. This would be the third that we're hoping to pass. What we're trying to do is to make sure that we integrate home care into the system. For 25 years, we had home care off in a corner somewhere and it didn't work. It wasn't part of the system.

We've all talked about the importance of integrating care, and making sure it's connected and convenient and that there's one care plan. That's what people want. They don't want to have to go to several different places. They want their health care providers to know that one health care provider is saying that they can rely on that care plan going forward, and so that's what this is going to do: It's going to bring it home.

But there's also that billion dollars that we're investing in home care, to make more home care available across the province of Ontario, which is a huge investment in a sector which never gets enough. This is the first government that stepped up and put a billion dollars into it.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Joel Harden: I listened to the member's comments closely, and I'm going to ask her, through you, Speaker: Given that the government is proposing this billion-dollar expansion in home care, how does the member feel about the fact that we have an Auditor General report that tells us that we lose as much as 32% of every dollar we invest in home care when we do it through for-profit agencies? And what is the government's answer to a guy like Paul, a home care attendant I met in a grocery store the other day who tells me that when he travels around the city of Ottawa—he doesn't have a car; he uses transit—travel is not covered?

As the member from Nickel Belt said, in three different pieces of home care legislation offered by this government, no one is covering Paul's travel. He is looking in on neighbours; he's looking in on people with disabilities and seniors. My question to the member: Why are you allowing 30% of the government funding to be lost to for-profit agencies, and why aren't we covering Paul's travel? Doesn't that matter to you?

Mrs. Robin Martin: As I have been trying to say, this government is the government that is actually focused on fixing our health care system, focused on fixing home and community care. It's an important part of that health care system. This is the first government that has actually even tried to do any of those things. After 25 years of having the same mess, nobody did anything. There are people on that side in the opposition who have been here for many, many years and who supported a government and allowed it to stay in power while it did nothing to fix home care.

This bill, like some of the other bills, is about changing the structure of home care and integrating it into our Ontario health teams, so that home care and community care are a fundamental part of our health care system, where it should always have been. It is now going to be integrated and part of the entire system, and that is where it should be, because that way, home care will get the attention it deserves.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Natalia Kusendova-Bashta: I work in the ER, and one of my biggest pet peeves when I'm filling out that CCAC referral for my patients is that I actually don't always know if or when that home care nurse or PSW will actually come to change the wound care or provide the care that I know that patient needs. Sometimes they do not come, and then the patient ends up right back in the emergency room two or three days later.

Can the member please elaborate on how this particular bill will solve that issue by putting home care right into Ontario health teams, which we have started the transition to through the People's Health Care Act back in 2018? And how are we continuing taking significant milestones in investing in home care and in other programs like paramedicine, which is another very successful program that has worked in my community? Can the member elaborate on that, please?

Mrs. Robin Martin: Thank you very much for the question, to the member from Mississauga Centre. The Ontario health teams are going to, as I said, bring this into a coordinated part of the system. The best example to answer your question is the Southlake@home example which we have mentioned. I mentioned in the speech that a person will not leave the hospital without having their care plan and without knowing when they will receive care at home.

The whole objective of this program is to make sure that everything is continuous and seamless for the patient, and also to make sure that the patients have the care they need at home, so they can stay healthy, so they don't have to come back to the hospital in a few days because they didn't

get the bandage changed or whatever care they needed at home. It's working very well at Southlake, and it's a model that we can look to. The virtue of these Ontario health teams is when one Ontario health team has a good idea that works, it can be shared with others.

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The Acting Speaker (Ms. Bhutla Karpoche): Questions?

M^{me} France Gélinas: Kind of in line with what the member from Mississauga Centre just said, we know that our home care system fails more people than it helps every single day. There's more of a wait-list to get the home care you need and more missed appointments than in any other parts of the health care system put together. We know how to fix this.

How do you fix this? You make the PSW job a good career. You give them a permanent, full-time job with good pay, benefits, sick days, a pension plan—

Miss Monique Taylor: Travel costs.

M^{me} France Gélinas: —travel costs, and a workload that they can handle. If the member wants to make things better with home care, how come none of that is in the bill?

Mrs. Robin Martin: The member opposite who asked the question, the member from Nickel Belt, whom I respect a great deal, who has been here for 16 years, knows that not everything is in each bill. We don't do that. We don't reiterate all the promises in every bill and discuss everything at once. So it's kind of a disingenuous question, I think.

Interjection.

Mrs. Robin Martin: It's a bad word?

The Acting Speaker (Ms. Bhutla Karpoche): Can you hold on one moment, please?

Mrs. Robin Martin: But that is—honestly, the member is talking about wages and stuff like that, but this is the government that increased PSW wages.

We know we have more work to do, but part of what we're doing here with this bill, with Ontario health teams and with the expansion of interprofessional primary care teams, is making sure that the care is provided within the integrated context of a team so that the PSWs can have better schedules, can be part of a team, can have people to talk to, can talk to the nurse or the doctor or the other care providers and be part of a team and not be isolated. So, it's not just about the money for the PSWs. That's part of it for sure and that's why we raised wages, but it's also about better work conditions.

The Acting Speaker (Ms. Bhutla Karpoche): A very quick question from the member from Essex.

Mr. Anthony Leardi: One of the innovations introduced by this government was allowing pharmacists to treat minor ailments. I can tell you that the people in Essex county love that innovation introduced by this government. What can the people in Essex county anticipate from this innovation?

Mrs. Robin Martin: I think it's going to really improve home care delivery, make home care part of our health teams, and deliver better care for people in Essex.

