Legislative Assembly of Ontario



Assemblée législative de l'Ontario

Official Report of Debates (Hansard)

No. 97B

Journal des débats (Hansard)

Nº 97B

1st Session 43rd Parliament Tuesday 17 October 2023 1^{re} session 43^e législature Mardi 17 octobre 2023

Speaker: Honourable Ted Arnott

Clerk: Trevor Day

Président : L'honorable Ted Arnott Greffier : Trevor Day

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





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Toronto ON M7A 1A2
Téléphone, 416-325-7400
Publié par l'Assemblée législative de l'Ontario

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Tuesday 17 October 2023

Mardi 17 octobre 2023

Report continued from volume A. 1755

PRIVATE MEMBERS' PUBLIC BUSINESS

MEDICAL ISOTOPES

Mr. Rick Byers: I move that, in the opinion of this House, medical isotopes should be formally recognized by the government of Ontario in its life sciences and commercialization strategy because of their crucial role in medical research, the projected expansion of the global isotopes market and Ontario's potential for international recognition.

The Deputy Speaker (Ms. Donna Skelly): Mr. Byers has moved private member's notice of motion number 62. Pursuant to standing order 100, the member has 12 minutes for his presentation.

Mr. Rick Byers: Colleagues, it is my pleasure to present my private member's motion to this House for consideration. As noted, the core of the motion is that medical isotopes should be formally recognized by the government of Ontario in its life sciences and commercialization strategy.

Speaker, I have proposed this motion for three principal reasons. First, as noted in the motion, medical isotopes play a crucial role in medical research. In fact, they have the potential to generate profound positive changes for the treatment of cancer in the years ahead. Second, medical isotopes fit very well into the life sciences strategy that our government is developing, and also have the potential to significantly expand Ontario's economic development. Third, Ontario is playing a key role in medical isotope production, which I have seen first-hand from Bruce Power, the great company that has significant operations in my riding of Bruce–Grey–Owen Sound.

I want to start by thanking two organizations for helping in the development of this motion and for information used to explain this pretty technical subject: Bruce Power and the Canadian Nuclear Isotope Council. Bruce Power is a world leader in the supply of cobalt-60, a key medical isotope, and along with its key partner Saugeen Ojibway Nation began commercial production in October of the medical isotope lutetium-177, a prostate cancer treatment. I greatly appreciate this partnership and ongoing commitment to better health outcomes for Ontarians.

The Canadian Nuclear Isotope Council, CNIC, is an important not-for-profit organization with over 77 members from various levels within the Canadian health sector,

nuclear industry and research bodies. The CNIC advocates for Canada's role in the production of the world's isotope supply to ensure patients have access to life-saving nuclear medicine treatments and diagnostic procedures. They are a key player in the ongoing development of medical isotopes.

I also want to thank and acknowledge Bill Walker, past MPP for Bruce–Grey–Owen Sound.

Interjections.

Mr. Rick Byers: Hear, hear.

On November 2, 2021, Bill rose in this House to champion a private member's motion in support of medical isotope production in Ontario. Bill's motion received support from all parties present in the Legislature. The motion was important for the medical isotope industry and represented a major step forward for Ontario. As you see, we MPPs from Bruce–Grey–Owen Sound love our medical isotopes.

So what exactly are medical isotopes? Medical isotopes use radioactive sources, atoms and molecules to diagnose, characterize and treat disease. The first use of a medical isotope actually occurred in 1901, using radium-226 to cure a tuberculosis patient of previously untreatable skin lesions. This success elicited immediate interest from the global medical community, and research into other isotopes progressed throughout the 20th century.

1800

As noted by the CNIC in its March 2023 paper Isotopes for Hope, the Canadian Nuclear Safety Commission licenses the use and production of over 250 isotopes, many of which are used to manufacture radiopharmaceuticals to diagnose and treat illnesses. Canada pioneered the production and use of several isotopes, including molybdenum-99, cobalt-60, iodine-125, and yttrium-90.

In the 1940s, Atomic Energy of Canada's Ltd.'s National Research Universal reactor in Chalk River was selected to produce the cobalt-60 needed for the medical equipment. Following months of collaborative work between Canadian scientists and physicians, the first patient was treated at Victoria Hospital in London, Ontario, on October 27, 1951.

