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of Ontario



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Mardi
3 décembre 2024

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Président : L'honorable Ted Arnott
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 3 December 2024

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 3 décembre 2024

The House met at 0900.

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

Prayers.

ORDERS OF THE DAY

MORE CONVENIENT CARE
ACT, 2024

LOI DE 2024 POUR PLUS DE SOINS
COMMUNES

Ms. Jones moved second reading of the following bill:

Bill 231, An Act to enact or amend various Acts related to health care / Projet de loi 231, Loi visant à édicter ou à modifier diverses lois en ce qui concerne les soins de santé.

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

Hon. Sylvia Jones: It would be my honour.

It is indeed an honour to rise today to speak on the introduction of the More Convenient Care Act. I'd like to note that I will be sharing my time with the member for Essex and my parliamentary assistant, who has been an incredible champion for not only the community of Essex in his riding but building across Ontario a more connected and convenient health care system.

The proposed legislation builds on the progress of Your Health: A Plan for Connected and Convenient Care, which our government introduced last year, as well as our important work to strengthen public health and the province's digital-first health strategy. Your Health is a comprehensive plan to improve how the health care system is providing people with connected, high-quality care and more effectively meeting the needs of patients and families across Ontario. It's about providing more people with the right care in the right place by expanding capacity, delivering faster access to care, reducing wait times to key services and hiring more health care workers.

This proposed legislation, along with other regulatory and policy items, will support our government's ongoing efforts to build a stronger health care system in Ontario, now and for decades to come, by strengthening governance and transparency, improving service delivery and enhancing patient care throughout the health care system.

Before I discuss some of the key components of the More Convenient Care Act and related initiatives, I would like to highlight some of the progress that has already

taken place in our health care system over the last several years under the leadership of Premier Ford.

Our government has been unwavering in our work to provide the people of Ontario with more connected and convenient health care services, no matter where they live. Connected and convenient care means providing patients and families with a better health care experience at every stage of life, helping them to stay healthier with better health outcomes.

Our government has made record investments in our publicly funded health care system to connect more people to the care they need, when and where they need it. Since 2018, we have increased the health care budget by over 31%—

Interjections.

Hon. Sylvia Jones: Thank you—investing over \$85 billion into a system this year alone. Our government continues to bring forward bold, creative and innovative solutions to ensure that the people of Ontario have access to more convenient and connected care. We are building a health care system to last by making historic investments and designing health care services to better connect Ontarians to the right care in the right place within their communities, through local hospitals, primary care providers, mental health and addiction services, home and community care, and Ontario health teams. We are making it faster and easier to access more convenient care in hospitals, in emergency care, in pediatric care, in community surgical and diagnostics centres, in long-term care and in people's homes.

To meet the needs of our growing communities, our government is getting shovels in the ground for over 50 hospital developments across Ontario. Over the next 10 years, these projects will lead to a more than \$50-billion investment in the hospital sector, adding over 3,000 new hospital beds across Ontario. Through our investments, we are already seeing results. Ontario is now leading the country, with almost 90% of people connected to a primary care provider, as well as the shortest wait times for certain surgeries.

One of the significant steps we are taking to provide patients with the right care in the right place is by taking action to increase access to primary care. Timely access to primary care helps people stay healthier longer with faster diagnostics and treatment, as well as more consistent support managing their day-to-day health, while also relieving pressures on emergency departments and hospitals.

Through our record investment of \$110 million, we are providing more access to primary care teams for 328,000 people across Ontario, adding over 400 new primary care providers and 78 new and expanded interprofessional pri-

mary care teams. Interprofessional primary care teams include a variety of health professionals, such as doctors, nurse practitioners, registered nurses and registered practical nurses, physiotherapists, social workers and dietitians, who work together to deliver comprehensive care for their patients. From Windsor to the new and innovative Periwinkle clinic in Kingston, I have travelled across Ontario and seen first-hand the impact these primary care teams make in the lives of Ontario families.

Our government is not stopping there. As part of our government's 2024 budget, Building a Better Ontario, we are doing even more to bring us even closer to connecting everyone in Ontario to primary care providers. Through this year's budget, we are investing over half a billion dollars over three years for additional new and expanded interprofessional primary care teams, which will also focus on high needs areas and connect approximately 600,000 more people to primary care teams. This investment will also provide support to all existing interprofessional primary care teams through ongoing operational funding for their facilities and supplies so that they can continue to provide high-quality care to their patients.

Last month, our government also announced that Dr. Jane Philpott will serve as chair and lead in our new primary care action team, with a mandate to connect every person in Ontario to primary health care within the next five years. Dr. Philpott's work will build on the considerable investment we've already made, including in primary health care teams and in the largest expansion of medical schools in over a decade, with new medical schools in Brampton, in Scarborough and in Vaughan, and the first medical school in Canada focused on training family physicians.

Dr. Philpott will lead the development and implementation of an action plan to further expand team-based primary health care across Ontario, which will include ensuring more convenient access to existing teams, with better access on weekends and after hours, while reducing the administrative burden on family doctors and other primary care providers and improving connections to specialists and digital tools. I'm thrilled to say that Dr. Philpott's important work began just this week, and I look forward to working closely together with her to deliver on our promise.

0910

Our government is also making historic investments in health workforce programs and expanded medical education and training programs, as well as breaking down barriers so health providers, both domestic and internationally educated, who want to work in Ontario can do so faster and start caring for Ontarians sooner. We are supporting and increasing the number of health care workers across our province by recruiting, retaining and maximizing the workforce to meet growing demands on the health care system.

Since 2018, more than 15,000 new physicians have been hired, with a nearly 10% increase in family physicians and nearly 100,000 new nurses registered to work in Ontario. Last year, we had a third record year in a row,

with more than 18,000 new nurses added to the workforce and another 30,000 nursing students who are currently studying at one of Ontario's colleges or universities. And we are adding thousands of new medical school, nurse practitioner and nurse education seats across the province to shore up our health care workforce for years to come.

Through the Learn and Stay grant, we are encouraging more people to train for professions like family medicine, nursing, paramedics and lab technicians by covering the tuition and other direct educational costs for students enrolled in eligible programs in exchange for a term of service upon graduation. Currently, nearly 3,800 students are benefiting from these Learn and Stay grants.

Our government also continues to expand the scope of practice for health care professionals, building on their skills and expertise to ensure more Ontarians can connect to the care they need and deserve. Since expanding the role of registered nurses to prescribe medications, nearly 300 registered nurses have completed the training and are authorized to prescribe, and just last week, we announced a scope of practice expansion to the role of nurse practitioner and registered nurses, making it faster and more convenient to connect to care, especially in rural and Indigenous communities. These changes save time, improve convenience and access to health care services, improve the patient and caregiver experience, get people healthier faster, and help to ease pressures on hospitals and walk-in clinics.

The More Convenient Care Act is another way we are building on our government's progress to date, bringing forward more bold solutions to support the delivery of connected care for Ontarians. The proposed legislation and regulatory and policy initiatives are focused on three pillars to address system gaps and build a stronger health care system.

The first pillar is focused on strengthening governance and transparency by addressing the use of temporary agency staffing; strengthening hospital governance and accountability; and strengthening board of health governance in the city of Hamilton.

The second pillar is improving service delivery by making enhancements to the oversight of local public health agencies; refining public health roles and responsibilities; supporting voluntary mergers of nine local public health agencies; and improving hospital service continuity.

The third pillar is enhancing patient care by expanding scope of practice for Ontario's nurse practitioners, registered nurses and pharmacy professionals; improving patient access to their health information electronically; supporting improvement in the emergency health sector; and consulting on the addictions counselling workforce.

One of the ways to strengthen transparency is by proposing new legislation, called the Health Care Staffing Agency Reporting Act, to create a regulatory framework that would require temporary staffing agencies to disclose agency fees. This would also enable the government to publish this information to help improve transparency and cost certainty for hospitals and long-term-care homes.

We are also proposing to enhance governance by making amendments to the City of Hamilton Act to enable the city of Hamilton to appoint its own board of health, where city council members and community representatives could be board-of-health representatives. This would enable a governance structure with more comprehensive representation and expertise, which could enhance public health decision-making and help to integrate a broader range of perspectives in public health and decision-making.

Additionally, new regulatory changes will support the voluntary mergers of nine local public health agencies into four new entities. The Porcupine Health Unit and the Timiskaming Health Unit would become the northeastern health unit. The Brant County Health Unit and Haldimand-Norfolk Health Unit would become the Grand-Erie health unit. The Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough county and city health unit would become the Haliburton, Kawartha, Northumberland and Peterborough health unit. The Hastings-Prince Edward county health unit, the Kingston, Frontenac and Lennox and Addington health unit, and the Leeds, Grenville and Lanark District Health Unit would become the southeast health unit.

Another component of the proposed legislation that would improve service delivery is amendments to the Health Protection and Promotion Act which would align requirements for public pools and zoonotic and infectious diseases with the latest evidence and best practices while maintaining public health protections. It will also strengthen the authority of the Chief Medical Officer of Health by approving section 22 class orders issued by a local medical officer of health. This change is expected to provide greater opportunities to identify provincial supports to help mitigate the risk.

The proposed legislation would enhance patient care by amending the Mandatory Blood Testing Act to allow nurse practitioners to complete and sign mandatory blood testing forms. Enabling nurse practitioners to complete and sign mandatory blood test forms will assist in providing people such as victims of crime as well as correctional officers or paramedics with expanded access to this health care service. This proposed change is one of the many ways we are looking to further expand the scope of practice for nurse practitioners and for registered nurses, allowing them to use their training, their skills and their education more effectively and maximizing the services they can provide.

We've consulted with the College of Nurses of Ontario and other health care partners in many making changes to nurses' scope of practice in areas related to treating heart conditions, electrocoagulation for certain skin conditions and lesions, and end-of-life matters.

Through this legislation, patient care would be further enhanced by changes to digital health initiatives. Proposed amendments to the Personal Health Information Protection Act would help empower Ontarians to have more control over their health, including by providing them with a general right of access to certain records, including their

personal health information in the electronic health record, subject to any exceptions specified in regulation.

I would now like to provide further details related to creating a transparency framework for temporary staffing agencies to report their agency fees to the government. The transparency framework would be designed to achieve transparency regarding the rate agencies charge hospitals and long-term-care homes, increased cost certainty for employers and stabilize agency rates. Currently, there is a lack of transparency regarding the rates agencies charge health service providers, including the overall fees and agency mark-ups. Rates for agency staff can vary significantly across Ontario. They may often be higher in rural, remote or northern areas of Ontario. Employers may also be charged travel and accommodation premiums, as well as additional charges for last-minute or after-hours staffing requests. Hospitals and long-term care homes can be limited in their ability to negotiate rates due to a lack of transparency or the urgency of their staffing needs, and this can impact the agency's costs that they incur.

0920

Our government has made significant investments to increase the number of workers in the health care system, including \$743 million over three years to continue to grow our workforce through increased enrolment and retention plans, so people can get care faster and closer to home.

Agencies may also be responding to changing workforce expectations, with some segments of the workforce prioritizing flexibility over the total compensation packages associated with full-time employment in hospitals and long-term-care homes. Should the proposed legislation be passed, we would continue to engage front line partners on how to bring agency fee stability to hospitals, long-term-care homes and emergency departments while protecting quality of care prior to drafting regulations. Key stakeholders to be consulted would include health care employers, such as hospitals and long-term care employers and their respective associations; health care unions and professional associations; and temporary staffing agencies operating in the health care sector and their representing organizations, such as the Association of Canadian Search, Employment and Staffing Services.

Our government understands a modern, connected and convenient health care system is a digital one. We are investing in the enhancement and expansion of digital tools to prioritize a more seamless health care experience for the people of Ontario. We have made ongoing investments in Health811 to create a modern, digital front door into our health care system. Every month, Health811 receives over 80,000 requests by phone and digitally to access information and services, such as advice from health care providers and video visits with nurses.

People have growing expectations about easier access to their personal health records, and we know that people expect that they can access their information digitally. Through the More Convenient Care Act, we are taking steps to enable people to conveniently access their own personal health information through the provincial Elec-

tronic Health Record and certain other types of records. The province has made significant investments to create the provincial health record, which is a secure record of a patient's health history that is managed by Ontario Health. This digital record has become a vital tool used by health care providers to understand a person's medical history, make clinical decisions and support integrated care across the health care sector.

The personal health information in the Electronic Health Record includes personal health information concerning lab tests orders and results from hospitals, community labs and public health labs; publicly funded drugs, dispensed monitored drugs and pharmacy services; reports and images submitted by hospitals and integrated community health services centres; and clinical information from hospitals and home and community care organizations.

This personal health information is currently available for health care providers accessing through the provincial clinical viewers, and some patients can view their lab data via select patient portals. However, direct patient access to personal health information that is held in the Electronic Health Record is not currently available. If passed, the proposed legislation would enable Ontarians to access their own personal health information securely and conveniently, including through a general right of access to their personal health information in the Electronic Health Record and certain other records, subject to any exceptions specified by regulation.

The proposed legislation would amend the Personal Health Information Protection Act to increase the number of health care providers contributing data through the provincial Electronic Health Record, including from accredited community pharmacies and integrated community health service centres, as well as provide eligible Ontarians with safe, secure and direct access to certain personal health data held in the Electronic Health Record. These additional contributions will make it easier and more convenient for health care providers to provide high-quality care without the burden of contacting numerous other providers and trading faxes back and forth.

And we plan to keep adding more digital health-related services to keep increasing the value and convenience for Ontarians. This approach will allow Ontarians to avoid the inconvenience of accessing numerous different portals while juggling multiple user names and passwords, and we are continuing to ensure people can access a wide range of information in any way Ontarians find convenient for them. The proposed legislation builds the framework for digital access to personal health information, and it also supports a general right of access to information in the Electronic Health Record and in repositories through non-digital means.

Consultation with the Minister's Patient and Family Advisory Council, who have been doing exceptional work for many years; jurisdictional scans from across Canada; and surveys from the pan-Canadian digital health organization Canada Health Infoway, have indicated there is a demand for people to access their health information to

support making more informed decisions as part of their health care journey. Surveys indicate that individuals who have access to their health information generally have a positive experience, feel more informed about their health status and treatment, are more able to set and make progress on their health goals, and feel more empowered to manage their health.

Other studies indicate that patient access to health records can empower patients by improving trust and knowledge, and can help facilitate patients to work with their physicians. Other impacts may be that patients feel reassured, and patient access to medical records improves communication between providers and their patients.

The proposed legislative amendments would help to address these demands, enabling Ontario Health to provide a secure log-on mechanism, which can be used for certain purposes, including to enable eligible Ontarians to access records held in the Electronic Health Record, subject to any exceptions specified in regulation.

The Ministry of Health will continue to work collaboratively with Ontario Health, the Ministry of Public and Business Service Delivery and Procurement and other stakeholders to ensure that the proposed legislation and any supporting legislation, if approved, would provide the framework to deliver a digital portal so that Ontarians can view their records in one single place.

I want to be clear that our government will always prioritize rigorous privacy protections. We will ensure that any digital solution is tested and meets the highest standards. We took steps to enhance our privacy regime by introducing an administrative monetary penalty framework that the Information and Privacy Commissioner can use to levy fines to individuals and organizations that are found to be violating the freedom of information and privacy act. Ontarians can rest assured that we have made significant investment in privacy and cyber protections to ensure people's personal data is safe and secure.

0930

This proposed legislation is part of our broader efforts to create a modern and convenient digital system where Ontarians, over time, will be able to easily access a wide range of health information through Ontario Health, subject to any exceptions specified in regulation. This will empower people to take a more active role in their health.

The proposed legislation would also make amendments to the Health Protection and Promotion Act to increase oversight by the province's Chief Medical Officer of Health of class orders issued by local medical officers of health, under section 22 of the Health Protection and Promotion Act, in respect of communicable diseases. A medical officer of health may issue an order under section 22 of the Health Protection and Promotion Act directed to a class of persons who reside or are present in the health unit served by the medical officer of health if the medical officer of health is of the opinion, upon reasonable and probable grounds, that in their health unit a communicable disease exists or may exist, or there's an immediate risk of an outbreak of a communicable disease; the communicable disease presents a risk to the health of persons; and

finally, the requirements specified in the section 22 order are necessary to decrease or eliminate the risk to health presented by said communicable disease.

The change being proposed would require local medical officers of health to provide notice to and receive written approval from the provincial Chief Medical Officer of Health before issuing a section 22 class order. A key role of the provincial Chief Medical Officer of Health is to monitor the health status of the population and advise the provincial government on public health issues. If approved, this change is intended to support greater alignment, greater consistency and proportionality in section 22 class orders issued by local officers of health in respect of a communicable disease. It will also allow for an assessment of appropriate use of the section 22 class order authority and what provincial supports may be available to help address local communicable disease risks.

Supporting more alignment and consistency in the use of section 22 class orders is another part of the ongoing work to modernize and strengthen public health processes in Ontario. The proposed amendment to the Health Protection and Promotion Act would be implemented by the provincial Chief Medical Officer of Health through the development of operational guidance, which would be developed in collaboration with local medical officers of health. The Ministry of Health will work with local public health agencies to support clear and transparent communication and involvement of stakeholders in the implementation of this process.

Speaker, it is now my pleasure to share my time with my outstanding parliamentary assistant, the member from Essex, who will be providing more details on how our government is providing patients and families in Ontario with more connected and convenient health care, which is supported by the More Convenient Care Act and related regulatory and policy initiatives.

The Acting Speaker (M^{me} Lucille Collard): I recognize the member for Essex to continue debate.

M. Anthony Leardi: Bonjour, madame la Présidente. C'est un plaisir ce matin d'adresser l'Assemblée au sujet du projet de loi 231. C'est la Loi visant à édicter ou à modifier diverses lois en ce qui concerne les soins de santé. J'aimerais dire que c'est un plaisir de continuer de travailler avec la ministre de la Santé et aussi de travailler avec le premier ministre pour livrer un bon système de santé ici dans la province de l'Ontario.

I would like to take this opportunity to say to the assembly that it's a pleasure to continue working with the Minister of Health. It is definitely a pleasure to continue working with a minister who demonstrates every day her commitment to the health care of the province of Ontario, and in particular, to every individual in the province of Ontario, to ensure that we continue having the best system of health that we can have here for every citizen.

I want to acknowledge also the incredible health care workers in our province who are doing so much for people every day: our doctors, our nurses, our nurse practitioners, our registered practical nurses, our personal support

workers, our personal care workers—so many people every day who are caring for individuals who are in need of assistance. We want to recognize their contribution.

This certain bill has several schedules to it—these are six schedules, each of them dealing with a separate act. Schedule 1 deals with the City of Hamilton Act, 1999. As things currently stand, the city of Hamilton has a board of health for the city, but it acts as its own board of health. So our government is further supporting an effective health care system through proposed legislation that would make amendments to the City of Hamilton Act. It would enable the city of Hamilton to appoint its own board of health, and instead of having a single-tier model—whereas the city of Hamilton is currently acting as its own board of health—this change would now mean that there would be a board of health for the city of Hamilton that would consist of council members and community representatives that would be appointed. With this new structure, the city of Hamilton has proposed appointing city council members, community representatives and an education representative; that would help strengthen the link between health care services and the education system.

This is not a new idea, Madam Speaker. These are provisions that are currently found in the City of Toronto Act and in the City of Ottawa Act, and in both of those pieces of legislation, the city of Toronto and the city of Ottawa have control over their own boards of health.

These changes that we're proposing in this piece of legislation were specifically requested by the city of Hamilton, and they're supported by local stakeholders with whom the ministry has had consultations. Various people had an opportunity to make submissions to the Ministry of Health, and those bodies included the following: the city of Hamilton advisory committees; health care professionals and community partners; and the public. They were invited to assess the current situation and give their ideas.

The changes that are proposed would better help Hamilton in delivering the services that are delivered by a board of health, and, I think, also better represent the community in Hamilton and diverse members of its population.

