

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

F-41

**Journal  
des débats  
(Hansard)**

F-41

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

1<sup>st</sup> Session  
43<sup>rd</sup> Parliament

Thursday 14 December 2023

**Comité permanent  
des finances  
et des affaires économiques**

Consultations prébudgétaires

1<sup>re</sup> session  
43<sup>e</sup> législature

Jeudi 14 décembre 2023

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Chair: Ernie Hardeman  
Clerk: Vanessa Kattar

Président : Ernie Hardeman  
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS**

Thursday 14 December 2023

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**COMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES**

Jeudi 14 décembre 2023

*The committee met at 1000 in Oasis Convention Centre, Mississauga.*

**PRE-BUDGET CONSULTATIONS**

**The Chair (Mr. Ernie Hardeman):** Good morning, everyone. It's great to see all the chairs occupied this morning. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to resume public hearings on pre-budget consultations 2024. Please wait until I recognize you before starting to speak, and as always, all comments should go through the Chair.

The Clerk of the Committee has distributed committee documents, including written submissions, via SharePoint.

As a reminder, each presenter will have seven minutes for their presentations, and after we have heard from all the presenters, the remaining 39 minutes of the time slot will be for questions from the members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members, and two rounds of four and a half minutes for the independent members as a group.

Also, for the committee, we need unanimous consent: There are two representatives in the room from the same organization. As both representatives can be accommodated at the witness table, do we have agreement to allow both representatives to participate in person? We have an agreement. With that, we ask the presenters to come forward.

**CATHOLIC HEALTH ASSOCIATION  
OF ONTARIO**

**TORONTO DISTRICT SCHOOL BOARD**

**The Chair (Mr. Ernie Hardeman):** In the first panel, we have a cancellation; the YMCA of Greater Toronto has cancelled. We have the Catholic Health Association of Ontario and the Toronto District School Board. I just want to say, when we start, we will do them in that order, from the first to the second. We also ask everyone as they speak to give their name to make sure that we can attribute the comments to the right person.

You will have, as I said, seven minutes to make your presentation. At six minutes, I will say, "One minute." Don't stop, because when I say, "Thank you very much for your

presentation," it's because you have hit seven and you do stop.

With that, we will now start with the Catholic Health Association of Ontario. You don't have to turn the mikes on. Everything is done for you here.

**Mr. Ron Noble:** All right. Can you hear me okay? Great, thank you.

Thank you for the opportunity to present today. My name is Ron Noble, and I am president and CEO of the Catholic Health Association of Ontario. My membership is comprised of 29 organizations across 40 sites across the full province. These are hospitals, long-term-care homes, seniors' housing complexes, home care and community service providers located in rural and urban cities. Together, we make up a little bit more than 15% of Ontario Health's total spending, with more than 4,000 long-term-care beds, 2,400 in-patient care beds and 1,000 in-patient mental health and addictions beds, and we deliver over three million ambulatory care visits. These services are delivered by our more than 36,000 staff and through the generous support of more than 8,000 volunteers.

With this diverse membership, my association represents the full continuum of the health care system and we see first-hand what can be done when the health sector works together and care is delivered in the most appropriate setting, at the most appropriate time. Our view across the full continuum of care also allows us to better diagnose where the problems in the system sit, as well as to understand what solutions should be brought forward to improve the system.

From our vantage point, we see that Ontario's hospitals, long-term-care homes and community care organizations, mental health and addictions providers and housing providers are all struggling to keep pace with demand. These struggles mean Ontarians are not able to access the care they need as quickly as they should or in the most appropriate setting. Today, we see roughly 5,500 acute care beds filled by patients waiting for home care or long-term care or other supports outside of the hospitals. We are delivering care in the most expensive model. There are growing wait times for addictions supports and significant shortages in supportive transitional housing. We see that communities across the province are facing homelessness crises. It's no longer an urban issue; it's urban and rural. It would be easy to try and address any one of these issues with one-off solutions, but I am here today to implore the

government to take a systematic approach and introduce systemic solutions.

The most impactful change government can make to improve the availability of care and address the mounting pressures facing our health system is to rebalance the investments and optimize our health human resources. As the province continues its health care transformation, it must rebalance investments to create additional capacity in the community, while continuing to support acute institutional settings like hospitals and long-term care. This means a shift in the government's approach and increased investments for supportive housing, home and community care, mental health and addictions, hospice and palliative care, and rehabilitative services.

We support Home Care Ontario's recommendation to increase home care funding by 30%. We're aligned with AdvantAge Ontario's recommendation to increase funding and capacity for assisted living and senior supportive housing programs across the province, to build capacity in the community and to help build that continuum of care. We recognize and support the Ontario Nonprofit Network's recommendation to unleash the community sector's potential by providing access to capital and lands for mixed-use developments. And we support the Ontario Association of Social Workers' recommendations on expanding mental health supports and coordinated care across the province, including in primary care and long-term care homes.

Members of the committee, if we truly want to start providing the right care in the right place, rebalancing the health system's funding towards home and community care is the only way to achieve it. This way, we can ease pressures and enable our acute institutional settings, like hospitals and long-term-care homes, to provide care to those who need it most and reduce wait-lists across the province.

A key critical component of increased supports in the community is to grow the availability of supportive housing. This can be done through three major steps:

(1) The government should make the long-term-care Not-for-Profit Loan Guarantee Program available to the supportive housing sector. This would make it easier to secure financing and reduce borrowing costs.

(2) The government should pool the dozens of operating and capital funding envelopes it offers across its various ministries into a single funding source that offers multi-year commitments to the applicants.

(3) It should improve access to lands for supportive and affordable housing by reducing red tape for zoning and approvals, and working with the communities to try to reduce NIMBYism where these facilities need to be put.

As Catholic institutions, we have an obligation to care for the marginalized and vulnerable. From northern Ontario to downtown Toronto, we've seen that homelessness is affecting every part of our province. By following these recommendations and making it easier for health care providers who are eager and have capacity to offer supportive housing, it will significantly alleviate our health care system to provide much-needed support to those who are struggling.

The last recommendation we'd like to make is about optimizing the province's health human resources. It's no

secret that many of the challenges facing our health system can be tied back to a lack of front-line staff. While it would take time to train and grow the workforce, more can be done to optimize the care teams we have today.

We applaud the government on the steps it has taken to expand scopes of practice, and we encourage it to look for additional opportunities to expand the scopes of other professions across the health system and work with the various professional colleges to enable this. We also recommend defining "work-in-place" credentialing and training to advance professional designations and to reduce barriers to practice and designation advancement within professional colleges.

Finally, we recommend optimizing models of care to ensure the most efficient and effective care delivery in the most appropriate setting. This means placing a greater emphasis on models of care that support patients outside of acute settings, be that through clinics, home care, rehabilitation services, clinics within long-term-care facilities or support services within residential buildings that have a large number of seniors.

Thank you again for the opportunity to address you today and share with you recommendations of the Catholic Health Association of Ontario. I'll be happy to take any questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

We will now go to the Toronto District School Board.

**Ms. Rachel Chernos Lin:** Good morning. My name is Rachel Chernos Lin, and I'm chair of the Toronto District School Board. I really appreciate the opportunity to present today as part of your pre-budget consultations and to share information about the priority areas for the TDSB.

TDSB is Canada's largest and most diverse school board, with approximately 240,000 students at 583 schools. Due to our size and the populations we serve, we have unique needs when it comes to what is required to best support our students and communities. It is critical that the TDSB receives adequate, stable and predictable funding to support our schools and students.

#### 1010

To support students, we need to see increased funding in the following key areas.

**Special education:** We consistently spend more than the government funding provided for special education, and even with that, it does not meet all the student needs. The number of students requiring special support and the needs of students continue to increase each year in Toronto, putting even more financial pressure on school boards. We urge that the ministry modify the special education funding model and base it on actual student needs.

We require additional funding for increased staffing to support student achievement, well-being and safety, including paraprofessional and professional school staff. An increase in staffing in professional support services would improve our ability to meet the emotional needs of students and lead to decreased wait-lists and wait times for these important services.

We also ask for funding to renew tutoring supports to help students' foundational literacy and math skills and provide homework help in all curriculum areas. Consistent

and long-term funding is required to implement a tutoring plan and will serve students from K to 12 across the system.

We also need increased funding for safety and for safe and caring schools. This is required to support the safety and well-being of our students and staff, and it is a responsibility that is shared by local school communities, including all levels of government, police services and community organizations.

The TDSB remains a committed partner to advancing safety and well-being in our schools, and we call on the ministry to make a meaningful and sustained investment in community safety and well-being.

We also need funding to implement the Right to Read recommendations. That's required for the TDSB to create a central kindergarten support team and a later-literacy intervention team to provide job-embedded support, teacher training, resources and to build a community of teacher-learners to address literacy gaps in order to fulfill our commitment in implementing the recommendations of the Right to Read report.

To ensure we can maximize our funding for students, we need consideration of the following: We request that the moratorium on school closures be lifted so that boards can review schools with low enrolment and ensure prudent utilization of resources.

We need funding support for increased inflation costs as high rates of inflation are impacting our ability to meet the cost of utilities, materials, repair and maintenance costs. TDSB is located within an active construction market, and it experiences increased material and labour costs. The ministry needs to provide increased funding to support these inflationary costs.

We also recommend the return of the efficiency and modernization funding to support structure improvements in boards as school boards endeavour to modernize and automate processes to become more efficient and effective. We ask that the efficiency and modernization funding process be resumed, where boards submit business cases for funding.

We also would like funding to support improved accessibility in schools for all students and staff as boards need dedicated and consistent funding to undertake accessibility upgrades over the next 10 years to add elevators and ramps and make other spaces, such as swimming pools and auditoriums, accessible. TDSB has estimated the need for \$10 million per year to do this.

Increased funding to support a one-to-one device strategy for all students: We've been making ongoing investments in IT hardware devices and digital resources, and these are required to support a one-to-one device strategy for all students. These technology advancements need to be supported with additional ministry funding so school boards can provide safe and effective learning environments for our students.

We also need increased funding for cyber security to assist school boards in improving cyber security and privacy measures as outlined in recent audit findings of the Auditor General. A robust broadband and cyber-protection program will also help mitigate against risk of loss resulting from cyber threats and incidents.

Additionally, funding for ventilation improvements to reduce the spread of illnesses in school is required to help the TDSB to improve our ventilation in schools and keep students and staff healthy.

We also need the ministry to adequately fund items the board has absolutely no control over. We ask that the ministry provide the necessary funding to cover historic and current underfunded increases in statutory benefits. The Ministry of Education has not funded these increases in statutory benefits since 2021-22. With regard to CPP, the projected increase in in-year additional budget pressures for 2023-24 is \$4.2 million. Given TDSB's deficit, additional funding is required to cover these costs.

In addition, incremental employer contributions for the OMERS pension are not funded by the ministry. Starting in 2023, non-full-time employees are eligible to enrol in this plan, leaving the TDSB with approximately \$400,000 in additional costs per year.

Lastly, the sick leave entitlement changes—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Rachel Chernos Lin:**—in 2012, which provided employees with additional sick days per year, have also resulted in a gradual increase in employee absenteeism and additional costs. This includes short-term leave, work-related injuries, and long-term disability and illness. School boards require resources to manage absenteeism and to ensure all staff have the support they need to return to work.

The Ministry of Education is our funder. We need your support to provide adequate, stable and predictable resources to ensure all students in the TDSB have access to programming required to achieve academic success through necessary staffing in well-kept, maintained buildings.

Thank you for the opportunity to present today, and I look forward to questions from the committee.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

We will start the questions with the official opposition. MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters for coming to committee today. I'd like to start off my first questions with Mr. Noble from the Catholic Health Association of Ontario. I want to thank you for your comments. You covered a very broad array of areas in which the province needs to change and to also add funding and make sure people are looked after.

When we consider the current plight of homelessness, in my community, 59 homeless Londoners have died already this year and 260 in the past four years, which actually outpaces both Hamilton and Toronto. Your comments about supportive housing are incredibly important, and I hope that the committee will listen to them.

I wanted to ask if you could speak about the effects of Bill 124, the wage-suppression legislation that was brought forward by this government. What has that done to nursing staff and morale among folks who work in your organization?

**Mr. Ron Noble:** Well, obviously they felt they've been left behind in terms of salary accommodation. Unfortunately, I'm a former hospital CEO and CFO, so I look at the operating side of those implications as well. It's a

difficult catch-up, although I would say our health professionals, compared to other provinces, are comparably paid. Probably all our professional groups are paid in probably the top 10% to 15% of society when you include the full compensation package, so I know it's difficult for government to try and match that and stay balanced with it.

I think the more important issue there is trying to create equity across the health system in what hospitals pay, what long-term-care providers are able to pay and what the home care providers are able to pay.

**Mr. Terence Kernaghan:** So then, Mr. Noble, you would be in favour of wage parity across sectors?

**Mr. Ron Noble:** I think that's an aspirational goal given the gaps that are currently there, but I do believe it has to be met, and maybe that's a shift in that investment that would then have to come across the system.

**Mr. Terence Kernaghan:** Most definitely. Groups have said, "a nurse is a nurse is a nurse," and diminishing the home and community care sector, considering it is a vital part of our health care system—it's very well said.

I wanted to also ask if you can speak to agency nursing, and what has happened as a result of the government not placing a cap on the amount of money that organizations have to spend on agency nurses and what that does to morale. I know that nurses have spoken about how while they're in a full-time role within an organization, a long-term role, they're working alongside one of these hired agency nurses who are getting paid more. What does that do to morale among staff?

**Mr. Ron Noble:** Well, obviously, it probably makes some of them think they should join agency nursing. But again, I think you have to go back and look at the full compensation. Agency nurses don't get pension and they don't get benefits, so I think that has to be looked at. Some organizations can manage without agency nurses, so I think the health system needs to look at that and understand why some organizations don't require agency nurses, where others have had to rely on that.

1020

I think if agencies were required to issue T4As to all employees or all those that are on contract with them, you may see a shift back to the community and back into the organizations. So I think that it's the flexibility they offer to get the hours you want, the schedule you want, and I think the system has to become more innovative in how we adjust to that flexible scheduling. But health care is a 24/7 operation. You don't shut down the assembly line.

**Mr. Terence Kernaghan:** Definitely. Thank you, Mr. Noble.

My next questions I'd like to turn to the Toronto District School Board. As a former educator, your comments about opening up the funding model and making sure that students have the supports that they need—opening up the GSNs makes a great deal of sense. I think we need to make sure that students with exceptionalities are getting the supports they require.

Now, earlier and in other deputations and what we've heard from this government is they frequently want to call short-term disability "sick days." It does raise the question

of why they're trying to do this. But I want to know, what steps do employees have to take in order to access those short-term disability days? What do they need to go through?

**Ms. Stacey Zucker:** So for short-term illness, the change that happened through the collective agreements in 2012—what happened was, for short-term illness, for 11 days, they are able to take sick days, and then for another—

**The Chair (Mr. Ernie Hardeman):** If I could stop you just a moment: Could you introduce yourself for Hansard?

**Ms. Stacey Zucker:** Sorry, I apologize. Stacey Zucker, and I am associate director of modernization strategic resource alignment at TDSB.

For accessing the days, for those first 11 days, there is nothing significant. After that, for the 120 days at 90%, there are stricter requirements that they have to go through, whether it's providing a doctor's note or any kind of information in order to be able to access them.

**Mr. Terence Kernaghan:** Oh, I see. There are sick days and then there is short-term disability. So those two things, for the government, are entirely separate, and it would be a misnomer or misstatement to say there are 120 sick days. I see.

I did want to ask—and I want to thank you for bringing up the statutory benefits. We've heard this again and again that the government, even though it is a legal obligation, are expecting school boards to bear that cost, even though they're legally obliged to pay it. It is something that is incredibly difficult.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Terence Kernaghan:** I also wanted to—if you could quickly summarize. The school repair backlog: We know that it's been ignored for a number of years. Do you have a sense in TDSB of what that would be in order to repair schools and also make them AODA compliant?

**Ms. Stacey Zucker:** So the estimate of our school repair backlog is about \$4.2 billion for our 583 schools. That would be if we repaired every school to the condition of a brand new school. The funding that we receive is about \$300 million a year, and that changed somewhat recently. Up until 2015, it was about \$50 million. So to catch up, it would take a number of years in order to do that, and that's why that moratorium being lifted is important as well, because part of the solution is to be able to consolidate schools that have significant repair backlogs.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We now go to the independents. MPP Bowman.

**Ms. Stephanie Bowman:** Thank you to the presenters, Ron, Rachel and Stacey, for being here today.

Ron, I'll start with you, briefly, because I want to get to the school board as well. But it sounds to me like many of your—you've got great recommendations around how to make the system work better, including things like optimizing levels of care. I hear from that that there's a certain amount of inefficiency in our system today that you think could be improved. Could you just take 30 seconds and tell me an example of some of that?

**Mr. Ron Noble:** Well, I think a lot of the inefficiency is just how patients flow through the system. It's not as



coordinated; it's more complicated, with advances in technology, the role of the physician. So I think a lot of the inefficiencies lie in—I'm going to say we've trained the public well to go to the H on the roof for health care, and that's the most expensive delivery model. We have to re-shift that thinking; that care can be provided in the community; that, probably, primary care is the first approach, so that people have access to primary care that can define, then, where is the best place for that person to receive their care—

**Ms. Stephanie Bowman:** Great. Thank you. I'm going to stop you there.

Rachel, I'll move next to you. Could you talk a little bit more about how the moratorium on school closures is affecting the board's budget?

**Ms. Rachel Chernos Lin:** Sure. Part of the challenge is that we have pockets of enrolment that are very high and pockets that are very low, and sometimes our buildings don't meet where those are. We have right now several schools that we would like to close and consolidate so that students—we aren't doing a duplication of services. It's really not efficient, but it's also not great for student programming.

When you have a school of 400 or 500 high school kids, you can't offer rich programming because you can't staff it to the best capacity. We know that schools need to be about 1,000 or 1,200 to get that rich programming and rich staffing. There are several areas—about 10 areas—in Toronto where we have been asking to do this for many, many years. We have a very strong plan, passed by trustees, working with staff, that the government is aware of, that we would like to get moving on to make our system more efficient, more modern and best for students.

**Ms. Stephanie Bowman:** Great. Thank you. I know, during the pandemic, the school board—yours and probably a lot of others as well—were told to dip into their reserves to fund some of the additional resources required for COVID and that you were promised you would get that money back. I don't know if you have, but could you talk a little bit about whether or not COVID is still impacting the board's budget?

**Ms. Rachel Chernos Lin:** Unfortunately, COVID is still with us, if not in the way it was before. We are seeing significant challenges. We have not been repaid, so we are still in a deficit position. We have significant pieces that aren't funded, so we have to dip into other sources in order to meet them—things like CPP and other things.

The needs of our students are still so significant. I would say mental health and well-being is a primary one after coming out of the pandemic. We have fewer social workers than the average school board per student. These are things really make an impact for students in terms of their academic success.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Rachel Chernos Lin:** Thank you.

I would say another area of significant impact in terms of COVID is that we're still seeing high rates of absenteeism, because teachers and staff are sick—students are sick

sometimes. That is another piece, where we're still seeing that.

I would also just say that, in TDSB, we are a little bit different than most communities because we have significant levels of poverty, significant levels of refugee and non-English-language learners, so there's just greater need. We're seeing higher rates of violence in our community—I know this has been in the news; it's a big concern for us. And this is tied into poverty. It's tied into refugee status. It's tied into all these pieces. There are just significant—when a board gets so big and so complex, the scale of the—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We will now go to the government. MPP Dowie.

**Mr. Andrew Dowie:** I want to thank all the presenters today.

I'd like to start with Mr. Noble. I was listening intently to you mentioning the rebalancing and optimization of resources that we have, and I understand that you mean transfer it away from an institutional setting and provide care at home—as a general rule; maybe not in every case.

I wanted to ask you a little bit about some of the earlier reforms. I think, back in my community, Dr. Fouad Tayfour created the Windsor Laser Eye Institute many, many years ago, in 1991. It's been operating since that time, providing ophthalmology service. Dr. Tayfour operates both at Windsor Regional Hospital as well as his own practice and does 2,000 cases every year. So his productivity is significant, so much that the Windsor Surgical Centre was established to transfer all cases to a separate clinic outside of the Windsor Regional Hospital, with the Windsor Regional Hospital's blessing.

This practice—that we can cover so much more ground because of Dr. Tayfour's model—has been criticized by many across the province, but it leads to far more health care services being delivered and paid for through OHIP.

I guess my question to you is whether you see this as an avenue for the potential rebalancing away from acute care settings, or if you have concerns with such a model.

**1030**

**Mr. Ron Noble:** Well, I think there are opportunities to utilize surgical resources across the province, because many rural hospitals aren't making full use of their ORs, mostly because of professional physician coverage or staffing. But there could be an opportunity to create travelling teams to utilize that OR capacity that may not be available in the urban centres.