Since then, Canada has remained a leader in the commercial-level production of cobalt-60. We are the world's largest producer, providing over half the global demand here in Ontario at Ontario Power Generation and Bruce Power reactors. Irradiated cobalt-60 is shipped to Nordion's processing facility in Ottawa, where it is converted into sealed sources and distributed globally for the sterilization of medical devices and treatment of food and consumer products at over 300 highly specialized facilities around the world. Over 40% of the world's single-use medical

equipment like implantable devices, syringes, tubing and personal protective equipment is sterilized using cobalt-60 produced right here in Ontario.

We're also a leader in the production of iodine-125, primarily for brachytherapy, which is used to treat solid tumours. For years, Canada has been the largest producer of I-125 in the world, producing over 60% of the global demand at McMaster University's nuclear reactor and treating more than 70,000 cancer patients annually.

Ontario is home to dozens of companies involved directly in the isotope industry. Ontario companies supply the specific technology, equipment and materials necessary to package, handle and transport isotopes. Ontariomade isotopes help save thousands of lives every year in Canada and around the world.

Bruce Power's reactor was recently outfitted with an isotope production system—IPS—designed to produce high-quality isotopes, making it the world's first power reactor with the capability to produce lutetium-177. Bruce Power is now looking to build on the success of the IPS to produce another medical isotope, ytrrium-90, which offers an effective treatment for liver cancer.

So, as you can see, Ontario and Canada have played key roles in medical isotope development for over 75 years. While this role is not widely known, it is so positive for our province and for our country in so many ways.

Let me tell you more about the great partnership involved in Ontario's medical isotope industry. Bruce Power and Saugeen Ojibway Nation, along with TRIUMF Innovations, BWXT, McMaster University, the Centre for Probe Development and Commercialization, and Canadian Nuclear Laboratories have also come together to form the Canadian Medical Isotope Ecosystem partnership. This partnership is unique and is strengthened because it is inclusive. The active participation of Saugeen Ojibway Nation, academics, businesses and the medical community joins together leaders from across the country who are passionate about the fight against cancer.

At McMaster University, scientists will identify new medically relevant isotopes and use McMaster's world-class nuclear research facilities to supply them to researchers, enabling Canada to remain at the forefront of innovation, while creating additional security in the supply of lutetium-177. TRIUMF will also work with Ontario-based BWXT to produce gallium-68, used to image and identify cancers, and the Centre for Probe Development and Commercialization, based in Hamilton, will create a radiopharmaceutical drug development platform for early-stage Canadian companies seeking to begin clinical trials. As you can see, this is a great partnership which is doing great work.

I also want to acknowledge the Southwestern Ontario Isotope Coalition, which just had its launch event in Owen Sound. This is another great development and shows that there's lots of ongoing activity in medical isotopes.

Now let me tell you why medical isotopes would fit so well into Ontario's Life Sciences Strategy. As noted in Taking Life Sciences to the Next Level from the Ministry of Economic Development, Job Creation and Trade, Ontario has a thriving research ecosystem, supported by world-

class universities and colleges that produce one of the most highly sought-after workforces in the world.

Interjections.

Mr. Rick Byers: Hear, hear.

The vision is to establish Ontario as a global biomanufacturing and life sciences hub, leading in the development, commercialization and early adoption of innovative health products and services. The goal is to maintain and grow Ontario's biomanufacturing and life sciences sector by targeting 85,000 high-value jobs in the life sciences sector by 2030, a 25% increase from 2020.

Growing Ontario's life sciences sector is essential to building a competitive economy. Ontario should be the place where entrepreneurs choose to build their companies, where medical breakthroughs are discovered and commercialized into innovative products and services made and procured here in Ontario for the benefit of Ontarians. As part of the goal to establish Ontario as a global biomanufacturing and life services hub, it is important to formally recognize isotopes as a strategic advantage, investment and priority for the province of Ontario.

Colleagues, through this motion, medical isotopes should be formally recognized by the government of Ontario in its life sciences and commercialization strategy. The economic and health care benefits of such recognition are very significant. The global market for medical isotopes is expected to reach up to US\$30 billion by 2030 with an average growth of 16% annually. With significant growth anticipated, investing in the isotope industry will not only save lives but will also create high-paying jobs, encourage economic growth and attract additional investment in Ontario.

In health care, Ontario's modern health care system relies on access to dozens of isotopes. For cancer treatment, medical isotope technologies and treatments allow for fewer hospital visits, shorter treatment duration and hospital stays, and fewer side effects than most traditional treatment options. They can help with the diagnosis of Parkinson's disease, non-Hodgkin's lymphoma, kidney diseases and breast cancer. And they can help with the therapy of leukemia, liver cancer, prostate cancer and brain tumours. I'm sure you'll agree that these potential benefits are absolutely amazing.