This is a responsive move on the part of the government. It is responsive to requests for change, and it's expected to enhance local public health decision-making—also, to improve accountability at the city of Hamilton level and to strengthen public health outcomes. It's intended to create a more independent, community-centred and locally responsive board, and we believe that Hamilton residents will welcome this development.

Here are the proposed amendments to the existing structure and the governance of Hamilton's board of health:

(1) It will enable the city of Hamilton to set the board's size through a bylaw, in accordance with the Health Protection and Promotion Act.

(2) It will allow the city to appoint members of the board, including city council members, or community representatives or both.

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(3) It will establish the city as the board's area of jurisdiction, its geographic area.

(4) It will indicate the city's role in appointing key officials, such as the medical officer of health and others.

The duties and responsibilities of the board of health will include making recommendations on issues that fall inside the jurisdiction of that board and of the city. If this legislation is passed, the city of Hamilton will be responsible for implementing the necessary bylaw and whatever other changes at the local level are required.

I'd like now to talk about changes that are being made to the Mandatory Blood Testing Act. These involve nurse practitioners. That will be found in schedule 5 of the bill that is before us right now.

The Mandatory Blood Testing Act requires blood to be tested in certain circumstances and, as the name of act suggests, it is mandatory. What the proposed legislation before us today will do will be to expand the scope of practice for nurse practitioners. This is something that nurse practitioners have been requesting. If the legislation passes, it means that nurse practitioners will now be authorized to complete and sign forms under the Mandatory Blood Testing Act.

I'd like to get into more detail about that. These forms are required for an applicant to apply and have the blood of another person tested for an infectious disease, such as HIV, hepatitis B and hepatitis C, if they have come into contact with that person's bodily fluids.

Nurse practitioners already provide primary care in many settings, including community safety and correctional services, and now they will be eligible to be called upon to complete these forms under this specific act, the Mandatory Blood Testing Act, in place of a physician.

This is a good idea because right now, the duty to perform this service could be reduced if we authorized other qualified individuals, such as nurse practitioners, to complete the necessary forms. It will also reduce barriers. It will reduce barriers particularly in areas of Ontario that are rural and in northern Ontario, as well as reducing barriers for people in settings where nurse practitioners can provide a greater scope of practice and where they usually serve clients in rural and northern areas.

Of course, people need some training. This is being provided through the Chief Medical Officer of Health, who will provide training to local public health agencies on these changes. It is envisioned that these changes will come into effect on July 1, 2025.

As I've mentioned, Madam Speaker, nurse practitioners have requested an enlarged scope of practice. In this particular instance, they have demonstrated, in this government's view, the proper expertise and knowledge, skills and judgment to have their scope of practice expanded to include this service.

In addition to that, I'd like to provide this assembly with a quote which might assist in explaining why this particular change is so important. This is particularly important to people who act as first responders, in particular police, who might unfortunately come into contact with individuals for one reason or another, or by one way or another,

who might expose that particular peace officer or police officer to bodily fluids in the course of conducting their responsibilities. I'll just give one simple example: If a police officer is arresting an accused individual and that accused individual happens to spit on the police officer, and that bodily fluid happens to somehow enter into the police officer's bloodstream, by whatever means, that police officer could potentially be infected. There is a mandatory process that police officer has to go through.

We have here the support of Mark Baxter, who's the president of the Police Association of Ontario. This is what Mr. Baxter says: "The Police Association of Ontario supports the Ministry of Health's decision to expand the Mandatory Blood Testing Act to include nurse practitioners in authorizing mandatory blood tests. This change enhances the efficiency and accessibility of a critical process that protects first responders, including police officers, who may be exposed to potentially infectious and/or communicable diseases. It reflects a modern, collaborative approach to healthcare and ensures timely interventions that safeguard our members' health and well-being." That is from Mark Baxter, the president of the Police Association of Ontario.

We'll, of course, continue consulting with nurse practitioners with regard to other requests for expanded scope of practice. Nurse practitioners play a very important role in our public health care system. Working together with our Ontario universities, 121 training positions have been added to the primary health care nurse practitioner program, which is helping grow the nurse practitioner workforce now and in the years to come. The expansion brings the total of nurse practitioner training positions up to a total of 321 at various schools across the province of Ontario, and we're currently working with our partners to add an additional 29 positions.

We're also building on primary care in the province of Ontario, part of which is delivered through Ontario's nurse practitioner-led clinics, which are supported by the province of Ontario to the tune of \$46 million per year through our interprofessional primary health care teams. These investments are helping to establish two new nurse practitioner-led clinics and expanding four additional nurse practitioner-led clinics. With these investments, we expect that a total of more than 100,000 Ontarians will be served by these clinics, providing care to many people who previously did not have a connection to primary care.

I'd like to now take the opportunity to talk about an additional scope of practice expansion for nurses, supporting the nursing workforce. We're expanding the scopes of practice for nurse practitioners and registered nurses in other areas, which will provide more choice and convenience for people in how they access care, while enabling registered nurses and nurse practitioners to work to the full extent of their training and expertise to better meet patients' needs.

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The proposed amendments are as follows: They are under the Regulated Health Professions Act and the Vital Statistics Act. They will help expand the practice of nurses and nurse practitioners in areas related to treating heart disease, electrocoagulation for certain skin conditions and

lesions, and end-of-life matters. These are changes that are being made and proposed in consultation with the College of Nurses of Ontario and other health providers. Those changes include the following:

(1) providing faster care for someone in cardiac arrest, by allowing nurse practitioners to order and apply a defibrillator, which provides an electric shock to help restore a person's regular heartbeat;

(2) making it faster for people to receive care if their heart isn't beating regularly, by allowing nurse practitioners to order and apply cardiac pacemaker therapy and transcutaneous cardiac pacing—I hope I pronounced that correctly;

(3) helping people with skin conditions and lesions such as skin tags get them removed faster, by allowing nurse practitioners to order and perform electrocoagulation;

(4) allowing nurse practitioners to complete and sign mandatory blood testing terms for specific infectious diseases; and

(5) improving the end-of-life experience for families after the death of a loved one by allowing nurse practitioners to certify death in all circumstances, as well as allowing registered nurses to certify death when death has been expected. This will help ensure deaths are certified in a timely manner, to preserve dignity for the deceased and their families.

Anybody who has had to go through that experience with a loved one, I think, will be able to appreciate these changes. I think throughout our hospitals and our long-term care homes, people will recognize the importance of those changes, and the people who have to certify those situations will appreciate being given the expanded scope of practice to do so.

We're confident that these changes are suitable, because nurse practitioners and registered nurses possess the expertise and education for these types of roles, and they'll continue receiving the tools they need, including standards of practice, policies and guidelines, to support their professional practice. These changes are going to make things better for people in Ontario, including Indigenous communities, rural communities, northern communities and communities in remote areas of the province. In addition, these changes will ease stressors for other primary care providers and support the capacity and efficiency of the health care system.

On the topic of nursing, our government continues to support and invest in growing the nursing workforce in Ontario. In November, the government announced bringing more nurses into the health care system with an investment of \$500 million to educate new nurses and increase opportunities for nurses and also providing opportunities for existing nurses to upskill. For example, the province has launched a fund which assists approximately 1,000 nurses to upskill their talents in emergency departments across Ontario, and that is particularly important in rural areas of the province and in areas of the province that are remote. The province is also working with the College of Nurses of Ontario to reduce barriers for internationally educated nurses, allowing them to register to work in Ontario faster and start caring for people sooner.

To build on the nearly 100,000 new nurses the province has added to the workforce since 2018, the government is investing \$510 million over the next three years to give more than 20,000 health care learners an opportunity to work in hospitals and home and community care organizations by the end of 2027. This is sometimes known as the Enhanced Extern Program. That helps hospitals hire qualifying nurses, medical, respiratory therapy, paramedic, physiotherapy and occupational therapy students and internationally educated nurses to work in a hospital in an unregulated capacity, under the supervision of regulated care providers. In addition to that, the Supervised Practice Experience Partnership program provides internationally educated nurses the opportunity to demonstrate their current nursing knowledge, skill and language proficiency while working to meet the requirements to enter the practice as a nurse.

In addition to that, through the Ministry of Colleges and Universities, we're providing tuition for people who are entering nursing programs in our colleges and our universities. The government is investing over \$1.6 million over the next year to support more than 1,600 registered nurses with up to \$1,000 towards tuition costs, as they train to prescribe medications for certain conditions, such as contraception, immunizations, smoking cessation and topical wound care.

Beginning in April of 2025, internationally educated nurses will be able to move through the College of Nurses of Ontario registration process faster. Internationally educated nurses who have a baccalaureate degree and practical nurses who have a diploma will no longer need to go through the lengthy education assessment step in the registration process, saving them up to \$7,500 and allowing them to start sooner.

With all of these initiatives, we're continuing to build up Ontario's current and future health care workforce, adding thousands of new nurses across the province and bolstering Ontario's health care system. We are strengthening the health care system capacity and ensuring quality, timely and high-quality health care where and when people need it.

I'd like now to turn my attention to the expanding scope of practice for pharmacy professionals, which has been exceptionally well-received. This allows people in Ontario to get treatment for minor ailments—at the current time, 19 minor ailments—without the necessity of having to go through a physician but rather to go to their local pharmacist to get the treatment they need for 19 common ailments. In January of 2023, the government expanded the scope of practice for pharmacists, starting with 13 minor ailments and then it was further expanded in the fall of 2023 to the current number, which is 19.

This has been a huge success. Over 5,100, or 99% of, pharmacies in Ontario have participated in the program. They're making care faster and easier than ever. As of October 2024, more than 1.3 million pharmacist assessments for minor ailments have been completed and that means 1.3 million visits have been successfully completed, giving people access to the type of treatment that they need without any unnecessary delay. Ontario has become one of the most leading jurisdictions in Canada in

providing health care through pharmacies. We will continue exploring more ways, more innovative ways to provide convenient and fast health care to people in the province of Ontario.

In addition, the government is proposing to strengthen local hospital governance and accountability by establishing a central governance and accountability office to collaborate with sector partners, including Ontario Health and the Ontario Hospital Association. We're focused on improving hospital service continuity by working with Ontario Health to clarify the expectations for hospitals and provide advance notice of significant service and operational changes to support regional planning.

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We're also looking to examine the addictions counselling workforce, which involves establishing a consultation process for Ontario's addictions counselling providers. Since 2019-20, our government has invested more than \$800 million in new base funding to treat mental health and addictions. This includes community mental health, child and youth mental health, mental health and addictions in the justice sector, and eating disorders. It includes more than \$152 million for addictions treatment services and supports and an additional \$9 million for youth wellness hubs that are delivering appropriate care to youth. In 2022, the government established the Addictions Recovery Fund, which is a \$90-million, three-year investment to boost the capacity in addictions services in both day treatment and bed-based settings.

This past August, the government announced an investment of up to \$378 million over four years to support the creation of 19 homelessness and addiction recovery, or HART, hubs. HART hubs will connect people to a holistic approach to treatment that could include mental health and addictions services and support, as well as providing social services. HART hubs are a critical step to filling gaps in care for vulnerable populations, so they can connect to high-quality care where and when they need it, including supportive housing and other services.

In brief, the bill before us today proposes to make the changes that I enumerated, including others. It's part of an overarching plan that the government has adopted, providing better health in the province of Ontario—more health, where and when you need it. Again, I'm happy to support the Minister of Health and the government in this project and to support this bill today.

The Acting Speaker (M^{me} Lucille Collard): We're going to go to questions.

Ms. Bhutla Karpoche: My question is to the Minister of Health. Supervised consumption sites have been proven to save lives by preventing overdoses. The evidence is overwhelming; there is no debate about that. We are in the midst of a toxic drug supply crisis, and the minister has directed 10 supervised consumption sites to be closed. Now, the minister and her government say that they will be replaced with HART hubs, but we know that HART hubs do not provide the range of harm reduction and health services that supervised consumption sites provide.

Not only that, but the supervised consumption sites have been directed to be closed by March, whereas the HART hubs will be announced in December. We know

that it will be much more time until funds flow and services are provided.

My question to the minister is, how do you justify taking this risk of so many peoples' lives during this critical period?

Hon. Sylvia Jones: I'm not sure if the member opposite was listening in the last hour, but there was actually no mention of consumption sites in this proposed legislation.

Having said that, I will ensure that we actually offer pathways out of addictions. The HART hubs that the member opposite references provides a multidisciplinary, multi-service approach that is actually going to provide more services and not just enable drug use in the province of Ontario.

The Acting Speaker (M^{me} Lucille Collard): Next question?

Mr. John Jordan: I want to start by thanking the minister for the primary care investments that have been made in my riding of Lanark–Frontenac–Kingston, which includes four nurse practitioners in the town of Perth. I also want to state that I'm a firm believer in interdisciplinary care and everyone working to their full scope of practice, especially nurse practitioners and nurses.

I want to ask the minister: What has early feedback been from consultations regarding expanding scopes of practice for nurse practitioners and registered nurses?

Hon. Sylvia Jones: Thank you—a really important highlight. There have been clinicians for many, many years asking for expanded scope of practice. Speaking to nurse practitioners last week about the changes and how that's going to impact their ability to serve their patients, it is very heartwarming to see that not only are clinicians embracing these scope of practice expansions, but we're actually seeing it in the changes.

We can point only to one change that we made in pharmacies, and within six months, we had over a million Ontario residents accessing those expanded scope of practice opportunities in their local pharmacies dealing with minor ailments.

It's working, Speaker.

The Acting Speaker (M^{me} Lucille Collard): Next question?

M^{me} France Gélinas: The six schedules in the bill all move small steps in the direction of better care. But we are living right now in a crisis like our health care system has never ever seen before with 2.5 million Ontarians who do not have access to primary care, who end up having to go to the emergency room because this is the only service—except that for the thousandth time last year, the emergency rooms were closed, mainly in northern and rural areas where I live.

There is a crisis happening. Medicare is based on—if you go see the doctor, it's free; if you go to the hospital, it's free. It's based on your needs, not on your ability to pay. This is the basis of our health care system, and it is in crisis.

What is in this bill that addresses the real crisis that Ontarians face every day in our health care system?

Hon. Sylvia Jones: Thank you very much for that question.

As we expand medical schools in the province of Ontario, with the greatest of respect, why did the member opposite and her party vote against it? As we expanded the number of seats available in our medical schools—every single medical school in the province of Ontario now has more medical seats available for students to train in the province of Ontario—why did the member opposite turn down and vote against those investments?

We will continue to make changes in our health care system to ensure that people have access. At some point, the NDP and the member opposite are going to have to decide, are they with the people of Ontario or are they with special interests?

The Acting Speaker (M^{me} Lucille Collard): Next question?

Mr. Lorne Coe: You will know that Ontario is leading the country with almost 90% of Ontarians connected to a primary care provider. The legislation before us this morning speaks more about how we're connecting Ontarians to a primary care provider. The minister only had a certain amount of time to talk about that.

I'd like the minister to expand, please, on what the government is doing to connect Ontarians to a primary care provider across the province of Ontario.

Hon. Sylvia Jones: Thank you for the question.

Of course, in February of this year, we announced 78 new or expanded multidisciplinary primary care teams. I think it's really important to reinforce what a primary care multidisciplinary team looks like. It's not just a family physician; it is a nurse practitioner, it is an RN, it is a mental health worker, a dietitian. These are the teams that are making an impact in our community.

A couple of weeks ago, I had the pleasure of being in Innisfil where we saw a nurse practitioner-led team expansion, and the crowd and the clinicians were thrilled that we had another expansion opportunity here in the province of Ontario. Since February, we have been able to hire, recruit and take on new patients in Innisfil. That's taking action.

The Acting Speaker (M^{me} Lucille Collard): Next question?

M^{me} France Gélinas: Schedule 3 of the bill talks about staffing agencies and mandatory reporting. We know that the staffing agencies just gouge our health care system, yet there is nothing in the bill to stop this gouging, to make sure that our hospitals, our long-term care, our home care have the resources to be able to recruit and retain a stable workforce.

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You were just talking about the 78 new or extended interdisciplinary teams. None of those teams—community health centres, nurse practitioner-led clinics, Indigenous primary health care teams or community-governed family health teams—have seen a pay increase for their staff since 2017. We are about to be in 2025. How are you going to protect against the gouging that happens and make sure that all of those health care agencies can recruit and retain a stable workforce?

Hon. Sylvia Jones: The member opposite represents a northern riding. She knows the temporary staffing agencies have operated in the province of Ontario for

decades. What we are doing in this proposed legislation is actually to collect the data to ensure that we see if there are increases or in fact decreases in the use of temporary staffing agencies.

With the greatest of respect, 100,000 new nurses in the province of Ontario have been licensed in 2018; 30,000 are training in our colleges and universities today for those opportunities to work in community, in hospitals, in our long-term-care homes. Those are the changes that we are putting in place and we are ensuring that not only can we retain excellent conditions in the province of Ontario, but we're training and making those opportunities available for our young people.

The Acting Speaker (M^{me} Lucille Collard): Last quick question?

Mr. John Jordan: The member from Essex spoke about the Mandatory Blood Testing Act, 2006, and changes in practices and processes are also very important to meeting our health care demand. I'm wondering if the member from Essex can expand on that.

Mr. Anthony Leardi: That's a great question.

Changes in practices and processes can mean that we have more people such as nurse practitioners or registered nurses doing more, expanding their scope of practice and getting more health care to more people, rather than making the scope of practices more narrow, which reduces the number of people who can deliver that service. If we expand the scope of practice, then more people can deliver the service.

Now, as long as they're qualified and they're professional, like the great nurse practitioners in the province of Ontario and the registered nurses in the province of Ontario—when they're professional and they're qualified we can expand the scope of practice and provide more services to the people who need them, especially our police officers, who need this service.

Second reading debate deemed adjourned.

The Acting Speaker (M^{me} Lucille Collard): We're going to move to members' statements.

MEMBERS' STATEMENTS

HOLIDAY EVENTS IN OAKVILLE NORTH-BURLINGTON

Ms. Effie J. Triantafilopoulos: Speaker, the holiday season is in full swing, and I'm delighted to tell you about two incredible Santa Claus parades that brought the community of Oakville North-Burlington together in the true spirit of the Christmas season.

In November, I was pleased to participate in the Oakville Santa Claus Parade with my colleague MPP Crawford. It was an amazing parade that filled the streets with holiday cheer, festive floats and excited families.

This past weekend, I cheered on the hundreds of runners in the annual 3K Santa Claus run and then joined my colleague MPP Pierre on our float in the Burlington parade. It was equally magical, with music, lights and, of

course, Santa himself spreading joy to all the young and young at heart.

These parades are celebrations of the strength and fellowship of our communities. They are a reminder of why we do what we do. The energy, the warmth and the sense of togetherness shows us what it means to be an Ontarian. And of course, it wouldn't be possible without the hard work of community organizers, volunteers and participants who give their time and energy to creating such memorable experiences.

As we celebrate the holiday season, I wish everyone in Oakville North–Burlington and across Ontario a joyful and festive time filled with family, friends and, of course, a little bit of Santa's magic. Merry Christmas and happy holidays to all.

FOOD BANKS

Ms. Sandy Shaw: I just wanted to report that Feed Ontario, which is a network of over 1,200 food banks, just released their Hunger Report and the numbers are staggering. There were over seven million visits to a food bank for emergency food, and new food bank users increased by 43%. Food banks are now being forced to reduce the amount of food that they provide to try and keep up with this surging demand, and we all know so many children and families rely on food banks in our communities.

So, this holiday season, I want to recognize and honour the hard work being done in Hamilton by groups who support those in need.

I first of all want to say to Food4Kids: Congratulations on your sold-out breakfast gala today. You underscore the importance of feeding kids in our community.

I want to thank Ancaster Community Services; Flam-borough Food Bank; Good Shepherd; Mission Services; Neighbour to Neighbour, who have been doing this forever; Dundas community and family services; and Hamilton Jewish Family Services.