I think the evolution of technology and advancements in practice will create opportunity for community-based clinics, whether they're privately run or publicly funded. It does make sense to consolidate, particularly in outpatient procedures like ophthalmology, to centralize clinics, where you can create a critical mass and develop the skill set to gain that productivity.

Canada does have a mixed model of private and public service delivery; it's just a question of what gets funded publicly. I would encourage that to move some of the volume, which they've done in many urban centres. In

Toronto, the Kensington eye centre was created to take ophthalmology out of the acute care sector and put it in a clinic base, and I think that model could be replicated in other areas where the critical mass supports that.

**Mr. Andrew Dowie:** Thank you very much for that, because I know it has made a tremendous difference in our community.

**Mr. Ron Noble:** Don't get me wrong. We need acute care hospitals—

**Mr. Andrew Dowie:** Acute care hospitals—but it's having them do what they were designed to do. That's right. It's all about having the right care, in the right place.

You mentioned the importance of bringing home care to the forefront. It doesn't matter what agency, what service it is; I think they're all of the same mind. It's just how do we actually find the road map to get there. The government announced, a couple of months ago, the Ontario Health atHome program, which will be overseen by Ontario Health and really delegate the oversight for home care services to the Ontario health teams and the local communities, which are made up of the health care professionals that are already serving, and serving us incredibly well.

I was hoping to get your thoughts on that model. I'm going to go on a limb and say you might have some. I wanted to hear what you had to say.

**Mr. Ron Noble:** We need growth in home care. I think it makes sense to geographically define it, as to what's needed in each geographic area. I think one of the main goals should be to limit the amount of travel time the home care providers have to engage in between visits. So, to me, it does make sense for that provider to be geographically defined, so that travel time can be limited, so that those home care providers can be allocated to a specific—if it's an apartment-style living, allocated to that building.

We've had some of our members run supportive housing, where they've rented an apartment building and they've taken one of the units and made it available to the health care providers. So they're in the building, servicing that population or the population in the neighbourhood, with the goal of minimizing transfers to emergency departments or unnecessary visits to the hospital. I think there's good opportunity there.

I think the issue of standardized contracts will be beneficial. They'll have to be tweaked to reflect local need, but I think if there's a way of consolidating the service providers to specific geographic areas so that the care workers are limited in their travel time, it will provide better productivity and access for those providers to provide to their clients at home.

**Mr. Andrew Dowie:** Thank you.

Chair, how much time is left?

**The Chair (Mr. Ernie Hardeman):** One point four.

**Mr. Andrew Dowie:** Okay. I'll pass it to my colleague MPP Sabawy.

**The Chair (Mr. Ernie Hardeman):** MPP Sabawy.

**Mr. Sheref Sabawy:** Thanks to the presenters today. It's very important that, as a government, we get feedback so that we can plan properly to fund some of the stuff.

My first question would be to the school board. Rachel, thank you very much for the information passed through your presentation. As you know, we did spend a lot of money into—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Sheref Sabawy:** —the maintenance of schools during the COVID time, installing filters and purifiers and air control and all kinds of systems during COVID, in all the schools, at least in Mississauga. I know about the Dufferin school board, our school board in Mississauga. You had mentioned something about the funding in 2012, about \$59 million in funding for the maintenance of the school. How did that change from 2012, your presentation, to currently? Like last year, for example: Do you have any numbers for 2022, 2021?

**Ms. Stacey Zucker:** I don't have the numbers off the top of my head, but it has increased. There were a number of increases and changes to funding, whether it was the Good Places to Learn Initiative or now with school tuition improvements—

**The Chair (Mr. Ernie Hardeman):** We'll have to finish that answer in the next round.

We'll now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** I only have seven and a half minutes. I'm going to start with education. I used to be a settlement worker with the Toronto District School Board, under the leadership of Lloyd McKell, so your comments, Rachel, about the nature of the work that you're doing and the intensity of that work in the largest school board in Canada resonate with me.

I do want to give you an opportunity—you touched on the school violence piece or student dysregulation. That's the language that we're using, as we should. How is that impacting the culture in the schools and education as a whole?

**Ms. Rachel Chernos Lin:** It is a challenge; I'm not going to lie. We have seen increased dysregulation, particularly since the pandemic. We don't know if it was something that started beforehand or if it was the pandemic, per se, when kids were online so much. But we are seeing challenges in our schools, there is no doubt. So we are really looking to do a lot of upstream work with kids to ensure that we have community programming, things like tutoring supports, but also things that are violence prevention. And also important pieces like student employment: so that they have other alternatives and see a place for themselves coming out of education when they're done school, so that they aren't going into areas that might be quick money but—

**Ms. Catherine Fife:** Would you argue that that's a smart investment? It's a strategic investment?

**Ms. Rachel Chernos Lin:** It is absolutely a strategic investment, and—

**Ms. Catherine Fife:** So you need the funding from the funder to do the work.

**Ms. Rachel Chernos Lin:** We absolutely do. It's not something that we—we can't solve everything ourselves within the buckets provided by the GSNs currently.

**Ms. Catherine Fife:** But I think your point is that a lot of the societal issues—poverty, health, justice—they all end up in a classroom at some point. You've said that the Ministry of Education is the funder. The funding has not kept pace with inflation. Based on our numbers, we're still running at about \$1,200 less per student based on inflationary costs. That's what we need to hear today, that you can't make that up as a local school board.

**Ms. Rachel Chernos Lin:** That's absolutely true. Even though the cost per pupil may have gone up, the inflationary costs have gone up so significantly without additional funding—so things like utilities, things like construction costs, things like CPP, all those unfunded benefits that have gone up—that we then have to pull from other pockets that mean programming. You have to also remember that 87% of our budget goes to wages for our staff, and those staff are important. I don't want to ever diminish that.

**Ms. Catherine Fife:** No, of course.

**Ms. Rachel Chernos Lin:** Those supports for our students in our building—those are the connections that they make with students. Those are the supports that they provide, and that's what keeps kids in school, keeps them coming to school, but also keeps them on track and flourishing.

**Ms. Catherine Fife:** Let's go to the funding model, because, following Rozanski, there have been many reports that demonstrate that, each and every year, we're falling further and further behind. That's because the Ministry of Education refuses to do a full funding review of the formula. But you raised a really good point, that the size of a school dictates the level of programming, which then builds in inequity across the province. You've connected this to the school closure moratorium. I want to give you 30 seconds to say why that's important.

**Ms. Rachel Chernos Lin:** When you have 400 or 500 kids in a school versus 1,000 or 1,200, that means you have considerably less staff. That means less programs, less options for kids to take, less extracurriculars—because that's who runs extracurriculars, the staff in the building. It means less opportunities for students, less engagement, and it also means that people lose faith in public education. So we are directly eroding public education by not lifting the moratorium and by not funding our schools to the best of our ability.

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**Ms. Catherine Fife:** It's an interesting point of intersection here, because the Ministry of Education is now looking to school board property and lands to acquire and to create a new relationship with school boards. If you were to close some schools, consolidate some schools, where do you see the Ministry of Education in that relationship?

**Ms. Rachel Chernos Lin:** We're absolutely on board with working with the Ministry of Education. I talk to the minister regularly about this issue, and we have been, as a board, for many, many years now. I've been a trustee five years; every conversation is about this, because for us to strategically find the efficiencies, that is a much more effective use of resources than selling off random pieces

of property. It's the pieces we don't need and the consolidation—

**Ms. Catherine Fife:** So it could be a win-win situation?

**Ms. Rachel Chernos Lin:** It absolutely is a win-win. We could build long-term-care homes on those sites—

**Ms. Catherine Fife:** Housing.

**Ms. Rachel Chernos Lin:** Supportive housing and all sorts of needs for our communities—and then also provide, in that, richer programs for our students. So for communities, this is the best way forward, not just from a community perspective, but an efficiency and a budgetary perspective.

**Ms. Catherine Fife:** Okay. And that's also supported by the Ontario Public School Boards' Association, right?

**Ms. Rachel Chernos Lin:** Correct. They've lobbied for this as well.

**Ms. Catherine Fife:** So unless the ministry is going to change the funding formula, they need to address the school closure moratorium, right?

**Ms. Rachel Chernos Lin:** Correct.

**Ms. Catherine Fife:** Okay. Thank you very much, and thank you for your leadership. I was a school board trustee. If you can survive being a trustee, you can almost do anything in the province of Ontario.

I'm going to move over to you, Ron, please. How much time do we have?

**The Chair (Mr. Ernie Hardeman):** You have 1.4.

**Ms. Catherine Fife:** Okay.

Home care: Ron, you've made some good points about multi-year funding. I've written the Minister of Finance about this. Not-for-profits shouldn't have to lurch from year to year and write grant application after grant application to fund their services. Are you aware, though—because home care is part of the solution in health care; there's no doubt about it—that in 2021-22, those not-for-profit agencies had to send \$78 million back to the Ministry of Finance because they couldn't hire the people to do the work in home care? I wanted you, as a front-line health care advocate—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Catherine Fife:** —to talk about why it's important to value the people in the system.

**Mr. Ron Noble:** For sure. I think we have to do a better job of our training and development, whether it's health care aid, PSW, RPN, RN, physio aid, OT aid. I think we have to do a better job, whether it's apprenticeship-like programming, whether it's micro-credentialing, to recruit people into the field to know what they're getting into—

**Ms. Catherine Fife:** And also retain them.

**Mr. Ron Noble:** Well, retention is about regular employment, flexibility of what schedule works for me—

**Ms. Catherine Fife:** Quality of job, quality of work experience, for sure.

I'm going to be reaching out to you, Ron, because I've introduced a piece of legislation called Till Death Do Us Part. It's the reunification policy that needs to happen to keep seniors together in long-term care, and I would really appreciate the Catholic Health Association of Ontario helping me get—

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We will now go to the independents: MPP Hazell.

**MPP Andrea Hazell:** Rachel and Ron, thank you so much for coming in and presenting to us, and thank you for being here.

My question will go to Rachel. What sticks out for me—and I didn't hear enough about it—because I know it can impact the school, the students, the community: You spoke about statutory benefits, and I think you mentioned \$4.2 million. Is it a shortage forecasted for 2023-24?

**Ms. Rachel Chernos Lin:** Actually, it's significantly more than that. That's just the increase that's coming. We estimated in the last couple years it has been \$28 million each year, so this is a significant amount of funding that we have absolutely zero control over, because this is set, of course, not by us. It means that we have to find that money, because we don't have reserves after the pandemic, because we were told by the government to use our reserves for COVID costs and we have not been reimbursed.

As a result, we've been working to get rid of our deficit, but we cannot pay these out of reserves, so we are having to use other buckets, which means programming for students and supports for students that come at the expense of having to pay these pieces that we do really believe the government is responsible for.

**MPP Andrea Hazell:** Okay. When you deplete your dollars for your programs, what will happen to your entire staff shortage? How is that impacting you?

**Ms. Rachel Chernos Lin:** These things mean less paraprofessionals, less social workers, less psychologists, less speech pathologists, less of those staff that are not necessarily in the collective agreement. There are pieces that we have some flexibility with, but it really means less adults in the building supporting students, and we know that has a very direct effect on the outcomes we see in terms of student success and student well-being.

It comes at a very dire cost. This is not something that we take lightly, and it's something we hear from parents over and over again—the wait-lists, the struggles that their children are undergoing. These are the kind of things that they write to us and I know they write to you about. But it's also things like special education supports that we are very short on.

People come to Toronto with complex medical health needs, but also complex behavioural and special education needs, and they come to Toronto because the supports are here, the hospitals are here, the doctors are here. We also see it from communities of refugees who maybe haven't had those supports in place because of unstable circumstances in their lives. So when we get the level of support that's needed in the city of Toronto and we have to pull from budgets like that to pay for these extra pieces that really are the government's responsibility, it has a direct impact on students, and it's something the committee should really be aware of and help us with.

**MPP Andrea Hazell:** Thank you. That is very stressful. Can I get time?

**The Chair (Mr. Ernie Hardeman):** One point one.

**MPP Andrea Hazell:** Ron, you're next. Thank you for the services that you're doing in the long-term-care space. We know how urgent and important that is. We know what happened during COVID as well.

You shared that your maximum capacity for long-term-care beds is 4,000, and then you have 36,000 staff. We know how Bill 124 impacted the long-term-care sector. Do you have waiting lists at the moment?

**Mr. Ron Noble:** I think that's a system issue. The whole system has waiting lists across the long-term-care sector. To me, it's a question of how we relieve that pressure, whether that's through the creation of supportive housing, home care—because you can't build fast enough. I've built hospitals; it's a 10-year endeavour, if you're lucky. A long-term-care new build is probably two to three years on a fast track. So we have to find ways of reducing that wait-list by putting some, I'll call it, boots on the ground to serve in the community to prevent that admission. I think it's a longer-term solution. Do we need more capacity in long-term care? Yes, because we have an aging population—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for that question.

MPP Sabawy.

**Mr. Sheref Sabawy:** If I can ask, again, the Toronto District School Board to give me some of the numbers I asked for.

**Ms. Rachel Chernos Lin:** Thank you. We do acknowledge that there has been an increase in funding for us over the last number of years. I think we're going from \$50 million to we're almost at \$300 million. That being said, there's also been a significant increase in the restrictions on that funding. For example, we can't use that funding for accessibility, so we can't add any elevators or anything like that. Those restrictions are really impacting us.

Also, as our buildings get older, obviously, there are more costs associated with them, and the costs are increasing as a result of inflation. It is still very, very challenging to be able to do the work that's required with the restrictions that are in place.

**Mr. Sheref Sabawy:** Thank you very much. That's a very good answer.

I'm not sure—just for the record, our government put \$22 billion over the next 10 years, including \$15 billion in capital grants to build new schools and add some infrastructure, including \$1.4 billion for the current school year to support repair and renewal needs for the schools.

As you know, we have 76 school boards. You are one of 76 school boards. As you said, you are getting \$300 million a year for repairs. Do you think this is close to your expectation? Like, \$300 million means \$3 billion in 10 years.

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**Ms. Stacey Zucker:** It is a large amount of money, and we have 600 buildings. So you take that \$300 million over 600 buildings that have been in disrepair for a long time to address that \$4.2 billion—it's a start.

Again, the restrictions that are in place don't allow us to use all of the funding necessarily on the things that we really need to use it on. So I would say increased funding certainly would help. Reduced restrictions and the ability

to use proceeds of disposition as a result of the sale of our buildings without those restrictions would also significantly help.

**Mr. Sheref Sabawy:** Absolutely, I take your point.

I just wanted to acknowledge that there was a long time when the maintenance was ignored. The right funding to keep the schools up to the right level was not there. That's an accumulation, which causes us now to need these big numbers of finances, and you acknowledge that we increased that from \$50 million to \$300 million—that's a significant increase. So I just wanted to make sure that I acknowledge that.

I will pass the question for—who's next? Stephen.

**The Chair (Mr. Ernie Hardeman):** MPP Crawford.

**Mr. Stephen Crawford:** Good morning to our presenters. It's nice to see you all here.

I'll start my question with the Catholic Health Association of Ontario. Health care is obviously a priority for everybody. It's a priority for our government. We've had 500,000 people move to the province—I'm not sure if you're aware of this—last year. So that is more people moving to Ontario than people that move to Texas or Florida, which are obviously bigger population centres than Ontario.

Now, the good news is people are moving to Ontario because this is a great place to live, work, raise a family. That's the good news. Where there are challenges is the pressure that puts on the people of Ontario in terms of infrastructure, health care, education, roads, bridges, highways and, of course, housing, which is a big topic of concern right now in Ontario.

So there are a lot of pressures. We're facing it more than any jurisdiction in North America, bar none, with the population increase. Therefore, we need more health care professionals. We need doctors, nurses. We're making strides in terms of getting people, doctors and nurses, in northern Ontario in particular, where there's a real acute shortage. We're opening a new medical school in Brampton, the first new medical school in the GTA in 100 years. So we're taking some strides, but there is more to be done.

My question to you is, if you had one priority, if you had to narrow it down to the most important issue, as you see it, in terms of the health care sector that our government can put forward in the budget coming out in March, what would that one priority be? The most important.

**Mr. Ron Noble:** Well, I'm glad the OMA is not here.

To be honest, I think we have to find a way of engaging physicians into the system delivery. We have two different compensation models. We have a fee-for-service, physicians work as independent contractors, and it's difficult to draw them into the system because they're not compensated to do so. They can choose to be part of practising in the system or not. So I think the movement that's been made with family health teams, hospitalists in the acute care sector, using a capitated model so that physicians can free up their time and use an interdisciplinary approach to care delivery, helps free up the physicians' time to engage them in system transformation. I know that's not an easy task, but I think that would be going a long way.

The other piece would be re-educating the public that health care is not just hospital beds and doctors. There is a

full system out there—expanding interdisciplinary care, again, getting the physicians to practise on what is their best skill set and pulling them into system delivery and that navigation through the system.

**Mr. Stephen Crawford:** Okay. Thank you.

Chair, how much time?

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Stephen Crawford:** One minute. Okay. I don't have a lot of time.

I guess, to the school board: Thank you for the work you do in educating our children and youths. Very quickly, could you give me a quick update in terms of safety—we hear reports sometimes of increased violence against teachers—and maybe what your suggestions are for dealing with that?

**Ms. Rachel Chernos Lin:** So when you hear about violence against teachers, that's generally related to special education, in all honesty. Those are two different things. When we hear about violence in community, that's itself working its way into schools, when we're talking about dysregulation and those kinds of pieces. But when you hear in the news about EAs or violence, that tends to be a special education piece, and that means we don't have enough supports in school to meet student needs. So I think, with respect to that, that's really that special education piece, where we're \$69 million short in Toronto. And that's really the scale of the needs in a city like Toronto—

**Mr. Stephen Crawford:** Sorry. Is it fair to say, then, that the majority of violent incidents are in special education classes?

**Ms. Rachel Chernos Lin:** No. I think there are two different problems at play that you're hearing about. One, you're hearing about violence between students, and then when you hear about violence against teachers, teachers being hit, and that tends to be a special education piece. And that's where we need—so there are two different needs, two different issues.

**Mr. Stephen Crawford:** Okay. I guess we're probably out of time—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for the presentations, and also concludes the time for the presenters. We thank you for your presentations and for the time you took to prepare for it and the time you spent here with us this morning. We appreciate you helping us with coming up with a better budget in 2024. I shouldn't say "better"—coming up with a good budget 2024. With that—

**Ms. Stacey Zucker:** We're hoping for better.

**The Chair (Mr. Ernie Hardeman):** Sometimes I don't come out with quite the right words at the right time.

BRAMPTON LIBRARY  
FH HEALTH  
ALLIANCE FOR HEALTHIER  
COMMUNITIES

**The Chair (Mr. Ernie Hardeman):** With that, as we're changing the table, we're going to hear from the Brampton

Library, FH Health and the Alliance for Healthier Communities. If they will come forward, find a place at the table, and as with the former presentations—I think you were here—present. There will be seven minutes for the presentation, and then, at six minutes—as you start the presentation, we’d ask each person that’s going to speak to identify themselves to make sure we get the right name in Hansard. We’ll have seven minutes of presentation. I will notify everyone when they’re at six minutes. That doesn’t mean stop there; I only ask you to stop when I say, “Thank you very much for your presentation. Time’s up.”

With that, we will start with the Brampton Library. The floor is yours.

**Mr. Todd Kyle:** Thank you to the committee for the opportunity to participate in the pre-budget consultation. My name is Todd Kyle, CEO of the Brampton Library. As a member of the Federation of Ontario Public Libraries, I’m proud to work alongside passionate librarians and library staff who make an impact for millions of regular people across Ontario in communities large and small every day.

Public libraries are critical to communities across Ontario and essential to thriving local economies and economic growth. Millions of Ontarians rely on local public libraries in their communities to work, to learn, to connect to community and government services, and to find and train for a job. For example, in Brampton, we operate the library settlement partnership in many of our branches, and for many immigrants, the library is the first place that they visit when they integrate into their new country.

Many Ontarians, however, are falling through the gaps in terms of depending on public library services. The combined impact of the pandemic, the pressure of inflation on public library and municipal budgets, and growing social and economic challenges in communities across the province have brought public libraries to a critical point.

On behalf of public libraries across Ontario, I, along with the Federation of Ontario Public Libraries, am advocating for critical, targeted investments that will stabilize our public libraries and ensure that all Ontarians, no matter where they live or learn, will continue to have access to modern, cost-effective resources and services that they have come to rely on.

Most immediately and most excitingly, we are seeking to provide critical e-learning support and fair access to modern digital resources to all Ontario public libraries by creating what we would call the Ontario digital public library.

The Ontario government has recognized the crucial importance of public libraries to broadband Internet access recently, making a historic \$4.8-million investment to install or upgrade broadband connectivity at over 100 public libraries across the province. However, many Ontario public libraries, particularly in smaller and First Nation communities, struggle to afford and cannot provide the high-quality digital resources that people in their communities need.