Now more than ever, supporting Ontario's isotope industry is fundamental to our health care system and improving patient outcomes. I would very much appreciate your support for this motion.

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

M^{me} France Gélinas: It is my pleasure to support the motion that was brought forward by the member from Bruce-Grey-Owen Sound. My good friend Bill Walker had brought a very similar motion forward before he left Queen's Park and we were happy to support that motion

Medical isotopes and medical innovations certainly go well together. Bruce Power has been a global leader in the production of medical isotopes for as long as I can remember—I think the stat is 35 years but for a very long time.

They do us proud in the role that Bruce Power continues to play in powering medical innovation. Things have changed an awful lot in medicine in the last 35 years, but the use of medical isotopes and the role that Bruce Power has played have been significant. Bruce Power isotopes are used every day in Ontario in every part of our province. They are used in the global fight against cancer. They are used to keep hospitals clean and safe. They are used to combat different diseases. And they are also used to sterilize food against different pathogens.

1810

Medical isotopes are providing a foundation to advance research in cancer treatments and procedures to help save lives. We can all look to the future of innovation in medical isotopes. Bruce Power is providing a pathway for researchers and health care professionals to improve lives through targeted cancer therapy.

I want to talk a little bit specifically to the motion that the member has brought forward. In Ontario, right here, right now, we are a global leader in medical isotopes, not only in the production of medical isotopes, but also in the research that allows us to treat more and more diseases, from heart disease to cancer. The member has named many others. This will only continue to happen if the province of Ontario invests in research.

I'm sure you've all had a visit from different health care organizations. They have a very tough time right now getting any research money for health care coming from the Ontario government. We've all heard about long COVID. The federal government put out hundreds of millions of dollars for research in long COVID that had to be matched by the province. Every province got some of that money; Ontario got zero. Why? Because there was no money coming from the Ontario government to match what the federal government had put on the table. It would be a real shame to see the same thing happen to what medical isotopes have been to Ontario.

We are a global leader, not only because we have places like Bruce Power who provide isotopes but because we have some of the brightest brains in medical research and innovations and new technology right here in our teaching hospitals, in our universities. But all of them are coming here to talk to us to say they have a hard time accessing that grant money. That research money that used to be available to them through the Ontario government is not available to them anymore.

If we want to continue to be a global leader, we have to change this, Speaker. We have to value the investment in research, because this is what Ontario is. We are global leaders in health care. We are recognized the world over for some of the procedures that have been developed here, used here and save lives here.

Ontario has developed many new treatments using isotopes that were not even thinkable before, and we do it now. We do it in many, many hospitals in Ontario. The first piloted isotope treatment ever was here in Ontario. This is how long of a history we have with medical isotopes. Many, many people have been cured. Remember, cancer used to be a deadly disease not that long ago. Now, we

have many treatments where you will be cured. You will be cancer-free and allowed to go on because of research, because of changes. Many of those treatments involve what the member's motion is talking about: medical isotopes.

I also want to talk about something that is specific to where I come from, to Sudbury. PET scans use medical isotopes. When PET scans first became available, there were five of them in southern Ontario, there was one in northwestern Ontario, in Thunder Bay, and there were none for the northeast. The hospital in Sudbury, the biggest tertiary care centre, Health Sciences North, put out a request so that they could get a PET scan. It was turned down by the province. They had no money for Sudbury to have a PET scan.

In came Sam Bruno. Sam Bruno is a man who was battling cancer at the time, who took it upon himself to try to convince the government to bring a PET scan to Sudbury. He worked tirelessly until he passed from his disease in 2010. But his brother, his wife, his family, took it on to raise over a million dollars to bring a PET scan to Sudbury. Those are grieving families who had never done fundraising in their lives, never mind trying to raise over \$1 million. It took them 10 years—10 years after Sam Bruno passed—to raise enough money to bring a PET scan to Sudbury.

Why am I talking about PET scans? Well, because, in order for a PET scan to work, you need medical isotopes. That allows you to get the most out of those machines.

By the way, the Alzheimer Society was at Queen's Park two weeks ago. People think about dementia, people think about Alzheimer's as something that gets diagnosed when you're in your mid-70s etc. No, it's a disease that starts when you're about 50 years old. And if the right people gain access to a PET scan, you're able to identify it 20 years before the symptoms are strong enough, for you to be diagnosed right now that you are at risk, that you have started to develop dementia and Alzheimer's. Those PET scans are not available to people in Ontario. It doesn't matter that you meet all of the criteria and you would benefit from knowing that you're about to develop that disease; it is not available in Ontario, but it needs to be.