I especially want to make sure people know that Hamilton has a holiday registry. This provides a listing of supports available in the city of Hamilton to provide food and to ensure that people don't go hungry over the holiday season and know that they are not alone—they understand that there is a community behind them to support them through what can be a lonely time for people in our city.

And so, Speaker, as the holiday season approaches, I want to express my deep gratitude to the people of Hamilton. I am constantly inspired by the kindness and the generosity that you show to neighbours and to people in your community.

From my family to yours, I want to wish everyone a healthy and safe holiday season.

BITE OF BRANT

Mr. Will Bouma: I am pleased to speak today about the upcoming 30th anniversary of the Bite of Brant that will be taking place this coming spring in the county of Brant.

Bite of Brant is a deeply important initiative in the Brantford–Brant community that allows grade 5 students to connect with local farmers and gain an understanding of, and an appreciation for, the amount of work that goes into producing the food that we eat every single day.

This year, 1,000 grade 5 students had the opportunity to press apples into cider, study planting seeds, learn about careers in the agri-food industry, climb onto a tractor and get an up-close look at live farm animals.

Last month, our government recognized the incredible work that Bite of Brant does each and every year by presenting them with the Excellence in Agriculture Award.

Speaker, I am proud to represent a government that understands the importance of our agricultural sector. Agriculture is the number one industry in the county of Brant, and Bite of Brant ensures that students can engage with the farmers who are not only a vital part of Brant county's economy and society but are also an essential part of Ontario's prosperity.

I would also like to acknowledge the countless volunteers and farmers who make Bite of Brant so engaging every single year. Thank you all. Have a great day.

NEPEAN HOUSING CORP.

Ms. Chandra Pasma: This year, the Nepean Housing Corp. is celebrating its 40th anniversary. Since their incorporation by the city of Nepean in 1984 as a not-for-profit housing provider, they have been a pillar of our community, offering hundreds of Nepean families an affordable place to call home.

They have also built a wonderful sense of community through their programming and their tenant engagement, helping to support residents in meeting their essential needs and ensuring everyone has a voice in their community.

Most recently, Speaker, Nepean Housing has been developing new, affordable, not-for-profit housing in Nepean, converting four housing units into a multi-story building with 31 units. This fantastic development at 1 Dunbar Court will provide a mix of housing for families and seniors as well as supportive housing for adults with developmental disabilities in partnership with TCE, Total Communication Environment.

These new units are helping to address a desperate need for affordable housing and supportive housing in Ottawa's west end. The building will be fully accessible and will also offer community space to the whole Dunbar Court community. One of my favourite things about this new development is that it is near net-zero, proving that we can address more than one crisis at one time.

This is what not-for-profit housing providers can accomplish in our province when we support them. I would love to see developments all over the province like this, but that won't happen without substantial government support. We need to get government back into the business of building housing and support our community housing and not-for-profit providers.

A heartfelt thank you to Nepean Housing for all that you have done for our community, and here's to the next 40.

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SANTA CLAUS PARADES IN BRUCE– GREY–OWEN SOUND

Mr. Rick Byers: Colleagues, one of the many special things about the Christmas and holiday season is the opportunity to participate in all the fabulous Santa Claus parades in our communities. In Bruce–Grey–Owen Sound, parade season kicked off in Owen Sound on November 16. It was a wonderful parade. There were many floats, lots of wonderful music, many folks walking and handing out treats, and of course, there was Santa Claus, with his great sleigh and wonderful reindeer. There was a great turnout from the Owen Sound community, with families and friends filling the streets. It was certainly a joyous start to parade season.

Next was supposed to be in Markdale last Friday. However, Mother Nature had her say. It will happen at some time.

This coming weekend will be a busy one for parades. On Saturday, it starts in Durham, then Meaford, Dundalk, Hanover and Wiarton. On Sunday, it's the Kemble non-motorized parade, then Neustadt, where former Prime Minister John Diefenbaker was raised. On December 14, the community of Holstein has its non-motorized parade, then parade season ends on the 21st in the wonderful community of Chatsworth.

If you're counting, that's 11 parades in Bruce–Grey–Owen Sound and 11 Santas. It's truly amazing commitment from these great communities, and to me, that's the most important message from all these wonderful events. It's not which float is biggest, which band is the loudest or how many gifts were in Santa's sleigh. It's about the amazing commitment that each of these communities has made to put on their parades. It's about friends and families coming together to participate. It's a great example of what makes life so special in rural Ontario.

Thank you to everyone who made these 11 parades such a great event for our communities.

CONSUMER PROTECTION

Mr. Tom Rakocevic: Yesterday was Cyber Monday. As you shopped online, you probably noticed a “buy now, pay later” option offered by a growing list of fintech companies. More and more shoppers, especially younger ones, are opting to buy now and pay later, which is encouraging them to spend more by spreading it out, whether they can afford it or not. But some fintech companies are charging as much as 36% interest if you don't pay on time, and some people will even pay more when they layer credit one on top of the other—and no longer just for big purchases. “Buy now, pay later” allows installments on even the smallest of purchases, so you can even finance your slice of pizza.

What most shoppers don't know is that these “buy now, pay later” schemes exist in a regulatory grey zone and are not federally regulated in the way that credit cards are. This lack of regulation and oversight leaves consumers unprotected to the vague and varied agreements they offer

shoppers for their use. What are the hidden costs? What happens when you miss a payment, and how does it affect your credit? How do you resolve disputes? The list goes on and on.

With some businesses paying as much as 8% per transaction, this is hurting small businesses. If you think this doesn't affect you because you don't use it, think again. These high fees can actually increase inflation by driving up the built-in sticker prices of items to make up for these high transaction costs. Make no mistake, the consumer always pays in the end.

I urge the government to pass my motion to establish a regulatory framework for “buy now, pay later” products, and ensure that consumers are protected, and the online marketplace remains fair, transparent and safe for all.

SENIORS' SERVICES

Mr. Lorne Coe: Yesterday morning, the Honourable Natalia Kusendova-Bashta, the Minister of Long-Term Care, and the Honourable Sylvia Jones, the Minister of Health, announced almost \$80 million over three years to improve dementia care and supports to improve the well-being of seniors, their caregivers and families. This includes requiring all long-term-care homes to have a dementia program, with an investment of \$9 million over three years to launch a new program with respect to caring for residents living with dementia; \$15 million over two years to launch community access to long-term care that will give seniors still living in their homes access to certain services in long-term-care homes; and \$20 million over three years to expand adult day programs, which offer social programming and peer connections, helping reduce isolation for seniors, including those with dementia.

Supporting initiatives that strengthen communities like Whitby and enhance the lives of seniors remains a top priority for our government. This recent investment will significantly improve the care and treatment of seniors living with dementia and provide vital support to their caregivers and families in Ontario.

BALMY BEACH SENIOR MEN'S RUGBY TEAM

Ms. Mary-Margaret McMahon: Ladies and gentlemen, fasten your seat belts: I have some exciting news. Beautiful Beaches–East York is home to the best rugby team in the province, and they are in the House. The Balmy Beach Rugby team won the provincial championship for a record-setting 17th time, making them the rugby team with the most championship wins in all of Ontario.

The senior men's Balmy Beach Rugby team beat the Brantford Harlequins—looking at you, to the member of Brantford–Brant—in a close match to win the prestigious McCormick Cup this past September. Incredible Iain McLeish, president, director and head coach for Balmy Beach Rugby, helped lead the team to victory ahead of their 70th anniversary in 2025.

We celebrate this diverse, talented crew, knowing they had help with their proud achievements through the dedication and spirit of generations of Balmy Beach

players, coaches and volunteers who have made the club what it is today—the strongest rugby club in all of Ontario. Congratulations, and up the Beach!

HOLIDAY EVENTS IN BAY OF QUINTE

Mr. Tyler Allsopp: For the past few weeks, I've shared with members of the Legislature some of the great work being done by businesses and charities in the Bay of Quinte. Today I rise to talk about some incredible holiday events that are coming up this weekend in our riding and will be running throughout the holiday season.

Over in Prince Edward county, in Ameliasburgh, they are hosting Christmas in the Village on Saturday the 7th from 12 to 3. Also on Saturday, from 7 p.m. to 9 p.m. at the Regent Theatre in Picton, check out William Shakespeare's Christmas Carol, which has quickly become a holiday classic.

In Quinte West, there will be a holiday market this weekend, while the Belleville Downtown District BIA continues to host their Enchanted Holiday Market for the next two weekends. You can visit the local pop-ups with artisans and food vendors, entertainment and activities within their holiday huts.

In Trenton, the downtown business improvement area will also have free horse-drawn wagon rides throughout the downtown, daily, from the 15th to the 23rd between 5:30 and 8 p.m.

One of my family's favourite holiday traditions—and it's actually free—is enjoying the local holiday lighting displays, particularly the Belleville Festival of Lights, which takes place every night in Jane Forrester Park. And in Quinte West, there is the Doug Whitney Fantasy of Lights in Fraser Park and the Christmas Fantasy at the Frankford Tourist Park. All venues will be lit until the end of the year.

The holiday period is a time of joy, family and celebration. Bay of Quinte has many great events for all ages to discover and enjoy, and I encourage all to visit the many holiday events taking place in our community. For more info, visit bayofquinte.ca or visitthecounty.com.

HOLIDAY MESSAGES

Mr. Logan Kanapathi: As we approach the year's end, I am filled with gratitude for the remarkable achievements and unwavering community spirit in Markham–Thornhill. This year, we celebrated the rich cultural diversity that defines our riding through events such as Tamil Heritage Month, Lunar New Year, Eid, Diwali, Nowruz, Rosh Hashanah, community barbecues and many more. These celebrations remind us of the strength and beauty of our multicultural community.

Also, our local businesses have demonstrated incredible resilience in overcoming economic challenges and our community has united to support one another through love and compassion.

The holiday season is a time to reflect on how we can bring light into the lives of others, especially those in need. This season offers us the opportunity to show kindness,

whether by volunteering, donating or offering a helping hand. Together, we can pave the way into the new year.

1030

Mr. Speaker, to my colleagues in the House from all parties and the residents of Markham–Thornhill, I extend my heartfelt wishes for a joyful and peaceful holiday season. May this time of the year give us the strength and courage to move forward in hope and optimism for my residents and the wonderful people of Ontario.

INTRODUCTION OF VISITORS

The Speaker (Hon. Ted Arnott): In the Speaker's gallery today is Integrity Commissioner J. David Wake, along with his wife, Leslie, and the hard-working staff at the Office of the Integrity Commissioner. Commissioner Wake has served this Legislature with integrity since 2016. As he soon begins a well-deserved retirement, on behalf of all members, I wish to thank Commissioner Wake for his sage advice and professional expertise.

Welcome to the Legislature, and once again, thank you.

Applause.

The Speaker (Hon. Ted Arnott): I wish to extend an invitation to all members to attend a farewell event for Commissioner Wake following question period being held in room 340—again, right after question period.

Ms. Sandy Shaw: Earlier this morning, I talked about Food4Kids in my riding, and what I neglected to mention is the contribution of Hamilton firefighters with their #eatAbeet campaign. So it gives me great pleasure to introduce members of Local 288 from the Hamilton Professional Firefighters Association: Rob D'Amico, Brad Smythe, Josh Kreidl and Joe Labenski.

It was great meeting with you today. I'm looking forward to your reception this afternoon and this evening. Welcome to the Ontario Legislature.

Hon. Jill Dunlop: Today I'm pleased to welcome Brett Eeles and Leona McAusland from the Ontario Professional Fire Fighters Association, and from my riding and with the Orillia Fire Department. Thank you for your service and for keeping our community safe. Welcome to Queen's Park.

M. Guy Bourgoin: Comme derrière tout bon député, on a une équipe derrière vous. Moi, ce n'est pas différent. Moi, j'ai mon équipe qui vient de Kapuskasing—Mélanie Gagné, Stephanie Ouimette—mais aussi, j'ai mon assistante législative Astrid Krueger.

And you know the song:

Sung to the tune of The Best.

You're simply the best
Better than all the rest
Better than anyone
Anyone I've ever met ...
You're simply the best....

Ms. Aislinn Clancy: I'd like to introduce my family away from home, Katie and Estelle Crane. And family members of our legislative coordinator, Stacey: Brad

Woodward and Emily and Leah, his kids. Thank you to our future generation of leaders for coming today.

Mr. Robert Bailey: It's a great pleasure today to welcome all of the Ontario professional firefighters here today. Especially, I have two members from Sarnia–Lambton in the persons of Matt Madere and Brian Secord here in the east members' gallery. Welcome to Queen's Park.

M^{me} France Gélinas: I also want to welcome firefighters from Sudbury, members of the OPFFA. That's Chris Zawierzeniec and Mike Squarzolo. Always a pleasure to see you.

Mr. Mike Schreiner: I have a number of introductions today, so I beg everyone's patience.

First of all, I'd like to welcome all the firefighters from across Ontario, but especially Colin Hunter and Chris Boehmer from the Guelph Professional Fire Fighters Association.

I also would like to welcome Autumn Hodgson, who is the page captain today. Her family made it through the snowstorm down from Parry Sound–Muskoka to join us today: her father, Glen Hodgson, who's a long-time friend of mine, as well as Kristy Kujala and her grandmothers, Mary Lynn Black and Pat Hodgson. Welcome to Queen's Park. Congratulations on your big day.

Finally, I'd like to welcome my constituency manager, all the way from Guelph, Lisa Maslove, who is here today. Thank you for the amazing service you provide the people of Guelph.

Mr. Will Bouma: I'd like to welcome firefighters from the Brantford Fire service, Gavin Jacklyn, Wayne Robinson and Josh Van Horne.

Thank you for what you do for our community. Have a wonderful day.

Mrs. Jennifer (Jennie) Stevens: I would like to welcome today to our House St. Catharines Professional Firefighters association: Liam McGrath, treasurer, and Ryan Madill, the president.

I just want to say thank you for that wonderful meeting this morning, and we'll see you this evening at your reception.

Mr. Stephen Blais: I, too, would like to welcome all the firefighters from across Ontario, but in particular, from Ottawa, David Andre, André Delorme and Tim Bernardi.

Thank you for keeping our community safe. We all know firefighters play a central role in community life, so thank you for all the community events that you put on, including, this past weekend, the Orléans Parade of Lights, which had thousands of people on the main street of Orléans.

Mr. Brian Riddell: I have the pleasure today to introduce two firefighters from Cambridge: Jordan Armstrong and Patrick Nixon.

I'd also like to welcome all firefighters, and I'd like to welcome all the students from Southwood Secondary School in Cambridge, where I also graduated from.

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

MPP Kristyn Wong-Tam: Good morning, colleagues. I want to just also extend my special welcome to the

Ontario professional firefighters. I look forward to my meeting this afternoon with Victoria—also known as Tori—Goulart; John Maclachlan; and Mike Smith.

I want to thank also the Toronto firefighters who are in the building today, and I want to extend my special congratulations to our new Toronto Fire Chief, Jim Jessop.

Ms. Mary-Margaret McMahon: I want to introduce the bold, brave and sometimes boisterous Beaches–East York Balmy Beach Rugby club: Iain McLeish, the president and director; Malency Wainwright; coaches Patrick Maulson, Michael Allen and Brian Spanton; and players Filip Pasagic, Ben Jones, Sasha Putt, Ulises Ornelas, Brock Clancy, James Roseborough, Jason Park, Kyle Lagasca, Tomas Larouche, Chris Thomas, Jamie Cain, Andrew Hevey and Simon Onyango. Thank you. Welcome to the House.

Hon. Mike Harris: I, too, would like to welcome some amazing firefighters from all around Waterloo region today: Reid McIver, Brandon Jamieson, Adam Overgaard, Kevin Collins. Look forward to seeing you guys later this afternoon.

Miss Monique Taylor: It is always a pleasure to welcome firefighters from right across the province. I've seen so many familiar faces today already. But a special thank you, of course, and welcome to Local 288 from Hamilton: president Rob D'Amico, Brad Smythe, Josh Kreidl and Joe Labenski.

Welcome back to Queen's Park. I look forward to our meeting today.

Mr. Tyler Allsopp: While I'm not going to sing, I happen to think that my members are simply the best as well. I'd like to extend a welcome to Curtis Clarke, Steve Morgan and Stephanie Page from the Ontario Professional Fire Fighters Association.

Thank you so much for coming, and welcome to Queen's Park.

MPP Jill Andrew: I am proud to welcome the North Toronto Collegiate Institute to Queen's Park, to your House. I want to give a big, big, big thank you to teacher Shannon Bilmer for all your wonderful work with our students.

I also want to thank the Ontario professional firefighters, specifically Toronto Professional Fire Fighters' Association members Gerlando Peritore and Steve D'Aloisio.

I also want to thank Commissioner Wake for your years of service and kindness.

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And last, but certainly not least, I want to welcome Andrea Vásquez Jiménez here from Policing-Free Schools. Thank you, and all of you, welcome to your House.

Hon. Kevin Holland: I would like to extend a welcome to two members of the Thunder Bay Professional Fire Fighters Association. First is Robert Sheppard, who, on January 1, will be taking over as president. Second is Dennis Brescacin, who has served an incredible 28 years on the executive, the past 12 as president. Thank you for your service to your community and welcome to Queen's Park.

Ms. Bhutla Karpoche: I too would like to give a very warm welcome to all of the firefighters, especially from

the Toronto Professional Firefighters' Association: John MacLachlan, John Blair, William Morris, Michael Smith, Tomas Girdauskas, Gerlando Peritore, Matthew Fabbro, Tori Goulart, Steven D'Aloisio and James Wenger. I look forward to our meeting today.

Mr. Ted Hsu: I'd like to welcome Ayrton Potter of the Kingston Professional Firefighters Association, who is visiting and who will be meeting with me later today. Welcome to Queen's Park.

Hon. Nolan Quinn: I'd like to welcome Jeffrey McIntyre and Dan Heroux from the Cornwall Professional Fire Fighters Association. Thank you for the meeting this morning.

Ms. Jennifer K. French: I would also like to welcome, from the Ontario Professional Fire Fighters Association, Oshawa Local 465 president Peter Dyson, VP Nathan Langille and Brad Whittle. Welcome to your House.

Hon. Sam Oosterhoff: We have Timothy Lea here, platoon chief with Niagara Falls Fire Department. Thank you for all you do.

MPP Wayne Gates: First of all, I just want to say, to Mr. Wake, thank you very much for your years of service. I've always enjoyed my meetings with you. You've kept me on the straight and narrow, so thank you very much for everything you do. Enjoy your retirement.

I'd also like to welcome the firefighters from Niagara Falls—Tim Lea. You guys do an incredible job. You have one of the toughest firefighting responsibilities in all of Ontario with Niagara Falls. Thank you for everything you do.

And to the rest of the firefighters, thank you from the bottom of our hearts.

Hon. Doug Ford: Mr. Speaker, I want to thank all the firefighters. I appreciate everything you've done, day in and day out. There's no government in the history of this country that's shown more love to our great firefighters than this government. It's well deserved. Thank you for your service.

Another special announcement: I want to wish my right-hand person Julia a happy birthday—the ripe age of 26 years old. Oh, my goodness, youth is beautiful. Anyway, she controls my life. Thanks, Jules, for all the work that you do—and putting up with our gang right here too.

Ms. Marit Stiles: I too would like to welcome all the firefighters in the House today. It was a pleasure to speak at your conference. We welcome you here and thank you for all your work.

I have also want to give a special shout-out to the outgoing Integrity Commissioner, Mr. David Wake, who's joining us here today. I know we've kept him rather busy over the last few years, in particular.

But I also want to mention his incredible staff team, who are joining us here today as well, and we have the honour of visiting with later today. We know the incredibly important work you do for the people of Ontario. I want to thank you all and, of course, Mr. Wake, for your incredible service to this province. Thank you so much and best of luck in your retirement.