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Digital resources are now a highly impactful and accessed part of public library offerings. They provide powerful capabilities, including in-depth job and career skills training, language learning, live tutoring and homework help, health information and resources to support vulnerable residents. These resources are expensive, and they are especially so when purchased on a patchwork, library-by-library basis. Of course, individuals and families cannot afford to subscribe to them on their own.

It has become a story of haves and have-nots. Big urban and suburban libraries can afford a diverse suite of these powerful tools, while many of the northern, rural, small and First Nations public libraries have access to few, if any, such resources. So we are following the lead of other provinces, Alberta and Saskatchewan, in asking Ontario to leverage its significant purchasing power to create this provincially funded resource.

We estimate that the Ontario digital public library could provide the same digital resources currently provided at a cost savings of up to 40% when compared to a direct subscription by an average Ontario public library. The annual investment that we are suggesting is \$15 million. Through that investment, every Ontarian would have access to a common set of high-quality e-learning and digital resources directly through their local public library, which can be accessed on-site or from the comfort of their home. For hundreds of libraries across Ontario, they would be able to offer digital resources that they could never have afforded to provide before, while our larger public libraries will be able to re-invest tens of thousands of dollars into other urgent local priorities.

Equally, if not more, importantly, we are seeking to implement a sustainable funding model for First Nations public libraries, to ensure that these important local hubs are fully funded and viable. As an immediate first step, we are seeking an investment of \$2 million to increase the First Nation Salary Supplement so that existing First Nations public library staff can be fairly compensated for work that they perform.

Public libraries on-reserve, of course, serve as an accessible gathering space and information-sharing resource. They are deeply important to the community to maintain a sense of community and to minimize social isolation, as well as to help confront the systemic social and economic challenges that these communities face. Provincial funding is through the Public Library Operating Grant and mostly the First Nation Salary Supplement grant, which provides an average of \$15,000 a year to each of these public libraries on-reserve. Band councils sometimes provide some support for utilities, Internet and phone service, but there is little to no funding available for collections, programming and technology resources.

Many public libraries on-reserve operate with only one staff person, who is expected to provide all of these services and perform all functions, often contributing personally out of their own pocket. This modest investment of \$2 million annually would sustainably fund library operations for existing First Nations public libraries and

ensure a living income for front-line library service staff in these communities.

Finally, Ontario's public libraries are continuing to emphasize the need to increase base provincial funding for Ontario's public libraries, to address critical shared priorities and community needs. Unlike most sectors in Ontario, Ontario's public libraries have received no increase in public funding from the province for over 25 years. During that time, the value of the province's—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Todd Kyle:**—investment in public libraries has decreased by over 60%. While the majority of public library budgets are municipally supported, the provincial portion of funding is crucial, so in addition to maintaining current provincial operating funding for public libraries, Ontario's public libraries are proposing a targeted annual investment of \$25 million in additional operating funding across all Ontario public libraries.

In conclusion, the partnership between the Ontario government and local public libraries is vital. Providing these critical supports is needed for us to continue to work together to deliver important government services and locally relevant resources.

Thank you, and I welcome the opportunity to answer your questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

Our next presenter is FH Health, and it's virtual. You're up on the screen. Welcome to our meeting this morning. The floor is yours.

**Ms. Melody Adhami:** Thank you for allowing me to be here and to have a voice at the table. Hi. My name is Melody Adhami. I'm a Canadian and a proud Ontarian. I love this province; I care about this place and my neighbours deeply. I'm a business leader, a successful entrepreneur, and I'm the co-founder and CEO of Pollin Fertility. Above all these things, I stand here today as a woman and a concerned citizen of Ontario. Let me tell you why.

I am a fertility patient. I am far from the only one. One in six Ontarians will experience infertility at some point in their lives. My personal fertility journey was incredibly difficult and challenging, yet there was a part of me that felt lucky. While my journey was full of personal stress, anxiety and concern, and my husband and I desperately wanted another child, I did not have to worry about the financial burden. I often thought to myself that I was one of the few lucky ones. I've now made it my personal mission to do better for fertility patients. That starts with funding. It's why I stand here before you today.

Let me tell you a bit about infertility. Infertility was recognized as a disease by the World Health Organization in 2009, and many live births in Ontario today are the result of fertility treatments. Yet fertility treatments are expensive and not accessible to all. You might be thinking, "Well, Ontario has a fertility support program. We already offer family fertility-building assistance." While that is true, unfortunately, that program falls well below what is required. Waiting lists for funding can be as long as three

years, and success rates of funded cycles sit below acceptable rates at around 34%. The funding is distributed to very few clinics and not the fertility patients themselves, and this funding model is the reason that wait-lists can be so long at some clinics. Funding was distributed based on volumes for clinics nine years ago. Since then, the requirements for IVF treatments have jumped significantly, yet our program has not changed. We can do better.

New surveys from groups like Conceivable Dreams confirm that Ontarians want this program changed to reflect the needs of Ontarians today. Patients want maximized access to IVF cycles. Patients want control of their funding, not the clinics. Women don't want to wait up to three years for funding. Keep in mind, time is not on our side when we're battling infertility. Every day matters. And there is an access and equity issue for patients concerned with geographical concentration of the funded cycles to clinics, for example, primarily in the GTA.

The good news is that there is a solution. Other provinces like Manitoba have already leapfrogged ahead of Ontario in regard to how patients access fertility care. The Manitoba program is modern, transparent, accessible, equitable and delivers for patients. Manitoba's program delivers funding to patients directly through tax incentives. How does this work? The tax credit covers 40% of the costs of infertility treatment to a maximum tax credit of \$8,000 a year. There's a maximum of \$20,000 in eligible costs that can be claimed, which covers treatment and medication. Funding fertility medication is a big deal, as even patients who qualify for the existing Ontario program do not have coverage for the medication, which could cost between \$5,000 and \$7,000. The program is available to all couples and individuals, regardless of income level. Treatment must be provided by a licensed fertility doctor, and credits can be claimed every year. That is a best-in-class program. This is how a province that stands behind women and stands for families who dream of parenthood should act.

I want to share a story about a fertility patient and a friend; let's call her Sarah. Sarah is on her third IVF cycle. She is determined to build a family. Her first cycle was provincially funded. She waited 18 months for funding, and sadly, it was not successful. She tried again at the same clinic, this time paying \$20,000 from her savings. Again, she wasn't successful.

Sarah now wants to try out a new clinic. The sheer determination is admirable; we know this. What you don't know is that to afford this treatment, Sarah's parents will take out a line of credit on their home. Her entire family is sacrificing for their dream of a family. And the fact she even has a family to go to and equity in their home makes her still one of the lucky ones.

Nobody should have to go into debt for fertility care. Family building should be a human right for Ontario. It is good for Ontarians, and it's good for our economy to support families. Reproduction is one of the fundamental purposes of human life. I hope that you will stand beside me today and shoulder to shoulder with women in Ontario.

We can do something that truly matters. I believe this government will do the right thing.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

Our third presentation is the Alliance for Healthier Communities. Welcome, and you may begin.

**Ms. Marie-Lauren Gregoire Drummond:** Thank you so much. Good morning, everyone. My name is Marie-Lauren Gregoire Drummond, and I'm the director of communications and stakeholder relations at the Alliance for Healthier Communities.

Alliance members are a network of more than 111 community-governed primary health care organizations, such as ones in your neighbourhood: the Oxford County CHC, South East Grey CHC, Dilico Anishinabek Family Care, De dwa da dehs nye>s Aboriginal Health Centre, the Centre de santé communautaire de l'Estrie, the Centre de santé communautaire Chigamik, Thames Valley Family Health Team and Lakeshore Community Nurse Practitioner-Led Clinic.

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Our members serve communities in every region of Ontario, providing access to family doctors, nurse practitioners, mental health workers, and other health and social service providers, serving people who face the greatest barriers to health and the biggest risks for poor health outcomes.

Thanks to those of you who were at our community primary health care day in October at Queen's Park. You saw first-hand about our work, our members and their work in communities, in comprehensive health care and health prevention. Thank you for that.

Alliance members are community health organizations that provide care for populations that are 68% more complex, on average, compared to the average Ontarian. Despite this complexity, clients served go to emergency departments less than expected, resulting in over \$27 million saved every year. That's \$27 million saved when community-governed, comprehensive primary health care organizations can provide the most innovative services that help end hallway health care by keeping people in Ontario who face the greatest barriers to care and poorest health outcomes out of hospital and in their communities.

Alliance members deliver evidence-informed, team-based models of care that support Your Health: A Plan for Connected and Convenient Care. The alliance and our members propose that the Ontario budget invest in three key areas:

First, invest in health human resources for interprofessional primary health care teams with \$165 million over five years to reach the 2023 recommended salaries. Primary health care staff have been paid at or under 2017 salary rates and are leaving the sector as the cost of living rises.

Second, invest in community primary health care organizations through base budget funding increases of 5%, or \$33.7 million. Operating costs have continued to rise, increasing costs of utilities, insurance, property maintenance, rent, cyber security and more. Now, alliance mem-

bers are in the unfortunate position of having to make cuts to service delivery in order to pay their bills. Alliance members have not seen a base budget increase in 15 years.

Third, invest \$97 million in equitable, culturally safe, interprofessional team-based care, with \$60 million set aside for an expansion for alliance members to serve people living in rural, remote and northern communities, and Indigenous, Black, francophone and 2SLGBTQ+ people and communities. And invest \$37 million over three years to support a provincial Indigenous integrated health hub.

Our model was supported first by a fiscally and socially thoughtful Progressive Conservative government in the 1970s, and just like then, the hope now is to have more connected and comprehensive care. Alliance members divert people away from hospitals and emergency rooms, while ensuring people get the care that they need when they need it, and we alleviate pressures on the rest of the health system by managing complex clients in the community and close to home.

But the pressures that our members face are real and they're increasing. While the cost of living keeps getting higher and higher, staff have seen their mortgages go up month after month, but their salaries remain stagnant. Primary health care staff have faced lower pay grades than other parts of the health care sector. The current level of funding is inadequate and does not keep up with inflation or cost of living, which makes recruiting and retaining staff a challenge.

Primary health care is in crisis, from the health human resource crisis to the chronic underfunding of primary health care to the increase in need from communities. Alliance members are doing everything they can to keep doors open, but the challenging primary health care system has threatened our members' capacity to deliver services.

Just two days ago, the Alliance for Healthier Communities, along with nine other provincial associations representing primary and community care providers, jointly released a new report, the Ontario Community Health Compensation Market Salary Review. This report showed that despite the rising cost of living and a competitive health care job market, community health sector staff experienced an average salary increase of only 1.53% in 2023, with the primary care sector seeing a 0% increase in the last two years.

At the alliance, we're hearing from our members about health human resources. I'll share with you some stories. We lost a social worker to the hospital and two nurse practitioners to private practices. Many of the staff are working two jobs or picking up weekend shifts at the hospital to stay with us. A staffer went to work at McDonald's across the street because the pay was better. We've heard from our members, as well, that staff working in member centres are using food banks because they can't make ends meet. One single-parent staff member said they had been going to food banks themselves.

Without staff working in comprehensive primary health care, community members would not get the care they



need. They would end up going to emergency departments and long-term care. If compensation continues—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Marie-Lauren Gregoire Drummond:** —to lag behind other parts of the health care sector, we will see increases in hospitalization and emergency department usage. The impacts of this ever-worsening crisis will be felt in the next year to 18 months. But there are solutions, solutions that fit with the Ontario government's health plan for connected, comprehensive and more convenient care.

I'd like to thank the government for investing so far \$30 million in interprofessional team-based care and recognizing the value of interprofessional primary health care. The response to the expression of interest for new and expanded teams was overwhelming and demonstrates the need in Ontario for future investments in team-based care. We believe in investing in and adequately funding comprehensive primary health care as the foundation of integrated health system.

I want to thank you for your commitment to health prevention and promotion. Now is the time to take our health care system to the next level. Now is the time for investment in comprehensive primary health care.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

We will now start with the questions, and we'll start this first round with the independent members: MPP Bowman.

**Ms. Stephanie Bowman:** Thank you both for being here this morning, and Melody online. I will start with the library—one of my favourite topics, one of my favourite places. We have a government that is spending about \$218 billion—record amounts of spending, biggest ever in this province's history. And yet, this is at least the second year—my second year being on this committee, so the second year in a row that I've heard this same request related to a digital public library. I think three times today now we've heard about inefficiencies under this government: from health care, around a highest-cost model in our hospitals; we've heard about them canceling the efficiency and modernization program in school boards; and now I hear you talk about how we could save 40% of spending or costs by using a digital public library.

So I'm wondering: \$15 million, I think, was the ask for the digital public library on a budget of \$217 billion. I mean, it's a very, very small amount. Could you just talk again so that this government understands the impact that a digital public library could have on some of our most underserved communities in particular in this province?

**Mr. Todd Kyle:** Sure. Thank you very much for your question, and yes, the amount is modest. Public libraries in Ontario pride themselves on being very, very efficient stewards of public funding. I would also just like to point out that the bureaucracy in terms of the creation of this Ontario digital public library does already exist as a provincially funded agency called the Ontario Library Service.

In terms of the impact: For example, in my library in Brampton, we offer, free of charge for home use through

our library website, LinkedIn Learning, which is a very, very powerful career development and skills development tool. We offer a homework help program called Brainfuse. We offer a language learning program, including ESL, called Mango Languages. I've seen the impact personally in terms of our residents and how powerful those are in terms of bringing no-cost learning, lifelong learning, sometimes formal learning to the communities.

But our message, of course, isn't that Brampton is struggling to afford these. Our message is that the small, northern, rural, francophone, First Nations public libraries cannot. For them, the cost of subscribing, because it is subscription-based, is beyond their ability, and we think it's an inequity across the province that not everybody has the same access.

**1120**

As I've pointed out, there are other provinces in Canada, there are actually states in the US that have done the same thing. Alberta is the best example in Canada. They have an organization called the Alberta Library and it does the same thing: They choose the most valuable resources that everyone should have access to at a minimum, negotiate a bulk price and provide that to everyone.

**Ms. Stephanie Bowman:** Thank you. I'm going to move to the Alliance for Healthier Communities. Marie-Lauren, thank you for being here. Just to reiterate my point here: \$218 billion in spending. The government talks about record spending on health care, and yet we also have record wait times, record ER closures.

You've talked about direct care in your community and how your organization members are delivering that in an efficient way, in a caring and compassionate way. Could you talk again about the impacts of things like Bill 124 and what that has done to your ability to provide care in your communities?

**Ms. Marie-Lauren Gregoire Drummond:** Absolutely. Thank you so much for the question. We've been asking the government to increase our recruitment and retention funding for a few years, and the impacts that we're seeing is that many of our—especially the smaller rural and northern community health centres—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. You'll have to finish the answer in the next round. Time is up.

MPP Smith.

**Mr. Dave Smith:** I'm actually going to start with the Brampton Library first. A lot of the things that you talk about are on the digital library side of it. I don't think that there's going to be anyone who is going to disagree. There are things that obviously we are taking a look at. What I do want to touch on—and this is some of my own personal experiences with it, and now being the parliamentary assistant to tourism, culture and sport. This is one of those files that has landed on my plate.

What I see as a challenge, and I don't have a solution to it yet, and I'm hoping that perhaps you can put forward some ideas on it: When we go down the path of a digital subscription for something, it ends up being consecutive licences that are being used. Obviously, you want to

maximize what the usage is on all of those things, but we have such a diverse demographic across the province. You mention, in particular, First Nations and rural ridings. I have a First Nation in my riding. I have a number of rural libraries in my riding, and I would hazard to guess—and I'm going to throw a very specific example out: An Ontario Out of Doors magazine subscription, for example, or Deer and Deer Hunting subscriptions would be widely used in Buckhorn, which is a community of about 500, but—and I'm making an assumption—I doubt Brampton is going to use it.

So when we get in to some of those types of challenges, how would you recommend that we do the evaluation on the actual usage? Because you don't want to find yourself in a position where those larger centres, like Brampton, Toronto, Mississauga, Ottawa and Hamilton, are defining what rural Ontario then has access to. A very strong argument can be made that not very many people are looking at those magazines, not very many people are using those types of subscriptions, so we should be reducing it so that we can increase the subscriptions on the things that are in the urban centres. How would you suggest designing something for the input on it so that we don't find ourselves in those positions?

**Mr. Todd Kyle:** Certainly. Thank you very much for the question. I think that in terms of the decisions, there's a governance model already set up. The Ontario Library Service has represented us from across the province. They have caucuses of different-size libraries. But just to clarify: The Ontario digital public library would not be looking at things at that level, in terms of magazine subscriptions. These are large databases that cover multiple topics; for example, a learning database chosen as a single product for everybody that might contain learning that is relevant to a rural community as well as an urban community.

**Mr. Dave Smith:** I greatly appreciate that. I used that as a specific example, and I do recognize that.

The subscription models, if I can make an analogy on it, are very similar to the television subscriptions that most people, the general public, would understand. You can buy the basic package from Bell or from Cogeco. You can move up on it, and it adjusts the different types of channels that you see or have access to. These subscription models are very similar to that in terms of simplifying it, which I totally get.

Just, again, it comes down to the concurrent access to it, and what I haven't seen yet is a model that would allow for enough flexibility on it. I'm going to use another specific example where the Ontario government had a great idea at one point to try to implement something along those lines, and it ended up ultimately failing. That's OSAPAC, the Ontario student acquisition program for school boards. The concept behind that was, again, the bulk-buying power that the province would have on it, negotiating with different software providers to get licensed software that could be implemented in schools. There was a process by which different boards could submit every year what they felt should be licensed that way. Ultimately, boards chose not to use the licensed soft-

ware and to go out and do things on their own anyway, and it turned out to be an expensive venture. I describe it as a vast project with a half-vast idea. Learning from that type of experience, that's where we want to try to avoid some of the challenges.

You also mentioned the equity side of it, and I will 100% agree with you. We've started to address some of the digital equity challenges. In particular, \$2.7 million was invested in high-speed Internet for a number of the rural, remote and Indigenous library services. We still have a lot of work that has to be done on that. We are working towards having high-speed Internet all across all of Ontario. It's taking a bit of time. It is a project that is tied in with the federal government as well. Ultimately, it's not going to be possible to take fibre optic into all of those areas, so we're looking at other solutions. There was a reverse auction that was put forward for high-speed Internet access through satellite connectivity on it.

If we were to go down the path of having a digital library, but still not having it available, then, to a large geographic portion—not population portion—of it, do you see challenges moving forward with that? Do we do the two things in conjunction, knowing that we're looking at putting that high-speed connectivity in? It's not going to be in place tomorrow for a lot of those locations, but we could potentially have the access for the digital library quicker.

**Mr. Todd Kyle:** I appreciate the question. I do think the two of them do go hand in hand. One is the infrastructure; the other is the content. I think that the Ontario digital public library would go part of the way to serve some of those communities where the existing infrastructure exists, where the libraries themselves have the access—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Todd Kyle:** —but, yes, I do think they need to go hand in hand.

**Mr. Dave Smith:** I apologize to my colleagues; I've monopolized the time. I'm going to use the whole seven and a half minutes, then, and let them share the next.

Again, I'm going to come back to the public libraries. We have a number of different programs right now that are yearly grant-based. I understand the frustration for libraries having to apply for these types of grants on a yearly basis. Just in general terms, if we were to turn those programs into an all-encompassing one instead of four or five smaller ones and do it for multi-year, is that something that you're going to see as a better planning tool for you?

**Mr. Todd Kyle:** Thank you very much for the question. Yes. That hasn't been specifically our proposal, but I do think there's certainly value in that, and we'd be happy to discuss it.

**Mr. Dave Smith:** Just so I have it on the record: If we had a multi-year program instead of a yearly program, it's going to be better—

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We'll now go to the official opposition. MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters here today, as well as those arriving with us digitally.

To Mr. Kyle with Brampton Library: I'd like to thank you for presenting here. The committee often sees libraries presenting at committee. In fact, they present year after year after year, but whether or not the government listens is quite another story. It reminds me of the quotation, "Knowing ignorance is strength, but ignoring knowledge is sickness." It makes one wonder if the government truly cares about libraries. The fact that they have not provided an increase to the operating grant in over 25 years, quite frankly, is shameful.

I think your comments about the Ontario digital resource would be something that makes sense. It would be cost-effective. It would stretch dollars as far as possible and make sure that there's equity across the board. It's curious that here we are talking about digital resources and we hear comments about magazines, but I want to thank you for your presentation today.

1130

I'd like to ask Melody from FH Health—I want to thank you for your presentation today. But I wanted to ask, do you know how likely one cycle of fertility treatment is to be successful?

**Ms. Melody Adhami:** Yes, I believe the likely percentage success—I mean, what is stated is that it takes about three cycles, so sitting at around a 30% success rate per cycle.

**Mr. Terence Kernaghan:** Wow. And currently, we are seeing that not all patients have access to that. Could you help the committee understand what kind of additional expenses are incurred by families going through this? What sorts of things do they also need to acquire and purchase?