Whenever we talk about medical isotope or anything that has to do with the nuclear industry—you know well, Speaker, that I represent Nickel Belt. Everybody remembers the Canadian Shield—that big thing, the rock. If you put a pin in the middle of the Canadian Shield, you are in Nickel Belt. There are tons of mines through Nickel Belt, some of them really, really deep—over two kilometres deep—and a lot of them abandoned.

So when I hear about things such as how Ontario is looking for a plan for safe disposal of nuclear waste, which will involve the siting of deep geological repositories, that part makes me a little bit worried, because there are the deep mines in Nickel Belt, we have 2.5 million cubic metres, right now, of nuclear waste that Ontario does not know what to do with, and I do not want 2.5 million cubic metres of nuclear waste under my bed. So I'm just putting it out there right now that this is an issue that has not been solved yet. We don't know what to do with the nuclear

waste that comes out of Bruce Power. I'm sure there will be way more intelligent people than I who will figure out something. But in the meanwhile, I want to put it on the record that I do not want it under my bed at all—just to make sure everybody understands.

When it comes to medical isotopes, Ontario has everything to gain to continue on the path that we have developed to be a global leader; to continue to find new, very effective treatments for diseases that, not that long ago, we didn't know how to treat, that have become curable because of the smart research that Ontario has done using medical isotopes for all sorts of treatment.

1820

I congratulate the member for bringing this forward. I think this is something that every Ontarian should be proud of. We are a leader. We should continue to be a leader. That means to continue to invest in research.

I am not a health researcher, but I know that there is way more we can do with medical isotopes. New ones are coming on stream all the time that will continue to cure people, to make people well, and to help our health care system. Thank you to the member from Bruce-Grey-Owen Sound for bringing that motion forward.

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

Mrs. Robin Martin: Thank you to the member for Bruce–Grey–Owen Sound for bringing forward this motion and to the member for Nickel Belt for her comments. I'm glad to hear that she's supporting the motion.

In my past life, I actually worked at Atomic Energy of Canada Ltd. for a period of time, doing issues management of all things. They had issues, but one of the things that they were dealing with at the time was the medical isotope reactor, which was old and needed refurbishment and restoration. But it did bring to my attention how important medical isotopes are in Canada, in Ontario and around the world.

Nuclear medicine helps millions of Canadians each year. The medical isotopes use radioactive sources, atoms and molecules to diagnose, characterize and treat disease, which is so important in our modern health care system. We really rely on access to dozens of isotopes.

For cancer patients, as I think the member from Bruce—Grey—Owen Sound said, medical isotope technologies and treatments allow for fewer hospital visits, shorter treatment durations and hospital stays, and fewer side effects than most treatment options. They're really a great option for us to have to make sure that we have the best possible treatment for Ontarians.

For patients who were previously considered palliative, radiopharmaceuticals using medical isotopes are beginning to provide a new range of treatment and diagnostic options, and, most importantly, hope for those patients. These are all really important parts of the medical isotopes that we have here in Canada.

My colleague from Bruce-Grey-Owen Sound already mentioned that the first use of medical isotopes was in 1901: radium-226 to cure a tuberculosis patient of previously untreatable skin lesions. Over the next 15 years,

scientists discovered that radium-226 could also be used to treat throat, cervical, prostate and breast cancers.

In 1931, the cyclotron was invented and allowed medical isotopes to be produced on demand. As a result, isotopes remained the only effective treatment for cancer, other than surgery, until the advent of chemotherapy in 1940. We heard about the National Research reactor at Chalk River, which I visited.

By the late 1940s, scientists began to explore new ways to use isotopes like external beam radiation therapy. Rather than implant a sealed source of a medical isotope at the disease site, they pointed a beam of cobalt radiation at the site externally to treat a tumor deep within the body. These were wonderful innovations happening because of our medical isotope technology.

In 1960, diagnostic imaging using gamma cameras spurred the creation of a new branch of nuclear medicine. This allowed physicians to visualize processes such as blood flow, iodine biodistribution and glucose metabolism. Physicians could effectively assess and monitor thyroid function and illnesses like cardiovascular disease and cancer. Where would we be without these isotopes? They have really taken us a long way forward.