Mr. Aris Babikian: would like to welcome Linda Li to the House today. She's the mother of our page captain

today, Andrew Yang Muhlbacher. Congratulations, Andrew. Scarborough—Agingcourt is proud of you.

MPP Lise Vaugeois: I would like to welcome the wonderful Dennis Brescacin and Robert Sheppard, who are here representing the Ontario Professional Fire Fighters Association from Thunder Bay. I would also like to welcome Hammarskjold High School students who are here visiting the Legislature today. I look forward to meeting all of you later.

I also want to give thanks to Commissioner Wake for your sage advice. Thank you very much.

Mrs. Daisy Wai: I'd also like to thank our Integrity Commissioner for all you have done for all of us.

I would also like to welcome the Ontario professional firefighters, and in particular the Richmond Hill local executives, Jeff Voisin and Tim Sparks. I'm looking forward to our meeting this afternoon.

Mr. Chris Glover: I also want to extend our welcome to the Ontario professional firefighters, and in particular the Toronto firefighters. I'll be meeting with some of you later this afternoon.

From Ontario Place, we have a number of visitors: architect Catherine Nasmith; Ontario Place For All co-chair Norm Di Pasquale; Ontario Place photographer Steven Evans; architect and artist Bill Greaves; the editor of Canadian Architect Magazine, Elsa Lam; real estate broker and expert on the Therme lease Nina Deeb; and landscape architect Walter Kehm.

I also want to give a special welcome to my new executive assistant, Sam Hamilton. Welcome to your House.

Hon. Victor Fedeli: With us today is the Canadian Manufacturers and Exporters, and many of their Ontario manufacturing members. We encourage everybody to join them this evening at the 25th Ontario Made reception in the dining room, where they'll recognize the outstanding contributions of Ontario manufacturers to our economy.

Hon. Peter Bethlenfalvy: I also want to give a big shout-out to our great firefighters who protect us each and every day. Thank you. And particularly just over there from Durham region and Pickering, thank you for all that you do to keep us safe.

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

QUESTION PERIOD

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: Good morning, Speaker. This question is for the Premier.

While Ontarians have struggled to find a home, to find a family doctor and to just make ends meet, this Premier has been singularly obsessed with building a personal vanity project down on Toronto's waterfront, a luxury spa. He was willing to do anything and pay anything to get it.

The Auditor General released her annual report this morning, and it confirms that the Ontario Place redevelopment process was rigged from the start. The ministry did not follow any established processes, and the Premier's

office got their hands dirty to change the scores to benefit the Premier's insider bidders.

Why did the Premier and his infrastructure minister rig the Ontario Place procurement process to benefit certain bidders?

The Speaker (Hon. Ted Arnott): I'm going to ask the Leader of the Opposition to withdraw the unparliamentary comment.

Ms. Marit Stiles: Withdraw.

Interjections.

The Speaker (Hon. Ted Arnott): I'm going to ask the government members to come to order.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

To reply for the government, the member from Brampton West.

Mr. Amarjot Sandhu: We thank and respect the Auditor General's report, and the recommendations outlined in the report. Mr. Speaker, as you are aware, the report was just tabled this morning. We look forward to responding to the report. Other ministers will be addressing the report in a joint briefing this afternoon.

We are committed to making Ontario Place and the science centre projects that every Ontarian can be proud of. This means creating jobs, tourism and ensuring these spaces remain vibrant, innovative and welcoming for future generations.

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

Ms. Marit Stiles: Speaker, let me be very clear: The Auditor General says very clearly in her report that this was a very good deal for Therme and a very bad deal for Ontario.

1050

What's important here is that Therme's financial problems were no secret to the infrastructure minister: 12 days before they signed the lease, her staff flagged that Therme had cash-flow-negative. They barely had a million euros in the bank. They couldn't even buy a condo in Toronto for that, let alone our entire waterfront. So from day 1, the Premier and his infrastructure minister knew that they had to use public dollars to pay for his personal vanity project.

Therme is too broke to even run a splash pad, Speaker. Why did they choose this broke luxury spa company as the bidder to redevelop Ontario Place?

Interjections.

The Speaker (Hon. Ted Arnott): Members will please take their seats. The member for Renfrew–Nipissing–Pembroke will come to order.

To reply for the government, the member for Brampton West.

Mr. Amarjot Sandhu: Again, we respect the Auditor General's report and the recommendations outlined in that report. But when it comes to Ontario Place and the science centre, the opposition is merely criticizing the issue, which is more sound but no light, all criticism but no vision.

Our government is making unprecedented investments in infrastructure, including bringing Ontario Place back to life and building a brand new science centre. Our vision is

to take the province forward, not backwards. We're the government that's thinking about the future of our children. The science centre and Ontario Place will be places for all in our communities.

My question to the member opposite is, why are you so against Ontario Place and the science centre? Why are you so against our children going to the science centre, where children will go learn, do science-related projects and open their minds for all possibilities of science in all its forms?

Interjection.

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

The final supplementary.

Ms. Marit Stiles: The Auditor General has revealed the price tag for the Premier's vanity project is actually going to be more than five times the original projections—five times; an additional \$2 billion, at least. All while Ontarians are struggling to put food on the table.

The facts are very clear: The Premier and his minister have hatched this whole personal vanity project, and it is costing the people of Ontario \$2 billion more. The minister knew this. She stood in this House and she denied it. It's there, clear as day, in the Auditor General's report. Today, she got caught.

So I want to ask this Premier: There has to be accountability here. Will the Premier start by firing his infrastructure minister?

Interjections.

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

Start the clock. The member for Brampton West can respond.

Mr. Amarjot Sandhu: As I said, we look forward to responding to the recommendations outlined in the report. But the NDP has once again chosen to politicize the project that will benefit the people of this generation for generations to come. The decades of neglect by the NDP and Liberals left these iconic spaces underutilized, underfunded and inaccessible to many Ontarians. Where was their vision, their leadership and their action, Mr. Speaker? As our government steps up to transform these sites into world-class destinations, they choose to criticize rather than contribute.

Mr. Speaker, we are committed to making Ontario Place and the science centre a project that every Ontarian can be proud of. This means creating jobs, fostering tourism and ensuring these spaces remain vibrant, innovative and welcoming for future generations, and we are getting it done.

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: I'll tell you what my vision is for this province: building homes, fixing schools, hiring doctors and bringing some integrity and accountability back to this province.

The Auditor General's report on the use of minister's zoning orders is nothing short of another bombshell.

Interjections.

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

Ms. Marit Stiles: It confirms what was obvious: that the MZO process under this Premier's watch has been rife with preferential treatment, and in this report, the Premier himself was implicated. When it came to one MZO in the tiny township of Cavan Monaghan, the minister's deputy chief of staff wrote, "The minister and the Premier are asking for this."

This government is under criminal investigation because of their soft spot for billionaire developers, so why is this Premier still handing out MZOs like candy?

Interjection.

The Speaker (Hon. Ted Arnott): The Minister of Red Tape Reduction will come to order.

To reply for the government, the Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: I appreciate the support from the opposition, Mr. Speaker. Now, if only we could get support when we're building homes in the province of Ontario. If only we could get support when we're removing the red tape to get shovels in the ground; if we could get that support when we're building subways, when we're building schools, when we're building hospitals. If only we could get support for that.

The report actually highlights, also, the work that we have done to ensure that the MZO process is a net benefit to the people of the province of Ontario. We have used the MZO process to ensure that we get hospitals in Toronto to protect the flight path, to build homes across the province of Ontario. As I have said, I will continue to use that tool where it helps me get shovels in the ground to build homes faster.

Just the other day, the Leader of the Opposition was suggesting that we're not going fast enough to build homes. But that is the irony of the NDP, right? They say one thing and do something else, even sometimes in the very same question.

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

Ms. Marit Stiles: They're not building homes. They're giving out these MZOs as preferential treatment for their donors and their insiders. The Auditor General found in the report released today that MZOs are being doled out without due diligence, and explicitly says that nearly one in five are facing significant servicing delays. The report shows that the government consistently ignored the warnings about infrastructure capacity.

So I want to know, to the Premier: Are the people of Ontario getting anything out of this, or is this just another tool that's designed to only help his insider friends?

Hon. Paul Calandra: My insider friend at the city of Toronto, the mayor of the city of Toronto, asked me for an MZO to protect the flight path to SickKids hospital, so we did that. My good friend the mayor of Newmarket asked for a ministerial zoning order to bring Blue Door Support Services, which we granted. My good friend the mayor of the city of Toronto asked me to provide an MZO for a 13-storey in-patient hospital in the city of Toronto, so I

provided that. My good friends at the city of Peterborough also asked for an MZO, which we granted. My good friend the member for University-Rosedale, the NDP housing critic, said this: "This is an MZO that will help people in my riding get the care they need," when we were talking about the MZO and the hospitals.

We have a process that is in place. We've renewed that process. We've highlighted in our response that we have fulfilled the recommendations of the Auditor General, but I will continue to use the tool to the benefit of the people—

Interjection.

The Speaker (Hon. Ted Arnott): The government House leader will come to order.

The final supplementary.

Ms. Marit Stiles: The truth is that MZOs have long been this government's favourite tool in cozying up to their developer friends and donors. But after they got caught handing them out at weddings—

Interjections.

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

Ms. Marit Stiles: —we were told that they were going to change their ways. We were told they would change their ways. This report makes it really clear again that the current minister is doing nothing to change the ways of the former minister, who was at the heart of the greenbelt scandal.

We have the lowest housing starts since 1955 in Ontario. When will the Premier start putting the interests of Ontarians ahead of the likes of Mr. X, who, by the way, makes a special guest appearance in the Auditor General's report this time?

Interjections.

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

The Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: The recommendations in the Auditor General's report, 16 of the 19 were actually done in advance of the report; 16 of the 19 were already done.

I cozy up to a lot of people. In fact, I cozied up to, again, the town of Newmarket when they were looking for additional transitional housing. I cozied up to the mayor of Kingston for the MPP in Kingston, who asked me to bring a tiny-home project that the previous minister brought forward for under-housed veterans.

1100

But I'll tell you what: The previous Liberal government, supported by the NDP, made it almost impossible to get shovels in the ground in the province of Ontario. When you take two million hectares of land, which we've all decided is a good thing, you take that out of production, what you've got to do is ensure that you unleash development in your urban areas. You have to build transit, you have to build transportation networks, you have to make it easier to get shovels in the ground. What did they do? They made sure that none of that happened. So we're untangling the mess that was left behind by the Liberals and the NDP. We will get the job done. We will build 1.5 million homes

and leave a province that is bigger, better and stronger than ever before.

Interjections.

The Speaker (Hon. Ted Arnott): Member for Hamilton West–Ancaster–Dundas will come to order. The Leader of the Opposition will come to order.

The next question.

PUBLIC TRANSIT

Ms. Jennifer K. French: My question is to the Premier.

Yesterday, the government announced that the Premier's million-dollar man, Phil Verster, is finally out as Metrolinx's CEO. We have been calling for Verster's ouster for a long time. He's gone, but what does that mean for the mess he's leaving behind? Well, Michael Lindsay, the former president and CEO of Infrastructure Ontario, is the new face of Metrolinx. Michael Lindsay is the same man who has overseen the Ontario Place deal with Therme that forces the people of Ontario to spend hundreds of millions of public dollars to subsidize a private luxury spa in Toronto.

Premier, a fresh face is not a clean slate. How will things improve for transit riders or the public when the Premier is replacing someone who was never able to deliver a new rapid transit line with someone who has never run a rapid transit system at all?

Interjections.

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

The Minister of Transportation.

Hon. Prabmeet Singh Sarkaria: First, I want to thank Phil Verster for his years of service in this province and welcome Michael Lindsay, the new interim CEO of Metrolinx.

Let's be clear: We've got shovels in the ground on the Ontario Line, a line that will move 400,000 people every day. The NDP have voted against that every step of the way. We introduced One Fare in the past year, which helps save commuters \$1,600 a year and makes public transit more accessible. Unfortunately, the NDP and Liberals voted against that as well. We added over 300 more trips to GO train services across this province to move people from all regions of this province on the GO trains to get to where they need to go, and guess what? The members opposite voted against that.

We will continue to build public transit in this province, and we'll take no lessons from the NDP, who have refused—

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

The supplementary question: the member for Toronto–St. Paul's.

MPP Jill Andrew: To the Premier: Under Mr. Verster, the costs of subway construction have nearly tripled to an astonishing \$1 billion per kilometre. The Eglinton Cross-town P3 construction project running right through St. Paul's is now 13 years old, and we still don't know when this little teenager is going to get running. This record of failure shows why we need major reforms in how the

government procures and delivers major infrastructure projects.

Mr. Michael Lindsay was also behind the sell-off of Ontario Place and directly involved in decisions related to preferential treatment for the Therme deal. After rigging the Ontario Place process, he has now been appointed as CEO of Metrolinx and paid with public dollars.

My question to the Premier: Why is the Premier replacing Mr. Verster with Michael Lindsay, the man who oversaw the shady Ontario Place deal with Therme and shut down the Ontario Science Centre based on a bogus—and I mean a bogus—business case? You—

Interjections.

The Speaker (Hon. Ted Arnott): Order. Minister of Health, come to order. The government House leader, come to order.

Minister of Transportation can reply.

Hon. Prabmeet Singh Sarkaria: One thing is clear: If it was up to the NDP, they would do the exact same thing the Liberals did for 15 years, which was build absolutely nothing. It's a shock that they put politics over public transit. Members of the NDP should be supporting this government as we make \$70 billion worth of investments into public service.

Let's talk about some of those investments: the Yonge North subway extension, which will bring over 30,000 people within walking distance of public transit, the Ontario Line, which will move 400,000 people every single day and take 28,000 cars off the road, and the NDP vote against that. That's a shame. For them, it's all about politics, not about moving this province forward.

We're going to continue to get shovels in the ground and build for the future, to build for the next 10, 15, 50 years of this province, to see people being able to use more accessible public transit and improve their quality of life. Because we—

Interjections.

The Speaker (Hon. Ted Arnott): The member for Toronto–St. Paul's will come to order. The government House leader will come to order.

The next question.

INTERNATIONAL TRADE

Mr. Anthony Leardi: My question is to the Premier. Under our government's leadership, Ontario's economy is a leader in North America once again. Our trade and strong financial ties with our neighbour to the south are part of our economic success. The United States is Ontario's largest trading partner, with millions of jobs depending on this vital relationship.

With President Trump's election, trade policies are shifting. Threats of tariffs are bringing challenges and concerns to many businesses in our province. But our government has shown that we are ready to adapt and protect jobs that are tied to cross-border trade. The Ontario government has done significant work to strengthen this relationship, from trade missions to promoting Ontario goods.

Can the Premier please tell us more about the economic benefit that trade has brought to both Ontario and the neighbouring United States of America?

Hon. Doug Ford: I want to thank the member from Essex for that very important question, through you, Mr. Speaker. During a time of global instability, it's never been more important that Ontario and the US make sure we strengthen our economic ties, create jobs on both sides of the border and protect our shared national security interest.

If we were a stand-alone country—which I'd never recommend—we would be the US's third-largest trading partner in the world: over \$500 billion of two-way trade between the US and ourselves, split equally down the middle. We're the number one trading partner to 17 states—states like Ohio and Michigan and New York, to name a few—and we're number two to 11 other states.

We have created an economic powerhouse in Ontario. We've seen trade increase by \$100 billion since we've been in office because we've created the environment and the conditions for companies to come here and thrive and prosper. And that's exactly what we're seeing, with over \$70 billion in investment right here in Ontario since we've taken—

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

Mr. Anthony Leardi: Thank you to the Premier for his continued leadership.

Ontario's economy depends on strong trade with the United States. Our shared border is more than just a line on the map. It's a lifeline for jobs and businesses. Every day, billions of dollars in goods cross our borders. These goods create jobs for families across Ontario and also in the United States.

Ontario has the critical minerals and the energy that the United States needs for growing its economy and its national security. But new trade policies in the United States could change that. There are threats of tariffs, barriers, and new rules. The Ontario government has stepped up, showing leadership in tough times. We must continue to protect our workers and industries.

Can the Premier share what we are doing to promote the benefits of trade between Ontario and the US?

Hon. Doug Ford: Thank you for the question from the member of Essex.

I'll tell you exactly what we're doing: We've signed trade deals with leaderships through Michigan, Nevada, Indiana, Illinois, New Jersey and many more to come. We've had meetings over the last two years with the governors, the senators, the congressmen and women that absolutely love Canada. They love the trade that we do between Ontario and the US.

We were seeing this coming down the road months ago, so we were proactive. We put an ad campaign—the best ad campaign, the largest spending in Canadian history—to reach out to over 100 million Americans, telling them what a great partner we are, no matter if it's the critical minerals that they're using or a great Minister of Energy shipping energy down to Michigan and New York, keeping

their lights on. Making it stronger as a connection—we're so much stronger when we work together.

That's my message to the President of the United States: that when we work together, we are a powerhouse against the rest of the world.

GOVERNMENT ACCOUNTABILITY

Mr. Chris Glover: The Auditor General's report came out today and it showed that the Therme deal at Ontario Place broke every rule for making government contracts.

1110

The Triple Five Group was originally a favoured bidder and was set to take over the entire Ontario Place site, but the bid received low scores. After a meeting with the Premier and the minister, Triple Five was invited to resubmit its bid. Did any government official direct Infrastructure Ontario to allow Triple Five to resubmit its bid?

The Speaker (Hon. Ted Arnott): To reply, the member for Brampton West.

Mr. Amarjot Sandhu: Once again, I would repeat that we thank and respect the Auditor General for his report and the recommendations that are outlined in the report. As you are all aware, that report was just tabled this morning. We look forward to responding to the report, as other ministers will be addressing the report through a joint briefing this afternoon.

Mr. Speaker, we are committed to making Ontario Place a project that every Ontarian can be proud of. This means creating jobs and tourism and ensuring these spaces remain vibrant, innovative and welcoming for future generations.

It was the previous Liberal government, which was always supported by the NDP, that left this historic place in a state of neglect and disrepair. This neglect will not continue under the watch of this Premier and this government, because we believe in getting things done and built, not neglected.

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

Mr. Chris Glover: So, \$2.237 billion is what the Auditor General said today is the taxpayer donation to the Therme mega-spa and the project at Ontario Place. How much rent are they paying? About \$1.1 billion over 95 years. The Auditor General says that in today's dollars, by the time they finally pay off that \$1.1 billion—like, half the amount—it'll actually be the equivalent, in inflation-adjusted dollars, to \$163 million. So they're not even paying rent; they're getting the rent for free.

The Auditor General revealed that, prior to signing the 95-year lease with Therme, a senior analyst with Infrastructure Ontario reported that Therme was cash-flow-negative and its equity value was less than €1 million.

Did any government official direct Infrastructure Ontario to ignore all of these warning signs before signing this terrible 95-year deal with Therme?

Mr. Amarjot Sandhu: As you're aware, that report was just tabled this morning, and we look forward to

responding to the report this afternoon, as other ministers will be doing so during a joint briefing.

But we wouldn't be talking about Ontario Place had the Liberals and NDP not neglected this historic place. Instead of neglect and disrepair, Mr. Speaker—the same Liberal government, led by Kathleen Wynne, stood in front of Ontario Place in 2014 and proclaimed their vision to revitalize Ontario Place. Now, they're upset that we're picking up the pieces of their failed project and getting the job done.

Mr. Speaker, we are making an Ontario Place that the people of this province will be proud of, where our families will go, where our kids will go. We'll get the job done.

TRANSPORTATION INFRASTRUCTURE

Mr. Logan Kanapathi: Mr. Speaker, my question is to the Minister of Transportation.

In the last election, the people of Ontario voted overwhelmingly for our plan to build new highways. They voted for Highway 413 and the Bradford Bypass. After 15 years of inaction by the previous Liberal government, we need new highways to keep our economy moving. Ontario's population is rapidly growing, and we need to ensure that Ontario has the infrastructure needed to move goods and people.