**Ms. Melody Adhami:** Okay, so a typical expense for something like an IVF cycle would cost somewhere between \$10,000 to \$15,000 for a cycle itself, and medication on top would be another \$5,000 to \$7,000 or \$8,000. So a family could be spending anywhere between \$12,000 and \$20,000 per cycle and round of IVF. This can get expensive because some families will have to do this two or three times in order to have one successful pregnancy.

**Mr. Terence Kernaghan:** If you consider that number, that estimate of \$12,000 to \$20,000 to conceive, if that is provided through—it makes one wonder about those families and how they're being set up for financial success when children are born when it takes that much cost just to get to that point. I just want to thank you for your presentation today and sharing your story as well.

My next questions will be for Marie-Lauren from the Alliance for Healthier Communities. I want to thank you for your work serving folks with the greatest need. I think serving more complex communities, while it must be more difficult, it must also be personally rewarding for your staff to see what their clients are able to achieve with that care and with that concern that your practitioners provide.

I wanted to know if you could speak a little bit further about the wage parity issue and how that can affect recruitment as well as retainment of staff.

**Ms. Marie-Lauren Gregoire Drummond:** Absolutely. Thank you so much. Our staff serve people who have

diabetes and chronic health disease, so they're passionate and dedicated people looking at the improvement of quality of life in the whole community, not just those individuals. But how can they support a whole community? When they see that their counterparts in other sectors, like in hospitals and long-term care and emergency services, are earning between 8% and 11% more than they are on average, it's quite disheartening.

The health care workers in our field are just like you and me: They've got bills to pay too. They've got mortgages, they've got rent, they've got groceries to buy. And when they see that they can make more money to pay their bills just working at a hospital, which is a different kind of work—it's shift work; it's regimented in a different way; the work we do is more for complex patients—it's disheartening for them. It's not motivating. Low morale exists, and people are doing more complicated work at different hours of the day and supporting more complex patients. The feelings aren't great, and realistically, people have bills to pay. So that's where it's impacting.

Some communities have lost their whole clinical staff and have had to spend the time recruiting to make sure that they can serve the clients in their communities. So that's disheartening, right? When we're talking about, as well, francophone and northern Ontarians, they have multiple layers. They are not just looking to recruit health care workers; they're looking to recruit health care workers who are francophone and who want to live in the north. So there are lots of different complications, making it very challenging for our community health centres and other members to continue supporting their communities.

**Mr. Terence Kernaghan:** Most definitely. You've laid out the financial argument well, showing that by serving these hard-served communities, you have saved \$27 million. I hope that the committee will take that into very serious consideration. It should be the human first, but as you know, this committee also discusses those cold, hard numbers.

I think your comments about staff using food banks should be one that the government takes serious note of. It makes one wonder whether they will also end up being patients themselves when they're not having that access to healthy food.

I wanted to also give you a little bit of time, because I think it's important—you mentioned that the team-based care or the family health teams were set up by a Conservative government. Can you speak to the importance of that level of care that they're able to provide and what that provides for a patient as well as the practitioner?

**Ms. Marie-Lauren Gregoire Drummond:** Absolutely. If a patient has access to other services and it's a simplified method, in an interprofessional health care team, the clinician, whether they're a doctor or a nurse practitioner, can more easily refer this client to nutrition counselling, to social work, to mental health counselling.

How it's beneficial to the practitioner is that they have a team. They have a case team that they can work with, so they're not just focused by themselves and have no one to talk to when they're discussing a case.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Marie-Lauren Gregoire Drummond:** They have other resources to lean on. An example: Someone walks in to their doctor at a community health centre, they walk in to the clinician. They're overweight; they've got the diabetes: "What do I do now?" "Hold on a second. Let me refer you to my nutritionist or dietitian, who's going to help you with food planning. Hold on one second. Let me refer you to our health promoter, who's got exercise groups and classes that you can come to. Are you a senior, and you're in your home, in social isolation? Come out to a group that we might have, a sharing circle that we might have at our centre."

So the benefit to the client is so real and tangible, improving health outcomes for lots of people, but also the practitioners themselves want to be able to work in teams. They want to be at salary-based models of care where they don't have to worry about overhead. They can instead focus on the patient, on the community and on improving health outcomes.

**Mr. Terence Kernaghan:** Well, I just want to commend you and your team, because you're caring for a whole person. Also, I must imagine that, for the staff, seeing that the things that they note that they can't possibly impact—

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We'll now go to the independent: MPP Hazell.

**MPP Andrea Hazell:** We're still in the morning, right? So, good morning. Thank you for coming in and thank you for presenting—very well-detailed presentations from all our presenters.

Marie, I'll start with you first because your line of work and your organization are definitely dear to all of us in this room. Thank you for the work you do. Really, thank you. I'm going to start by asking you to share, again, what is your team-based model of care?

**Ms. Marie-Lauren Gregoire Drummond:** The team-based model of care is interprofessional group care and it is a salary-based model. So, in this work, instead of having solo docs operating in their offices, they're operating within a team. So a community health care centre, as an example, will look after all of the overhead, management, HR, finance, all of that, and leave the clinicians to practise in their scope of work. It would be clinicians also working with social workers, nutritionists, chiro, chiroprody, whatever it takes, including allied health, in order to serve the healthy person.

**MPP Andrea Hazell:** I want to bring you into another detail, and that's why I'm asking you this first question: You talk about how you're experiencing HR challenges, and in that presentation, you're asking for \$165 million over three years. Can you take 30 seconds to detail that? What is in there that's going to make an impactful difference in your HR management services?

**Ms. Marie-Lauren Gregoire Drummond:** Yes, absolutely. Thank you so much for the question. The \$165 million over five years will help us get to 2023 levels for recommended salaries. We did an Eckler report, the Ontario Community Health Compensation Market Salary

Review, that detailed all of the jobs that are common across health care and community services, and what we noticed is that some jobs were different from outside sectors, like acute health care—between an 11% and 38% difference. So what we're looking for is this \$165 million over five years, which will be broken down in approximately \$33 million in year 1 and up to \$37 million in year 5, which is about a 2.9% increase each year over the five years. That will just get us to be comparable with the 8% increase for emergency medical services that they saw this year and the 11% increase we saw for nurses in hospitals this year, 2023. Our staff are still operating at the 2017 compensation market refresh.

**MPP Andrea Hazell:** Thank you for noting that and thank you for putting all that on the record. You've got my support.

**Ms. Marie-Lauren Gregoire Drummond:** Thank you.

**MPP Andrea Hazell:** Todd, my question for you is—the importance of the library and the operations of libraries everywhere in Ontario. I used the library when I launched my business, coming out of the corporate world, because it's expensive to launch your business. And I want to say, it's not just users who are going in that are students, that are seniors. Entrepreneurs and small businesses are also using the library to network, to have meetings. It's a safe place for us to speak about our business model.

**1140**

So my question to you is, can you share the impact the funding would have on your current services if you were able to get funding, and especially your digital library proposal?

**Mr. Todd Kyle:** Sure. Thank you very much for the question. The impact—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Todd Kyle:** Thank you. The impact would be, again, that everyone in Ontario would have access to the same suite of resources, many of which are used, as you pointed out, by entrepreneurs and people wishing to improve their skills in the job market. In the case of a library like mine, where it would free up funding for other things, it would allow us to provide better spaces and better programming to facilitate that.

**MPP Andrea Hazell:** What measures are in place or you would put in place to ensure the privacy and data security of library users accessing online content?

**Mr. Todd Kyle:** Most libraries in Ontario actually already have very, very robust privacy and security measures. I can speak on behalf of Brampton Library, where, in fact, all staff have been trained in cybersecurity because, obviously, the people and the process are often the first line of defence. So that is something we take very, very seriously and we actually are pioneers in online privacy—

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We will now go to the government side. MPP Dowie.

**Mr. Andrew Dowie:** I want to thank all the presenters. I would like to start with FH Health. Thank you for your presentation. The issue of fertility and access to services is something that I'm well familiar with. Prior to my elec-

tion, Dr. Rahi Victory, in my community, noted the geographical imbalance that was part of the previous framework of funding established in 2015. People in my community, Windsor and Essex county, often had to travel to Toronto in order to access the publicly funded fertility treatment.

I was delighted that correcting this issue was one of the first things I was able to do as a member of provincial Parliament, and now people in my community don't have to travel to Toronto. They can take advantage of the reproductive care that Dr. Victory already provides in the community, thanks to that regional distribution.

I wanted to get a sense from you, right now—in 2015, when the OHIP program was separated from fertility treatment by the last government towards the new fertility program for Ontario specialists, was this a good move or not? Second, I wanted to understand from you what kind of regional inequity existed in the past and how far it has been addressed for communities like mine.

**Ms. Melody Adhami:** I have to answer that question in two parts. First of all, thank you for the question and thank you for the work you did to create the equity and access for your region. Access is a big issue, because when the funding was created in 2015, funding was allocated to specific clinics, and those clinics have had that funding for nine years—no new clinics, no new regions. If we realized there was need in Windsor or in London, there isn't really the ability to reallocate or move funding into different regions, which is a big problem as areas and regions grow.

Was it great that funding is granted and now available for fertility patients? Yes. Is the model currently working? I would say, if you want to compare it to the model of what's happening in Manitoba, no, for many reasons. There's a big concentration of clinics that are funded here in the GTA, but not necessarily outside, where lots and lots of people need access to funding. So that's a big problem.

Having given the funding to these specific clinics—let's call them 10 clinics; I don't know what that number is—means that a patient like me would go to five different clinics who have the funding and put my name on the list, do workups and consultations, and use the government's money and resources to be on five lists because, miraculously, one list might open up before the next, and I'm desperate to have my child before I turn 41, because after 41, the ticking time bomb explodes and now I don't have the ability to have children anymore.

This is, first of all, a massive inefficiency of resources, of testing resources, of reproductive endocrinologist resources. These 10 clinics, for example, have massive wait-lists that are two to three years, and there are other highly trained reproductive endocrinologists who are at other clinics that don't necessarily have the funding that basically sit around; there are no wait-lists, but people aren't using the service. This is a big problem.

Going with a tax credit model means that any reproductive endocrinologist that works anywhere in the province, the patients can select and can go to. It also makes those clinics accountable to work on having better success rates, to work on providing better patient care, because

now the patient gets to choose where they go with the funds versus a clinic that specifically has these funds forever.

I think the advocacy that we do is to try to better access and better care by giving the funding into the hands of the patients through the tax credits, versus necessarily this program that creates a lot of inefficiency in the model.

**Mr. Andrew Dowie:** Thank you for that. Through you, Chair: I wanted to just follow up as to whether you're aware of an underutilization of existing funding throughout the province due to the regional inequity, where you have certain funding available where there isn't the demand for it, and vice versa, where the funding is maximized and there's still leftover demand after that.

**Ms. Melody Adhami:** I think things happen throughout, that if somebody has extra funding, maybe they make partnerships with another doctor that uses it. It doesn't happen very often, and it doesn't happen efficiently. I think there's certain funding that's allocated to IUIs and certain funding that's allocated to IVF. I believe IUI funding doesn't get used as efficiently. It doesn't get as used up and it probably remains. Is there a better way to allocate the funding so that it gets used by the people who need it? Likely.

I don't have full detail into what regional imbalances it creates, but I do know that patients very often have to travel from London, from Windsor, from Barrie, from a lot of different areas into the GTA, and it's really difficult, because it's not a one-time come in for a hip surgery and go back home and heal. You're coming in for three weeks at a time, every two days, to do cycle monitoring and hormone testing. That's a huge burden on the patients.

**Mr. Andrew Dowie:** Thank you very much for that.

Chair, how much time is left?

**The Chair (Mr. Ernie Hardeman):** One point two.

**Mr. Andrew Dowie:** Thank you. My next question will be for Mr. Kyle with the Brampton Library. Thank you for being here. I know that MPP Smith had already covered a lot of ground, but on the electronic resource issue, I know this isn't particularly new that we've had a lot more demand on electronic resources. We have databases: LinkedIn Learning—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Andrew Dowie:** —ProQuest, but also PressReader, also OverDrive. I believe what you're saying is that you're proposing a consolidation of the resources that people are asking for, but you're also asking to take that off of the municipal tax base today and putting it to the provincial level. Is that fair for me to say?

**Mr. Todd Kyle:** Yes, we're asking about consolidating it at the provincial level to leverage the province's buying power for efficiency.

**Mr. Andrew Dowie:** But would the municipalities fund that, or are you looking for the province to pick up the bill for it?

**Mr. Todd Kyle:** We're looking for the province to fund this particular package. It wouldn't be the entirety, and certainly would not include, for example, e-books, which are a much more expensive local investment. But this cer-

tain common suite, yes, would be funded by the province rather than the municipalities.

**Mr. Andrew Dowie:** Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We will now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Todd, just to follow up on that, the \$15-million proposal does not include e-books?

**Mr. Todd Kyle:** No, \$15 million would not go anywhere near to covering the cost of e-books. E-books are very expensive and are often purchased on an individual basis rather than a subscription. The subscription models we're talking about are where an unlimited amount of users within a certain jurisdiction get access.

**Ms. Catherine Fife:** Okay. And I think copyright plays itself into the e-books—

**Mr. Todd Kyle:** Of course.

**Ms. Catherine Fife:** Okay.

It does feel like Groundhog Day for the Ontario Library Association. You've made compelling arguments. The provincial budget for 2022-23 was set at \$204.7 billion. Your request of \$25 million overall for this budget year equals 0.012213% of that budget. I wanted to give you an opportunity to talk about the return on investment, please—like, 30 seconds, one minute.

1150

**Mr. Todd Kyle:** In our view, the return on investment in public libraries is always extraordinary. In Brampton, for example, we have 35% of households who are active users, and that's on a total budget of \$20 million for the entire library. So we consider the return on investment to be extraordinary, yes.

**Ms. Catherine Fife:** We have our Kitchener library and Waterloo libraries, who have really expanded their mandate, essentially, to address ESL services, some community outreach, some health navigation and, certainly, addressing social isolation.

I don't know if you saw, last night on CTV, they did have a very compelling story around seniors who are desperately facing social isolation and loneliness. We know now loneliness kills and impacts overall health outcomes, so the library was actually indicated as one of those resources.

Also, I just wanted to give you a sense—and thank you for raising First Nations and the disparity in services as well. Do you feel that this is a needed investment towards reconciliation?

**Mr. Todd Kyle:** Yes, I do. One of the roles that public libraries in First Nations play is providing culturally relevant information and resources. So, yes, absolutely.

**Ms. Catherine Fife:** Okay. Thank you very much for that. Once again, we'll try to put forward your initiative to the government. I don't see why the government would not be looking seriously at this investment, given the fact they have a \$5.4-billion unallocated contingency fund right now, whereby those resources could be invested today in local libraries.

Melody, I wanted to just give you a sense—thank you very much for sharing your story. I think it takes a lot of

courage, and I know that it's not easy. I wanted to reference the one-in-six infertility rate. My research shows that this is a steadily increasing reality for women across Ontario. Did you want to talk a little bit about that, please?

**Ms. Melody Adhami:** Absolutely. Thank you so much for your question. It's absolutely true. One in six is an Ontario number, but it's also a global number. There are a lot of global studies that show this is an increasing situation. Many reasons for this: Number one, women are choosing to have children later in life, which it's a reality that egg reserve and quality diminishes with age. There's also a lot of new research and findings that are showing that there are male infertility factors that are becoming more increasingly real and that are going to attribute to this increase of one in six.

There are also new and different types of families, individuals who want to have children on their own who maybe didn't necessarily find a mate or a partner. There's LGBTQ. There's an increasing need and demand for these types of services, which makes it difficult when there's a finite set of resources and funding.

**Ms. Catherine Fife:** Thank you very much for that. We don't talk enough about male infertility, but as you mentioned, it is becoming either an environmental issue or—it's definitely impacting family planning in Ontario. And also, I think you'll be submitting a written submission, because I do want to learn more about your best-in-class model that you're promoting. Thank you very much for being here today.

Marie, I think you really put a lens, or you shined a light on the fact that the Alliance for Healthier Communities is really focused on those 68% more complex cases. Can you tell us about those cases? Because they are in all of our communities.

**Ms. Marie-Lauren Gregoire Drummond:** Yes, absolutely. Thank you for the question. The fact is that many people have multiple what we're calling comorbidities. They have multiple chronic diseases or other issues. So when someone comes into a primary health care team, like the ones our members provide, they can be assessed for all the factors of their life that they're living in that are contributing to their health and well-being. So whereas we deal with the people who face the biggest barriers to health care—that would include the social determinants of health. You may know that people who have really good incomes, good education and good jobs maybe don't face as many different kinds of health related to the social determinants of health. But people who face poverty, housing issues or homelessness, who face mental health and addictions, are more complicated, because definitely, the social determinants of health are affecting their health and well-being. They might not have the funds to attend health and well-being events. They might not be going to shows to alleviate stress.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Marie-Lauren Gregoire Drummond:** They may not be joining clubs and have access to health care and wellness that the rest of us might have, so it's contributing to their health and the diseases that they're living with.

**Ms. Catherine Fife:** Yes, I think that we have to start looking at the health file very differently. We can react to comorbidities. We can react to, really, an escalation or de-escalation in health outcomes, but it makes financial and economic sense to address some of these upstream issues. I'm thinking of diabetes for one. What a devastating disease it is. I learned on this committee, a few years back, that there are 4,000 feet amputated in Ontario every year—4,000. And then you have these other complications that fall from that, instead of ensuring proper nutrition and care.

**Ms. Marie-Lauren Gregoire Drummond:** Yes, and exercise and well-being, and like you said about social isolation, making sure people have access to the groups that keep them healthy.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for the presentation.

I do want to thank all three of the presenters in this panel for the time you took to prepare and the time you took to come and deliver it here. Hopefully, we can use your information to help create a great budget for 2024.

With that, the committee stands in recess until 1 o'clock.  
*The committee recessed from 1157 to 1300.*

ALS SOCIETY OF CANADA  
REGIONAL MUNICIPALITY OF PEEL  
ONTARIO PUBLIC SCHOOL  
BOARDS' ASSOCIATION

**The Chair (Mr. Ernie Hardeman):** Welcome back. We will now resume consideration of the public hearings on pre-budget consultations, 2024. As a reminder, each presenter will have seven minutes for their presentation, and after we've heard from all the presenters, the remaining 39 minutes of the time slot will be for questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members, and two rounds of four and a half minutes for the independents as a group.

With that, the first panel we have this afternoon is the ALS Society of Canada, the region of Peel and the Ontario Public School Boards' Association. For the presenters, as I said, they will have seven minutes to make their presentation. During that presentation, at six minutes, I will say, "One minute." Don't stop, because I want you to stop when I say, "Thank you very much for your presentation." We will now start each presentation with identifying yourself to make sure that Hansard gets the name properly attributed to the right statements in the record.

With that, we will start with ALS Society of Canada.

**Ms. Tammy Moore:** I'm Tammy Moore, CEO of the ALS Society of Canada. I'm here on behalf of my organization and the five multidisciplinary ALS clinics in Ontario. Today, I am representing over 1,300 Ontarians and their families living with ALS.

I want to thank you for this opportunity to share with you the urgent needs of the ALS community and a solution that we bring forward to address the issues. This investment that we're asking for will not only save the health care system significant costs, but it will also improve the lives and health outcomes of almost 8,000 Ontarians each year.

For those of you lucky enough to not know what ALS is, I'm going to ask you to sit absolutely still for my remarks. Don't move a muscle. That is the reality that somebody with ALS faces, except they don't have a choice of what muscles they don't or can't move.

ALS is a terminal disease that gradually paralyzes a person. They will lose their ability to move, to speak, to swallow and, eventually, to breathe. With no cure, 80% of people living with ALS will die within three to five years. This is a disease that does not discriminate based upon age, gender, ethnicity or socio-economic status. Each one of us in this room, right here, right now, has a one-in-300 chance in the course of our lifetime to be given this devastating diagnosis—unless you're one of those unfortunate families, in which case familial ALS means that you likely have a one-in-one chance.

The progressive nature of ALS is relentless and results in substantial care needs that increase over time. It has a profound impact on the individual and residual trauma for the family. Today, Ontario's health care system is not meeting these needs, leaving people living with ALS unable to access the critical care and support they urgently require.

This issue extends beyond the immediate health care concerns. It impacts our families, our communities, our economy and the very fabric of Ontario. Ontario is falling further behind other provinces. Without dedicated and sustainable funding for ALS care and support, people living with ALS face greater risk, leading to increased strain on our health care resources.

ALS Canada is a charity that has been addressing the gaps in critical equipment and community support services. We provide over 40 different types of equipment in a timely manner and directly offer psychosocial support in communities throughout our province. Our services not only support the individual with the disease, but also their caregivers and families, ultimately impacting more than 8,000 Ontarians affected by this disease. These vital services should not be funded by donor dollars. This is inappropriate and unsustainable.