Everybody wants to make sure when they need home care that it's going to be there when they need it. We all want that. I have constituents too who want to make sure it's there. We want to deliver it for them. That's what this is about.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Wayne Gates: It's always a pleasure to rise in the House. It's been a fascinating day, Madam Speaker. I came in this morning and went to the front lawn, and there we had a protest for kids with autism. What was interesting about that to me is there were seniors there. They were taking care of their kids and their grandkids because there isn't enough funding.

And then I come in here—because I like coming to question period; not that I get a lot of questions, but I like coming to question period—and they ended up talking about the Conservative government that was being investigated by the RCMP. I thought that was fascinating, to see that happening right here on the floor.

Then, after lunch—because I had a sandwich at lunch and went and saw the doctors; that was really nice and fascinating talking to them—after 1 o'clock, we have another motion come with residents from Ontario. This is their House. They come here and they've got an issue with what you're doing with a spa at Ontario Place. You know what happens? They cut off debate, which wasn't fair to the residents, by the way. You know what? There were seniors sitting up there who had a tough time getting down here. They had to take public transit. They had come here thinking that this House was going to listen to them and we didn't listen to them, and that was wrong today.

And then right after that, the House leader for the Conservatives nodded to the health minister to bring this bill forward. You know what? I found out about it at that very moment, that they want me to stand up here and talk for 20 minutes. I wasn't sure if it was 20 minutes or an hour; I would have done both. But I wasn't sure what I had to do.

So I spent that one hour listening to the health minister and listening to the super senior that's on that side of the House. I listened to him. Then as I was doing that, I'm jotting down some notes here. Then, I decided to say, "Okay, I've got to take at, you know, the bill. I've got to do all of that within an hour." They didn't give me a chance to run upstairs and talk to a stakeholder. "What do you think of this? Do you think this is a good bill? Do you think we can work with the bill? Do you think it's something we can support?" I couldn't do that.

If you want a bill to come forward, have that type of debate and have that type of interest in the province of Ontario, what should we have done? I think you should give the official opposition an extra—maybe a couple of days to at least do that, instead of an hour. Think about that.

When I went through the bill and I listened to one of the colleagues on that side—I don't know the riding so I won't say her name, because I will get called out if I do that—she talked about how nobody did anything for 25 years.

She forgot to mention that in that space of 25 years, Mike Harris was the Premier of Ontario. Then she forgot to mention that the Conservatives were the official opposition for 15 years. So I wasn't sure if she was talking about the Conservatives or she was talking about the Liberals, because that kind of takes that time frame in.

On home care—I'm going to pick this up, so I want to get this right—Premier Harris at the time brought in the privatization of home care. Now, think about it. Here we are—was it 15 and five?—20 years later, and what are we talking about? We're talking about home care and why we shouldn't privatize it. This is what he said—in fairness to the Premier, because I respect the Premier, he got elected by the citizens of Ontario. I don't know how, but he did. At the end of the day, I respect the fact that he got elected just like I respect everybody out there who got elected. Here's what he said when he privatized—

Interjections.

Mr. Wayne Gates: Okay, go ahead and chirp at me. Get it out of your systems and then I'll be able to say what I want to say—

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Order.

Mr. Wayne Gates: This is what he said: It would be better care, it would be faster and it would be cheaper. We knew that that wasn't right. It's not accurate. It hasn't proved over the course of 25 years that it's better care, because what was the care for? You can help me out now or you can chirp on this; I'm sure somebody over there knows. I'm sure the labour minister knows this. You know what? It was about profit. It was never about care. It was never about care for our loved ones, whether it be our parents.

I want to be clear, as a critic for long-term care—and I will get into long-term care and that would probably take me an hour just there. I'm going to be very clear: I think the best thing that happens to all of us, including our super senior, is that we should be staying home as long as we can. We absolutely should be.

I'll do a quick story. It's a little off my script and I haven't got into the other notes. I'll tell you a little story. I've said this story before. My wife's dad got sick. To my wife's credit, she decided to retire. She was a principal in a school. She decided to retire a year early to take care of her dad, because she didn't want him to go into a retirement home or a long-term-care home. This was before COVID, by the way, and we know what happened with COVID. That's a whole different story.

She decided to say, "You know what? My mom and dad were there for me when I needed them," whether that was in the early part of her first marriage and then my marriage. They were always there for her, so she said, "I'm going to be there for my family."

Every day, she would go and see her dad, take care of him at breakfast, take care of him at lunch, take care of him at supper and make sure he was getting the right pills. That's what home care is about: It brings family together.

We live about five, maybe 10 minutes—they're Italian. I know there are a few Italians here, and one thing about

the Italian family that nobody talks about: They love their family, but they also have to like to live within two blocks of each other so you can have spaghetti dinner on the weekend. That's true.

Interjection.

Mr. Wayne Gates: Yes, you know that's true. Exactly. And that's a good thing.

A few years later, grandma got sick, Rita's mom. Now, Mr. De Luca has passed away, but he knew at the end of his life how much his daughter loved him and took care of him. Then, grandma got sick. Same thing: My wife was there for as long as they could in home care.

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That's why home care is so important—because they get better care with a loved one. And I'm not saying anything about a PSW or a nurse or anybody, because they love the patients just as much—but the reality is very clear that they're understaffed, particularly in home care.