After years of inaction by the previous Liberal government, can the minister please explain what steps our government is taking to build highways faster?

The Speaker (Hon. Ted Arnott): The member for Hastings–Lennox and Addington and parliamentary assistant.

Mr. Ric Bresee: Thank you to my friend the member from Markham–Thornhill for that question.

Speaker, our government is focused on building the infrastructure we need to keep our people and our economy moving. The previous Liberal government—they said no to building critical infrastructure projects, like the Bradford Bypass and Highway 413. From my perspective, they said no to building almost anything.

The people of Ontario know that the Liberals and the NDP did nothing to plan for our growing populations. Communities in the GTA were left to deal with worsening congestion, with no solutions in sight. That's why the people of Ontario re-elected our government with the second-largest majority in Canadian history.

With our Building Highways Faster Act, this government is committed to action. This means cutting red tape and opening new highways sooner, not later. We're the only party, focused on solutions. We are—

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

The supplementary question.

Mr. Logan Kanapathi: Thank you to the parliamentary assistant for the great response.

Gridlock is at a breaking point. The previous Liberal government ignored this problem for too long. Reports indicate that Toronto commuters face the longest travel times in North America, spending an average of 98 hours

each year in rush-hour traffic. This is less time with our families. People want solutions. That is why our government is taking action that will help keep them out of traffic.

Can the parliamentary assistant please explain how the Building Highways Faster Act will help keep our province moving?

Interjection.

The Speaker (Hon. Ted Arnott): The member for Hamilton Mountain will come to order.

The response? The member for Hastings–Lennox and Addington.

Mr. Ric Bresee: Thank you again to the member from Markham–Thornhill.

We know the impact that gridlock is having on our families across this entire province. I've spoken with parents who just want to make it home to have dinner with their kids on time. I've heard from businesses who say it's driving up the cost to deliver their goods, their groceries and everything else to their customers.

That's why we're taking action. Through the Building Highways Faster Act, we're fast-tracking the Bradford Bypass and Highway 413. We're bringing forward measures that cut the red tape and introduce 24-hour construction. These projects will cut commute times, reduce traffic on local roads and support our growing province. Ontarians know that we're the only party that has a real plan to tackle gridlock.

LABOUR LEGISLATION

MPP Lise Vaugeois: My question is about Bill 229. The Minister of Labour promised to bring presumptive coverage for wildland firefighters and consider one fire season as one full year. But these protections are missing from the latest Working for Workers bill. If the language is not clear in the bill, claims for coverage will be refused. Will the minister send this bill to committee to ensure the necessary changes are made to protect wildland firefighters?

The Speaker (Hon. Ted Arnott): To reply, the Minister of Colleges and Universities.

Hon. Nolan Quinn: Firefighters are heroes that put their lives on the line to protect others in their time of need. They risk their own lives in service of others, and for that, we owe them our sincere and fulsome gratitude.

However, what most people do not realize is that firefighters face rates of cancer that are nearly four times higher than the average Ontario population. Our government, under the leadership of Premier Ford, is doing more than any other government to support these heroes. In the Working for Workers Five bill, we improved the presumptive coverage for firefighters, fire investigators and volunteers for primary-site skin cancer by lowering the required duration of service from 15 years to 10 years, bringing Ontario to the lowest required duration in the whole country.

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

MPP Lise Vaugeois: It's a pity we didn't get an answer to our question.

Another provision of Bill 229 is that it diverts funds intended to support workers by creating a slush fund for employers. In 1998, supports for injured workers were significantly reduced, with the promise that rates would be restored when the WSIB no longer had an unfunded liability. However, now that there is a surplus, instead of restoring rates, benefits continue to be slashed, deducting support payments for jobs that don't exist, suppressing claims for long-term injuries, incentivizing companies to hide accidents—all of which has resulted in workers being forced into poverty.

1120

Will the government send this bill to committee to remove this section and ensure that WSIB serves the needs of workers?

The Speaker (Hon. Ted Arnott): The Solicitor General.

Hon. Michael S. Kerzner: I'm very proud that our government, led by Premier Ford, has the backs of all the firefighters every single day. It's a pleasure that the OPFFA is here today. I spoke with them yesterday, as the Premier did and the Minister of Labour. A couple of weeks ago, we were at the Ontario Association of Fire Chiefs in Niagara, but the message is the same. Their welfare is important to us, and that's why our government came forward with so many major changes in addressing their concerns for their own welfare and their own safety, by changing the presumptive cancers, and we came forward with the Fire Protection Grant.

We recognize they put their lives on the line each day to keep our community safe. What defines our government's leadership, under Premier Ford, is we will have their backs morning, noon and night.

HEALTH CARE

Ms. Stephanie Bowman: There are 2.5 million people in Ontario with no family doctor, including 29,000 in Don Valley West. But it's no surprise to this Conservative government that our public health care system is breaking—after all, that was their plan. First, they shelved the program to certify internationally trained doctors. Then they cancelled new nurse practitioner-led clinics for five years. Then they brought in Bill 124, driving nurses out of the profession. The OMA offered solutions, but the government threw that report aside. Now, before they waste millions of taxpayer dollars by calling an early election, the Premier hires a former health minister to write another report that they will ignore. But booze in corner stores, they're all over that.

My question to the Premier: Why won't you rush to get people a family doctor the way you rushed to get booze in corner stores?

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

Hon. Sylvia Jones: Oh, Speaker, Speaker, Speaker. You can have your own story, but you can't have your own facts. The facts are that we actually directed the College of

Physicians and Surgeons of Ontario to quickly assess, review and ultimately license, when appropriate, internationally educated and trained physicians. What did that do? That got us a historically high number of internationally trained physicians wanting to practise in the province of Ontario. What did the member opposite do? She sat on her hands while her party actually cut the number of seats available in Ontario. That was in 2015, Speaker.

Imagine, if you would, where we would be today if the Liberal government of the day hadn't cut 50 medical seats. Well, I don't have to imagine; the numbers show we would have had almost an additional 450 physicians trained in the province of Ontario. Those are the facts.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

The supplementary question.

Ms. Stephanie Bowman: The 2.5 million people without a doctor know what the facts are. This government spends 2.5 to four times more for procedures at for-profit clinics than they spend for the same in public hospitals. That is not fiscally responsible, and the government knows it.

If this was so great for the people of Ontario, the government would be bragging about it in their TV ads. By the way, the AG told us this morning that they've spent a record amount on those ads this year.

Instead, the CBC had to get this information via an FOI. When interviewed about these costs, hospital officials "spoke on condition of anonymity because they feared talking publicly about the province's funding arrangements could bring financial repercussions to their hospitals." That's scary.

My question to the Premier: Why is he focused on doling out profits to his insider friends while he lets public health care systems fall apart?

Hon. Sylvia Jones: What our government is focused on, under the leadership of Premier Ford, is actually building up a system that was ignored for far too long. You know, Bonnie Crombie actually said during the leadership that she felt that the previous Liberal government was spending too much money in their health care budget. What have we done? Under the leadership of Premier Ford, we have seen a 31% increase in the health care budget. What do those investments mean? They mean that we have more nurses training in the province of Ontario, more doctors training in the province of Ontario. We have expanded nurse practitioner-led clinics that the previous government ignored. I was just at a nurse practitioner-led clinic in Innisfil, where 10 nurse practitioners—

Interjection.

The Speaker (Hon. Ted Arnott): Order.

Hon. Sylvia Jones: —are now working in the province of Ontario. That is only one example—

The Speaker (Hon. Ted Arnott): The member for Ottawa South will withdraw.

Mr. John Fraser: I withdraw.

The Speaker (Hon. Ted Arnott): He will rise in his place and withdraw.

Mr. John Fraser: Speaker, I withdraw.

The Speaker (Hon. Ted Arnott): We'll move on to the next question.

AGRI-FOOD INDUSTRY

Mr. Rick Byers: My question is for the Minister of Agriculture, Food and Agribusiness. Under the Premier's leadership, agri-food exports have increased 65% to \$26.2 billion. Almost 30,000 new agri-food jobs have been created across Ontario. The sector generates nearly \$51 billion in annual GDP, up \$3 billion since 2018. Over 871,000 men and women now work in agri-food, representing one in nine of all jobs. Lower taxes, less red tape and support for farmers have made all of this possible. But so has research, innovation and the commercialization of the latest technologies.

Can the minister please share how our government has worked to support agri-food research and innovation to strengthen the long-term competitiveness of Ontario's agriculture sector?

Hon. Rob Flack: Research and innovation has been the hallmark of Ontario's agri-food system for over a century. We are an absolute agri-food powerhouse in North America. Our \$51-billion industry is being supported with a renewed \$343 million in support for agri-food alliance. It is an alliance of partnership between the Ontario government, the University of Guelph and the Agricultural Research and Innovation Ontario.

We are supporting all these partners. Why? To create the environment for our industry to succeed. Farmers and primary agriculture, agribusiness, farm suppliers and agri-food—all built on past successes, but, yes, looking to the future to meet future consumer demands.

Under this Premier, agri-food is absolutely flourishing in this province. Speaker, the best is yet to come.

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

Mr. Rick Byers: Thanks to the minister for that excellent answer. The alliance is a critical asset to our province's agri-food research capability. It's good to hear that it's been renewed and strengthened. At its core is the University of Guelph, a globally recognized leader in agri-food research, but it also encompasses Agricultural Research and Innovation Ontario, ARIO. ARIO is a stand-alone body that runs research facilities across Ontario and that helps coordinate agri-food research.

Can the minister please share how our government has worked to strengthen ARIO and to enhance its capabilities?

Hon. Rob Flack: Yes, we modernized Agricultural Research and Innovation Ontario this year. As I think everybody knows, we have 14 stations throughout the province doing great work to bring new technologies and new products forward, and that's just what it's about. Research and innovation is great as long as we can commercialize it, and that is what the ARIO is going to do. New technologies, new programs, new products to support a bias for action for an emerging consumer demand.

We're supporting all the stakeholders that I mentioned earlier, but I want to take a moment here to thank Dr.

Lorne Hepworth, who will be retiring after five years as chair of ARIO. As many know, he is a former minister of agriculture, education, energy and finance in the government of Saskatchewan. He's a member of the Order of Canada and an agricultural hall of fame inductee.

On behalf of our government, on behalf of Premier Ford, happy retirement, Lorne. I promise you, we will find you some other things to do in your post-retirement time. All the very best.

1130

WINTER HIGHWAY SAFETY SÉCURITÉ ROUTIÈRE EN CONDITIONS HIVERNALES

Mr. Guy Bourgouin: My question is to the Premier. So far this year, we have already had two winter storms in northeast Ontario, leading to multiple road closures and countless accidents both times. Highways 11 and 17 become incredibly dangerous in the winter, but in the north, they are essential roads.

Minister, what do you have to say to the families of northern Ontario that fear for their lives and the safety of their families every time they have to drive Highways 11 and 17 in the winter?

The Speaker (Hon. Ted Arnott): And to respond, the Minister of Transportation.

Hon. Prabmeet Singh Sarkaria: The member knows that, over the past weekend, we had deployed crews, worked with the OPP and all of our snow-clearing contracts from across the province as we saw record snowfall on Highway 11. We moved diligently to ensure that we did bring in equipment from all across the province to help and support the removal and clearing of the highways to get them open.

We have continued to invest in our highways and roads to make them as safe, and some of the safest, all across the province—\$27 billion over the next 10 years, much of which includes investments on winter maintenance, improving equipment, increasing our equipment that the members opposite have voted against every single step of the way.

We will continue to ensure the safety and prioritize clearance and improve those records as we move forward into the future as well.

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

M. Guy Bourgouin: Merci pour la réponse, monsieur le Ministre, mais il est temps que vous pétiez votre bulle puis sortez de votre tour d'ivoire.

Si vous parlez de voter contre des projets de loi, vous avez—j'ai déposé multiples projets de loi pour améliorer l'entretien de la sûreté des routes du Nord. Chaque fois, votre gouvernement a voté contre. Plus récemment, le gouvernement a même rejeté notre plan pour prioriser le doublement des routes 11 et 17.

J'ai un nouveau projet de loi que je vais déposer aujourd'hui qui propose que les nouveaux camionneurs de

classe A et D reçoivent 20 heures de formation sur un simulateur de camion avec des conditions hivernales.

Monsieur le Ministre, allez-vous supporter cette mesure de bon sens, qui va élever la sécurité de nos routes? Oui ou non?

Hon. Prabmeet Singh Sarkaria: We're always committed to looking at how we can continue to have the best and highest standards of winter maintenance across this province, and that's why we created a new level of service that will ensure Highways 11 and 17 are cleared faster following a winter storm. It's also why we deployed—whether it be the OPP who work tirelessly over the weekend or tow trucks and many of the winter clearance individuals who helped and support that recovery, it's because of the standards that we have put into place and the investments that we have made and put into place to ensure the safety of people on highways like 11 and 17.

But I have to mention that every investment that we have put forward to increase supports on winter maintenance, to increase supports on personnel on these highways to make them safer, the members opposite have voted against them every single time. And \$27 billion being put forward to support our highway infrastructure across the province, including Highway 11, including Highway—

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

CHILD CARE

Ms. Aislinn Clancy: My question is for the Premier.

When I'm knocking on doors, I'm constantly hearing from folks who are struggling to find an affordable child care space. Since 2022, the demand for child care has risen 115% in the Waterloo region. Our area is known as a child care desert, with more than 9,000 kids on the wait-list. People sign up their kids when they're expecting, and so often, they have nothing to count on when it's time to go back to work. So, people are leaving their jobs, and this makes it harder for them to pay their bills. Disproportionately, those people are women, single mothers and newcomers, who are being pushed out of the workforce because they have no other choice.

To the Premier, will this government turn this troubling trend around by supporting my motion to increase wages for child care workers so we can better attract and retain these essential staff?

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

Hon. Jill Dunlop: When it comes to child care, our government's commitment is unwavering. A reliable child care program means a stronger Ontario economy. It means more moms are working, more families are working.

But, Speaker, our new cost-based funding formula, which comes into effect on January 1, was informed by extensive sector input, and prioritizes a simple and easy-to-administer system that is consistent across the province and is representative of the true costs of operating child care centres.

But, Mr. Speaker, the results of these updates are clear: 92% of licensed child care centres and home agencies were enrolled in a CWELCC system across Ontario; 79% of these were not-for-profit and 21% for-profit. This means, for the region of Waterloo, there's been an increase of almost 22,000 new child care spaces, meaning that more parents in the member's own riding are getting access to affordable, high-quality child care close to home.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Hamilton Mountain will come to order.

The supplementary question.

Ms. Aislinn Clancy: When I talk to child care providers about adding spaces, I hear that there's no point if they don't have the staff to keep them open. Right now, the wage floor for a registered ECE is \$23.86. That's for someone who has a college diploma. And for non-ECE staff it's \$17.20, which is well below the \$21.30 that experts say is a living wage in the Waterloo region.

My motion calls on the government to increase these wages for child care workers and increase the funding for providers so they can stay in the \$10-a-day program. The ask is simple, and it can be done today. This will help so many families, not only in Kitchener but across province.

Again, Speaker, to the Premier: Will he support this action to improve wages for child care workers or not?

Hon. Jill Dunlop: Thank you to the member for your question. I mentioned yesterday, I've been in PEI for my FPT with my provincial colleagues, talking about this exact issue with retention and recruitment of ECE workers.

I'm very proud of our ECE workers here in Ontario. Having heard from other provinces, it really stands out, the high-quality ECEs that we have here in Ontario. They are college-trained. They attend a two-year program, two placements, so they are extremely highly qualified and prepared for the job. That's why, in 2024, the wage floor has increased from the planned \$20 per hour to \$23.86 per hour for eligible RECE program staff and from the planned \$22 per hour to \$24.86 per hour for RECE supervisors and RECE home care visitors. The wage floor will increase by \$1 per hour this year, up to and including 2026.

I want to thank our ECE workers across the province for providing the valuable care they do to our young people.

PUBLIC SAFETY

Mrs. Daisy Wai: My question is for the Solicitor General.

Last week, the Premier, alongside the Solicitor General, met with US drug enforcement agency, the Canadian Border Services Agency and the Ontario Provincial Police to discuss what needs to be done to secure our border. My constituents in Richmond Hill were pleased to see how our government is stepping up to make the changes that address crime within the province when the federal government won't do the same.

Speaker, we know that a significant portion of illegal firearms used in crimes and illicit drugs are being smuggled Ontario from the United States. Can the Solicitor General please inform the House of the important steps Ontario is taking to strengthen law enforcement to ensure the safety of communities across our province?

Hon. Michael S. Kerzner: I want to thank my colleague from Richmond Hill for the question.

The world, as we know, is not as safe as it once was, and that's why, under the leadership of Premier Ford, we will continue to be relentless in making sure all of Ontario is safe, that everyone's inherent right to live safely in our province is something that we take with the highest concern and priority.

Mr. Speaker, the member is correct. A week ago, the Premier and I met with representatives from the US Drug Enforcement Administration, from the Department of Justice in Washington, and we listened to them. We listened to them and the concerns of President Trump, who said we need to have tighter control at the border.

That's why we are acting. In the absence of the federal government, Premier Ford is leading. We will do everything possible. We will investigate new technologies. We will work with our police services in border communities to make sure that they do everything they can to reduce the flow of drugs, to reduce the flow of criminalities, to reduce the illegal guns that are coming into our country. At the end of the day, Ontarians trust one leader for their public safety: That's Premier Ford.

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The Speaker (Hon. Ted Arnott): Supplementary?

Mrs. Daisy Wai: Thank you to the Solicitor General for his response.

It is encouraging to see our government stand up for the public safety and continue to push the federal government to show that Canada understands, cares and is responsive to US security and economic concerns.

The Canadian-US partnership is the envy of the world, and the strong economic and security ties between our countries are vital. That's why protecting our borders is essential not only for the safety of the people of Ontario but for the prosperity of both sides.

Speaker, can the Solicitor General share how Ontario's collaboration with the United States on border security is producing results?

Hon. Michael S. Kerzner: I want to say on the outset how important leadership is, especially now, and to thank Premier Ford for stepping up and being the voice that people trust.

When we hear examples of the leader of the Liberal Party, who's afraid of the police—as the mayor of Mississauga said, she's afraid of the police—we could never trust somebody like that leading our province. That's why we will continue to support our municipal police services, our First Nations police services, our OPP with grants and resources to make sure that, especially in the border communities, they're safe. With Niagara regional police and with Windsor police as an example, each service has received over \$10 million just in the last

few years to fight crime in their communities and to help us at the border.

We will continue to be innovative when others won't. We will step it up when others won't. We will be louder when others won't in pursuit of our public safety.

HOSPITAL PARKING FEES

MPP Wayne Gates: My question is to the Premier.

Yesterday, Niagara Health announced they will be increasing parking fees at Niagara hospitals. Think about this: Parking rates for doctors went up 44%, staff rates went up 22%, visitors' rates went up 19%. This is at a time when hospitals are experiencing a staffing crisis and we desperately need to recruit doctors and nurses in Niagara.

I've heard directly from front-line hospital workers who are relying on food banks to feed their families. Meanwhile—and I want everybody in this room to understand this—all MPPs, including the Premier, don't have to pay to park to come to work at Queen's Park.

Will the Premier commit today to properly fund our public health care system so hospitals no longer need to rely on parking fees to pay the bills?

Interjections.

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

The Minister of Health.

Hon. Sylvia Jones: It continues to fascinate me that the member is interested in micromanaging 140 hospital organizations. I will leave that to the exceptional leadership and CEOs that we have across Ontario.

What I will say and remind the member opposite is, we have had hospitals as partners through the entire time that we've served in government. We are making sure that they have the support they need not only to ensure that we have lowered the wait times for surgeries—we are now, for most surgeries, well below pre-pandemic levels—we have, of course, invested in our hospital partners to make sure that they can appropriately deal with emergency department wait times, often, frankly, dealing with first responders and working directly with their paramedics in their communities. We work very closely with our hospital partners to make sure that they have the assistance and policy changes they need to make appropriate decisions based on their communities.