The five multidisciplinary ALS clinics in Ontario are beyond capacity, under-resourced and unable to meet the unique levels of complex care for patients as identified in the Canadian best-practice recommendations for the management of ALS. Increasingly, we see that Ontarians living with ALS—in fact, out of every four people who die of ALS, one in four is choosing medical assistance in dying, and increasingly, we're seeing a citation that it's because of a lack of resources.

However, between these challenges, there is hope and opportunity for change. To respond to this urgent need, ALS Canada, in collaboration with the five multidisci-

plinary clinics, developed a provincial ALS program. This presents a comprehensive solution to a complex issue.

For budget 2024, we are asking the provincial government to implement the recommendations outlined in the Ontario provincial ALS program: (1) investments in ALS clinics to ensure the clinical care needs of the community are met, that full staffing of an ALS neurologist, respirologist, occupational therapist, physiotherapist, social worker and dietitian can be provided, with regular visits with the full team as the disease progresses; (2) sustainable funding for ALS Canada's equipment program and community services, so people with ALS in Ontario can maximize their quality of life and minimize additional costs to the health care system due to emergency interventions for the individual or their caregiver who may be injured in providing care; (3) the formation of a secretariat to ensure the program's effectiveness, the ability to adapt and to make sure that there is value for money; and (4) the development of a regional strategy for people living in northern and rural Ontario to get the care that they need.

The initial investment required for this transformative program is estimated at \$6.6 million, which is a modest figure in comparison to the profound impact that it promises. If we consider that "if not, then what?" scenario, the immediate funding of \$6.6 million equates to approximately \$5,000 for each person living with ALS. In contrast, the average cost for a person with ALS who is admitted to hospital in a crisis state is almost \$30,000. At Sunnybrook alone, in the past year, 46 patients were admitted, with an average length of stay of over 16 days and a cost per patient of \$29,000, or in total, \$1.348 million.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Tammy Moore:** Sunnybrook is caring for the largest number of people in our province, with over 700 ALS patients, and only 20% of those coming from within their catchment area. If Sunnybrook restricts access to their catchment area, it's going to push people back to the other clinics, which are already overcapacity.

ALS Canada is efficient and cost-effective but cannot continue to fill the gaps and meet the demands going forward. If we can't provide core services and equipment, it's also inappropriate and unsustainable to use donor funds to do that. We will need to start to restrict the services and equipment that we can provide.

As the care needs increase, so does the burden on the caregiver—psychologically, financially and physically. You can only imagine yourself caring for a parent, a spouse or a child and what you would require to be able to do that.

So I ask for you to consider in the Ontario budget for 2024—please know that together with the Ontario government, we can ease—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. We'll have to put the rest in the question period.

With that, the next presenter is the region of Peel. It's virtual, but I believe they did hear the instructions that I gave to the members at the table, so we'll start with the presentation from the region of Peel.

**Mr. Nando Iannicca:** Thank you very much. Good afternoon, everyone, and thank you, Chair Hardeman and members of committee. My name is Nando Iannicca, and I am the chair and the CEO of the region of Peel. On behalf of regional council, I want to thank you for including us as part of your 2024 budget deliberations.

Joining me today online are the region's commissioner of public works, Kealy Dedman, and our general manager of water and waste water, Anthony Parente. Kealy and Anthony are available to answer any questions following my presentation.

Before I get to the region's budget priorities, let me address yesterday's provincial announcement. Peel welcomes the province announcing that the region of Peel will not be dissolved. This is a relief to our 9,600 regional staff and our community partners, but above all else to our residents that we serve. The region is committed to continuing to work with our local municipalities and the transition board to make municipal government in Peel more efficient and, in particular, bring clarity to the land use planning, servicing, roads and waste management functions to optimize the delivery of services that support the commitment to build more homes.

**1310**

Looking back to 2024 and forward to the new budget, we appreciate the opportunity to highlight some of Peel region's key priorities for your consideration. While we have a broad range of important issues that require immediate attention, our time today is limited and I will be focusing on two pressing matters: infrastructure funding to meet provincial housing targets and affordable housing. We will include additional information regarding our other priorities as part of our written submission to the committee.

Addressing Peel's infrastructure funding shortfall: First off, I will begin with the challenge of financing the required regional infrastructure to hit the mandated targets from the province. Peel region strongly supports the province's goal of building 1.5 million homes by 2031. This will be an enormous challenge, but Peel is ready to roll up our sleeves. Since the housing targets were announced last year, we have been focused on adjusting plans for water and waste water, as well as transportation infrastructure projects, to help build an additional 246,000 homes by 2031 in Peel.

We started by identifying areas with available infrastructure capacity and have explored short-term opportunities to advance projects. We are also working closely with Brampton, Caledon and Mississauga to update population and employment growth allocations, which will also be used to identify further quick-win situations to add to new projects or advance ones that are on the books.

However, this planning work is not enough. There are significant infrastructure requirements to meet the housing targets, and much of this infrastructure must be in place before houses can be built. To ensure that we can accommodate the province's housing targets for Peel, the region would need to advance infrastructure that was stated to be in place by 2051 by almost 20 years. To do this, we need



to make record levels of investment. It is estimated the cost is an additional \$11.5 billion. This is on top of the nearly \$9 billion that is needed for the region's existing capital plans, which did not include the new housing targets. In total, Peel is looking at \$20 billion of investment to meet all this growth, and this estimate does not include land acquisition and debt servicing costs, cost escalation and inflation. Simply stated, without the support of the province, infrastructure projects needed to support new housing development will have to be deferred or Peel's taxpayers will be faced with unsustainable debt levels.

When Bill 23 was passed, it was a commitment that municipalities would be made whole when it comes to financing growth-related infrastructure needed to meet the housing targets. We're encouraged that the province is consulting on Bill 23's impact on municipal financing of growth-related infrastructure, which has the potential to reduce our anticipated DC shortfalls, and we look forward to clarity on this matter in the near future.

**On affordable housing now:** Like many municipalities, Peel is facing an unprecedented housing crisis that is affecting residents from all walks of life. Middle-income earners can't afford high housing prices and rents, and there is not enough deeply affordable and supportive housing for people with low incomes.

The statistics underscore the extent of this crisis in Peel. An average household needs to save for about 30 years for an affordable 25-year mortgage. Peel can only help one in five of our current 91,000 families who are in need of core housing. While we wholeheartedly support the province's housing targets, increasing the housing supply alone will not get us out of this crisis. In fact, it would take five times the provincial housing targets to create affordable housing conditions for all households. That's 7.5 million homes, which would arguably be impossible, by 2031.

To help advance housing affordability solutions so that all levels of government can focus on the most effective solutions, Peel region has developed the HOME framework, which consists of four principles.

The first is, we need to make most of the housing we have homes for the living, and they should not be used for speculative investment. We also have to equip service providers to better meet the needs in their community than the not-for-profit will ever address.

We need to offer more funding for wraparound supports because housing stability is not simply about supply. We have to build affordable housing first and grow those numbers quickly because we can't wait for for-profit housing to trickle down.

We need to maximize affordable supply by maintaining existing affordable units and build new not-for-profit, community and supportive housing.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Nando Iannicca:** Finally, income and social supports should be expanded so residents don't have to choose between putting a roof over their heads or other basic necessities.

To sum it up: Peel region is ready to work with the province to tackle the housing crisis. Through partnerships

with the municipal sector and industry stakeholders, we can make homes more affordable for residents. The region has an infrastructure plan to make this happen, but we need provincial funding and policy support to make this a reality.

Thank you very much, Chair, for your time today. We look forward to working with you towards our shared objectives.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

We now will go to the Ontario Public School Boards' Association.

**Ms. Cathy Abraham:** Thank you very much, Chair Hardeman.

I am Cathy Abraham. I am the president of the Ontario Public School Boards' Association, commonly known as OPSBA. I've been a trustee with the Kawartha Pine Ridge District School Board for over 20 years—it seems like a year, but it has been over 20. Thank you for giving me the opportunity to speak to you today on behalf of OPSBA, whose member school boards together include more than 1.3 million students, which is nearly 70% of Ontario's K-to-12 student population. Our members include all 31 English school public boards and 10 school authorities. Our key priorities are student success, equity and well-being, local school board governance, truth and reconciliation, and effective relationships and sustainable resourcing.

With respect to the last priority and sustainable resourcing, OPSBA provided a submission to the government last month as part of the annual Grants for Student Needs consultation. The submission was shared with all parties in the Legislature; it will be shared with this committee and is posted publicly on our website.

As I'm sure you are all aware, education continues to be the second-largest funding line in the Ontario budget. However, while overall funding to the education sector has increased in the provincial budget, funding for kindergarten-to-grade-12 education on a per pupil basis has not kept pace with inflation, let alone the increasing costs of pretty much everything.

I think it's important to remind this committee that since 1998, school boards have not had any ability to levy any taxes, unlike our municipal government counterparts. Further, any abilities that school boards had to generate revenue through things like international student fees has also been curtailed by the government. This means that the provincial government is the only funding source for school boards.

If the funding school boards get from the provincial government does not keep pace with inflation, the result is quite simple: It comes out of the classroom. On top of unfunded inflationary increases, school boards continue to face other budget pressures from sources beyond our control. For example, we are also asking for school boards' funding to be increased to fully reflect the employer cost of federal increases to the Canada Pension Plan and employment insurance contributions. We feel strongly that this item should not be controversial, yet we are looking at

the third year in a row of these statutory costs remaining unfunded.

As we continue to recover from the pandemic, even as COVID persists in our communities, so many of our students and families are struggling. There are many issues colliding at present: mental health concerns, rising cost of affordable housing and food, serious global conflicts and increasing polarization in society. These all lead to societal challenges that are felt in our schools and in our classrooms. We all want our schools to be safe and welcoming environments in which our students can learn and thrive, and our employees can engage in meaningful work.

As an overarching principle, we seek funding that recognizes that every community and school board has its own local context that must be considered. Our provincial advocacy for funding includes these areas: equity, diversity and inclusion; Indigenous education; local school board governance; mental health supports; student transportation; and skilled trades and apprenticeships.

Our written submission elaborates on these issues and includes specific recommendations. This follows much work stemming from the passing of Bill 98, the Better Schools and Student Outcomes Act. In particular, this past fall, we responded to regulatory postings concerning director of education performance appraisals, disposition of surplus property and schools on a shared site. We are also part of stakeholder discussions regarding joint use of schools. We are supportive of these amendments, as they make sound fiscal and practical sense.

Our staff also took part in discussions regarding the Ministry of Education's student transportation funding framework. Right now, most boards are running a deficit in this area, mainly due to increased costs that arise from existing contracts and the cost to support the use of special support vehicles. This situation was exacerbated by changes made to the funding formula for student transportation in last year's Grants for Student Needs. We are continuing to advocate strongly for immediate funding formula adjustments.

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On November 27, OPSBA was at Queen's Park for our annual advocacy day, during which we met with dozens of MPPs to talk about the challenges and opportunities in the education system. One of these issues was the skilled trades and apprenticeships. OPSBA has long supported the government's approach for exposing more students to the world of skilled trades and apprenticeships; however, we do not support the government's latest proposal that considers adding a new accelerated apprenticeship pathway for grade 11 and 12 students. Our recommendation would be for the government to provide more funding to support the expansion of placements for the Ontario Youth Apprenticeship Program, Specialist High Skills Major and co-operative education programs.

I would also like to briefly address our work nationally as a member of the Canadian School Boards Association and an endorser of the Coalition for Healthy School Food. Canada is currently the only G7 country that does not have a national school food program. When kids are hungry,

they can't learn. Much the same as how your car won't run without gasoline, brains don't work without food. The government has demonstrated an interest and willingness to act on this issue; however, at a time when families are struggling and food bank usage is at record levels, we need both increased funding and collaboration—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Cathy Abraham:** —between the provincial and federal governments to help resolve this issue.

There is one final comment I would like to address with you today, and that is the support of the role of leadership of local and democratically elected school boards in Ontario's English public education. I sit here today before you as someone elected by my constituents many times to be their voice on public education. This needs to be protected. Local voices and representation matter. School board trustees across the province know our communities, we know our schools, we know our students and their families. We know how to be fiscally responsible because we are not allowed to run a deficit. And we know what it takes to make our education system better.

In conclusion, I'd like to thank you very much for this opportunity to address this committee and I look forward to answering your questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

We will now start the rounds of questioning and the first one will go to the government. MPP Sabawy.

**Mr. Sheref Sabawy:** Thanks to the presenters for the very informative presentations. I will direct my questioning to Peel region—Mr. Nando. I have three questions for you, so I hope that the answers will be as precise, as short as possible so that the time can be enough.

My first question to you is in regard to the transitional committee which has gone through the research and collecting information about the region and the cost of delivering the services and this dissolving of Peel region. How do you evaluate the influence, if any, from the government on the committee?

**Mr. Nando Iannicca:** Well, first of all, let me say we welcome the committee. We love being analyzed here at the region of Peel. The reason I say that is, as you know, MPP Sabawy, we're in the economies-of-scale business. The region of Peel is very, very good at providing water, waste water, roads, etc. etc., and all this with a lens to what the government wants us to achieve to build more homes. So we welcome the scrutiny of the committee. I think when they looked at us carefully, they said we are real partners in assisting to get these 1.5 million homes built. And I think the government is on the right track, because it is the crisis of our lifetimes. So we're happy to work with the committee, with our provincial partners, to keep us moving forward to build much-needed housing.

**Mr. Sheref Sabawy:** Thank you. The second question I would ask is in regard to the findings of this committee which was announced. Can you give us a little bit of an idea about the impact if this dissolving could continue going in the same direction? What would the impact be on taxpayers—basically, the residents of Peel: Brampton,

Caledon and Mississauga? What could be the impact on the property tax and the service delivery at the same time?

**Mr. Nando Iannicca:** Yes, thank you. You saw some recent data that was provided. The hit to the property tax could be astronomical, especially in the case of Brampton and in the case of Caledon. Mayor Brown of Brampton got independent advice and independent data to show that they couldn't help but see double-digit or greater tax increases, without question.

Again, MPP Sabawy, to me, the equal concern is that while all of that was going on and we were trying to figure out how on earth we build these homes in the absence of infrastructure and the continuity of the region of Peel and the task that we perform in getting pipes in the ground from the lake all the way up to Caledon efficiently, functionally—we probably do it better than any jurisdiction in Canada, for goodness' sakes; we deliver water and waste water at 70% the cost of all our neighbours. In the absence of Peel going forward and continuing to do that, on top of some huge tax increases, we would not be building homes, in my opinion, for the next three to five to seven years while we were trying to figure out what new model might overtake what the region does very, very well already.

**Mr. Sheref Sabawy:** So if I understand correctly, just for the record, I would like to confirm that I got that right: You think that the money we'd spend in dissolving Peel would basically impede the infrastructure building or bleed all the resources for infrastructure building for our expansions for the coming seven years. Would that be a correct statement?

**Mr. Nando Iannicca:** Absolutely.

**Mr. Sheref Sabawy:** Okay. My last question for you would be, for the mandate now—changing the mandate and asking the board to go forward and put some recommendations for optimizing the delivery of the services to support a commitment to build more homes and, as well, including land use planning, servicing, roads, and waste management.

**Mr. Nando Iannicca:** As I said, in terms of the complementary roles that we play, it's forgotten in all of this that 97% of what the region of Peel does, we and only we do. So we have Peel Regional Police; the local municipalities don't have Peel Regional Police. They don't have water and sewer. Only we do it at that level. They don't look after affordable housing; only we look after it. There's this fallacy that there's a lot of duplication, and for 97% of the services there can be no duplication because we're the only entity that does it.

With regard to improvements on some of the other fronts: More local planning—I was a local councillor for 30 years. I agree that that's where the zoning should take place. I agree that that's where the local roads have to be addressed to get product built more quickly. Any efficiencies that we can look at in that regard we always welcome in Peel, and we welcome the analysis. But I think the other 97% is working very, very well.

The last point that I'd make: Since I started almost 40 years ago, do you know Peel has built more homes than any jurisdiction in North America, other than the unusual

case of Las Vegas? We're very good at building homes with our partners, and we want to keep doing that. The government is right: Can we do it better? We welcome the analysis, but we're glad to know that Peel is part of the future, because without Peel, I don't think you will get there.

So MPP, thank you very much for your questions.

**Mr. Sheref Sabawy:** Thank you very much, Mr. Nando. I appreciate all those answers. I hope this is informative for us all, all the members of this committee. I will delegate the rest of the time to my colleague Effie Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Thank you. Chair, how much time do we have on this round?

**The Chair (Mr. Ernie Hardeman):** You have 1.57.

**Ms. Effie J. Triantafilopoulos:** We will try to be efficient.

Thank you very much to all the presenters. I'd like to direct my questions to the ALS society. I want to thank you, Tammy, for presenting here today. Also, as you know, one of your colleagues presented to us yesterday in Markham. Obviously, this is an incredibly debilitating disease, one of great concern, and one that not a lot of us know a lot about, so we really appreciate the information that you shared with us today.

You may be aware that, in fact, the Ontario government has actually been able to expand coverage of a drug called—let me just make sure that I pronounce it correctly here—Albrioza under the province's publicly funded drug program. I'd like to ask you if you could actually speak to that and how effective that has been in supporting people that do have ALS.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Effie J. Triantafilopoulos:** My understanding is that Ontario is the first Canadian jurisdiction to be able to cover this new treatment.

**Ms. Tammy Moore:** Yes. Thank you for your question. I appreciate it. Albrioz is one of three therapies that's currently available in Canada, and we applauded the Ontario government for being the first to put it on the provincial formulary.

Unfortunately, the restrictive criteria of the reimbursement makes it so restrictive that actually only a very small subset of the population is eligible. But even with therapy, that slows progression. That further exacerbates the need for clinical care and support, as well as the equipment that's required that we're providing and asking for within our budget ask. So while we're appreciative, there's so much further to be able to go on this.

1330

**Ms. Effie J. Triantafilopoulos:** Now, you mentioned the equipment. Could you elaborate a bit more? When you say you are looking for sustainable—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That will have to be in the next round.

We'll now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thank you to all presenters.

I'm going to start with the region of Peel. Nando, thank you very much for your comments around the need for

stability on the housing file. I'm sure Peel region is very relieved today with the walk-back on the Hazel McCallion Act, which will have to be repealed.

I wanted to ask you about lessons learned, because you said in your comments that housing stability is not just about supply. I didn't know if you saw today, but the Building Industry and Land Development Association has just come forward with a statement saying that the Ford government should not be using housing as a "political football" and that "Premier Doug Ford has fumbled the file so badly that home ownership will be even more unaffordable for Ontarians" in a public letter today in the Star. It is powerful for you to say to us that the dissolution of Peel would have delayed housing three, five, seven years, and we certainly agree with you that that housing cannot be delayed any further.

The impact of Bill 23: When the Minister of Municipal Affairs and Housing had said that he was going to make municipalities whole following the passing of this legislation, do you know what it would take to make the region of Peel whole, just so that we have a figure to work with?

**Mr. Nando Iannicca:** Yes, great question. I'm going to pass that right over to Commissioner Dedman because she would have that.

Kealy, please.

**Ms. Catherine Fife:** Thank you.

**Ms. Kealy Dedman:** Thank you, Chair, and good afternoon, committee. Our estimates at this point, based on the previous information that was available: about \$1.5 billion was the difference. We do understand through yesterday's announcement that the definition has changed for affordable housing, and our team is looking into that to better understand what that means for the region of Peel.

**Ms. Catherine Fife:** I'm sorry, can you just expand on that a little bit? The government is looking at redefining what affordable housing is?

**Ms. Kealy Dedman:** Sorry. They have restated what the reduction in development fees would be eligible for, and so that's what our team is looking into a little bit further. We'll be looking to the legislation to further define that.

**Ms. Catherine Fife:** Okay. Thank you.

Since the passing of the Hazel McCallion Act, I know that Peel has really—your paramedics, your fire, police and public health, you've all been trying to navigate what that new reality was going to look like. Can you quantify in tax dollars how much it would have cost the region of Peel to go through this exercise?

**Mr. Nando Iannicca:** MPP Fife, it would have been considerable by the time it's done in terms of the transition and staff. You know, we lost 500 staff during the process.

**Ms. Catherine Fife:** Wow.

**Mr. Nando Iannicca:** Maybe some of the cost was opportunity cost in projects that we couldn't bring to the fore, but really, the biggest toll that it took is the staff and the uncertainty of not knowing their future—the overwhelming majority that loved to work for us. And so, while I respect that the analysis had to be done if we can be more efficient, it certainly took a toll on staff and, more than

anything and more than just the dollars—and there would have been dollars involved, without question—it's the human emotional toll on your workforce. They're, by far, our greatest asset.

**Ms. Catherine Fife:** Yes. Thank you so much for that. Waterloo region went through a similar experience in some respects, but obviously watching what Peel was going through and the destabilization of planning and reacting to an ever-changing political arena really did take a toll and it continues to take a toll on some of those other larger municipalities. Thank you very much for your honesty today.