When my wife's mom and dad needed their PSWs, they were wonderful. But do you know what happened? And I'm sure that has happened to all of you. You can agree with me or disagree, and that's fine, but I think it has happened to all of us. There were times when they needed that care but there was no PSW, because there aren't enough of them, because that provider didn't have enough staff. And why don't we have enough staff? Help me out here. You guys are yelling at me all the time. Yell something out.

Interjections.

Mr. Wayne Gates: Bill 124.

There have been a lot of mistakes that you guys have made, and I've stood up and tried to help you out and make it better for you. I've given you some suggestions; unfortunately, you don't always take them.

Bill 124 was a big mistake, particularly in home care, where it was heavily privatized—so was long-term care, and we'll get into that if I get enough time. What you should have done after you lost in the courts, not once, but twice—you guys, as a caucus, should have gotten together and said, "Let's not spend any more taxpayer dollars in the courts fighting Bill 124. Why don't we use that money and reinvest it into our PSWs, into our health care system, and make sure that we have enough staff so that when Mr. De Luca or Mrs. De Luca need somebody, they are there for them?" You chose not to do that, and that was a mistake when it came there.

The same thing happened, as we go through the bill, and I was really fascinated by this, because as a long-term critic—how many remember your government bringing a bill here—I can't remember the name of the bill, so I won't say it; I don't want to get it wrong, in fairness. How many of you guys remember when you brought in a bill so you couldn't sue long-term care—whether you agree with me or disagree—that were having a lot of our moms and dads, aunts and uncles, brothers and sisters die in those facilities? You brought in a bill so they couldn't be sued, and neither could the government. I thought, with the criticism that you got in that particular bill, you wouldn't do it again. But when I took a quick look at the bill in the

hour that you guys gave me the time to—it says, “27.2. This section outlines the process for amalgamation, including the impacts on property and staff. The rules outlined prevent lawsuits that may arise from amalgamation.” They’re doing it again. So as you amalgamate, you’re protecting the bad actors that are already in our home care. And we know they’re out there. You can’t deny that with me.

And then it goes even further—Madam Speaker, I know you’re really interested in this. I can tell you’re listening really well. I appreciate that.

I ran into this—and I’m glad the labour minister is here, because he can relate to it. We ran into this when they changed over to labour and how they were doing it, and they ended up doing a board that was appointed—the board was appointed with the skilled trades. And there were more corporations and developers on the board than there are workers. So every time there’s a big issue, guess what happens? The workers can vote what they need, what they think the trades need, but—guess what?—they’re outnumbered. It’s very similar, by the way—it’s what happened earlier today. We had a vote here. We had a position. We were outnumbered. You guys voted us down. That’s what happens with these boards.

So I was fascinated, again, in the bill, where it talks about—the boards are going to be appointed, and guess who appoints them? Help me out, colleagues. Does anybody know?

Interjections.

Mr. Wayne Gates: The government appoints the boards. And there will actually be three other appointees by the minister. Here’s the problem with that. I sat on government agencies for probably five years, maybe four and a half, until your House leader took me off, because I guess I was doing too good of a job. He said, “Oh, we can’t have Gatesy on that. We’ve got to get rid of him.” And the reason why is because the appointments that were coming through, week after week, week after week—and there was five and six, but we can only call two per Tuesday. It was on Tuesday morning at 9 o’clock. Who was it? It was a developer. It was a failed candidate of the PC Party. It was a donor from the PC Party.

When they came to government agencies and going on all these boards, whether it be the Landlord and Tenant Board, the LCBO, it was always, I would say—and in fairness to your government, because I don’t want you guys looking this all up, it was probably 94%, all right? Maybe 6% weren’t tied to your government. That’s why there is a problem when I read in the bill that you’re going to appoint the board.

Then I go through the rest of it, and so you’ve talked about that. And then, what is causing the biggest problem in home care and in—because I’m the critic for all of it. I’m the critic for home care, retirement homes and long-term care. I’m not going to spend a lot of time on long-term care because we know how bad long-term care was. I will mention it, though, but I may talk about it in a bit.

Here’s the problem, Madam Speaker—and I’m looking straight at you because I know I’m supposed to focus on

you all the time. This is the biggest problem we’re facing right now: agency employees.

Again, my understanding—I’m trying not to be too harsh on anybody, but one of the companies that’s owned in the agency employees happens to be Mike Harris’s partner. Do you know today they are bringing agency employees into our retirement homes, our long-term care and even into home care? And do you know what they’re being charged? Help me out over there; I’m sure you guys know. I know the Minister of Agriculture would know, for sure. The Labour Minister will know because he’s supporting Bill 124. It’s \$150 an hour. That’s what they’re charging that retirement home or that long-term-care home.

Just two weeks ago, I believe it was in Ottawa—I might be wrong, it might have been in Windsor; it was one of those things—they laid off six employees because they couldn’t afford to pay them because they were paying all their money to agency employees. I’m saying to your government—and to the labour minister; I’m glad he’s here—why are we using agency employees? Why not take those dollars, and it’s in the millions, and reinvest it back into health care, education, autism programs? Why are we making a corporation rich at the expense of health care?

Publicly funded, publicly delivered: We shouldn’t be giving that kind of money in the millions of dollars to an agency employee. That, to me, is a really big problem. How many over there agree with me? Put your hands up.

It bothers me that—we can fix it. When you’re talking about a bill—and listen, I’ve got the bill here. Just so you guys know, with the help—I’ve got to mention that when you ask me to do something within an hour, I have to rely on my staff as well to help write these speeches. So I want to say to my staff Josh and Quinn and Shannon, thanks for everything that they do. I’m sure you guys have staff, but I’m not really reading a lot off what they did for me. I want to say to them thanks very much—because that, again, is wrong when you do that, when you ask people to do a bill within 20 minutes or an hour.