The Speaker (Hon. Ted Arnott): Supplementary?

MPP Wayne Gates: That's not the answer I want to hear; I want to hear you stand up and say that we shouldn't be charging parking fees in the province of Ontario. That's what—

The Speaker (Hon. Ted Arnott): I'll ask the member to make his comments through the Chair.

MPP Wayne Gates: I apologize.

There are cancer patients, families whose loved ones are dying and parents with sick kids who must go to the hospital every day, and now their costs are going up. After six years of this government, we're in a severe affordability crisis and the last thing people in Ontario need is out-of-pocket costs. For six years, the government

has been underfunding health care by billions, forcing hospitals to try to do more for less. The government shouldn't force doctors, nurses, patients or caregivers to pay out of pocket to pay at a hospital.

Will the Premier stop making Ontarians pay for his failures, finally properly fund our public health care system and eliminate parking fees for doctors, nurses, patients and caregivers in the province of Ontario?

Interjections.

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

The Minister of Health.

Hon. Sylvia Jones: Perhaps the member opposite is not aware of a policy change that we implemented when we came into government, and that was to ensure that all hospitals made sure that they had, for regular, consistent visitors, the option to purchase parking monthly or weekly. Those are things that were in place that did not exist under the previous Liberal government and, of course, the NDP government.

When you are ensuring that people have access, when you are ensuring that we are expanding access in community for diagnostic, for community surgical centres—those are the changes that we have been implementing, and working directly with partners to make sure that people have choice and access in their health care system.

Interjections.

The Speaker (Hon. Ted Arnott): The member for Hamilton West–Ancaster–Dundas will come to order. The member for Hamilton Mountain will come to order. The member for St. Catharines will come to order. The member for Brantford–Brant will come to order.

The next question.

WOMEN'S EMPLOYMENT

Ms. Effie J. Triantafilopoulos: My question is for the Associate Minister for Women's Social and Economic Opportunity. Access to local community-based training programs is essential in helping women across our province reach their full potential and achieve the career success they deserve.

Speaker, we know that women can face barriers in accessing equal economic opportunities. For women in low-income households, new Canadians or those escaping violent situations, these barriers can feel even bigger. Supporting women's economic empowerment is vital for our economy and our communities. That's why we must do everything we can to help women access in-demand careers, achieve financial independence and succeed in sectors that are vital to the economy.

Can the associate minister please share with the House how our government is helping women gain the skills, knowledge and experience they need to find a job, start a business and achieve financial independence?

Hon. Charmaine A. Williams: Thank you to the member from Oakville North–Burlington for the question and thank you for being a fierce leader, a fierce female woman

leader in your community, reinforcing the belief that if you can see me, you can be me.

Speaker, our government takes women's economic empowerment seriously, and we know that the best way to empower women is by clearing the path toward economic independence. Within the associate ministry, we run a number of programs that are designed to do just that. For example, the Women's Economic Security Program equips women with pre-employment, pre-apprenticeship and entrepreneurship training, fostering economic independence.

By targeting low-income women, newcomer women, vulnerable women and Indigenous women, Women's Economic Security Program creates pathways to sustainable careers, ensuring women can confidently enter and thrive in the workforce. Economic security enhances personal agency and enables women to contribute meaningfully to society, the economy and, most importantly, to their families.

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

ANNUAL REPORT, AUDITOR GENERAL

The Speaker (Hon. Ted Arnott): I beg to inform the House that the following document has been tabled: the 2024 annual report of the Office of the Auditor General of Ontario.

VISITORS

The Speaker (Hon. Ted Arnott): I also wish to inform the members that we have a special guest in the House today: a former member who was the member for Bruce–Grey–Owen Sound in the 40th, 41st and 42nd provincial Parliaments, Bill Walker. Welcome back, Bill.

Two members have informed me they have points of order they wish to raise. First, the—

Interjection.

The Speaker (Hon. Ted Arnott): Okay.

The member for Bruce–Grey–Owen Sound has a point of order.

Mr. Rick Byers: Well, Speaker, thank you. I was also wanting to acknowledge the very special guest, but you beat me to it. It's always great to see Bill Walker back in the House. Great to see you, Billy.

DEFERRED VOTES

CUTTING RED TAPE, BUILDING ONTARIO ACT, 2024 LOI DE 2024 VISANT À RÉDUIRE LES FORMALITÉS ADMINISTRATIVES ET À FAVORISER L'ESSOR DE L'ONTARIO

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

Bill 227, An Act to amend various Acts / Projet de loi 227, Loi modifiant diverses lois.

The Speaker (Hon. Ted Arnott): Call in the members. This is a five-minute bell.

The division bells rang from 1150 to 1155.

The Speaker (Hon. Ted Arnott): On December 2, 2024, Mr. Harris moved third reading of Bill 227, An Act to amend various Acts.

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

Ayes

Allsopp, Tyler	Hazell, Andrea	Pierre, Natalie
Babikian, Aris	Holland, Kevin	Pinsonneault, Steve
Bailey, Robert	Hsu, Ted	Quinn, Nolan
Bethlenfalvy, Peter	Jones, Sylvia	Rae, Matthew
Blais, Stephen	Jones, Trevor	Riddell, Brian
Bouma, Will	Jordan, John	Romano, Ross
Bresee, Ric	Kanapathi, Logan	Sabawy, Sheref
Byers, Rick	Ke, Vincent	Sandhu, Amarjot
Calandra, Paul	Kerzner, Michael S.	Sarkaria, Prabmeet Singh
Cho, Raymond Sung Joon	Kusendova-Bashta, Natalia	Sarrazin, Stéphane
Cho, Stan	Leardi, Anthony	Schreiner, Mike
Clark, Steve	Lecce, Stephen	Shamji, Adil
Coe, Lorne	Lumsden, Neil	Smith, David
Collard, Lucille	McCarthy, Todd J.	Smith, Laura
Cuzzetto, Rudy	McCrimmon, Karen	Thompson, Lisa M.
Downey, Doug	McGregor, Graham	Tibollo, Michael A.
Dunlop, Jill	McMahon, Mary-Margaret	Triantafilopoulos, Effie J.
Fedeli, Victor	Mulroney, Caroline	Wai, Daisy
Flack, Rob	Oosterhoff, Sam	Williams, Charmaine A.
Grewal, Hardeep Singh	Pang, Billy	Yakabuski, John
Harris, Mike	Parsa, Michael	

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

Nays

Andrew, Jill	Gélinas, France	Stevens, Jennifer (Jennie)
Armstrong, Teresa J.	Glover, Chris	Stiles, Marit
Bell, Jessica	Harden, Joel	Tabuns, Peter
Bourgouin, Guy	Jama, Sarah	Taylor, Monique
Burch, Jeff	Karpoche, Bhutila	Vaugeois, Lise
Clancy, Aislinn	Pasma, Chandra	Wong-Tam, Kristyn
French, Jennifer K.	Rakocevic, Tom	
Gates, Wayne	Shaw, Sandy	

The Clerk of the Assembly (Mr. Trevor Day): The ayes are 62; the nays are 22.

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

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

AFFORDABLE ENERGY ACT, 2024

LOI DE 2024 SUR L'ÉNERGIE ABORDABLE

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

Bill 214, An Act to amend various energy statutes respecting long term energy planning, changes to the Distri-

bution System Code and the Transmission System Code and electric vehicle charging / Projet de loi 214, Loi modifiant diverses lois sur l'énergie en ce qui a trait à la planification énergétique à long terme, aux modifications touchant les codes appelés Distribution System Code et Transmission System Code et à la recharge des véhicules électriques.

The Speaker (Hon. Ted Arnott): Call in the members. This is a five-minute bell.

The division bells rang from 1200 to 1201.

The Speaker (Hon. Ted Arnott): On December 2, 2024, Mr. Lecce moved third reading of Bill 214, An Act to amend various energy statutes respecting long term energy planning, changes to the Distribution System Code and the Transmission System Code and electric vehicle charging.

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

Ayes

Allsopp, Tyler	Hazell, Andrea	Parsa, Michael
Babikian, Aris	Holland, Kevin	Pierre, Natalie
Bailey, Robert	Hsu, Ted	Pinsonneault, Steve
Bethlenfalvy, Peter	Jones, Sylvia	Quinn, Nolan
Blais, Stephen	Jones, Trevor	Rae, Matthew
Bouma, Will	Jordan, John	Riddell, Brian
Bresee, Ric	Kanapathi, Logan	Romano, Ross
Byers, Rick	Ke, Vincent	Sabawy, Sheref
Calandra, Paul	Kerzner, Michael S.	Sandhu, Amarjot
Cho, Raymond Sung Joon	Kusendova-Bashta, Natalia	Sarkaria, Prabmeet Singh
Cho, Stan	Leardi, Anthony	Sarrazin, Stéphane
Clark, Steve	Lecce, Stephen	Shamji, Adil
Coe, Lorne	Lumsden, Neil	Smith, David
Collard, Lucille	Martin, Robin	Smith, Laura
Cuzzetto, Rudy	McCarthy, Todd J.	Thompson, Lisa M.
Downey, Doug	McCrimmon, Karen	Tibollo, Michael A.
Dunlop, Jill	McGregor, Graham	Triantafilopoulos, Effie J.
Fedeli, Victor	McMahon, Mary-Margaret	Wai, Daisy
Flack, Rob	Mulroney, Caroline	Williams, Charmaine A.
Grewal, Hardeep Singh	Oosterhoff, Sam	Yakabuski, John
Harris, Mike	Pang, Billy	

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

Nays

Andrew, Jill	Gélinas, France	Shaw, Sandy
Armstrong, Teresa J.	Glover, Chris	Stevens, Jennifer (Jennie)
Bell, Jessica	Harden, Joel	Stiles, Marit
Bourgouin, Guy	Jama, Sarah	Tabuns, Peter
Burch, Jeff	Karpoche, Bhutila	Taylor, Monique
Clancy, Aislinn	Pasma, Chandra	Vaugeois, Lise
French, Jennifer K.	Rakocevic, Tom	Wong-Tam, Kristyn
Gates, Wayne	Schreiner, Mike	

The Clerk of the Assembly (Mr. Trevor Day): The ayes are 62; the nays are 23.

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

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

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

The House recessed from 1204 to 1500.

MOUNT PLEASANT GROUP OF CEMETERIES ACT, 2024

The Speaker (Hon. Ted Arnott): Good afternoon. I beg to inform the House that the Clerk has received submissions related to Bill Pr55, An Act respecting Mount Pleasant Group of Cemeteries. Pursuant to standing order 93(a), the submissions stand referred to the Standing Committee on Procedure and House Affairs.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON SOCIAL POLICY

M^{me} France Gélinas: I beg leave to present a report from the Standing Committee on Social Policy and move its adoption.

The Clerk-at-the-Table (Ms. Meghan Stenson): Your committee begs to report the following bill without amendment:

Bill 121, An Act to enact the Improving Dementia Care in Ontario Act, 2024 / Projet de loi 121, Loi édictant la Loi de 2024 sur l'amélioration des soins aux personnes atteintes de démence en Ontario.

The Speaker (Hon. Ted Arnott): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

The Speaker (Hon. Ted Arnott): The bill is therefore ordered for third reading.

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

STANDING COMMITTEE ON SOCIAL POLICY

The Speaker (Hon. Ted Arnott): I beg to inform the House that, pursuant to standing order 66(c), the 2024-25 supplementary estimates of the Ministry of Finance and the Treasury Board Secretariat, before the Standing Committee on Finance and Economic Affairs, and of the Ministry of Health, before the Standing Committee on Social Policy, are deemed to be passed by the committees and are deemed to be reported to and received by the House.

Reports deemed received.

INTRODUCTION OF BILLS

HIGHWAY TRAFFIC AMENDMENT ACT, 2024 LOI DE 2024 MODIFIANT LE CODE DE LA ROUTE

Mr. Bourgoïn moved first reading of the following bill:

Bill 233, An Act to amend the Highway Traffic Act / Projet de loi 233, Loi modifiant le Code de la route.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): I'm going to invite the member to briefly explain his bill, if he wishes.

Mr. Guy Bourgoïn: The bill proposes that new drivers, before obtaining a class A or class D licence, must complete mandatory entry-level training that includes at least 20 hours of training on a truck simulator that will expose them to winter driving conditions.

HIGHWAY MEMORIALS FOR FALLEN POLICE OFFICERS AMENDMENT ACT (IN MEMORY OF OFFICERS IMPACTED BY TRAUMATIC EVENTS), 2024

LOI DE 2024 MODIFIANT LA LOI SUR LES CONSTRUCTIONS SITUÉES SUR LA VOIE PUBLIQUE ET NOMMÉES À LA MÉMOIRE DES AGENTS DE POLICE DÉCÉDÉS (À LA MÉMOIRE DES AGENTS TOUCHÉS PAR DES ÉVÉNEMENTS TRAUMATISANTS)

Madame Gélinas moved first reading of the following bill:

Bill 234, An Act to amend the Highway Memorials for Fallen Police Officers Act, 2002 in respect of police officers who have taken their own lives as a consequence of being in the line of duty / Projet de loi 234, Loi modifiant la Loi de 2002 sur les constructions situées sur la voie publique et nommées à la mémoire des agents de police décédés en ce qui concerne les agents de police qui ont mis fin à leurs jours en raison de leur travail.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member like to briefly explain her bill?

M^{me} France Gélinas: I would, Speaker. Thank you.

The Highway Memorials for Fallen Police Officers Amendment Act (In Memory of Officers Impacted by Traumatic Events) re-enacts section 1 of the Highway Memorials for Fallen Police Officers Act to provide that the Legislative Assembly may, by resolution, name bridges and other structures on the King's highway in

memory of police officers who have taken their own lives as a consequence of being in the line of duty.

PETITIONS

LANDFILL

Ms. Sandy Shaw: I have a petition entitled “Stop the Dresden Landfill Expansion.” I received thousands of these petitions from the folks at Citizens Against Reckless Environmental Disposal in Dresden, which is a community in Chatham-Kent. They are very, very concerned about an expansion of the dump in their area. They are very clear that at one time, when there was an expansion of a dump, it required municipal approval, and their municipal council has voted against this. They do not support this project.

They're very concerned about the potential damaging impacts to the nearby at-risk Sydenham River. In fact, Environmental Defence supports their concern by saying, “The proposed site is directly connected to the Sydenham River, a well-documented biological treasure home to at least 33 species at risk. Some of these species are found nowhere else in Canada...” So this is an important environmental consideration.

These folks have taken the time to gather about 3,500, maybe 4,000 signatures. I completely agree with their concerns. I'm going to add my name to this, and I'm going to send this petition to the table with page Ekam.

MANUFACTURING SECTOR

Mr. Anthony Leardi: I have a petition that speaks quite suitably to my area, which is Essex county. I'll summarize the petition by saying it is about manufacturing, and it talks about how manufacturing is a key pillar of the Ontario economy and how it supports thousands of jobs and drives our economy here in Ontario.

It also speaks to the issues regarding how manufacturing supports local communities—in my riding, such communities would be Amherstburg, LaSalle and Lakeshore—and how it's important that these manufacturing installations advance technological development.

Finally, it calls upon the Legislative Assembly of the province of Ontario to implement policies which would support the manufacturing sector and, of course, prioritize excellent jobs.

I certainly support this petition. I will sign it and give it to page Dawson and ask him to deliver it to the Clerk at the Clerks' table.

EMERGENCY SERVICES

M^{me} France Gélinas: I would like to thank Linda Adler from Hanmer in my riding for this petition. It's called “911 Everywhere in Ontario.”

When we face an emergency, we all know to dial 911. We have pages in here; they're being taught in school that if you have an emergency, dial 911 to access emergency

services. Although the services are available in northern Ontario—we have ambulance services; we have fire-fighter protection; we have Ontario Provincial Police—we don't have 911. You have to memorize a 1-800 number that most people don't even know exists.

Did you know, Speaker, that Ontario is the only province in all of Canada that does not have 911 throughout the province?

Unfortunately, it is seven different numbers that you have to memorize when you go through Nickel Belt. Nickel Belt is a big riding, and the numbers change from one area to the next—most people don't know. They'll dial 911, and they'll get, “This number is not in service.” They'll dial 911 again—“This number is not in service.” They'll dial 0, and then the operator tells them to dial 911.

Unfortunately, some people have lost their lives. If they had been able to get emergency services, they could still be there with us.

1510

So I'm fully supportive of this petition. I think the time has come—years ago, but now is never a bad time to do good. I will affix my name to it and ask page Donnique to bring it to the Clerk.

MANUFACTURING SECTOR

Mr. Anthony Leardi: I'd like to thank Satnam Grewal for sending in this petition regarding EV manufacturing. It's very important for my riding, the greater Essex area. We have spectacular opportunities in EV manufacturing as a result of that industry.

To summarize this petition, it talks about how the EV manufacturing industry creates thousands of high-quality jobs—and that's certainly true in Essex county.

It also talks about how EV technology is crucial for reducing emissions. It talks about how this is a growing green and future technology market and that Ontario should be part of this market.

It also calls upon the Legislative Assembly of Ontario to support the development of Ontario's electric vehicle manufacturing sector through targeted investments and manufacturing supports.

I certainly support this petition. I will affix my name to it and give it to page Elissa and ask her to bring it to the Clerk.

SOCIAL ASSISTANCE

Ms. Chandra Pasma: It's my pleasure today to rise to present a petition entitled “To Raise Social Assistance Rates.” I would like to thank, as always, the indefatigable Sally Palmer for collecting these signatures.

The signatories note that social assistance rates in Ontario are well below the rate of poverty, in addition to being well below the rate of food and housing in the province. There have been more than 200 organizations that have written a letter to the Premier and his cabinet asking that social assistance rates be doubled in the province just so that people can actually have an income

that allows them to meet their basic needs; also, recognizing that, during the pandemic, the federal government recognized that \$2,000 a month was the minimum that people without employment needed to be able to make ends meet. So these citizens call on the Legislature to double assistance rates for Ontario Works and ODSP.

I wholeheartedly endorse this petition. I will add my name to it and send it to the table with page Anuva.

HEALTH CARE FUNDING

M^{me} France Gélinas: I would like to thank Linda Gurman from Coniston in my riding for this petition. It's called "Neurological Movement Disorder Clinic in Sudbury."

The northeast, including Sudbury, has a very high rate of neurological movement disorders. A specialized neurological movement disorder clinic would provide essential services to all of the patients who have been diagnosed with diseases such as Parkinson's, Huntington's, dystonia, Tourette's, and many others.

The city of Greater Sudbury is sort of a hub where tertiary care services are available for the people of the northeast. So they're asking for the clinic to be set up in Sudbury to help people with neurological movement disorders, and that it be staffed, at minimum, by a neurologist who specializes in the treatment of movement disorders, a physiotherapist, a social worker, and an interdisciplinary team.

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

AIR QUALITY

Ms. Chandra Pasma: I am pleased to rise today to table this petition to improve air quality for our children, which is a very timely petition, as CHEO has just reported that they are seeing unprecedented levels of walking pneumonia in Ottawa.

We're seeing the spread of infectious diseases in our schools due to air quality that is poor, and we also know that air quality affects chronic conditions like asthma and allergies. There are incredible health benefits to improving air quality in our schools and child care centres—but also improvement on test scores. So if the government is interested in going back to basics, I suggest starting with improving air quality.

There's currently no requirement at all for child cares or schools to actually monitor the level of air quality in Ontario.

Over the boundary, in Quebec, they are required to measure and report on the level of air quality.

So these signatories who come from across the province are calling on the Legislative Assembly to ask the Minister of Education to take action by adopting the Improving Air Quality for Our Children Act, 2023.

I wholeheartedly endorse this petition. I will add my name to it and send to the table with page Ekam.