I'm going to move over to the Ontario Public School Boards' Association. Welcome, Cathy. This morning, we heard that there is a significant backlog in capital and infrastructure and maintaining our current infrastructure—significant from the Toronto District School Board, but I know that you have a provincial number. We heard something really shocking this morning, that some of the funding that the government has flowed to address the backlog, school boards are not permitted to use it to be compliant with AODA. As you know, the deadline is 2025. Not having accessible schools is a pretty serious problem around equity and access to public education. Can you just expand on that, please?

**Ms. Cathy Abraham:** There are a lot of issues about capital funding, infrastructure and all of what you've just said. It is always very prescriptive of what we can use and not use, so in some schools you may be able to use it for that and others not. How much people are getting varies across the province.

As the committee may be aware, once you start making a change to a building, you have to update for the AODA. That's the law. But you don't always get enough funding to be able to do that. So I can tell you that even at my own board, we are struggling with being able to meet that commitment for 2025 because we just aren't getting enough money to make all the changes.

I would just say that in Toronto, it's probably exacerbated because they have a significant number of much older schools, and so that's where your problem lies. Your problem lies in a school that's probably over 50 years old is going to cost a lot more than you're getting.

**Ms. Catherine Fife:** Yes. But we do agree that students should be able to access the school—

**Ms. Cathy Abraham:** Absolutely.

**Ms. Catherine Fife:**—and it should be a priority.

**Ms. Cathy Abraham:** It's a human right.

**Ms. Catherine Fife:** Exactly. It's a human right.

The grade 11 apprenticeship piece—there has been some pushback from the trades as well around health and safety on this issue. My son is an electrician. It took eight years for him to be an electrician. There were definitely some unsafe circumstances that he was in during that time. What is your specific concern around the grade 11 apprenticeship fast track?

**Ms. Cathy Abraham:** Well, our business is graduating young people from high school. Some students, when they're 15 and 16, may not be able to make the best deci-

sions for their life in 10 years from now. If you allow young people to leave secondary school without an OSSD, they may never get their high school graduation. That's a big concern. That is a really big concern. That's a—

**Ms. Catherine Fife:** Yes. And there's a maturity piece there—

**Ms. Cathy Abraham:** Oh, a maturity piece, absolutely, which actually, MPP Fife, leads to your concern about safety. We all know 15- and 16-year-olds. Putting them in a dangerous and difficult situation where they're not possibly getting the same kind of supervision that they would require I don't think serves them well. I don't think it would serve the trades well either. And then the danger becomes, if you want this to succeed, all of a sudden you have all these places who are taking in apprenticeships aren't going to take them in anymore—

**Ms. Catherine Fife:** For sure, yes. That's—

**Ms. Cathy Abraham:** —because they can't take the risk.

**Ms. Catherine Fife:** That's exactly the feedback.

Sorry, Tammy, I've run out of time, but watch the Steve Gleason documentary—

**The Chair (Mr. Ernie Hardeman):** You did just run out of time. Thank you very much.

We're now going to the independent: MPP Bowman.

**Ms. Stephanie Bowman:** Thank you to the presenters for being here. I will start with the region of Peel. Several months ago, the government announced the formation of the transition board with great fanfare. They are now once again reversing course, as they are prone to do. At the time, the minister, who, of course, has had to resign because of the \$8.3-billion greenbelt scandal—you know, they've committed to getting 1.5 million homes built. We know that they're not hitting their annual targets.

In a statement at that time to the media, Minister Clark called the proposed legislation, the Hazel McCallion Act, a “historic initiative” that will ensure that Mississauga, Brampton and Caledon ‘have the tools that they need to support future population and housing growth.’ All while respecting the individual priorities and characteristics of each municipality.” So, to the region of Peel, maybe to the chair, could you tell me what has changed?

**Mr. Nando Iannicca:** [*Inaudible*] Clark and the government. I thought the description I had no problem with. The thought that they wanted to make government more efficient—we always welcome that. When I was first elected, there were 888 municipalities in Ontario. We're down to 444. I think we could do with half of that. So I think the description of what they were trying to do, to see if there were efficiencies, makes sense and should always make sense to all of us.

I thought their prescription might have been mistaken. I thought the way by which they were getting there—to devolve a region, which has never been done—is very, very difficult; probably a reason why it's never been done. So that's where I think the challenges came.

But hats off to the transition board. Boy, they picked some good people, from Mr. Livey on down, who at least rationally looked at that, assessed us and determined that

maybe they were on the wrong track and that so much of what the region does can't be replicated easily or certainly divided in three. So I have to thank them for course-correcting and saying that once they looked at it, they thought better of it. I'm grateful for that on behalf of the region, all of our taxpayers and, certainly, our staff.

1340

**Ms. Stephanie Bowman:** The transition team did say that they would assume that the Peel Regional Police would not be broken up, that the municipalities would continue to share water and sewer systems, and that, again, the efficiencies and the opportunity to drive our housing target goals would come from things around planning and road maintenance, the business services administration.

Other than the Deloitte report, which Mayor Brown continues to reference even though it has been discredited—it was not independent, as you're familiar with; there was a direction at the time from the council that the assessment show the value of the existing model, so that certainly isn't independent. Are there any additional analyses that you're aware of, whether from the transition board or elsewhere, that provide an independent analysis of those costs?

**Mr. Nando Iannicca:** There were several that were done in days gone by, but to answer your question directly, no. We thought part of this exercise would have led to some analysis—further, immediate analysis—of what the new structure might have looked like, but that process didn't reach its fruition—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Nando Iannicca:** —so none of that made its way to us.

**Ms. Stephanie Bowman:** Right. So again, the transition board was still doing its work, and we understand that they will continue. What do you envision or what do you know about what the responsibilities of the transition board will be, going forward?

**Mr. Nando Iannicca:** Before, the mandate was the legislation itself: “You must devolve and break up in three.” I think what they now have is a better set of eyes to say, “That's not necessarily the goal anymore. Let's assess it properly in terms of the value that it brings. If there are things that the upper-tier municipality does well, you can continue to do them.”

As I say, we're delighted in Peel because we get a fair shake now. Now they can look at it and they can assess us on our merits, instead of saying, “How do you break up paramedics? How do you break up police?” I think that's where maybe the original description was wrong. How did you come to the conclusion that we didn't have the right model to begin with? It's—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for that one. We'll go to the government. MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I just wanted to come back to you, Tammy, and conclude some of the questions that I had around the discussion we had previously. You had referred to sustainable funding for equipment, and I wondered if you could expand on the gaps that you see and

the challenges currently faced for an ALS patient and their care. What are the specific measures that would be most impactful in improving ALS care and support, knowing, as we mentioned earlier, that this is a terminal disease and you're looking at a three-to-five-year horizon in terms of life expectancy?

**Ms. Tammy Moore:** Thank you very much for your question, MPP.

To start with multidisciplinary support is the best quality-of-life outcome for somebody with ALS. As I mentioned, an ALS neurologist, physiotherapist, occupational therapist, respirologist, dietitian: These are all different disciplines that are identified in the Canadian best-practice recommendations. Hospitals don't have funding that follows the individual, and therefore they're coming out of regular operating funds, but it's not enough to meet the needs and to have that full staff around that person to be able to support them, so that's the first piece that we're looking for.

The second is, when it comes to equipment, we often have people refer to things like the ADP program and others. The reality is, it doesn't meet the needs of the community because often that kind of program is designed for somebody who has greater longevity and won't have a progressive disease. So if somebody accesses a transport chair to start with—a simple push chair—that's it for five years.

Well, if your life expectancy is three to five years, you're going to go through upwards of 40 different pieces of equipment. You're going to go from a walker to a push chair to a power-tilt wheelchair; you're going to need a Hoyer lift to get you from the chair to a lift chair so that you can be comfortable; a hospital bed—all of the different pieces that are required to maintain your independence. And, at times, that chair—you may only have this much mobility, but that is your entire independence because you're controlling your chair with a joystick, or a head array because that's it, or perhaps your toe. That equipment is not fully funded by the government and the other pieces are not funded at all for the duration that somebody would need them. So ALS Canada is cutting a cheque for many people for upwards of \$10,000 for their portion of a chair, or providing all of these different 40 pieces of equipment into their homes so that they're able to maintain their independence and their caregiver isn't at further or greater risk of injury as well.

**Ms. Effie J. Triantafilopoulos:** Are you suggesting kind of a look at the ADP program and revising it? Or are you talking about a different sort of program that might perhaps be a tax credit that individuals would be able to access? Do you have some specifics around a solution?

**Ms. Tammy Moore:** Absolutely. ALS Canada is currently delivering this program. The reason we don't identify it as going through ADP is that that would be a major restructuring, and as we have tried to pursue this in the past, it was identified that that just becomes so massive, it is too difficult to achieve. To be able to do a tax credit—tax credits work if you have income. But for somebody with ALS, they will have lost their job fairly

rapidly and likely their caregivers lost theirs, so tax credits don't work either.

ALS Canada has an efficient and cost-effective program that we have been running. We recycle equipment, so we're reutilizing it. As we've met with the Ministry of Health, it's been identified that our program is working very well. It's expedient, so we're getting that equipment out as quickly—because somebody's disease could move very quickly. We're making sure that it's delivered around the province and installed in people's homes, and they're trained and supported, and then we're re-using it when somebody doesn't need that piece anymore. So it is specific funding for ALS Canada's equipment program that we're looking for.

**Ms. Effie J. Triantafilopoulos:** And how many individuals in the province of Ontario would be diagnosed with ALS today?

**Ms. Tammy Moore:** There have been 1,367 people that we have been serving within the province in this year alone, and we're not done. We've seen an escalation in the number of people by 32% over the past five years, and we continue to see that number grow. We are anticipating hitting about 1,400 people that we will have served in this province in 2023.

**Ms. Effie J. Triantafilopoulos:** The funding that ALS Canada provides to those individuals in Ontario—what would that be on an annual basis?

**Ms. Tammy Moore:** In total, our equipment services and our community services program is about \$3.2 million. Those community services mean that we actually have people all around the province called community leads. Immediately upon diagnosis and registration, within three days, our community leads are in their homes, helping them to navigate, providing them with information, helping them to access resources in their community and, at times, being that intersection with the health care system, to be able to say, "Effie, I see that you're having trouble getting out of your chair; how are you doing with stairs?" And then: "Should we get an opportunity to have an occupational therapist, or is it time to go back to the clinic?" That kind of intervention is helping to save people from ending up in emergency rooms and, ultimately, ICUs.

**Ms. Effie J. Triantafilopoulos:** Thank you very much.

**The Chair (Mr. Ernie Hardeman):** One point five minutes. MPP Dowie.

**Mr. Andrew Dowie:** I want to thank all the presenters, including those who are virtual today.

I would like to ask my question of Ms. Abraham. You shared with us your comments about your concerns for the provincial announcement back in March, where grade 11 students can earn apprentice full-time credits and still earn a high school diploma. I wanted to explore this with you—just given your opposition, your feeling that the companies would not be well enabled to house the students.

I've spoken to many in my community. Oldcastle is a community in my riding that has a lot of mould shops, and they're struggling to find students not only willing to come work in the facility, but to stay and work in the facility and to be successful. Because they have said—at least sent my

way and the trade unions have as well—that the opportunities for education in our current system do not empower the students to gain the confidence to be successful in most jobs.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Andrew Dowie:** I'm not sure we can reconcile this without having more immersion in the industry for the students. They already participate in OYAP. But to not go in this direction, I'm not sure how we can build our trades. I'm hoping you can help to respond.

1350

**Ms. Cathy Abraham:** It's not a blanket statement that every company wouldn't keep the apprenticeships; it is a possibility. That is a possibility that we are concerned with. We believe that we do a good job with OYAP, the Ontario Youth Apprenticeship Program—acronyms, sorry; it's education—with the Specialist High Skills Major, with the co-op education. We can do better if only we had more funding—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We now go to the official opposition. MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you very much to our presenters who have come here today in person as well as virtually.

I'd like to start off with the region of Peel. Today is a great day for Peel. The Peel dissolution has been dissolved. It's like the sword of Doug has been removed from above your head. It's yet another example of “ready, fire, aim.”

We are pleased that there have been words about making municipalities whole in regard to the shortcomings with Bill 23. Let's hope that we see some actions.

I want to thank you also for acknowledging the 500 staff that you have lost as a result of this looming threat. We've heard in the recent days about taxes and services, but there has been no acknowledgement of the workers whose livelihoods and employment were under threat as a result of the dissolution. I wanted to ask, has there been any calculation of how many people could have potentially lost their jobs as a result of the regional dissolution?

**Mr. Nando Iannicca:** Great question. The definitive number? No, it was never presented. But what we—and you heard me speak to it before: Ninety-seven per cent of the work we perform, only we perform. We have the only paramedics. One would assume that even if they wanted to devolve it, which I thought was a mistake from the beginning, Mississauga and Brampton would need paramedics. We're the only ones that provide them. So one would have assumed they would have transitioned into those roles, but it was the uncertainty that said, “Why am I waiting around to see if that comes to pass?”

You also know, our members—the unusual situation in the province of Ontario where, if you live in the GTA core where the price of housing is so exorbitant—imagine you're a paramedic or a first responder or one of my health care workers etc., to say, “I'm not sure about the future, but I know I can sell the house, get rid of the mortgage and for the same value I end up in Niagara or in Collingwood.”

We ran up against that pressure as well. The data showed that, anybody we lost, virtually none came into the core. None were leaving us to go live in Toronto and work there. They were moving to the outer-lying areas for fear they might not transition to another role and to take advantage of certainty and maybe gain a little bit on the equity side of the housing market where perhaps the equity in the home here got them a brand new home with no mortgage.

It was really a combination of a lot of things that conspired against those workers who weren't sure what the future was. That's why so many of them said, “I've got to cut my losses and take advantage of an opportunity that I have.” And it did take quite a toll.

**Mr. Terence Kernaghan:** Absolutely. I want to thank you for acknowledging and considering the workers, because we see that the government really had not in the past. Also, I want to thank you for your comments about building affordable housing first and not leaving it to for-profit developers. I think those words are very wise, because we know that it doesn't always trickle down, as the myth would be.

My next questions will be for Ms. Moore from the ALS Society of Canada. I want to thank you for your advocacy, for sharing the urgent needs as well as a comprehensive solution to a complex problem. I think it's been said that ALS is a disease that's not measured in years but in months and days, weeks and days. Have you seen growth in the diagnosis of ALS in Ontario?

**Ms. Tammy Moore:** Thank you very much for your question. I really appreciate it. And actually the way we look at it is, ALS isn't measured by days; it's measured by loss—loss of function and ultimately loss of life. That's the harsh reality of it.

What we have seen is an increase in the number of people that we're supporting, and we're seeing an increased number of the people coming into clinic. We're unclear at this moment whether it is due to a greater awareness—and you'll recall the ice bucket challenge; maybe some of you did that 10 years ago, believe it or not—or it could be that in fact we are seeing a higher incidence rate. We're looking into it to be able to understand what those numbers are, but overwhelmingly, as I mentioned earlier, there's a 32% increase in the people that we have served in the past five years, and that's just the diagnosis. When you ripple that out and you consider the caregiver, the spouse, the child, the loved ones, that number can grow by about six per individual that we're serving.

**Mr. Terence Kernaghan:** My goodness. Well, I think your ask is one that is fiscally sound. It is wise. It is one that I hope that this government will support. It's something that we on this side absolutely support, and we'll continue advocating for it, so thank you.

My next questions will be for Cathy with OPSBA. Cathy, I want to thank you for your comments on the need for a national school food program—your comments that kids can't learn without food; it is fuel. Water is life, but food is love. Also, thank you for noting that Canada is the only G7 nation without a federally funded student nutrition program. It's disappointing that federally, the Conserva-

tives voted against that framework, saying that kids can't eat a framework. It was the theatre of the absurd, I would say.

We know that food bank usage is at an all-time high. In my community, 25,000 kids are currently using the programs. In the Feed Ontario report, they say children remain the highest-risk age group. I wanted to ask: Would you like to see the province invest more? I know that the province right now, through the Ontario Student Nutrition Program, covers about 30% of the cost. Do you think that this government should be morally obliged and fiscally obliged to provide food for students?

**Ms. Cathy Abraham:** We're always looking for any support of students that come into our schools that we can get, whether it's federal or provincial. The lack of food in a family is more than—I always say, like, the pithy thing about “it's fuel for your brain,” but if you're worried about whether or not you're going to go home to have a dinner, you don't concentrate on school. If you are sitting there at lunchtime and your colleagues are eating and you have nothing, you're not concentrating on school. So it's more than about just your brain. That's just an easy, quick way of saying what the problem is.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Cathy Abraham:** Any time we can get more funding to support students so that they can be doing what they are supposed to be doing in classrooms is always appreciated.

**Mr. Terence Kernaghan:** Absolutely. As a former educator and knowing many educators, I can tell you about how many folks will keep food within their classroom for those very students who are not having their needs met.

I wanted to give you the last little while to talk about school violence and dysregulation. Could you talk about how it impacts the learning environment for the students, as well as the folks who are working within it?

**Ms. Cathy Abraham:** It doesn't just impact the student who's having the issue; it affects and impacts everybody in the classroom. We're seeing more and more mental health challenges, which is really what that is: it's a mental health challenge. My co-presenters here: If you're a family with an ALS family member, you are having a child in a school who is struggling. If you are a student in Peel region who is underhoused or un-homed or your parents just lost their job—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We'll now go to the independents. MPP Bowman.

**Ms. Stephanie Bowman:** I just have one brief question for Tammy. Sunnybrook hospital is in my riding of Don Valley West and they, of course, have a leading ALS research clinic, and one of their doctors there has set a number of guidelines that are being used across Canada. One of my constituents was also the sister of one of the founders of the ice bucket challenge, so I'm really supportive of your work and I know you do great work to support people living with ALS and their families.

Could you talk a little bit about what the government could do to help spread those guidelines to improve care

for ALS patients—in just one minute, because I need to pass the time to my friend. Thank you.

**Ms. Tammy Moore:** Thank you very much for your question, MPP Bowman. Everyone is well aware of the guidelines. The challenge is the funding to support the guidelines, and that's where we're falling short. Sunnybrook is definitely a leading clinic. They have over 700 patients. But of that, only 20% are from within their catchment area, and the reality is that if they have to close their catchment area or restrict it, it means that we're going to see this number of people that are going to be dispersed to the other clinics. So it's very concerning.

They also aren't able to fund all of the disciplines that are necessary to be able to fulfill the Canadian best-practice recommendations that you're speaking about.

**Ms. Stephanie Bowman:** Great. Thank you.

**The Chair (Mr. Ernie Hardeman):** MPP Hazell.

**MPP Andrea Hazell:** Thank you everyone for your presentation. Thank you for being here. My first question is going to go to the region of Peel. You mentioned that you have an enormous housing challenge, of course, in Peel. I just want to say that we actually have a housing crisis in Ontario. So can you break down in detail the crisis each municipality is with regard to the housing crisis, rather than putting the situation as a whole or bundling it all together?

1400

**Mr. Nando Iannicca:** Perhaps I can pass that on to Commissioner Dedman.

**Ms. Kealy Dedman:** Thank you for the question. In Peel region, we do look more holistically. We don't see municipal boundaries in the services we deliver. It is done at a larger scale, and because the services do cross boundaries—for example, if we have availability in one of our shelters in Mississauga and it's a resident from Mississauga or Caledon, we're open to providing supports for them in any way that we can. That's one of the benefits of serving the municipality at the scale we do.

**MPP Andrea Hazell:** Okay, I have a follow-up question. I hear, in your funding, you're asking for \$9 billion to be invested in regional capital plans. If this is approved, how will you allocate these funds across each municipality—again, Brampton, Mississauga and Caledon?

**Mr. Nando Iannicca:** To the commissioner again.

**Ms. Kealy Dedman:** Yes, thank you for the question. We have an infrastructure plan because each of the municipalities, under Bill 23, were assigned their targets to get to [inaudible] related infrastructure, whether it's water or wastewater, or transportation.

**MPP Andrea Hazell:** I couldn't hear your answer too well; sorry about that.

And I'm running out of time. Do I have time?

**The Chair (Mr. Ernie Hardeman):** You have 0.4 minutes left.

**MPP Andrea Hazell:** Cathy, this is for you: I know it's hard in the school with restricted funding, but I wanted you to talk about the effect of not having the funding on the mental health support that you're not getting for your



students and how this equates to your deficit in equity, diversity and inclusion programs for the school.

**Ms. Cathy Abraham:** When we don't have enough funding for mental health supports, we don't have enough people to go into all of our schools as often as they're required. Specifically to EDI, often those kids are young people who are challenged by anti-Black racism or whatever the EDI issue they're experiencing is—

**The Chair (Mr. Ernie Hardeman):** Thank you very much, Cathy. I apologize for always having to cut you off, but that is the end of it. That is the end of the time.

That's also the end of the time for this panel. I want to thank everyone who has been involved with this one for making the presentations, preparing for it and coming here to present it. Thank you very much. I'm sure that it will help us in our deliberations as we move forward.