I’ve only got four minutes left, and I think, in fairness—

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Government side, come to order.

Mr. Wayne Gates: You guys can chirp at me all you want, because you know what? I can stand up here and I can talk from the bottom of my heart on how I feel about this. I know there are solutions. There are solutions to home care, there are solutions to retirement homes and there are certainly solutions to long-term care. You know, every one of you, that 6,000 people have died in long-term-care facilities, and you were the government. You can’t blame the merger between the NDP and the Liberals and all that stuff. You were the government. And yes, I’ll give you something: We ran into COVID. Nobody knew COVID was coming, but you know what, Madam Speaker—I’m looking right at you because over there they just want to yell at me. I’m looking at you and I want to tell you from the bottom of my heart: We can fix all this.

Get rid of Bill 124. Don't have agency employees making millions of dollars at the expense of workers being laid off.

If you want to fix home care, get rid of the privatization. Premier Harris said about the care that it will be better, it will be faster and it will be cheaper, and none of that happened. And do you know who—can I say this quickly? I've only got a couple of minutes. Do you know who privatized long-term care? Does anybody know on that side? Help me out. Anybody on this side?

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Interjections: Harris.

Mr. Wayne Gates: It was Mike Harris. Do you know what Mike Harris said about long-term care? "Care will be better, it will be faster and it will be cheaper." So it's not like we don't have examples over a long period of time—and I'm talking years—where we can say, "Okay, we made a mistake."

The government has admitted three or four times in the last year that they made a mistake on different bills, so why can't you say you made a mistake here and we're going to make sure that there's no privatization anymore in home care? Because this bill opens it up even further. Say there's going to be no privatization in long-term care—where, by the way, of that 6,000 who have passed away in long-term care, approximately 78% died in facilities that were for-profit. They died because they didn't have the staffing—

Mrs. Jennifer (Jennie) Stevens: The water.

Mr. Wayne Gates: Yes, a little thing: They died from dehydration, guys. Think about that. I can get this anytime I want. I put my hand up, and our lovely pages come up and bring me a glass of water with ice, and do an incredible job.

Everything that we can do here, guys, we can fix. If you care about seniors—and I'm not going to tell you, standing up here—I don't know if the party gets mad at you when I say something like this, but at the end of the day, I think we all care about our moms, our dads, our aunts, our uncles, and our brothers and sisters. What we don't agree on is how we get there to make sure that when they're in their senior years, they can live with respect and dignity, and enjoy their lives by maybe getting a little bit of exercise.

The reason why I mentioned Ontario Place today: Do you know one of the places where you can take your mom and dad who are in your home? You can take them to Ontario Place. Go look at the water. Go look at the trees, and hopefully—again, I'm telling your government—don't cut the trees down at Ontario Place. Don't build a spa. Leave it the way it is.

Interjection: You don't want us to build anything.

Mr. Wayne Gates: They're screaming at me on this. I'm going to ask you a question. I know you can't answer, but I'm going to ask it anyway. I've only got a minute left. Think about this: Ontario Place is gorgeous. We've got the lake right there. You've got everything there. You want to wreck it with a spa, a—what's it called? A happy-ending spa, I think it's called. I'm not sure what you guys are going to call it.

But at the end of the day, think about what we could do. We could actually invest in Ontario Place. We could make sure it's a place where seniors can go, so when they're in home care, they can hop in a car and go with their moms and their dads and their brothers and their aunts and their uncles and their kids and their grandkids. That's what we should be doing.

I'm going to finish by saying, on long-term care and home care—and I'll apologize to Josh and Quinn that I didn't get to their speech, but I'll save it for another time—that we can fix this. I'm looking over there at a couple of the older guys who are here. There are some young guys here, but there are a couple of old guys there probably around my age. We have an obligation to make sure that if there's going to be home care, that they have the staffing; that those staff are provided with real wages, real benefits and pensions; that they're unionized. And then, we should do the same thing for home care—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you.

Mr. Wayne Gates: I'm going to finish. Can I just say: Get rid of Bill 124.

The Acting Speaker (Ms. Bhutla Karpoche): Thank you.

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): The government side will come to order.

Questions?

Mr. Anthony Leardi: I heard the member state several times that he only had an hour to prepare for tonight's debate. He actually said that four times; I was keeping track. He said he only had an hour. He didn't realize this was going to be debated. I feel sorry about that; the guy only had an hour to prepare his remarks for tonight. But as a matter of fact, this bill was actually introduced to the Legislature on October 4, which means he had 12 days to prepare for today's comments.

So my question to the member is: Does he always leave his homework to the last minute?

Mr. Wayne Gates: I'm going to help you out. I wish my House leader could explain exactly what happened, because I'm not here all the time. But my understanding is that you guys—

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): The government side will come to order.

Mr. Wayne Gates: —you guys who are yelling rang the bell, so we didn't know when it was coming forward. That's my understanding. Hopefully that answers your little question.

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

Miss Monique Taylor: It's always a pleasure to be able to rise in the Legislature and to be able to have a few comments. I wish that I could answer the previous member's questions about their abuse of legislative powers here in this Legislature that actually forced this bill on the member quicker than should have happened, and that's what I believe the member was referring to, as we had an

opposition day motion planned today talking about Ontario Place, but they shut down debate and forced us into this next bill.