ADDICTION SERVICES

M^{me} France Gélinas: I would like to thank the Registered Nurses' Association of Ontario for these petitions. They are coming in by the thousands.

The petition basically talks about continued operation of supervised consumption services and associated harm reduction programs.

They talk about the fact that every two and a half hours, a person in Ontario dies from the toxic drug supply in Ontario; that the consumption and treatment sites have been instrumental in preventing thousands of deaths from the toxic drug supply; that the closure scheduled for March 31, 2025, will increase the number of deaths, injuries, hospitalizations, emergency room visits, and incidence of HIV and hepatitis; and that the consumption and treatment sites offer social services, including addiction treatment, and have been fundamental in keeping people alive.

Thousands of them—most of them nurses, members of the Registered Nurses' Association of Ontario—want the government to reverse their decision to close the consumption and treatment sites, and to make sure that they are funded adequately, that other services be funded at the sites, and that the decisions, moving forward, be based on evidence.

I fully support this petition. I will affix my name to it and ask page Donnique to bring it to the Clerks.

ECONOMIC DEVELOPMENT

Mr. Anthony Leardi: I have a petition regarding the Ring of Fire. To summarize the petition, it talks about how Ontario has a vast reserve of critical minerals. It also talks about the development of clean energy technologies and how those are somewhat dependent upon such critical minerals.

It also talks about the Ring of Fire creating high-quality jobs in the mining sector and how the great mineral wealth of the north should be married to the fantastic manufacturing might of the south in order to create a beautiful domestic supply chain for the creation of electric vehicles, batteries and renewable energy.

Finally, it calls upon the Legislative Assembly of the province of Ontario to develop the Ring of Fire and to invest in critical minerals as a key component of Ontario's economic future. I can tell you that my personal area of the province of Ontario would benefit enormously from that.

I am going to affix my signature to this petition and give it to page Jonah and ask him to bring it to the Clerks at the Clerks' table.

SOCIAL ASSISTANCE

Ms. Sandy Shaw: I, too, have a petition entitled "Raise Social Assistance Rates." I would also like to thank Sally Palmer, who is a constituent in my riding, and thank the members of the Hamilton Social Work Action Committee for gathering these names. In fact, I recognize some people

on this list who have long advocated for a raise in social assistance rates.

At a time when we have just seen the Feed Ontario Hunger Report, when we know that over a million people visited food banks seven million times; that new food bank users have increased by about 43%; and that we have reports that food banks are now reducing the amount of food that they give to people just so that they can keep up with the numbers, this petition is very timely.

The rates that people are living on for ODSP and OW are well below the poverty line. We need the government to understand that people are going hungry. Kids, families with children, are going hungry because of these inadequate rates that people are struggling to get by on.

Let me just say that I fully support Sally Palmer and her work and the work of the Hamilton Social Work Action Committee. I recognize that, in Hamilton, we rally together and we try to look after everyone in our community, especially around the holiday time.

1520

I fully support this petition. I am going to affix my name to it and give it to Maadhav to take to the table.

ÉDUCATION EN FRANÇAIS

M^{me} France Gélinas: J'aimerais remercier M. et M^{me} Morin de Chelmsford dans mon comté pour ces pétitions. Elles s'appellent « Soutenez le système d'éducation francophone en Ontario ».

Vous savez, monsieur le Président, que les enfants francophones ont un droit constitutionnel à une éducation de haute qualité, financée par les fonds publics, dans leur propre langue. L'augmentation des inscriptions dans le système d'éducation de langue française signifie que nous avons besoin de plus de 1 000 enseignants et enseignantes de langue française chaque année pour les cinq prochaines années. Malheureusement, en Ontario en ce moment, nous n'en formons qu'environ 500 par année. Donc, le nombre de personnes qui enseignent sans certification complète dans le système d'éducation de langue française a augmenté de plus de 450 % au cours des dernières années.

Ils demandent à l'Assemblée législative de fournir immédiatement un financement demandé par le rapport du groupe de travail sur la pénurie des enseignants et enseignantes dans le système d'éducation en langue française de l'Ontario et de travailler avec des partenaires pour mettre pleinement en oeuvre toutes les recommandations.

J'appuie cette pétition, je vais la signer et je demande à Elissa de l'amener à la table des greffiers.

The Speaker (Hon. Ted Arnott): That concludes our petitions for this afternoon.

HOUSE SITTINGS

The Speaker (Hon. Ted Arnott): I recognize the government House leader on a point of order.

Mr. Steve Clark: Point of order: I just want to advise the House that the night sitting scheduled for this evening is cancelled.

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

ORDERS OF THE DAY

MORE CONVENIENT CARE ACT, 2024

LOI DE 2024 POUR PLUS DE SOINS COMMUNES

Resuming the debate adjourned on December 3, 2024, on the motion for second reading of the following bill:

Bill 231, An Act to enact or amend various Acts related to health care / Projet de loi 231, Loi visant à édicter ou à modifier diverses lois en ce qui concerne les soins de santé.

The Speaker (Hon. Ted Arnott): Further debate?

M^{me} France Gélinas: It's my pleasure to say a few words this afternoon about Bill 231, An Act to enact or amend various Acts related to health care.

It's no surprise to anyone that our health care system, right now, is facing a crisis, the size of which we have never seen before. When we talk about 2.5 million Ontarians who do not have access to a physician, when we talk about the long waits in our emergency rooms in order to be seen—we're not talking minutes and hours anymore; many times we're talking days, over 24 hours, in order to be seen. When we look at the average of 1,000 Ontarians sick enough to be admitted into a hospital but who will be admitted into a hallway, into a bathroom, into what used to be a TV room or a waiting room—they are now patient rooms, because the patients are too sick to be sent back home, but the hospitals have no room left to care for them. When we talk about the exodus of health care workers who just cannot take it anymore, we have a real crisis on our hands. Health care has to be looked at. Things cannot continue the way they are.

So I was quite happy when I saw the Minister of Health get up and present a bill, but not quite as happy when I started to read the bill. There's nothing fundamentally wrong with the tiny changes that are proposed in Bill 231, but at the end of the day—the first thing that came to my mind is that it is important to water the potatoes in your garden if you want the potatoes to grow, but your house is on fire. How about we put some water on the house on fire? But no, they're not doing anything for the 2.5 million Ontarians without a family doctor—none of this will be in that bill.

So I'm telling you right now, if you were hoping that you will finally feel that you can go to the emergency room and you're not going to face one of the 1,000 times when an emergency room had to close in the last 11 months in our province—if you were hoping for any of this, Speaker, you will be very disappointed because none of this is in the bill.

What is in the bill is six schedules. The first schedule is basically targeted at the city of Hamilton. It's called the City of Hamilton Act. This schedule will establish a board

of health for the city of Hamilton that will more or less resemble the same type of board of health that we have in Toronto or Ottawa. The board of health will be appointed by city council and staffed by city employees. The city council will also be responsible for appointing the medical officer of health, associate medical officer of health and the auditor. And the board will be responsible for public health recommendations and an annual report. For reasons that I could go into, but I will spare you, in the late 1990s, the structure of the governance of the health unit in Hamilton changed, and it became city council that was also responsible for the board of governance of their public health. So with this, the city of Hamilton is ready to change and basically go in line with the type of governance that all 34 boards of health have in Ontario. We have 34 boards of health in Ontario. They cover the entire province. They have important responsibilities, and they all have a board of governance. Now the board of governance in Hamilton will be very similar to the board of governance that we have in the other 33 health units.

Just to give you a bit of an idea, the board of health will have responsibility for things like dental care, where they go into the different schools and look at children's mouths, teeth, gums etc. to see if any of them would benefit from gaining access to dental services. We do have a program in Ontario to help pay for children under 18 to gain access to a dentist.

There are public health inspectors, who are also part of public health, who do the inspections of making sure that the water that we drink, the food that we eat in restaurants are in compliance with the health regulations in different settings. They do a lot to prevent hazards, so that when we go into a restaurant, we can feel safe that we're not going to get sick from the food that we eat. As well, they promote hygiene and safety and handle emergency preparedness.

The board of health also has responsibility for Smoke-Free Ontario. Some of you will know that the inspectors from Smoke-Free Ontario go into pretty well every tobacco and cigarette retailer to make sure that they don't sell to minors, to make sure that they respect the laws that are in place regarding advertising and who can sell tobacco when and all of that.

There are also many public health nurses. Most people will know public health nurses now because they're the ones who gave immunizations—you'll remember COVID; they were pretty busy. They continue to be very busy—whether it be immunizations to children, immunizations for travellers etc. They do a lot of education toward disease prevention, health promotion, and they will often focus on at-risk populations.

There are also some family home visitors who deal with Healthy Babies Healthy Children—again, nurses will go to families who have had a child, who have had a baby, making sure that they answer their questions. Any new parents will know that there are a lot of questions that come with a new baby. You thought you knew it all till you have a baby, and then you realize that there are still a lot of unanswered questions. Well, the people from the

health unit in the Healthy Babies Healthy Children Program can help answer some of them.

1530

They also have epidemiologists who investigate outbreaks of diseases, identifying the risk factors, informing the public on health interventions, looking at patterns, causes, effect of health conditions in populations etc.

They have health educators and health promoters who develop programs and material to teach communities about health topics and promote healthy behaviours. They work to empower individuals with knowledge that can lead to better health choices.

You'll also find a public health nutritionist and dietitian. They work to improve the health of communities and populations through nutrition education. They support healthy eating in different settings, whether it be in schools, in daycares or in public spaces. They guide the development of policies and practice to promote healthy eating—fruits and vegetables rather than chips and pop. This is the way I see it, but it's way more detailed than that, believe me.

They also have a speech and language expert. They will assess the children's speaking and language skills and provide language intervention and speech therapy.

They also have environmental health specialists. They assess environmental factors that affect human health, ensuring that the air we breathe, the water we drink and the soil meet safety standards. They work on issues such as pollution control, waste management, food safety, and many more.

I wanted to give a little bit of a background as to what public health does, because now, through schedule 1 of the bill, the city of Hamilton will have a board of health very similar to the 33 others. I think this is a step in the right direction. This is something that the city of Hamilton was ready to change, so the bill will allow them to do that.

Schedule 2, the Connecting Care Act, basically deals with something that I had been waiting for for a long time—and probably you too, Speaker. It includes the requirement that Ontario Health atHome offer French-language services under the Connecting Care Act.

Pour des raisons qu'on ne peut pas s'expliquer d'une façon ou d'une autre, s'il y a un secteur du système de la santé où les gens veulent recevoir des services dans leur langue, c'est dans les soins à domicile. Les soins à domicile, c'est lorsque quelqu'un va venir chez vous, dans votre demeure, pour vous offrir des soins. Souvent, ce sont des soins très personnels. Je peux vous dire que dans Nickel Belt, on n'a pas beaucoup de soins à domicile disponibles. Peu importe ce dont tu as besoin, on va te donner deux bains par semaine. C'est à peu près tout ce qu'on est capable d'avoir. Un bain c'est quand même quelque chose de très personnel. Tu aimerais être capable de communiquer avec la personne qui vient te donner ces soins-là.

Mais lorsque le gouvernement a changé—parce que vous allez vous souvenir, you'll remember, Speaker, we used to have the community care access centres, the CCACs, that were in charge of home care. Then it was the

LHINs, the local health integration networks, that became in charge of home care. Then it was home and community care services that were in charge of home care. Now we call them Ontario Health atHome. Nothing has changed. The name has changed, the administrative structure has changed, but the care being delivered still—am I allowed to say “sucks”? Because it still does.

Ms. Sandy Shaw: If you say it in French, it sounds better.

M^{me} France Gélinas: Yes, good idea. But she's pretty good in French, so I think the Speaker would pick it up pretty quickly.

All this to say that for some reason, unexplained, when they changed it from the last way they wanted to call it—from CCAC to LHIN, to home and community care, to Ontario Health atHome—the French Language Services Act did not follow. You will remember that when that went through clause-by-clause, of course, I put an amendment forward and said, “Hey, home care: Don't you think that people who go into the homes that speak French should have access to health services in French?” I thought I had done a pretty good argument as to—everybody would see this—if there's a place where you speak French, it's at home, and you are in a position where you depend on home care, often, for some very personal care, having somebody come into your home to give you a bath, having to strip naked in front of a stranger to get into the tub, maybe you would like this person to speak your language so you know what's going on. At the time, they voted the motion down. But I'm happy to see that in schedule 2, the Connecting Care Act, 2019, they have changed their mind, they have seen the way—I'm not too sure. Anyway, the change is there, and now the requirement for Ontario Health atHome to offer French-language services under the Connecting Care Act will be part of the bill.

I can tell you that for the people I've served this is a constant source of complaint. A lot of people who qualify for home care in my riding are quite elderly. Many of them are women. It tends to be that if it's a man who needs home care, his wife will help out. When it's a woman who needs health care, they tend to—anyway. Women in their nineties, 90 years old—they are women of their time. They didn't work outside the home. They raised their kids in French. They have their 14 kids who come and help them when they can. But they still depend on home care, and they would like that home care worker to speak French when they come to their house.

Now I have hope that when schedule 2 goes through and the French Language Services Act starts to apply to the Connecting Care Act under Ontario Health atHome, we will actually be able to complain and change things.

At the same time, for anybody who is listening—I don't want to give you false hope. Bayshore, which has most of the contracts in my riding, will continue to not show up on time, and will call you at 10 o'clock in the morning to say, “Yes, we were not there to get you up at 8 o'clock, but we'll be there at 3 o'clock this afternoon”—to get me out of bed at 3 o'clock in the afternoon? No. People want to get up in the morning, not at 3. “Oh, you're refusing care?”—

so that they get paid for the call. They get paid as if they had provided the care, but they provide absolutely nothing, because the patient has refused to get out of bed at 3 o'clock in the afternoon. They will call—

Ms. Teresa J. Armstrong: Are they the ones that are now our suppliers for the home care supplies?

M^{me} France Gélinas: Yes, yes, yes. They're also the ones that got the contract for home care supplies, which was—which still is—really, really bad.

The government tells us, “Oh, they followed the procurement process, and all was good.” Yes, but they made the procurement process so that only two or three big companies in Ontario were able to bid.

How the home care supplies had been handled in Ontario forever on end is that you have hundreds of little stores throughout all of our ridings that are there, and if you get discharged from the hospital or you qualify for home care, and you go home and you need a morphine pump, you need a transfer chair, you need any kind of a lift for your bed, you need a walker, you need medication—it doesn't matter; those companies would be there. They would send this equipment to your home. You would get transferred from the hospital or from wherever you happen to be, back home. The home care worker, the care coordinator, would be there to make sure that all of your medication, all of your equipment was there, and then you would be cared for at home.

The government decided to do away with a system that worked perfectly good in every area of the province and instead made a bidding system where you had to bid to be the supplier for huge areas of the province. The little providers who used to provide to Capreol, Falconbridge, Garson and Hanmer in my riding have done a fantastic job for many, many years. There's no way they can bid on a contract that they would need to cover from Windsor to Thunder Bay to—this made no sense. But do you know who was able to do that? Bayshore, whose president also happens to be the president of the Conservative Party of Ontario.

1540

Ms. Sandy Shaw: How convenient.

M^{me} France Gélinas: How convenient could that be?

So all of those small businesses that have been doing a very good job at providing home care service deliveries to people who need home care found themselves without a contract anymore, and a lot of people, including my good friend Lorraine, ran into serious problems.

My friend has been diagnosed with stage 4 lung cancer with brain metastasis. She was able to be stabilized in the hospital and felt way better. Her daughter agreed to welcome her into her home. They did the transfer, but the morphine pump never came. She tried to tough it out through one night, but the next morning, they had to call EMS to pick her up. She couldn't take it anymore. It took a long time to stabilize her pain. They had everything lined up just perfect so that she wasn't in pain anymore. She could walk. She could enjoy life. She was with her daughter, who helped her. And all this fell apart. Why? Because the home care supplies she needed never showed.

Why? Because the government decided to change something that worked perfectly fine, in order for some big for-profit home care company to be able to get a bigger contract. A lot of people have suffered and a lot of people continue to suffer because of that decision. Bayshore, as I said, is quite happy with the deal because there's a lot of money to be made in home care, and they do make hundreds of millions of dollars through home care in Ontario as it is. But it's the patients who have suffered and will continue to suffer.

So if we look at schedule 2, Ontario Health atHome will now be covered by the French Language Services Act and under the Connecting Care Act. I'm hopeful that at least we will be able to make complaints against Ontario Health atHome regarding the lack of French-language services for people who need home care. But as I said to anybody who's listening, I'm not giving you false hope. Is this going to mean that the worker is going to show up on time or that you will have the amount of services you're eligible for? Not necessarily.

Moving on to schedule 3: Schedule 3 is something that, it doesn't matter where I go, in northern Ontario, in rural Ontario, in the southwest—it has to do with health care staffing agencies. The bill will require staffing agencies to report to the Ministry of Health aggregate data about administrative, billing or pay rate information for hospital services, long-term-care services, and other facilities—the other facilities are not specifically explained. Cost reporting should be broken down for better transparency. As it stands, the reporting would not show how much of the total amount billed goes to paying nurses and staff compared to how much goes towards company profits. Staffing agencies are required to submit reports every six months, or as prescribed in regulations, so we don't really know—will it be every six months; every three years? Who knows? The ministry may publish the reports submitted by staffing agencies—or may not. Regulations will determine how, when and how often the minister will publish reports, if at all. Staffing agencies are required to retain copies of employment contracts for three years after the contract expires. They are also required to retain records of administrative, billing or pay rate information for three years. Current and former cabinet ministers, employees, and agents of the crown are exempt from liability under this act. Failure to comply with the act has a fine of up to \$10,000 for individuals and up to \$25,000 for corporations.

So I'm happy there's a bill coming from this government that talks about staffing agencies, but this is a very, very tiny step. Asking them to share some information some of the time that may or may not become available is not really adapted to the size of the issue that we have.

I can speak to a hospital in the north, in Mushkegowuk—James Bay, where about 100% of their staff is now agency staff. They are millions and millions of dollars in debt. They are borrowing money and are not sure they're going to have enough money to pay the interest on the loan they are taking out. By the way, of the 142 hospital corporations in Ontario, I think 140 are in a deficit. Hospitals are

not allowed to put deficit budgets in Ontario—but the government has signed off that it is okay for them to do a deficit.

It's not okay for hospitals to do deficits. The government should be funding them so that they meet the needs of the community, but that's not what's happening right now. They are getting exemptions so that they can go into debt—and they do. And a lot of them will share with us that one of the main reasons they go into debt is because of agency nursing.

I come from northern Ontario; we've had agency nursing all of our lives, but never to this scale.

Manitoulin Island has a two-site hospital. On Manitoulin Island, we say that after hunting season, we roll up the sidewalk and it goes very quiet. About 3,000 people live on Manitoulin Island year-round—but come the summer, you're talking 50,000 people are on Manitoulin Island. It is a beautiful, beautiful site. A lot of big boats come. I don't wish harm upon anybody, but when there are 50,000 people going on beautiful hikes at Bridal Veil Falls—it's a beautiful place—unfortunately, some of them will turn an ankle or break something and end up in the emergency department. So, every summer, they've had agency nurses come up. It has really been the same nurses who have come up for the last, I don't know, 10 years. They help Manitoulin Island during the high summer season, and then they go back home.

Many other hospitals have had those kinds of usage of agency nurses. Most of the time, it's either during hunting season, during tourist season—so during the summer and the fall—when the demand for hospital services goes up, mainly because of tourism or other reasons, but that was all. And most of the agencies that they were dealing with were pretty reasonable. They charged a little bit, but like a 5% to 7% increase on the pay—and the nurses who worked there got paid the same price as the nurses who came as agency nurses. None of this is like this anymore.