Research in the 1980s: I think it was mentioned that brachytherapy using iodine-125 could effectively control the spread of early-stage prostate cancer, with fewer side effects.

In the 1990s, a new device, the microsphere, was used for radioembolic therapy of liver cancer. That was designed using yttrium-90 and offered an effective treatment to a disease that typically has a very poor prognosis.

Since the mid-2000s, the market for radiopharmaceutical products has quickly grown, as I have said. These are all wonderful innovations. All of these innovations rely on medical isotopes. But we use medical isotopes for treatment and for medical diagnoses as well.

Just a few of the diagnostic uses of isotopes: stroke imaging, brain imaging, Parkinson's disease, thyroid imaging, non-Hodgkin lymphoma, lung ventilation, lung perfusion imaging, cardiac diseases, breast cancer, liver imaging, neuroendocrine tumours, kidney diseases, bladder imaging, deep vein thrombosis, primary tumours and metastases. And treatment uses include brain tumours, leukemia, non-Hodgkin's lymphoma, neuroendocrine tumours, liver cancer, prostate cancer, radiosynovectomy—polyarthritis—and oncology therapy.

That is quite a list of things that we can now treat and diagnose because of medical isotopes. I want to say, because of all of this, all these great treatments and diagnoses available because of our medical isotope technology, because of the great providers we have of medical isotopes, like Bruce Power in the member's riding and Atomic Energy of Canada before for many years, I hope that all members will support this motion, as I certainly do.

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

Mr. Andrew Dowie: Actually, when the member's motion came forward, the immediate thought that came to my mind was that it just makes sense. Ontario is at the

centre of Canada's life sciences activity: over 70,000 workers, over \$64.1 billion in annual revenues and \$11 billion in global exports. Under our government, we've attracted over \$3 billion in new investments for our province by global biomanufacturers including Sanofi, Resilience, AstraZeneca and Roche. These have been game-changing investments in Ontario's life sciences sector.

Ontario truly has a leading research ecosystem: 65,000 annual STEM graduates—I'm a proud STEM graduate myself from 20-something years ago—one of the most highly sought-after workforces in the world. Our strong research ecosystem in Ontario has led to historic lifesaving medical breakthroughs. You heard a little bit about that. Ontario is truly where insulin was discovered, where the first cardiac pacemaker was developed and where the gene that causes cystic fibrosis was discovered. We're truly working hard in the province to strengthen our life sciences ecosystem so that we can continue to innovate and discover more life-saving medical breakthroughs.

One thing that the pandemic showed us was that we became dependant on others for our critical goods, and we saw a hollowing out of our domestic medical production. We were left unable to react, unable to innovate in health care. The innovations that could have been here in Ontario were scaled and commercialized elsewhere. It's unacceptable. We immediately took action in government to fix this. We reduced business costs by \$8 billion annually to show the world that we're open for business. With our life sciences strategy that's already existing and the \$15-million Life Sciences Innovation Fund, Ontario will be in the top tier of global jurisdictions for life sciences innovation.

Recently, Minister Fedeli had a successful trade mission to South Korea and Japan. Through that, LSK Investments announced its plans to create a new \$100-million venture capital fund to support early-stage life sciences companies in Ontario and in South Korea. So with the launch of Ontario's Life Sciences Council, our government is ensuring Ontario is well positioned to attract new opportunities in biotechnology, medical technologies and digital health. Ontario will truly be the place where entrepreneurs choose to build their companies, where medical breakthroughs are discovered and commercialized and where services made in Ontario benefit Ontario.

1830

Speaker, Ontario has been a long-standing leader, including actions by early government agencies. In the past, before 9/11, 95% of the world's medical isotopes came from right here, and we remain capable of producing non-medical isotopes.

McMaster University, just in your backyard, is doing fantastic work at the Centre for Probe Development and Commercialization. It's through the Ontario Hydro Research Division and Nuclear Safety Solutions that we now have the commercial business known as Kinectrics, which is changing the world every day. It's a world leader in nuclear knowledge and commercialization. Bruce Power and

Kinectrics have an ongoing MOU supporting Ontario's growth as a leader in specialized medical isotope services.

With that, I'll conclude my remarks, but I truly want to emphasize how vital the nuclear industry is to our life sciences strategy. This has been long-standing—the motion on the floor today—to add the development of nuclear medicine as part of our life sciences strategy.