My question to the member is about the privatization of our nursing system in the province and what that does to the profits that this government is dishing out to these nursing providers through third parties.

Mr. Wayne Gates: I heard you talking about agency employees, and I did talk about that. I don't understand—and maybe somebody on that side, when they stand up and ask me a question, can explain it to me, just like the member tried to do a few minutes ago. I don't understand why we're spending \$150 an hour on an agency nurse as we're laying off nurses in some of these facilities. I don't know why we're taking our tax dollars and giving a for-profit agency \$150 an hour, instead of taking that money and reinvesting it in home care, reinvesting it in our health care, reinvesting it in education and, last but not least, but most importantly, reinvesting it back in our workers, who are performing those incredible jobs—

The Acting Speaker (Ms. Bhutla Karpoche): Response?

Mr. Wayne Gates: That is part of the response, all right? So thank you.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Matthew Rae: Thank you to my colleague for his comments. Some of the other opposition members are saying that when we have votes in this place, it's against democracy, but Speaker, that's the great thing about democracy. We have elections and we had a great majority elected last June and we exercise that majority in votes in this place, and we can have these debates like we're having today.

The member from Niagara Falls mentions that we know that people want home care faster and closer to their homes, and I know the member also, as he has mentioned ad nauseum, is a critic for long-term care. When the member opposite had the opportunity to vote for long-term care, what did he do? My colleagues, what did he do? He voted no. When the member opposite had an opportunity to vote for \$1 billion over three years for home care, what did he do? He voted no. When he had an opportunity to bring that money forward in the last budget, what did he do? He voted no, Speaker.

Can the member for Niagara Falls please stand in his place and tell us: Does he support this great piece of legislation?

Hon. David Piccini: If you're going to say no, do it with that nice moustache.

Mr. Wayne Gates: That's coming nice from the labour minister, who's new on the job and who's supporting Bill 124. I wouldn't say anything about that, so if you want to attack, at least have the guts to stand up and ask me a question.

To your point, you talked about last June? Let's talk about last June. You got a majority government with 18% of those that chose to vote in the province of Ontario. I'm

going to tell you: You know what? You don't know this, I don't think—

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Government side, come to order.

Mr. Wayne Gates: Yes. He asked me a question. I wanted to finish it.

You know, I've been elected four times in the Niagara Falls riding. Do you know why? Because I supported long-term care, because I supported the hospitals, because I supported two-way GO all the way to Niagara. But do you know what else? The people in Niagara Falls didn't vote 18% for me. They voted 50% because I do my job in Niagara Falls. Thank you very much.

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Government side will come to order.

Questions?

Ms. Teresa J. Armstrong: I think health care has been on the chopping block for decades. Conservative governments love privatizing public services because then they can actually make profits off of our public services. We have examples of that. Mike Harris privatized home care. His wife has an agency called Nurse Next Door—chaching—making profits off of home care. Mike Harris privatized long-term care: cha-ching. He's sitting on Chartwell's board.

What does this government do? A member alluded to Bill 218, and I remember it very clearly. It was called the Supporting Ontario's Recovery and Municipal Elections Act and there were three things to that bill: ranked ballots; letting long-term-care operators—privatization, mostly—off the hook for being responsible for atrocities with our seniors; and then also—they used this as a guise—volunteers, like coaches and things, could not be sued during COVID. And they locked that in.

So I want to know, how can we really trust what this government is going to do under this bill and hold people accountable when they don't deliver home care under a privatized system in this province?

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Mr. Wayne Gates: I don't think you can ever trust not only the government; I don't think you can trust some of the private corporations that are running the retirement homes and long-term care. Until they get into a position where it's about care, and not profit; it's about the residents, and not profit; it's about our grandparents and our aunts and our uncles and our brothers and sisters, not about profit, I don't think you can ever trust them.

And as far as the government goes, as we saw with the greenbelt fiasco, I think they've broken the trust of the residents of the province of Ontario on that particular issue. And do you know who enjoys the greenbelt? Anybody know? It's seniors. They love to be out in the open space and go for walks on the trails and all that kind of stuff, as they want to plow it and get rid of it. I know you're bringing up a bill, but—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Questions?

Mrs. Robin Martin: Thank you to the member from Niagara Falls for his interesting comments. I listened to him throughout his speech, and I noticed that he didn't really talk much about the bill and not much about home care. Maybe that's because he didn't have a lot of time to prepare, even though he is a long-term critic—seemed more like long-winded critic, if you ask me.

But anyway, seniors, as I said, are entitled to dignity. We want to keep them in their homes as long as possible, but surely, the constituents of your riding, the riding of Niagara Falls, also have the same need that we've heard from others for fast and reliable access to home and community care. So I just want to say that this bill is a major step toward providing that kind of care to seniors in Niagara Falls and everywhere else.

Would the member be voting in favour of helping his constituents access home care in their community faster by voting for this bill?

Mr. Wayne Gates: I appreciate the question. Thank you.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. John Fraser: I was wondering if my colleague from Niagara Falls could explain to me why the government, after one year, has refused to do anything about health care temporary staffing agencies and is perfectly prepared to spend hundreds of millions of dollars more than we need to to access the nurses, PSWs and other health care professionals that people need?

Mr. Wayne Gates: Well, I apologize. I couldn't really hear the question. I don't know why. I didn't get this up in time. But I'll answer, certainly, that—I'll answer part of the question that's been asked a little bit here. Hopefully, it entails yours. I believe that we have solutions to take care of our loved ones in home care, retirement homes and long-term care.