**Ms. Catherine Fife:** Chair?

**The Chair (Mr. Ernie Hardeman):** MPP Fife?

**Ms. Catherine Fife:** We didn't hear the commissioner's last response at all; it was too garbled. I don't even know if Hansard was able to capture it at all. Is there any way for you to actually forward your answer, perhaps in writing? Thank you so much.

**The Chair (Mr. Ernie Hardeman):** Did you hear the request? Shake your head if you can send us the draft of the last answer. Thank you very much. It's in the mail. Very good. Thank you.

CANADIAN MANUFACTURERS  
AND EXPORTERS

CANADIAN CENTRE TO END  
HUMAN TRAFFICKING

CANADIAN PULMONARY FIBROSIS  
FOUNDATION

**The Chair (Mr. Ernie Hardeman):** Our next panel is the Canadian Manufacturers and Exporters, the Canadian Centre to End Human Trafficking and the Canadian Pulmonary Fibrosis Foundation.

As you come forward, if you were not here at the start of the other panels, each presenter will have seven minutes to make their presentation. At the six-minute mark, I will say, "One minute." Don't stop, because at seven minutes, you will stop. With that, I do want to ask each of you to introduce yourselves prior to your presentation, at the start of it, so we can make sure we attribute the comments to the right name.

With that, we start with the Canadian Manufacturers and Exporters.

**Mr. Vincent Caron:** Thank you, Mr. Chair. My name is Vincent Caron. I'm director of policy and Ontario government relations at Canadian Manufacturers and Exporters.

Committee members, thank you for having me again today to talk about budget 2024. This is the third time CME addresses the committee this year, and I'd like to sincerely thank the members' consideration of our recommendations, specifically:

- establishing an advanced manufacturing strategy for Ontario;

- moving forward on carbon capture; and

- distributing proceeds of carbon taxation to build investment.

There is positive movement on all those issues. What we're witnessing, really, is the creation of an Ontario industrial strategy for the decarbonization age.

As the year draws to a close, I would summarize the mood of members as tired optimism. We know that government action has helped and will continue to help, inflation is moving in the right direction and new investments continue to roll in, as we saw in Windsor this week. But many business owners and executives are simply exhausted by the current roller coaster of economic news. They know governments are supportive of manufacturing, but they don't always see the result of government action in a way that really matters to the bottom line. A key challenge of budget 2024 will be to make them see it: to act both on the factors that provide long-term prosperity to the province, but also delivering concrete measures that can be used today.

So we have three priorities to suggest today: First, act boldly on an Ontario-made buying strategy; second, grow productivity; and third, look at the tax system to lower costs for businesses.

The first one, of course, is leveraging our purchasing power. Over the next 10 years, Ontario will build \$185 billion in capital: roads, transit and other infrastructure. According to the IESO, we also need to double our energy grid over the next few decades. This adds to the more than \$30 billion in goods and services the government purchases every year.

There has never been such an aggressive building agenda in our province, yet we hear consistently of missed opportunities to effectively leverage this purchasing power to grow our economy, even when explicit allowances are baked in trade agreements. For example, on transit projects, the Canada-Europe trade agreement has contained local content allowances for years, but those allowances have not been consistently utilized.

To its credit, the government has recognized this challenge in establishing the Building Ontario Businesses Initiative. We eagerly await the tabling of regulations under that initiative and hope that those will recognize the contribution of businesses of all sizes and ownership structure, following a simple principle: If you make things in Ontario, you should be able to sell to the government.

We also believe more can be done to maximize the economic benefits of large infrastructure and energy projects.

To justify the lack of ambition in the past, governments have often hid behind overly cautious interpretations of trade risk. We must keep this in mind, of course, as Canada is a small jurisdiction, and the protection of our market access for exporters is paramount. But we must realize that we now live in a new era of industrial policy, where the relevance of WTO trade rules has declined after being abused by non-market economies for too long.

Ontario must be ready to move aggressively to set minimum content requirements to ensure our buildings, transmission lines, hospital equipment and energy generation assets are made with Ontario or Canadian materials, components, technology and labour. Where trade risks are too high, we must get at this through an explicit priority for low-carbon products and aggressively prepare our companies to take advantage of it.

We're behind on this issue. In the US, the EPA has recently set aside direct funding for companies to develop environmental product declarations, or EPDs. EPDs are a little bit like the nutritional labels we mandated for food products decades ago. I'm simplifying, but it's the same idea. It tells the purchaser, in a standardized format, how much embodied carbon is in a given product or industrial operation. Like the US, Ontario should introduce a measure like this to offset costs for Ontario manufacturers. This will support exports to like-minded jurisdictions and allow us to use our low-carbon advantage as a tool to grow market share. The government should also use programs like programs like CME's Ontario Made program, and the database at supportontariomade.ca, to inform product specifications with what we already make here at home.

1410

Now, on the labour front—and I've heard some discussion about that—there are other challenges, the main one being our long-term productivity gap. In 2021, manufacturing investment per worker was \$48,000 in the US but only \$13,000 in Canada per worker. It was three times lower. What can we do in response? Well, the Ontario Made Manufacturing Investment Tax Credit will certainly help, providing funding to purchase new machinery.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Vincent Caron:** Small changes to eligibility would improve the measure to make sure it captures hardware, software and other expenses, and benefit companies who have a strong local footprint but some level of foreign ownership.

We also believe we need an effective on-the-job tax credit. That would provide matching funding for training done in relation to a technology improvement, and that gives the workers the tools to succeed and grow their income, making the company more productive in the process. We've seen training like this in Kentucky and Georgia, and we believe it is long overdue in Ontario.

Finally, we have to look at lowering the cost of doing business. I don't have much time left, but I'm happy to discuss this in the Q&A. We've already lowered the property tax, the Business Education Tax. We believe we could go the whole way and remove the measure altogether and get more competitive. So thank you for—

**The Chair (Mr. Ernie Hardeman):** Thank you. That completes the time.

Our next one is the Canadian Centre to End Human Trafficking. I believe this one is virtual and on the screen. The floor is yours.

**Mr. James McLean:** Thank you and good afternoon. I'd like to thank the members of the standing committee for this opportunity to speak before you today. My name

is James McLean, and I'm the director of research and policy at the Canadian Centre to End Human Trafficking. We are a national charity dedicated to ending all types of human trafficking in Canada. We work with survivors, governments, businesses and service providers to try to prevent human trafficking and to support those who have experienced it right across Canada.

In 2019, we launched the Canadian Human Trafficking Hotline, providing a free, confidential, multilingual service that operates 24 hours a day and connects survivors to a variety of social services. To make these connections, we maintain a national referral directory of nearly 1,000 service providers across the country. This gives us a unique understanding of the social safety net in Canada and where there are gaps.

I want to draw your attention to two areas of public policy that impact survivors and require additional funding investments in Ontario. The first is housing and shelters. The second relates to labour trafficking.

When a survivor contacts the hotline and requests support, by far the most requested service that they are seeking is access to shelter and housing. Often, gaining access to these supports can mean the difference between whether someone leaves their trafficking situation or not. Without access to safe and appropriate shelters and housing, many survivors are forced to remain with their trafficker.

Unfortunately, our staff struggle to connect survivors with housing and shelter services due to lack of available beds and staff who are trained to receive those impacted by human trafficking. Access to a range of housing options, including short-term emergency shelters, medium-term transitional and supportive housing and long-term permanent housing is critical to disrupting human trafficking and is a requirement to ending it. For this reason, the centre has the following recommendations for the government of Ontario.

First, increase Ontario's social and affordable housing stock. Subsidized housing is a vital component of housing infrastructure that, in light of the rising cost of rent, is one of the few options available to people living with low or no incomes. Safe, secure and affordable housing is also a protective measure against human trafficking. Traffickers exploit the vulnerabilities of their victims, and this includes housing precarity and homelessness.

Second, fund human-trafficking-specific shelters and housing options. This includes short- and medium-term options such as safe houses and transitional housing. Human trafficking victims have unique needs that often cannot be met at shelters designed for people experiencing homelessness or intimate partner violence. Human-trafficking-specific spaces need to be barrier-free, flexible and provide supports that are trauma-informed and culturally relevant.

Third, invest in training for service workers who oversee Ontario's housing and shelter programs. When specialized housing options are not available, trafficking survivors access homeless and domestic violence shelters that are often not equipped to support their unique needs. In

fact, certain program components may unintentionally harm them. For example, control over substance use, requirements to do chores, and the implementation of curfews could mirror their trafficking experiences and re-traumatize survivors.

There is a need, therefore, for increased and sustained funding to build the capacity across the entire housing and shelter system which could be put towards training for staff, hiring more front-line service workers to meet the demand for housing and shelter services, and increasing salaries for those who are already in the sector. The burn-out and turnover rates are due in part to low pay, and fixing this will help to attract and retain the best and brightest to care for Ontario's most vulnerable.

There is also a need for the province to leverage and tie municipal funding to certain standards across the province. We regularly hear from survivors that they cannot access certain shelters or housing programs because they have not previously lived in that municipality. For example, a survivor who may be trafficked in Thunder Bay and wishes to leave that area because they fear they may be found by their trafficker, and they travel to Ottawa, the GTA, Niagara region or other parts of the province to access services and discover that they are denied the ability to do so because they are not from those municipalities. At a macro level, this means that firewalls have been placed on services across the province. This inevitably leads to inequitable access. At a more personal level, it means that survivors are denied the supports they need to leave their trafficking situation because they live in the wrong postal code. We respect that municipalities need some discretion with how they operate provincial programs. However, Ontario needs to do more to ensure equitable access to these programs, including using its funding authority to ensure compliance.

I would like to take the final minutes of my time to briefly outline one recommendation related to labour trafficking. Most anti-trafficking interventions in Ontario are focused on sex trafficking. However, due to some high-profile cases in the province recently, labour trafficking has become more visible. We applaud the Ministry of Labour, Immigration, Training and Skills Development for establishing their divisional intelligence unit, which focuses on anti-human trafficking, and we recommend increasing its funding in order to increase its capacity to conduct proactive labour trafficking investigations, establish multi-sector partnerships—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. James McLean:**—and release public reports that provide higher-level statistics on labour trafficking in the province, which is under-reported and not well understood. We have documented all of these requests across three different policy briefs and have shared these briefs with the relevant ministers but would be pleased to make them available to the committee.

Thank you very much for your time, and I look forward to any questions you may have.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

We now will hear from the Canadian Pulmonary Fibrosis Foundation. The floor is yours.

**Ms. Sharon Lee:** Thank you to all the members of the Standing Committee on Finance and Economic Affairs for inviting me to tell you a bit more about the Canadian Pulmonary Fibrosis Foundation and our recommendation for the 2024 Ontario budget. My name is Sharon Lee and I'm the executive director of the Canadian Pulmonary Fibrosis Foundation, better known as CPFF. We are a national Canadian charitable foundation established in 2009 to provide answers, hope and support for people affected by pulmonary fibrosis, PF. It educates and raises awareness about PF, raises funds to invest in research, and represents Canadians affected by PF to governments, health care professionals, the media and the public.

Pulmonary fibrosis is a disease in which the lungs become scarred, making breathing progressively more difficult. There is no cure, and the prognosis is worse than many types of cancer. Approximately 12,000 Ontarians live with pulmonary fibrosis. CPFF believes "breathing should never be hard work," as our founder Robert Davidson had coined. Yet for Ontarians living with PF, shortness of breath is a daily challenge. In fact, many describe the feeling like trying to breathe through a drinking straw, while others mention being tethered to their supplemental oxygen source.

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But you don't have to take my word for it; you can go back to your homes or offices and use a straw and try to breathe through it, and then once you do that, you could hold your nose and then try to breathe through the straw. This will stimulate what it feels like not to be able to breathe.

You will notice that there's no cure for the disease. For many, the supplemental oxygen is like a lifesaver, allowing for less breathlessness and fatigue and for a more active lifestyle. Oxygen therapy also helps to maintain proper oxygen blood levels, which is extremely important for muscles, organs and the brain to function properly.

CPFF's recommendation to you today are on behalf of the 12,000 Ontarians who require supplemental oxygen to breathe and to live a high quality of life. Our recommendations are focused on two aspects of Ontario's program for oxygen support through the Assistive Devices Program: the criteria to qualify for oxygen therapy and the criteria for reimbursement for oxygen therapy.

First, qualifying for the oxygen therapy is more complicated than it needs to be. Medical criteria to qualify for oxygen therapy are rigid and unsuitable and rely on testing protocols based on the needs of those with chronic obstructive pulmonary disease, better known as COPD, a different disease altogether and a disease that requires less supplemental oxygen than those with pulmonary fibrosis. The reality is that PF patients tend to require more oxygen upon exertion than COPD patients. In particular, they have trouble qualifying for exertional oxygen, which is simply an additional supply for walking and other daily activities. In fact, in 2003, CPFF conducted a survey about the impact of pulmonary fibrosis: 75% of oxygen providers

said PF patients need significantly more oxygen than COPD patients.

Finally, a healthy oxygen level is 95% or higher. Oxygen therapy could be helpful when oxygen levels drop below 88%, but in some provinces, including right here in Ontario, that level must drop below 80% for patients to be eligible for supplemental oxygen.

Our first set of recommendations is a practical solution to these avoidable barriers. Number one, standardize medical criteria based on the unique needs of the pulmonary fibrosis patient.

Number two, the current practice of using the six-minute walk test is resource-intensive and not available to all regions, and it's unsuitable for pulmonary fibrosis patients, who require higher flow rates of supplemental oxygen when active. Our patients tell us that if you've been diagnosed with pulmonary fibrosis, you're not going to be not-diagnosed the year after and the year after and the year after that, so why waste the money in doing the six-minute walk test, right? All the involvement—so you could have those savings. We want to raise the supplemental oxygen access to 88% for the inflow.

Second, the reimbursement requirement for home oxygen requirement is simply inadequate. Oxygen is classified as a drug in Canada; however, in many aspects, it's managed and funded as a medical device. As a result, access to a provincially funded drug plan does not guarantee access to funding for home oxygen equipment. Lightweight portable equipment is not funded, essentially leaving people housebound.

CPFF's second recommendation is that all costs, including equipment, should be reimbursed for people receiving home oxygen therapy.

The practical recommendations were developed in consultation with Ontarians living with PF, their caregivers, health care providers and oxygen suppliers. We want to give a 360-degree view. The findings of these consultations can be found at our CPFF website and Access to Oxygen Therapy in Canada report. I encourage all the members of this committee to review them. You've also got a one-page flyer which has a QR code, so if you scan that, it will take you there and you can read the reports.

In closing, I would like to impress upon all members of this committee that these recommendations are simple, practical and affordable measures that can and should be taken if patient-centred care is the objective of the Ontario government.

Thank you for the invitation to appear before this committee, and I would be pleased to answer any questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

We now will start the questions. We'll start with the official opposition. MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters, both in person and digital.

First, Vincent, it's good to see you again. You're a good friend of this committee. I wanted to specifically ask—I think your recommendations about the Ontario Made program are ones that are eminently supportable in creating

the database and the tax credit. I wanted to ask as well, would you recommend a way of branding or a way of showing this to consumers, a way of making that highlighted on products in perpetuity so that people could know what they are buying?

**Mr. Vincent Caron:** Well, that's one thing that is part of the program today. The Ontario Made logo goes on products. We encourage all manufacturers in Ontario to register and then use the logo, and we offer marketing support as well. That's really critical, because we think Ontarians want to purchase local. They don't always know how or where the logo is. People are busy. So that awareness piece is really important.

Obviously, we want to do more of that. There are local brands in Ontario that have grown over decades and we're only three years old, so there's a lot of room for us—for more retailers to use it and for more manufacturers to use it.

**Mr. Terence Kernaghan:** Absolutely. Great programs also need the awareness campaigns as well, so it's quite well said.

I also specifically wanted to ask if you had any thoughts about employment lands and provincially significant employment zones. I know that's something that we've seen the government weaken protections for. Do you have concerns about the jobs that could be lost from eliminating these employment zones?

**Mr. Vincent Caron:** Yes, we are certainly concerned by the fact that we, at this time, don't really have a sense if these zones will be protected. The key there is just making sure that we ensure stability for the manufacturing sector and where they operate. We know there are so many houses to build. There's a very constrained timeline and a lot of development, and so we wouldn't want this to be done in a way that eliminates that certainty. I think we're very keen to engage with government on this issue and hear more from them on when the PPS is going to be completed and what kind of protection we can expect.

**Mr. Terence Kernaghan:** Would the Canadian Manufacturers and Exporters organization be interested in collaborating with the government to create a more comprehensive employment and industrial land strategy?

**Mr. Vincent Caron:** Absolutely. Actually, that's part of what we have worked on collaboratively with other associations to develop. There's a report that's online already that the Toronto Region Board of Trade wrote, with our support. I would go there. I'd go to that report. There's lots of action and bold stuff to do right now.

**Mr. Terence Kernaghan:** Absolutely. I want to thank you for your leadership. You folks are always great representatives and great advocates for the entire industry, so thank you.

My next questions will be going to James. James, I think your recommendations make a great deal of sense. I really appreciated, and I think it meant quite a bit, when you consider housing and homelessness and how those show a strong link between folks who might be at risk of trafficking, with housing being a basic necessity. Thank you very

much for your comments about municipal requirements and labour trafficking.

My questions, however—I'd like to go to Sharon. You had spoken about access to oxygen therapy, and I just wanted you to reiterate for the committee: What would you like to raise the access for? What is the particular level—the supplemental oxygen availability?

**Ms. Sharon Lee:** What the Canadian Pulmonary Fibrosis Foundation would like is that we would like to get the supplemental oxygen at home to be fully reimbursed for everyone. Right now, if you're 65 and over, you're 100% covered, but if you're 64 or younger, it's only 75%. Although 25% doesn't sound like a lot, if you're not working, because many people with this rare disease are unable to work, you're on a fixed income. It's very hard to pay for that additional cost.

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And then to qualify, when you do that six-minute walk test—once you've been diagnosed with pulmonary fibrosis, you can't be undiagnosed. Your lung does not rejuvenate. So to waste that money—we just think that the funding that you pay to do that six-minute walk test every year to make these patients qualify for oxygen can be saved and that money can go towards paying for the reimbursement.

And then same thing for the oxygen level: Doctors will tell you that at 95% flow, you are normal. Why do we make patients wait until they're 80%, when they're barely able to breathe, they're barely to walk, even to do laundry or even do simple things like taking a shower? It's a burden. It's really hard.

**Mr. Terence Kernaghan:** Absolutely. Sharon, you've indicated that this is not something that folks will recover from. Why do we wait until they're below a certain level, when they're not going to suddenly get better by providing them with the oxygen? Why not help them before lung function is impaired too greatly?

I must tell you, I want to thank your assistant for handing out the straws and having us do the test, because while you were speaking, I was doing the test myself, and I found it very difficult to listen to your words throughout it—

**Ms. Sharon Lee:** Yes.

**Mr. Terence Kernaghan:** —because when your breathing is impaired, it's hard to focus on much else. So is there anything else you'd like to add for the committee?

**Ms. Sharon Lee:** I just want to say, too, that having oxygen, if you live in the GTA, it's not a problem, because we have lots of oxygen providers. If you run out, you can ring them up and they're very accommodating. They'll come out and deliver it. But if you live, say, for example—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Sharon Lee:** —in Thunder Bay, if you live outside of that area, it is very difficult. They'll say, "Gee, we only come up on Thursdays. Sorry, we can't come up and deliver for you. But you're welcome to come and pick it up." That's really hard, right? And those tanks are very heavy. They're 20 pounds.

I just want to say that a lot of people feel like they're just tethered to their home. They're housebound. They can't

go anywhere. They can't even go get their hair done. They can't do grocery shopping just because it's so heavy. I encourage you to come to our website and hear some of the stories where the patients tell their story of their difficulty and their struggles in their own words.

**Mr. Terence Kernaghan:** Thank you very much. No further questions.

**The Chair (Mr. Ernie Hardeman):** We'll go to the independent. MPP Bowman.

**Ms. Stephanie Bowman:** Thank you to all the presenters this afternoon—certainly appreciate hearing from you.

James, I know that your support for Bill 41, around the indebtedness related to human trafficking, was appreciated by our colleague Lucille Collard. So thank you.

I will start with Vincent. Vincent, it's good to see you again. Productivity is an area of interest of mine. I recently held an event in my riding on that topic and had a professor come and speak about it. It was actually in one of the employment land zones in Toronto, in Leaside business park. There are a number of manufacturers there, like Siltech and Tremco and Lincoln Electric, and they provide great jobs in our community. Some of them have won awards within their own company for being really efficient. So we know that we can be efficient here in Ontario and in Canada.

I wanted to ask you just to speak a little more about some of your recommendations around how to drive productivity. I really like the training example you gave. I've heard from companies that say a government contract is worth more than a government grant because, as you say, then you've got some credibility that you can take around the world. So if you could talk a little bit more about the productivity, things we could do to improve that, as well as what the government can do to speed up that Ontario-made requirement for their own purchasing.