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

Mr. Brian Saunderson: It's my pleasure to join in the debate tonight. I want to congratulate my friend the MPP from Grey-Bruce for following the footsteps of his predecessor and putting this motion before the House that recognizes Ontario's central part in not only the isotope business but also the nuclear business. Eighteen of the active 19 nuclear reactors in Canada are located in Ontario. So it makes sense that we would be producing 95% of the world's isotopes.

We know and I think the previous speakers have done an excellent job talking about the importance that those isotopes play in the medical sphere, not only in sterilizing surgical equipment, but also in advancing cures for diseases that, previously, we thought were incurable. We know that this is a great economic driver, as well, for our province.

I'd like to speak about one business that is in Collingwood, in my riding of Simcoe–Grey, and that is Isowater. It is in the isotope business and has been creating heavy water since 2009 for many commercial uses. This motion today is actually quite timely because on October 17 of this year, Isowater announced its intention to build a 20-tonne-per-year deuterium oxide production facility. That comes on the heels of its recent discovery: On January 31 of this year, it announced a significant technological breakthrough in its proprietary D2X production process, with its first output of market-grade deuterium oxide.

So not only does this have a big role for the large players like Bruce nuclear, but it also has a trickle-down effect for many small businesses and larger businesses in Ontario that are very much part of this supply chain.

With that, I will support this motion, and I'm very happy to see that the members across the floor will be supporting it as well.

The Deputy Speaker (Ms. Donna Skelly): Now we go back to the member for Bruce–Grey–Owen Sound for a two-minute reply.

Mr. Rick Byers: I'm very, very grateful and want to thank all the speakers this afternoon for their comments.

Member for Nickel Belt, thank you so much for your comments and indication of your support. It is very, very meaningful. You have great knowledge in this area and recognize Bruce Power's role in it and the changes happening in medicine. I was intrigued by your reference to PET scans in Sudbury and how important that is. I do acknowledge your point on the waste side, too. The industry needs to deal with that, and there's a process to do so. Thank you so much for your comments this afternoon.

Member for Eglinton-Lawrence, thank you so much for your thoughtful comments, as well as your experience in Atomic Energy of Canada. That's great. You've seen it from the—

Interjection.

Mr. Rick Byers: Yes, from the inside—not inside the reactor, but inside the industry, from, really, one of the players that started this whole isotope production. AECL was so central in all of that and amazing. You've outlined the many, many illnesses that can be treated with this technology. Your great experience in health care is so important to that. So thank you for your comments.

And to the member for Windsor–Tecumseh, thank you very much for yours as well. Your experience in the life sciences strategy is great, and as a STEM graduate, you would know this all better, certainly, than me as an accountant. But I'm very, very grateful. And you made a great point about the pandemic and how important it is to have that creation of technology here in Ontario.

Finally, my friend the member of Simcoe–Grey, having Isowater in your community makes it so real locally, and that's a great story and their progress.

Colleagues, thank you so much for your consideration of this motion. Its time is right, and I'm very, very grateful for your consideration and your potential support.

The Deputy Speaker (Ms. Donna Skelly): The time provided for private members' public business has expired.

Mr. Byers has moved private member's notice of motion number 62.

Is it the pleasure of the House that the motion carry? Carried.

Motion agreed to.

ADJOURNMENT DEBATE

AUTISM TREATMENT

The Deputy Speaker (Ms. Donna Skelly): All matters relating to private members' public business having been completed, we now have a late show. Pursuant to standing order 36, the question that this House do now adjourn is deemed to have been made. The member for Hamilton Mountain has given notice of dissatisfaction with the answer to a question given by the Minister of Children, Community and Social Services. The member from Hamilton Mountain has up to five minutes to debate the matter, and the parliamentary assistant may reply for up to five.

Miss Monique Taylor: I'm going to start by going through the minister's response to me as I printed it out from Hansard, and I'll be able to debate each portion that I figure I have time to dispute.

So the minister said that it was a failed program under the previous government. The timeline was, in June 2018, we were finally able to get a program under the Liberals. It was not a perfect program by absolutely no means. But I can tell you, the opposition, when the Conservatives were on this side and I was in the third party, fought day in and day out to fight the Liberals to get a good program for children because they were suffering with the current program.

Finally, we were able to get a program that was needs-based. That happened in June 2018. I remember the announcement because it happened on my birthday that year, and so I wrote that down. Then, the Conservatives came in, and just because the Liberals had created this program, all of a sudden it's not good enough. Like, there wasn't even a chance to get it off the ground because by February 2019 they smoked that program and brought in a program that didn't even make sense.