And I'm going to tell you—I'm going to say it again. I'm going to say it until I'm blue in the face, or until I'm long-winded, I think is what I was accused of. At my age, I'm just glad I've got wind. I'll just leave it at that. I'm just saying.

I think get rid of Bill 124. I think that's fair. That's reasonable. You've been told enough. You lost in the courts four, five, six—I don't know how many times you lost in the court. You're spending taxpayers' money on lawyers—wrong thing to do. That's the one thing that we could do to fix those two issues.

Get rid of the agency employees. Why we have agency nurses makes absolutely no sense to me, at \$150 an hour—

The Acting Speaker (Ms. Bhutla Karpoche): Response.

Mr. Wayne Gates: I've got five seconds left. And do you know what? That nurse that goes into that same workplace that they're working in Monday to Friday, they're getting paid \$70 an hour. It's absolutely ridiculous.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. John Fraser: Thank you very much, Speaker. I will be sharing my time with the member from Kanata.

I want to thank the member from Niagara Falls. I'd like to say that he was warming you up for me, but he's just a really hard act to follow. And I'm glad he's got a lot of wind, and it's good wind. I like the passion that he expresses his views with. He obviously cares a great deal.

So we'll get into why I think this bill is the wrong thing to do, because it's starting to take, again, away more of the local component in health care. But what is the problem you're trying to solve? The problem the government is purportedly trying to solve is that we've got a problem in home care, and they're right.

But why do we have a problem in home care? Well, it is because we don't have the right agency? It might be because 2.2 million Ontarians don't have a family doctor. Do you know how hard it is to get home care if you don't have a family doctor or a nurse practitioner? It's virtually impossible to find a way in. Even through an emergency department, it's virtually impossible.

The government, well, they're not really seized with this problem because, over the last five years, they have not added one brand new nurse-practitioner-led primary care clinic in this province—not since 2018.

What's happening in my riding of Ottawa South is, because there's this desperate need for primary care—which you need to get into home care—people are paying subscription fees. The Premier promised—like he did with the greenbelt—no one is ever going to have to use their credit card; they're only going to have to use their OHIP card. Well, tell that to families in my riding who are having to pay \$60 a month just to get access to a nurse practitioner. That's a problem. And the solution to the primary care crisis is, "Let's have the Wild West and if people have to pay, well, we just won't worry about that. We won't worry about that because they're getting what they need," instead of actually thinking about how they're going to solve that problem, how they're going to get everybody working to the top of their scope and working together.

But the OMA is here today. What's their top ask? Primary care. Because they know. They know that people can't get access to care that they need, like home care, unless they have a primary health care practitioner.

So we're debating this new organization when, in actual fact, the underlying causes of what's creating this problem right now aren't being addressed. We're not talking about how we get 2.2 million Ontarians a primary care provider. We're not talking about that today. Although, if we don't solve that, it doesn't matter what you create, you're not going to fix the problem.

What's the second problem? Anybody guess? We don't have enough people. Why don't we have enough people? My colleague from Niagara Falls says, "Well, Bill 124 is a good start." Right? You say to nurses and other health care workers and PSWs who have bargaining rights, "You don't have bargaining rights, but if you're over here, you do." It's a matter of—it's not just money; it's respect.

We talked about heroes and how important they were to us, but when it came to their wages? Not so much. Really, to be fair, not so much. They have a right to feel that way.

Then the question that I asked the member from Niagara Falls is that now we've got this challenge where we've allowed temporary health care staffing agencies to—another case of the Wild West—expand incredibly, and we're spending two and three times what we need to spend on a nurse or a PSW or another health care professional. The government said, a year ago, "We're going to do something about that." And you know what they've done? The square root of nothing, zippo.

There's a long-term-care group of homes out by Kitchener. They usually spent \$300,000 a year, in all their homes, on temporary nurses. Do you know what they spent in the last fiscal year? Three million dollars. And you know what? That extra \$2.7 million didn't get anybody an extra hour of care.

So why are we doing it? Why is the government allowing temporary staffing agencies to be out there like the Wild West on the public dime? I thought you guys were really good at watching that. Obviously not.

I am concerned about what's going to happen here when we further take away the local component of health care.

Mrs. Robin Martin: We're not.

Mr. John Fraser: Well, you've done that pretty much with the expansion into Ontario Health. What you did is, you took the LIHNs—and there needed to be change, but you broke up a whole bunch of relationships that people had in there, working together to solve problems, to come up with local solutions. You broke them up. You're going to do the same thing here.

The problem is, you're not addressing the underlying root: 2.2 million Ontarians don't have access to primary care, and when you don't have access to primary care, you can't get into home care. It just doesn't work. There's no way in.

Mrs. Robin Martin: Yes, there is.

Mr. John Fraser: No, there isn't. No, there isn't.

Interjection.

Mr. John Fraser: Well, you should have listened to the OMA today because that's exactly what they said to me—to my colleague across the way.

There's a fundamental misunderstanding of how people get into the home care system. I have been, through four family members, through home care, through long-term care, through retirement homes, so I know how it works. And it's not going to work if you don't have a family doc or nurse practitioner. So unless you get serious about solving that problem and stop saying, "You know, it's okay for people to pull out their credit cards because they can access primary care that way"—which is against what the Premier said, which is not really a surprise, given all the things that we've seen recently.