**Mr. Vincent Caron:** I'll try to be brief, but productivity, obviously, is a really key focus of ours.

First, on the on-the-job training, to us, gets at—the central challenge that many businesses experience, with all the technology adoption that they need to do right now, that they know they need to do, is sometimes the problem is integrating the technology into operations. We did a survey in the spring of this year where that really came out as a strong problem. We want to talk about technology, and we end up talking about the human component a lot, of really having that bandwidth in the business that's not just focusing on the today production, but then what's that tomorrow production looking like with the new process? That takes some bandwidth.

Also, it's really the upskilling piece of, you may be able find that worker at the entry level, but then it's bringing that worker to really being able to integrate with the process. I think, really, that's where the on-the-job training piece is a real complement to the Ontario Made Manufacturing Investment Tax Credit, because you can fund the purchase through one and then you fund the integration through the other.

And then on the piece about the "buy local" by government, it's really key. It's building the volume for busi-

nesses here. We will make them more productive; we'll get them to reinvest more in the operations and that also feeds productivity.

**Ms. Stephanie Bowman:** Great, thank you. Certainly the employment lands are something I echo your concern about, as well, or your organization's concern around knowing that those lands will be maintained. Certainly, again, it is a focus for providing good jobs within cities, especially areas that are facing increasing demands for more housing. We still want people to be able to work and live and learn in our community—

**Mr. Vincent Caron:** Affordable housing.

**Ms. Stephanie Bowman:** Right. So thank you.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Stephanie Bowman:** Okay, I will turn to the CPFF for a moment. Could you just again summarize the financial impact and the burden to families of not getting some of these resources, and how this additional support that you're requesting today could provide relief?

**Ms. Sharon Lee:** Well, I just want to say that when we talk to our patient community, most of them will say to me, "Sharon, do I pay rent, do I buy groceries or do I pay for oxygen? If I don't have oxygen, I'm going to die. So then I don't eat and I try to sort of scrounge enough to pay rent." This is an issue that's not going to go away, because the National Institutes of Health, the NIH, just came out with a study to say that 44.9% of COVID survivors are fibrosing in their lungs. So I quite worry that this is going to impact Ontario down the road—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for that question.

MPP Crawford.

**Mr. Stephen Crawford:** Thank you to all the presenters here today. I'd like to start out with asking Vincent from the Canadian Manufacturers a few questions. I'm sure you are well aware, being right in the thick of it in the manufacturing business, that Ontario is undergoing a manufacturing renaissance. For years under the Liberal government, we had tens of thousands of manufacturing jobs leave the province. We are now seeing that renaissance; we are seeing investments coming to Ontario and we are seeing manufacturing for the first time. That's great news, but of course, more to be done.

Our government did bring out the manufacturing tax credit, and I wanted to look forward with that, but also look backwards because I want to get your assessment as to what kind of impact it's had because I think that's critical. And then you did mention, as well, that you would like to see a few minor adjustments to that, if I understood it correctly, and if you could highlight what those are.

**Mr. Vincent Caron:** Okay. First of all, it's absolutely appreciated and helpful to have the measure that was announced, and then regulations right away, and then companies being able to take advantage of it right away. Simplicity in design really matters, so that was great.

We've heard from a lot of companies that they really are right now thinking about already having projects where they will use this product. We keep hearing that. It's a little early to really get a sense from a quantitative

perspective, right? We've heard a lot from SMEs that sometimes didn't know right away know that it existed, which highlights the importance of all of us in your ridings telling companies this is there, because SMEs don't always follow developments. They don't look on page 35 of the budget, you know? We need to highlight it for them and make it easy to consume and keep doing that. I think we're still in that kind of ramp-up phase where we can tell more companies and we can tell more people to use it.

In terms of adjustments, it's a measure that was initially ring-fenced and targeted to a certain population of manufacturers. Obviously, we understand the importance of being fiscally responsible, but we also have seen the way the IRA incentives are really, really big and broad, and often a lot of the investment that we want to attract comes from the larger companies. And so we want to make sure that we can tap into that, as well, as long as we make sure that that benefits Ontario, and there are ways to do that.

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Finally, just looking at technology, when you invest in the building and you invest in the machinery, what connects all that is data, is software. That's really key to Industry 4.0, so it should be included in the eligibility.

**Mr. Stephen Crawford:** Okay. Thanks. I'm just curious, what percentage of manufacturers are a member of the Canadian Manufacturers and Exporters? Is it a certain size of a business, or are there small, large, medium? I just want to get a sense of that, because I know your job—I mean, we as a government obviously want to continue to communicate about the manufacturing tax credit, but I'm sure you're trying to market it as well to your members. Are there a lot of manufacturers that are not a member of your organization, or are most?

**Mr. Vincent Caron:** I don't have a percentage for you or anything like that. We represent 2,500 companies from coast to coast. We also have a network of memberships. There are a lot of associations, the vertical associations, that are members of CME, so we have that combined networking effect of the sector.

Obviously, we're leveraging everything we can to make sure every opportunity—like today, that people know, "Hey, you can go and we have a one-pager that obviously we want everyone to read. Here's how you take advantage of this."

**Mr. Stephen Crawford:** Okay. Great. Question, also: In our recent economic statement, we, as you may know, have initiated the Ontario Infrastructure Bank. I just want to get a maybe 30-second to one-minute comment on how that will perhaps benefit manufacturers, or how you see that benefiting them.

**Mr. Vincent Caron:** We're hoping it will. We've seen CIB, federally, really providing transformational investments, for example, what happened at Algoma Steel, right?

The initial focus seems to be more on things like long-term care, initially, so I think we'll need to see, when the bank gets on the way, really what are the buckets of funding that they really get into. We really believe in that model. We think that it needs to continue and it's great to see Ontario getting into this, because never knowing what

can happen in the environment—we know there's another opportunity for businesses to go and look for funding.

**Mr. Stephen Crawford:** Great.

I'll pass it over to MPP Pierre.

**The Chair (Mr. Ernie Hardeman):** MPP Pierre.

**Ms. Natalie Pierre:** Thank you to today's presenters. My questions will be to the Canadian Pulmonary Fibrosis Foundation—to you, Sharon. First of all, just thank you for your remarks earlier today and thank you for the work that you continue to do to support patients and caregivers and work alongside medical experts, and for participating in today's presentation.

I'm wondering if you can speak to why pulmonary fibrosis is an issue that perhaps doesn't get enough attention from most organizations, and what your thoughts might be around counteracting?

**Ms. Sharon Lee:** Well, first of all, it's a rare disease. So I understand that when you have the many versus the few, you concentrate on the many—things like diabetes, stroke, heart and stroke. But, unfortunately, the data shows that in five to eight years, this might not be a rare disease anymore, because that NIH study clearly states that almost half of the people who got COVID—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Sharon Lee:**—are starting fibrosing of their lungs, and that's a huge concern. That's why I want to bring it to attention that, for these folks, they might need oxygen to keep them healthy, to keep them motivated. And, for my colleague here who wants to build manufacturing in Ontario, you're going to need workers who can do that, right?

**Ms. Natalie Pierre:** Yes. I know that you mentioned earlier that there's about 12,000 people in Ontario right now who currently have pulmonary fibrosis, and I'm wondering—you mentioned about folks who have COVID and you're anticipating that those numbers will increase.

**Ms. Sharon Lee:** Well, another study shows that, currently, it's 12,000 that have been diagnosed, but people with scleroderma, rheumatoid arthritis, lupus, certain lung cancers will have become pulmonary fibrosis patients. Having those two comorbidities is not a very good thing. Especially—people don't understand, but we have direct, targeted radiation—

**The Chair (Mr. Ernie Hardeman):** You'll have to save that for the next round.

We're going to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thanks to all presenters.

I'm going to start with you, James. I was reading the CBC article around Nova Scotia and comparing it to Ontario's strategy around dealing with sex trafficking—pretty alarming stats there, that 91% know their trafficker and 34% are trafficked by their intimate partner.

The article also really drew a connection with sex trafficking happening in major corridors like big cities. I wanted to give you an opportunity to also address some of the risk factors in rural and northern communities as well if you would, please.

**Mr. James McLean:** Yes, absolutely. Thank you for the question. I think it's important for the committee and for everyone in Ontario to understand that human traffick-

ing happens in every region of our country. When people think of human trafficking, they might think it's a big-city crime, and it certainly happens in our large urban centres. But we collect data through the Canadian Human Trafficking Hotline, and we are able to see that it is happening in smaller cities, towns, hamlets and in our rural areas as well. So when we're calling for additional supports, it really is for all areas of Ontario.

**Ms. Catherine Fife:** In the Kitchener-Waterloo area, because we're on the 401, we definitely have seen an uptick, and there have been calls for additional resources. I visited the sexual assault centre in Kitchener recently, and they had funding for two beds for victims of sex trafficking. And then they were reduced to one bed.

Can you talk about the importance of having access to community resources so that, when victims are identified, they actually have a safe place to land and be supported?

**Mr. James McLean:** Absolutely. Access to shelter and housing is critical for survivors to successfully leave their trafficking situation. We have dealt with individuals who have not left their trafficking situation because they have not had a safe place to go. I think it's important for everyone to understand that many survivors are completely dependent on their trafficker for housing and for money. And so when they leave their situation, they are dependent on access to those services, and there are currently barriers that stop them from accessing them.

**Ms. Catherine Fife:** Yes. There are solutions out there. There was a multi-party piece of legislation, which started with a PC member, the girl next door. Now, when victims are identified, they're often found with a huge amount of debt, and so legislation recently passed in Queen's Park to really alleviate that pressure of that debt for those victims.

I'm hopeful that all members of the committee hear your calls for action today. This has only become a more stressful, tension-filled issue since the pandemic, and I just wanted to thank you for your leadership on this issue.

I'm going to move over to Sharon. You make a really good point about COVID and long COVID, and we're not talking about it in the province. We're not talking about having a long COVID strategy and not planning for the needed resources to address this. I see your recommendations as very pre-emptive, and that could apply—I'm glad everyone is coughing while I'm also talking about long COVID. Sorry.

Would you think that these recommendations would have an application to a long COVID strategy, Sharon?

**Ms. Sharon Lee:** I believe so. And also, it has application to anyone who needs oxygen. I represent the Canadian Pulmonary Fibrosis Foundation, but this equally can apply to anybody with a lung disease of any kind, because eventually they'll need oxygen, and it's really hard to access, to qualify for.

**Ms. Catherine Fife:** Yes. I remember very clearly during the pandemic, the cystic fibrosis association contacted me and they said that this should prompt people to have greater empathy for all diseases that impact the lungs and impede breathing, and I think that there was, actually, a real awareness of how debilitating it can be. So I just

wanted to thank you very much. Especially the issue of not having access to oxygen in all communities, including those small, rural and northern communities—we haven't heard that at committee, so thank you for coming today and for raising that issue.

Vincent, I can't remember the last time you came before one of the committees that I sat on, but I think it was just this past fall. We did talk about the Inflation Reduction Act. I can't remember what piece of legislation it was that we were debating, but I think it was one of the ones that they haven't walked back yet. Maybe it was the fall economic statement.

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On that piece, the Inflation Reduction Act that the US has brought to the fore, we were talking about the wartime effort that they have invested in manufacturing, specifically around green initiatives—heat pumps, I think it was. Is something like that happening in Ontario? Because the popularity of heat pumps and about reducing our carbon footprint and around, perhaps, stimulating local economies—this could be a win-win situation. Do you not agree?

**Mr. Vincent Caron:** I agree that across the board, be it from charging infrastructure, heat pumps, wind, solar, nuclear—I mean, there's a huge nuclear industry supply chain in Ontario as well, right?

**Ms. Catherine Fife:** Yes, and those are good jobs.

**Mr. Vincent Caron:** Those are great jobs.

We take a technology-neutral view, but—and I mentioned it in my remarks—

**Ms. Catherine Fife:** Can I ask you why you—I'm sorry. Why do you take a technology-neutral view?

**Mr. Vincent Caron:** Because there's really a range of needs in manufacturing. Some hard-to-abate—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Vincent Caron:**—subsectors will still need to rely on things like natural gas for high temperatures, for example. And so we don't want to just focus on one thing. But when I talked about environmental product declarations, I think it's really important to underline that Ontario's grid is really decarbonized. Right now, a lot of companies are not really able to use that as an asset to sell their product, that, "We produce a lot less carbon in this jurisdiction to make things," and so we can use that—

**Ms. Catherine Fife:** And yet, there's room for improvement. We do want to see advanced manufacturing be part of the solution because those are truly very good jobs.

I want to thank you for coming here today and being consistent in your policy advocacy, for certain. That's the conclusion of my comments.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We'll now go to the independent: MPP Hazell.

**MPP Andrea Hazell:** To the three presenters today, thank you so much for your presentations. At the end of the day, believe you me, I am so pumped—still pumped.

My question is for Vincent. Vincent, I listened to your detailed presentation and I'm not going to ask you any lead-on questions. I'm not going to ask you questions for

answers that I'm looking for, like the member across asked about the infrastructure bank that you have to answer to—it might be a backtrack routine again.

So here's my question for you: You mentioned missed opportunities to effectively leverage purchasing power. Could you elaborate on specific examples or instances where Ontario could have better utilized its purchasing power to stimulate economic growth? Detail that for us, because we need productivity; we need the economy to bounce back.

**Mr. Vincent Caron:** Well, I will use just two examples—because I don't think it's fair to just single out the government of Ontario. It's happening in many provinces. But the Ontario Line—these trains are not being made here. The same has happened, by the way, for the REM in Quebec. And those allowances exist in trade agreements. Sometimes, there's a concern that we're going to favour someone over here and we can't, but in this case we really can. So that's what I was referring to.

I think, across the board, it's just that there has been such a focus on cost for a long time. Obviously, cost matters, but it's not the only variable. We see a lot of countries being a lot more aggressive than we are to build their industrial capacity using their purchasing. It's really an urgent area of focus. There's a lot in implementation on this, and so it requires a lot of effort to move the dial. We're there to support that effort.

**MPP Andrea Hazell:** What is one thing that we can do—and maybe it's not one thing—to get us to be more effective and meet the market challenges, then, today?

**Mr. Vincent Caron:** I mentioned local content requirements in infrastructure. That is a huge thing because it then creates demand.

We're going to do green steel in Ontario. Today, we export a lot of steel. From a supply chain perspective, it would make sense to go up the street and export an infrastructure project here. Often, we see a lot of low-priced imports undercutting that. We're going to have very decarbonized steel. Why don't we set aggressive mandates on embodied carbon in our building materials, right? I'm saying that, and some suppliers won't be ready today, which is why we really need to ramp up the effort to equip them with the paperwork, with the demonstration that their embodied carbon is very low. That's not just putting requirements; it's also helping companies meet those requirements.

**MPP Andrea Hazell:** Thank you for detailing that to me. I appreciate that.

My question is for James. James, thank you so much for your presentation today. Every time I hear this type of presentation, it just tugs on my heartstrings because I have children; I have to protect them. And so thank you for coming here and reiterating—

**The Chair (Mr. Ernie Hardeman):** One minute.

**MPP Andrea Hazell:**—how funding is very important. And thank you for educating me on labour trafficking. It's the first time I'm hearing that today.

Do you have any stats to share about the impact that your organization is making on helping the people that are



experiencing labour trafficking with housing and shelter? Do you have any stats to share?

**Mr. James McLean:** Yes, thank you for the question. Every couple of years, we do release a public report using our data. I can share with you that, between 2019 and 2022, we identified 1,500 cases of human trafficking across Canada. About 67% of those were based in Ontario. I don't have the number with me, but I believe it was over 2,000 survivors that we supported as well. Again, by far, the services that they had requested the most were really to housing—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes that.

On the government side: MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Thank you to all the presenters that are here today.

My first question is for James. I would like to commend your organization for the incredible work that you're doing with survivors. You may be aware that, in the province of Ontario, there has been a lot of work done on this issue of human trafficking. Bill 251, which was sponsored by one of our colleagues, Sylvia Jones, the Combating Human Trafficking Act, was passed in 2021, requiring hotels to register guests and record their names and residences etc. so that police may be able to have access to them. As well, this year, Bill 41, Protection from Coerced Debts Incurred in relation to Human Trafficking Act, 2023, was also passed. And obviously, all members of our Legislature support these initiatives. Bill 41 specifically addressed prohibiting the collection of coerced debts in the course of a human trafficking situation and allowing for consideration to be given for being able to get credit and not have this work against the individual.

We also know that in the province of Ontario, the government has invested \$4 million in order to help police services across the province. In my own community of Halton, there is a project called Project "Sabrina," where \$100,000 was put towards partnering with the Elizabeth Fry Society and the Sexual Assault and Violence Intervention Services of Halton, focusing on specialized services to support victims, including housing, mental health supports and other kinds of supports.

I wanted to ask you specifically, as a national organization, how do you interact and work with police services across Ontario and, obviously, across the country?

**Mr. James McLean:** Thank you for the question. We work very closely with law enforcement. During my opening remarks, I talked about how we have over 1,000 service provider partners in our national referral directory. That includes many law enforcement—I believe it's around 200 different agencies right across the country, including the OPP, the RCMP and local police. We work very closely with law enforcement, providing them with tips and information. Sometimes they will call us to get advice on if what they're seeing is human trafficking. We also work with them on education campaigns, so we're often invited to the Ontario Police College to help train new recruits and other officers.

**Ms. Effie J. Triantafilopoulos:** And you're quite right: The education piece is vitally important so that individuals in law enforcement and in other areas, including in the hospitality sector, are able to identify and know what they're looking for and be able to, in fact, call it out.

**Mr. James McLean:** Absolutely. We always say that the first step to ending human trafficking is education: knowing what to look for, what the signs are and how to get help. And that includes law enforcement as well.

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**Ms. Effie J. Triantafilopoulos:** Thank you.

My next question is for you, Vincent. Canadian Manufacturers and Exporters is an organization that is very well known to all of us—a long history, over 100 years of being in existence, really providing excellent support to our small and medium-sized enterprises.

I really liked what you had to say when you talked about acting boldly on Ontario-made products. I wonder if you can continue to expand a little bit more on the issue around productivity, because, as you know, although we're partners with the US, we are also competitors. So could you go into that with some more detail for us?

**Mr. Vincent Caron:** Yes. I think there's a really delicate balance to maintain because, obviously, we export most of our goods to the US, as you well know—you would know also from your time with us. It's really important to do this strategically and on a reciprocal basis. For example, in the US, with buy-American legislation, they have the ability to provide waivers for some of the requirements.

I think we were also looking at sometimes a fragile environment in terms of buy-in for NAFTA itself—or USMCA, as we now call it—in the US. It's important, obviously, to make ourselves more productive, and so we have to be aggressive about giving access when we have access.

I would also say that automation is a real key piece here on productivity, because in a North American labour market, where we've been trying to raise standards with the USMCA, obviously that helps a little bit. But what really helps our business compete is not just relying on a very abundant workforce. It's also giving the emphasis on job quality and being able to compete on cost with automation. That's a really important piece. That's one thing the tax credit we got in budget 2023 really helps with. We just want to build on that. We need to really make sure that we integrate this automation properly to businesses.

**Ms. Effie J. Triantafilopoulos:** You'll have heard this said before, that when we became government in 2018, we inherited a province where 300,000 jobs had fled Ontario. Although we were traditionally the economic engine of the country, we had faltered in that respect. The kinds of investments that the government has made, the strategy in terms of our automotive investments—\$27 billion has come into the province in the last two, two and a half years—the emphasis on developing our Critical Minerals Strategy up north in order to be having a full supply chain: All of this is foundational in terms of the growth of our economy going forward. Can you comment a little bit more about that specifically and what that means, for example, to the supply chain?

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Vincent Caron:** Yes. I think we're finally in the game, which is not where we were; let's just put it that way. We've seen a lot of growth. The factory boom we're seeing in the US, though, is extraordinary, and so obviously we can't match that. We are in a good position in Canada to be ahead of other provinces in really taking advantage of the opportunities in front of us. So it's really important to not just say that we have a couple of big deals and then we can rest on our laurels. We really need to integrate all of those pieces.

I'm really enthusiastic about an advanced manufacturing strategy to actually connect some of those pieces a little bit more, to look at the broader supply chain, bring more companies along. I think that's what we have to work on.

**Ms. Effie J. Triantafilopoulos:** And with respect to the companies that you're talking about, you mean the smaller companies?

**Mr. Vincent Caron:** The smaller companies that can really take advantage of those large, anchoring supply chain investments that we want to protect and build on.

**Ms. Effie J. Triantafilopoulos:** And you see government playing a role there as well as the CME?

**Mr. Vincent Caron:** Absolutely.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for this panel. We want to thank all three presenters for taking the time to prepare and taking the time to make such an impressive presentation to us today.

That concludes our business for today. I thank, again, all the presenters—not just this panel, but all the other ones too.

The committee is now adjourned until 10 a.m. on Tuesday, January 9, 2024, when we will resume public hearings in Oakville, Ontario.

*The committee adjourned at 1505.*



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