Now, the minister then said that he brought—that it was those with lived experiences, experts, clinicians and brought a program together for the community. Now, this is what someone says regarding that comment:

"When the minister says the program was created by the community for the community, I cringe. The most important recommendation we made as an advisory panel was the clinician should be the one to determine the needs of the child and the funding amount allotted. The care coordinator was only supposed to be forecasting need. What we have now is a system that is heavily bureaucratic and wasteful. Ask the minister how many care coordinators there are, how much they're being paid and what percentage of the OAP budget they're taking up."

So there we go. There's the community disputing what the minister has said.

The minister then said that they added an additional 10%. Well, if we have over 60,000 kids on a wait-list and we have a \$667-million budget that only serves about 20,000 kids as per the minister's binder, and we're adding 7,000 kids each year, you can add up the numbers, Speaker, and see that that absolutely does not make sense. The minister needs to take his nose out of his binder and actually talk to families and look at the real program to see what's happening.

Then, the minister said that they have other programs that they can access—foundational family services, caregiver programs, entry-to-school program, urgent response—that they can get this immediately. No, that's not true; it's time-limited, it's difficult to qualify, targeted to specific age groups or specific behaviours, not every family can access them and they're a short amount of time.

People from the OAC said that that language that he used is actually from exactly in the binder. And when they read that, in the binder, they called that child a unicom because they want to know where that child is and how that child exists.

1840

Now, I will bring my own family into that exact statement. My granddaughter was finally able to be registered. This is right from her OAP page today: She was registered March 22, 2023. The care coordinator? Not assigned. She has had nothing. She has not had back-to-school. She has not had family services. She's not been able to get anything. I would like to thank the Little Learning House in my riding of Hamilton Mountain, who has taken her on before she went to school and provided her a whole bunch

of great skills that she will take into the future. But nothing in the program is benefiting the children of today.

I understand the members opposite; they get angry. They think this is all true. I've been here. I've been doing this file since 2011. I can assure the members the program that is on the table today is not benefiting the kids. We have over 60,000 kids waiting for services. The PA is going to want to say that it's 40,000 kids. No, those kids are not getting core clinical services. That's what they need. The core clinical services are the ABA and the IBI. Everything else—it would help, but they're not receiving it and they need the core services.

The minister needs to get out of his binder and talk to families. Hopefully, he did that today, and I appreciate the extra time.

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

Mr. Nolan Quinn: Speaker, let me start in 2018. Under the program at the time, only 25% of eligible children were getting services; the other 75% had no prospect of ever getting support under the funding structure. Early intervention was not happening. Only one kind of therapy was available, and some one-off workshops. There was no consistency and accountability for the quality of service. ABA therapists were unregulated.

When we took office, we knew that wasn't good enough. We knew that the autism community needed a fairer and more equitable way to identify the unique needs of each child and their families, and to address those needs.

That's why we started from the ground up and built a new program. We did that by consulting families, people with lived experience, clinicians and other subject matter experts. We did that twice, through the autism advisory panel and the implementation working group. We adopted the autism advisory panel's key recommendations, which helped form the foundation for a comprehensive, needsbased and family-centred Ontario Autism Program.

That feedback was incorporated into developing a new program that gives access to an expanded set of core services, including applied behaviour analysis, speech language pathology, occupational therapy and mental health services. This is the first time that families will be able to access mental health supports through the OAP.

We created a range of services which offer different pathways depending on a child's individual needs. These include the foundational family services, which we launched in 2020 to help families support their child's learning and development at home—they're accessible at any time, a number of times, to anyone under 18—and early intervention services to help young children access services at critical points in their development. We also added the entry-to-school program, which helps prepare children who are starting kindergarten or grade 1 for the first time, and urgent response services for children and youth who have immediate urgent needs. And we're regulating ABA therapists as a profession under the College of Psychologists of Ontario.

We supported that with record investments: We doubled our investment in the Ontario Autism Program to \$600 million annually, and a further 10% this year, to over \$660 million. With that investment, we have served more than five times the number of children and families than under any previous government. That work, indeed, took place under several ministers who were committed to fixing the autism program and put in the work to do it. And that work has been ongoing from day one.

Just this morning, Speaker, we went to the breakfast that took place with the coalition and had a really heartfelt conversation with the co-chair of the Ontario Autism Coalition, Tracy Chong. It was a really fruitful dialogue. We're going to continue moving forward and having conversations in the coming weeks.