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Lastly, you've got to solve the staffing problem. If you were creating an agency to hire people and pay them decent wages and manage them and manage the health care system, I would say "great." That's not what you're doing here. You're creating another agency to hire another agency—which is what we're doing right now—to bring

people in and pay a premium on top of what we normally pay so that agency can make some money. How is that going to get home care to Mrs. Smith in my riding? I don't think it is. She needs a family doc. She needs to make sure there can be somebody there in her home, and you're not doing anything about that with this bill.

Thank you very much, and I'll turn the floor over to my colleague.

The Acting Speaker (Ms. Bhutila Karpoche): The member from Kanata–Carleton.

MPP Karen McCrimmon: I'm delighted to rise today to speak to Bill 135 on behalf of my constituents on the importance of providing first-rate quality care and key services to our vulnerable seniors.

Madam Speaker, as far as I can tell, the only thing the Convenient Care at Home Act does is to administratively combine the management of 14 local health unit locations across the communities. I don't see how this new agency improves the lives of seniors, provides more funding to enhance their quality of life or improves the services that are currently provided to them. Furthermore, it does nothing to provide oversight into the quality of care that they receive.

It took the pandemic to shine a spotlight on the abysmal support this government provided to our seniors. There was no meaningful oversight, no regulators, no inspections, no insistence on compliance, and I can't see how this bill makes any improvements on all of that.

I'm struggling to find how this administrative change will make people's lives better. As with any new bill or regulation, the devil is always in the details, and the details I am struggling to find are the enhanced oversight we so badly need, the improvements in primary care and the respect and rewards due our health care workers.

This bill fails to make the changes that are really needed. It doesn't address the working conditions and pay of our PSWs, it does nothing to improve the standards of home care delivery and it fails to address that which could really improve the lives of our seniors.

The amalgamation of the 14 individual units opens the door for large for-profit corporations to dominate the health care industry. How does this improve the lives of our seniors? I also fear how the amalgamation of the 14 area networks into a single centralized organization will affect the health care provided outside of urban centres. Who will protect those in more rural parts of the province? What safeguards will be put in place so that funding is equally distributed to serve all Ontarians, not just the large urban centres?

When you're trying to design a solution to improve the lives of seniors, I can't see how you can do this at the higher strategic level—focused on large, for-profit corporations trying to enrich their shareholders. I question what they could possibly know about what seniors in the less populated parts of this province require. How could the focus be on anything but money-making?

What we need is more tactical, low-level decision-making—local autonomy. We need those who know best

how to serve seniors in their own communities to have the ability to provide this service.

How does this bill improve the pay and benefits of the local PSWs? What is happening at the local levels? What is happening in long-term-care facilities? Are we addressing any of this?

It seems to me that we're creating a bureaucracy that couldn't possibly help address the local needs of individual health units and the patients and clients they serve. How could this enormous supervisory body with a tremendous span of control adequately address the individual needs of people in all of these 14 regions?

I think it's time that this government and this bill change its focus to care for those who need it the most. Take care of our PSWs. Take care of the needs of the local organizations that serve seniors. Take care of our seniors. Put people first. They all deserve nothing less.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mrs. Robin Martin: My question is to the member from Kanata–Carleton. I listened intently, and you kind of contradicted yourself, I think, because you said there's no enhanced oversight in this bill, but there's an enormous supervisory body. I don't know how you can have both.

The bill is about a home care system which is siloed, inefficient and disconnected from other parts of our health care system, such as primary care, acute care and long-term care. Through Ontario health teams and bringing it under the oversight of Ontario Health, we're going to have aligned services, strategic direction from Ontario Health and oversight, which you seem to think is a good idea. We're going to have that. That's what this bill is about. It's about local health care, which I think you also said was something we need, and local decision-making at 58 Ontario health teams around the province, much more localized than what was established under the former Liberal government. Why wouldn't you support this bill? Because it's doing all the things you said you want.

MPP Karen McCrimmon: Thank you to my honourable colleague. I appreciate the question. But the issue is that the care we need, the services we need, the oversight we need is in the day-to-day operations, the day-to-day service delivery to our seniors, and that's what's going to suffer. If you have so large a span of control and you have a large supervisory body at the strategic level, how do they stay connected to what's actually happening on the ground? It's that disconnection that I'm really concerned about, that that supervisory body will not have the connections to what's happening on the ground, and that's when tragedies happen.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

M^{me} France Gélinas: I think we all agree on this side of the House—we all agree throughout the House, actually—that our home care system needs to better meet the needs of Ontarians. I would be interested to have the view of the speaker: Do you feel that making sure that PSWs have permanent, full-time jobs, well paid, with benefits, with sick days, with a pension plan—to get paid

in between clients; not just the mileage, but actually the time between clients—would that help with the recruitment and retention issues that home care agencies are facing right now?

MPP Karen McCrimmon: I'd like to thank the honourable member for her question. And 100%, because we're asking these people to take care of our beloveds, right? That's what we're doing, and then we're short-changing them. We're not paying them a living wage. We're not paying them when they're travelling from patient to patient. We're not giving them the respect and the rewards they so rightly deserve.

Absolutely, if we want first-class, quality care for our senior citizens, we're going to have to respect and reward our PSWs better.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Matthew Rae: My question is to the member from Ottawa South. I enjoyed listening to his remarks, but I found it kind of rich, considering he was the PA to health under the former Liberal government—

Mr. Anthony Leardi: For four years.

Mr. Matthew Rae: For four years, as my colleague from Essex mentions. Maybe I should let the member from Ottawa South know that he voted against us expanding medical spots. We're expanding it by 680 undergrads, 295 postgraduates. Colleagues, that's the largest expansion in 15 years.

Mrs. Robin Martin: Who was in government for 15 years?

Mr. Matthew Rae: Who was in government for 15 years? The Liberal government, and they did nothing to expand the medical spots, to get more people into the health care professions.

Speaker, our government is also making \$30 million available for front-line primary care with nurse practitioners and family health teams, and I know that that has been very well received in my riding. Will the member from Ottawa South finally get on board and help us improve the mess he left?

Mr. John Fraser: I'd gladly help you, but you never listen to a word I say.

Here's the thing: You're talking about this great administrative body, this lovely new model of car you're going to build, but you've got no gas to put in it, because 2.2 million people don't have a family doctor. We can't get enough people to help the people who need health and home care because we don't pay them enough and we don't treat them with respect, but we're happy to pay a temporary staffing agency three times as much to get the same care. At that home in Kitchener, that group of homes, it was \$2.7 million of everybody's tax dollars to get how much extra care? Zippo, zero, nothing.

I loved what you had to say, you guys. You don't even measure wait times. You don't respect them. So I'm not going to take any lessons from the member on the other side about health care, because what has happened so far in this province to the nurses and to the PSWs and to

families who need front-line primary care providers has not been good.

1750

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Mrs. Jennifer (Jennie) Stevens: To the members: I listened intently to what you have said. I don't see legislated measures to fully prevent upselling in a previous health care privatization bill, Bill 60. The results are the many stories about residents across Ontario, stories that I'm sure our colleagues, the members, have heard from their residents facing unexpected health care fees.

Do the members feel that the government will ensure that Ontario Health atHome prevents overcharging and protects our seniors, who have built this country, from misleading upselling?

Mr. John Fraser: Thank you very much for the question. I actually just got a call from a constituent today who was sent to a private clinic that's now doing some of the cataract work, like the government has asked them to do. He said, "Yes, I got there and they gave me two other options as the gold standard for the lenses that I needed." If that's not upselling, I don't know what is.

But the thing that really concerns me is that in my riding, in the last two weeks, two clinics have opened that are charging a subscription or a membership fee so people can get access to primary care. I remember the Premier saying very clearly, like he did with the greenbelt, that you would never have to use your credit card; you'd only have to use your OHIP card. In the last two weeks, I can't tell you how many families have had to pull out their credit card. That's a concern. But also, that 2.2 million families don't have access to primary care means they don't have access to home care, because there's no door in.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Ms. Natalia Kusendova-Bashta: My question is for the member from Kanata. The member talks about increasing PSW wages, giving more care for our seniors, but my question is: Where was this member when her former boss Justin Trudeau was shortchanging all of the provinces in Canadian health care transfer dollars? It took all premiers from all political stripes to get together and advocate for over a year to the federal government which she was a part of, and public outcry, for the Prime Minister to finally increase those transfers.

Where was the member then, when now she is asking that we increase PSW wages? Well, guess what? The

federal government has a role to play and it needs to stop shortchanging the provinces.

MPP Karen McCrimmon: I thank the honourable member for her question. What the federal government was doing at that time was negotiating with the provinces to ensure, to guarantee, that money would be spent on health care. Too often, at the beginning of the pandemic, money was sent to the provinces with no strings attached, because they wanted to get the money out. They thought, "Okay, send it out to the provinces. Get it out there, so they can make the investments." But they learned the hard way that that money was not being spent on health care, so they had to take the time to actually negotiate with the provinces and put guarantees in place, so that money would indeed be spent on health care. And we are spending that money on health care, and those agreements are doing what they were designed to do.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Mrs. Jennifer (Jennie) Stevens: To our colleagues: I just wanted to ask, and maybe the member from—I apologize, but—

Mr. Joel Harden: Kanata–Carleton.

Mrs. Jennifer (Jennie) Stevens: Kanata–Carleton, thank you. I just want to know: Maybe you can expand on your answer, on how it relates to private health care; how this bill, actually, is opening the door to privatization; and how senior management, may I say, might not be able to filter down the monies to the people and residents within our long-term care.

The Acting Speaker (Ms. Bhutila Karpoche): A quick response.

MPP Karen McCrimmon: Thank you to the honourable member for the question. Absolutely, if you have this supervisory body and they're the ones designing the contracts, they will be designing contracts that are of such a size that no small regional local providers will be able to do that. It's actually going to take away from the number of providers that could actually provide these services, and that is the big danger with this piece of legislation. Thank you for the question.

The Acting Speaker (Ms. Bhutila Karpoche): Thank you.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Bhutila Karpoche): It being 6-ish p.m., this House stands adjourned until tomorrow, Tuesday, October 17, 2023, at 9 a.m.

The House adjourned at 1755.

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Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	President of the Treasury Board / Présidente du Conseil du Trésor Minister of Francophone Affairs / Ministre des Affaires francophones
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
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, Kaleed (IND)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Northern Development / Ministre du Développement du Nord Minister of Indigenous Affairs / Ministre des Affaires autochtones
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	Minister of Transportation / Ministre des Transports
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	Deputy Speaker / Vice-Présidente Chair of the Committee of the Whole House / Présidente du Comité plénier de l'Assemblée législative
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, Laura (PC)	Thornhill	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
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, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée déléguée aux Petites Entreprises
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Hon. / L'hon Vijay (PC)	Scarborough—Rouge Park	Associate Minister of Transportation / Ministre associé des Transports
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

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	
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	Kitchener Centre / Kitchener-Centre	
Vacant	Lambton—Kent—Middlesex	