The minister was also present, having conversations with all of the families that were present and he has met with the Ontario Autism Coalition on numerous occasions since he received the role about six months ago. He has been very active on the file.

Then just this morning in the media studio, the Ontario Autism Coalition said they're here to collaborate with the government. That's what we'll continue doing with the Autism Coalition.

The Deputy Speaker (Ms. Donna Skelly): There being no further matters to debate, pursuant to standing order 36(c), I deem the motion to adjourn to be carried.

This House stands adjourned until 9 a.m. tomorrow. *The House adjourned at 1845*.

LEGISLATIVE ASSEMBLY OF ONTARIO ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Speaker / Président de l'Assemblée législative: Hon. / L'hon. Ted Arnott

Clerk / Greffier: Trevor Day

Deputy Clerk / Sous-Greffière: Valerie Quioc Lim

Clerks-at-the-Table / Greffiers parlementaires: Julia Douglas, Meghan Stenson, Christopher Tyrell, Wai Lam (William) Wong

Sergeant-at-Arms / Sergent d'armes: Tim McGough

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	•
Andrew, Jill (NDP)	Toronto—St. Paul's	
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Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
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Bailey, Robert (PC)	Sarnia—Lambton	
Barnes, Patrice (PC)	Ajax	Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Présidente du Comité plénier de l'Assemblée législative
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Bell, Jessica (NDP)	University—Rosedale	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Bowman, Stephanie (LIB)	Don Valley West / Don Valley-Ouest	
Brady, Bobbi Ann (IND)	Haldimand—Norfolk	
Bresee, Ric (PC)	Hastings—Lennox and Addington	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Byers, Rick (PC)	Bruce—Grey—Owen Sound	
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Cho, Hon. / L'hon. Stan (PC)	Willowdale	Minister of Long-Term Care / Ministre des Soins de longue durée
Clark, Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	
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Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Dixon, Jess (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Dowie, Andrew (PC)	Windsor—Tecumseh	
Downey, Hon. / L'hon. Doug (PC) Dunlop, Hon. / L'hon. Jill (PC)	Barrie—Springwater—Oro-Medonte Simcoe North / Simcoe-Nord	Attorney General / Procureur général Minister of Colleges and Universities / Ministre des Collèges et Universités
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Fife, Catherine (NDP)	Waterloo	
		Associate Minister of Housing / Ministre associé du Logement

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Leader, Progressive Conservative Party of Ontario / Chef du Parti
		progressiste-conservateur de l'Ontario Premier / Premier ministre
		Minister of Intergovernmental Affairs / Ministre des Affaires intergovernmentales
Ford, Hon. / L'hon. Michael D. (PC)	York South—Weston / York-Sud— Weston	Minister of Citizenship and Multiculturalism / Ministre des Affaire civiques et du Multiculturalisme
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	on iques or an interneuralismo
French, Jennifer K. (NDP)	Oshawa	
Gallagher Murphy, Dawn (PC)	Newmarket—Aurora	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Hon. / L'hon. Parm (PC)	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Grewal, Hardeep Singh (PC) Hardeman, Ernie (PC)	Brampton East / Brampton-Est Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hazell, Andrea (LIB)	Scarborough—Guildwood	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Jama, Sarah (NDP)	Hamilton Centre / Hamilton-Centre	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Minister of Health / Ministre de la Santé Deputy Premier / Vice-première ministre
Jones, Trevor (PC)	Chatham-Kent—Leamington	Deputy Government House Leader / Leader parlementaire adjoint gouvernement
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
Karpoche, Bhutila (NDP)	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Premiè Vice-Présidente du Comité plénier de l'Assemblée législative
Ke, Vincent (IND)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Hon. / L'hon Andrea (PC)	Barrie—Innisfil	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga- Centre	du gouvernement
Leardi, Anthony (PC)	Essex	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lumsden, Hon. / L'hon. Neil (PC)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (IND)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Hon. / L'hon. Todd J. (PC)	Durham	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
McCrimmon, Karen (LIB)	Kanata—Carleton	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York	
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 francopho
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)		/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) Stevens, Jennifer (Jennie) (NDP)	Bay of Quinte / Baie de Quinte St. Catharines	Minister of Energy / Ministre de l'Énergie
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) Fabuns, Peter (NDP)	Etobicoke Centre / Etobicoke-Centre Toronto—Danforth	Minister of Infrastructure / Ministre de l'Infrastructure
Fangri, 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	aux I edies Emitoprises
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

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	