1550

In Ontario, we have one new nursing agency that was able to recruit 500 nurses—I'm going by memory. Those are 500 nurses who were working in our hospitals. They poached them from the hospitals, and they sold them back. And just with the 500 nurses they poached, they were able to pocket close to \$5 million in profit. It came to about \$100,000 profit per nurse they poached and re-sent to the system. This \$100,000 more per nurse in profit does not include that the nurse who has been there for 20 years, who knows the patients inside and out, who knows where everything is, who basically teaches the new nurses, now makes half the salary of the nurse who comes in as an agency nurse. It destroys the morale. It is very unproductive. It's just awful. It needs to change. That's why I presented a bill in this House to limit the use of agency nurses.

I can tell you that the Premier of this province is now the president of the provincial council—that is, all of the Prime Ministers get together, and Premier Ford is now the Premier. When they got together this summer, the number one issue that they asked each other was, "What are you

doing about agency nurses?” All of them had a strategy in place, except for Ontario, which had none.

And now, what is Ontario’s strategy going to be? We are going to require staffing agencies to report to the Ministry of Health aggregate data about administrative and billing rate information for public hospitals, long-term-care homes, and other facilities. That’s not a strategy. I have nothing against asking for that data. We should have been doing that way back. Anyway, we’ll be doing this now. I have nothing against it, but that’s not going to help anything.

Look at what some of the other provinces have done. Look at what the province of Quebec has done. Actually, when I put my bill forward to limit the use of agency nurses, a big part of it came as a copy-and-paste from what Quebec had done and what other provinces are doing to limit the use. Basically, how it goes is that you give the different hospitals in different-sized communities—any communities under 7,000 people were not touched, because it is too difficult. But for hospitals located in communities with over 500,000 people—same thing with long-term care—you give them a two-year plan to put a stable recruitment and retention strategy in place for health care providers, whether it be in hospital, in long-term care or elsewhere. And then for smaller communities—100,000 to 500,000—you give them a little bit more time, and then for small ones, you give them a little bit. But they all have to come up with a plan. They know how to have a stable workforce. They know how to recruit and retain a stable workforce of health professionals. But you have to give them the tools. The government hasn’t been doing that.

So am I happy that schedule 3 is there? Sure. We will now have aggregate data about administrative billing and pay rate information for public hospitals, long-term-care homes, and other facilities that use health care staffing agencies. Okay.

When are the real actions going to take place? When are you going to ask for health care recruitment and retention plans from the different health care providers? When are you going to listen to them to see why they’re not able to recruit and retain?

Everybody will remember that last week the Alliance for Healthier Communities was at Queen’s Park. They would have given proven practices to improve access to primary care in Ontario’s rural, remote and northern communities. Through this, they have this really cool document that—if you haven’t read it yet, you should read it. It’s about 22 pages long with the references, and without the references, it’s 18 pages long. It basically gives you a road map as to, how do you make sure that people who live in Ontario’s remote, rural and northern communities have access to primary care? What was their number one ask? It was to close the wage gap.

Here’s what they had to say:

“Ontario’s community health sector is facing a staffing crisis.

“Despite the rising cost of living, the community health workforce is more than \$2 billion behind on wages com-

pared to their peers doing similar work in schools and hospitals.

“This wage gap is causing high staff turnover, severe staffing shortages, and major recruitment challenges. In fact, 94% of community health organizations say compensation is their biggest hurdle for hiring and keeping staff.”

What is the impact of this?

“(1) Essential health care services will become harder to access.

“(2) Ontarians will experience longer wait times for the care they need.

“(3) More patients will flood hospital emergency departments for care that should have been handled elsewhere.

“(4) Dedicated staff will continue struggling to make ends meet.

“The Ontario government can help by:

“Closing the wage gap

“Commit to investing over \$500 million annually over the next five years in addition to sustainable and ongoing annual funding increases

“Support workers

“Provide retroactive salary payments as a result of Bill 124, as has been addressed in other sectors.

“Working collaboratively

“Establish a community health working group with government and the sector to develop solutions for the community health centre.”

The community health care sector provides essential health care and support services at home and in the community to millions of people in Ontario each year. It’s for people of all ages and backgrounds, and it includes crucial services like social work, personal support, mental health and addictions services, and more. If we don’t act now, the sector of over 200,000 dedicated individuals won’t be able to continue to provide the crucial services millions of Ontarians rely on. Their campaign is called For Us. For You.

I hope that people took the time to meet with the members of the Alliance for Healthier Communities that came to Queen’s Park. They brought a van that they parked on the front side of the Legislative Assembly that showed how they provide primary care to isolated communities in northern Ontario. You have a complete primary care suite in a van that is usually driven by a nurse and accompanied by nurse practitioners, with a nurse, and sometimes a social worker or a dietitian. They go to small communities in northern and rural Ontario with the van. The van is also accessible to people who are hard to serve. If you think about the homeless epidemic that we have right now, the high number of encampments we have throughout—well, the van can park close by and open their doors and serve anybody who needs service. Sleeping outdoors in minus-degree weather is not easy. Sleeping outdoors is never easy. Not having a roof over your head is never easy.

We all learned, when we were in grade school, Maslow’s hierarchy of needs—food and shelter. If you don’t have

food and shelter, it is really, really tough to stay healthy; I would even say it's difficult to stay alive.

So this is one of the programs that the Alliance for Healthier Communities was here to share.

I have a number of them that have written. The Guelph Community Health Centre: Growing Healthy Together wrote to the Honourable Sylvia Jones, Minister of Health of Ontario, and Honourable Peter Bethlenfalvy, Minister of Finance, explaining to them the primary health care crisis and asking them to invest in health human resources, invest in community primary care organizations and also invest so that they can implement social prescribing, which is a program that is pretty cool. We have seen through the pandemic how important it is for people to stay social. Lack of socialization leads to a lot of mental health problems, addiction problems but also physical problems. It affects the whole person. They have some very good ideas as to social prescribing.

1600

It was Melissa—I hope I pronounce her name properly—Kwiatkowski, the CEO of the Guelph Community Health Centre, and Chris Merchant, the board chair of the Guelph Community Health Centre, who had written to the minister. We also have le Centre de santé communautaire de l'Estrie, qui a écrit à l'honorable Sylvia Jones, ministre de la Santé, et à l'honorable Peter Bethlenfalvy, ministre des Finances de l'Ontario, pour demander de l'aide. Celle-ci a été signée par François Bazinet, le président du conseil d'administration.

Ils demandent au gouvernement d'investir dans les ressources humaines en santé pour les équipes interdisciplinaires de soins de santé primaires. Ils demandent d'investir dans les organisations de soins de santé primaires communautaires à travers des augmentations de financement de base pour soutenir la santé des communautés de l'Ontario, et eux aussi veulent un investissement pour la prescription sociale.

Il y en a plusieurs autres qui ont écrit également. Le Centre de santé Univim'a écrit pour aussi essayer de décrire la crise dans laquelle il se trouve et les solutions qui sont là.

We have Central Hastings Family Health Team—"Dear Mrs. Shelby Kramp-Neuman"—who wrote about access to services for their family health teams, recruitment and retention challenges, the funding and resources needed, the health promotion and chronic disease management that they hope to do, the mental health services that their clients need, and it is signed by Libby Clarke, the board chair of the Central Hastings Family Health Team. It had been copied to Ric Bresee, MPP for Hastings-Lennox and Addington, and the same—explaining the dire situation that they are in.

Schedule 3, Health Care Staffing Agency Reporting Act: This is a very tiny step. Remember when I said, when I read the bill, I felt like it was important to water the potatoes so that the potatoes grow in the garden, meanwhile the house was on fire and nobody was putting water on the house on fire? This pretty well is what the entire bill is about. They're very tiny steps. Are they good steps? Yes, absolutely. Is it important to water the potatoes? Yes,

you want a good garden, but when your house is on fire, maybe you should call the fire department and get that under control, but they did not do that.

I will move on to schedule 4, Health Protection and Promotion Act. This one is a little bit weird. They take away local medical officer of health autonomy. It requires a local medical officer of health to receive written approval from the Chief Medical Officer of Health before issuing a directive regarding a communicable disease.

What this is all about is that it will, on the very few occasions when a medical officer of health asks for—they're called a "class order" by a Chief Medical Officer of Health. Basically, what a class order is—it's a legal tool used to protect public health. It allows the Chief Medical Officer of Health to mandate specific actions for a group of people or organizations to control the spread of infectious diseases or address other public health concerns. Most people became aware of those orders through the pandemic that we're trying to put behind us.

It would include mandatory compliance: Individual entities specified in the order must comply with a directive, which can include isolation, quarantine or other health measures.

It includes local authorities: The order is backed by public health legislation. It gives it legal force.

Public health protection: The primary goal is to prevent the spread of disease and protect the health of the community.

And the specific conditions: The order will outline the conditions under which it applies such as during an outbreak of public health emergency.

Class orders are often used during situations like pandemics to ensure that public health measures are followed by a larger group of people rather than issuing individual orders—because public health always had and will continue to be able to issue individual orders.

So, now, there will be one more step. It's not something that the Chief Medical Officer of Health uses very often, but it does need to be used every now and again. And now, for a government who brags about getting rid of red tape, we are circling public health with red tape and asking them now to not only get ready for a public health action—I always forget what those are called. They're called a "class order." Public health does not issue a class order very often. When they do, most of the time, it is in a very timely, urgent situation, and now, you will ask them to go through one more step.

The Chief Medical Officer of Health, if he or she decides to issue a class order, will have done their homework to come there. If there's another easier way to move things forward, they will. If they issue a class order, it's because there is no other choice. But now, the class order won't come into effect until the Chief Medical Officer of Health has given their approval, so the local medical officer of health's autonomy is kind of taken away on these particular things.

I have no idea who has asked for that. I can tell you that the Chief Medical Officer of Health of Ontario did not ask for this; the 34 existing medical officers of health did not

ask for that. I have no idea where that comes from. I have no idea where we have this in front—but it's red tape that's not going to serve any purpose that I can imagine. But at the same time, class orders are so, so rare that I'm at the point where, "Yes, okay. It's in schedule 4. Maybe somebody at some point will explain to me why we need that, but it has not come to my attention."

All right, schedule 5, mandatory blood testing: So, in schedule 5, the amendment includes that nurse practitioners, as provided, are allowed to perform blood tests when a mandatory blood test is required. These tests were previously only administered by physicians. It also allows nurse practitioners to take the blood sample of the respondent, send it for analysis and review the results in the event of a mandatory blood test. It is important to note that it is not an expanded scope of practice for nurse practitioners. Nurse practitioners in Ontario are already authorized to order and interpret blood tests as part of their scope of practice, and this will only come into effect as of July 1—nothing wrong with that. Basically, most of the time it's a first responder, either a paramedic, a firefighter or a police officer, who, in the work that they do, will come in contact with bodily fluid of the persons that they are dealing with—the blood, the saliva, whatever. Think of any bodily fluid; they all count. If they come in contact, then they will be tested for communicable diseases: hep C, all kinds of hepatitis, HIV etc. Before it used to be that you would have to go to the doctor to ask for the test; now you can go to the nurse practitioners, who will order the test. I can tell you that where I live in northern Ontario, where 40,000 of the 92,000 people I serve don't have access to primary care—many of them paramedics, firefighters and police officers—the fact that you don't need a doctor's referral, that a nurse practitioner referral will do, will help a lot of people.

1610

I know that the government had also expanded the scope of practice for nurse practitioners—the members were talking about that this morning—to order and apply a defibrillator to provide faster care to someone in cardiac arrest. Get that, Speaker: Anybody, any of us can apply a defibrillator on someone in cardiac arrest, but not the nurse practitioners. If you happen to code in a nurse practitioner-led clinic, the secretary could put the defibrillator on you, the person who cleans the clinic can put the defibrillator on, but the nurse practitioner was not allowed to put the defibrillator on. Why did it take us 50 years to change this? I don't know.

But there's a whole bunch of restrictions as to what nurse practitioners—one of my other favourites was a pregnancy test. Nurse practitioners were not allowed to dip to find out if you were pregnant. So what they would do is, the secretary, anybody else in the waiting room, yourself—anybody else was allowed to do this, but the nurse practitioners were not allowed to do that. Now, we will give nurse practitioners the right to do what everybody else in Ontario has a right to do, that is, to apply a defibrillator on somebody who is in cardiac arrest. Am I happy that this would come? Yes, absolutely. Why did we

have to wait 50 years for this to happen? I don't know. I just don't know.

Order and perform electrocoagulation, a process to treat skin conditions and lesions, such as skin tags; certify death in more circumstances, improving end-of-life experience for families after the death of their loved ones—those are all important parts of the work of the nurse practitioners, where it makes no sense to put those restrictions on them. They have the knowledge. They have the skills. They have the demand on their services to offer those services, but there's a whole bunch of old regulations that prevent them from doing that.

Am I happy that Ontario will be expanding the role of nurse practitioners and registered nurses? Yes, absolutely. Why do we have to wait until July 1 to do that? I don't know. I really don't know. It could be that as soon as the bill goes through, we move ahead. Most of the other expansions of the scope of practice for nurse practitioners don't need legislative change to take effect. Why do we have to wait until July 1 for those things to take effect? I have no idea. But if you were to decide to make them sooner, you have 100% support from the NDP. We're all in support of letting nurse practitioners, nurses, work to their full scope of practice and that includes to apply a defibrillator on somebody who is in cardiac arrest, just like any one of us can do.

So that's schedule 5, Mandatory Blood Testing Act. This part needed a change in legislation because the regulations were written when nurse practitioners were not very prevalent in our health care system. It has to do mainly with people who do EMS, all of our first responders—police officers, firefighters, paramedics—who come in contact with bodily fluids. It is always safer to have them tested if there are drugs that we can give now that would prevent the onset of HIV etc. This has to happen quickly. Giving nurse practitioners the right to do something that they know how to do; they have the scope to do it; they do it for many, many others—to also do it for first responders I think makes a lot of sense. I'm happy to see this in.

Then, there's schedule 6, the Personal Health Information Protection Act. Schedule 6 establishes the authority for a new prescribed organization to hold patient data. The organization has the responsibility of establishing unique digital health identifiers for individuals and managing the information. Unique digital health identifiers, like your social insurance number and your health care card, will be created by the organization and can be used to confirm the identity of an individual. Digital health identifier activities could be account management services, authentication services, validation and verification services, and any other activity reasonably necessary to provide digital health information. The prescribed organization is required to act as a health information custodian as defined under the Personal Health Information Protection Act. Health information custodians include anywhere health services are administered and health information is collected, including health practitioners, hospitals, long-term care etc.

It adds a new part to the digital health identifier activities to allow the prescribed organizations to collect, use or disclose personal health information for purposes related to digital health account management with the consent of the individual. The organization may disclose personal health information to the minister with the consent of the individual for the purpose of validation and verification services. Oversight of the privacy and security issue, including the practices and procedures of the organization, would be done by the Information and Privacy Commissioner.

The act applies to persons acting on behalf of the organization, suggesting third parties will have access to Ontarians' personal health information. The organizations shall not collect, use or disclose personal health information unless necessary. It creates a new offence for those involved with disposing records of personal health information with an intent to evade a request for access to the records.

The minister has the power to issue a directive to the organization, and the Lieutenant Governor can create an exemption to the act as well as regulation. Regulation can prescribe more than one organization to act as a prescribed organization under this act and can determine when organizations are exempt. That's part III of the act, related to consent concerning personal health information.

Basically, what I get out of this is that we will now have Ontario Health, which has access to the data collected through our health card, subcontract out data management to we don't know who. Let's just go out on a limb and say they will subcontract out to—

Ms. Teresa J. Armstrong: Bayshore.

M^{me} France Gélinas: Bayshore—that's not a bad guess. Or it could very well be—

Ms. Sandy Shaw: Shoppers Drug Mart.

M^{me} France Gélinas: Shoppers Drug Mart. Shoppers Drug Mart is another good guess.

With health information—let's be clear, Speaker, there is a lot of money to be made in health care. When somebody is sick, when someone in your family is sick, nothing else matters. You will do whatever you need to do, you will spend whatever you need to spend to get better; for your children to get better; for your mother, your spouse, your family member to get better. A lot of people know that.

Access to health information right now is very limited. CIHI has access to it. A few researchers will get access to it, but it's very limited. We know, and the government is on record, that they would like to monetize this information, this data—

Ms. Sandy Shaw: To make money on it.

M^{me} France Gélinas: —to make money on it without identifiers. Now, they are putting in this new unique digital health identifier, and I'm guessing because once it's digital, it could also be taken away so that the data collected without identifiers could be sold to Shoppers, to Bayshore, to a whole bunch of big, for-profit companies that have close ties to the Conservative government sitting here in

front of me, who wants to make more money off the backs of sick Ontarians.

1620

I have worries about schedule 6, the Personal Health Information Protection Act. I will try to find out more information about it as to what exactly—when I see things that the Lieutenant Governor can create exemptions as well as the ministry has the power to issue directives, it always makes me a little bit nervous to see what kind of directives will be given and what kind of exemptions will be granted.

Personal health information: Health is something that happens between two persons, health providers and the person who needs care. In order to have quality care, you have to have trust. A lot of people will say things to their health care providers, their nurse practitioners, their midwives, their doctors that they have never told anybody else. They do this because there's this relationship of trust, that what they say nobody will ever find out. They are sharing that information because they want the best treatment, they want the best care, they want to be diagnosed. They want to know what's going on with them, but they only do this because of the trust, the relationship—and to make sure that this relationship is maintained so that we can continue to have one of the best health care systems, where people trust the system and they go see their care providers whenever they need to. I will be interested to see what the Information and Privacy Commissioner has had.

This bill was just tabled yesterday—actually, about 26 hours ago. Did I have time to do all of the homework that I usually do before I talk an hour on a bill? No, but I did try to read as much of it as I can and understand as much of it as I can. The first five schedules are pretty straightforward. I think I understand them pretty good. The last one leaves me a little bit uncomfortable.

Thank you, Speaker.

The Acting Speaker (M^{me} Lucille Collard): We're going to go to questions.

Mr. Logan Kanapathi: Thank you, the member from Nickel Belt, for your lengthy presentation, and thank you for your passion and advocacy for the medical community and medical system in Ontario. There is an opposite view in the democracy we enjoy each and every day, Madam Speaker.

My question to the member: Through our government's historic initiative, we are increasing the medical school seats and nurse practitioner seats in the province. Why does the member opposite continue to vote against this investment to ensure that all Ontarians are connected to primary care?

M^{me} France Gélinas: I would like to thank the member for his comments. I can tell you that investing into more seats for physicians and nurses and nurse practitioners and every health care worker, as well as making it a whole lot cheaper for PSWs, for RPNs, for RNs, are all things that the NDP supports 100%. When it comes to voting, those are usually put into bigger documents. This particular one came through the budget. There are many things in the budget—regarding Ontario Place, regarding the closure—

that we vote against, and they're all lumped together, so we don't get to pick.

Yes, we do support more seats in medical school. Yes, we do support money for people to become PSWs. If we could, we would support it. We do support it 100%.

The Acting Speaker (M^{me} Lucille Collard): Next question.

Ms. Teresa J. Armstrong: I want to thank the member for Nickel Belt for giving us a play-by-play on each schedule, because it's very important that we understand this bill isn't going to provide access for patients or people looking for primary care doctors. She mentioned 2.5 million people in Ontario don't have a primary care doctor.

I recently met with the Thames Valley Health Team in London, and they're a very important part of access to primary care. One of the things they were very concerned about is losing staff. Their staff is still paid below or at 2017 salary rates. I would like to know, how does the member see the fact that health teams are paid at 2017 rates—how is that helping the Convenient Care Act and people getting access to a doctor?

M^{me} France Gélinas: This is a problem that has been growing under this government since they got elected. The community health centres, the Indigenous primary health care teams, the nurse practitioner-led clinics, the community-based family health teams have not seen a base budget increase since this government has been in power.

Think about it: You are not able to increase the salary of your staff for the last six to seven years? That makes no sense. A nurse is a nurse is a nurse. Why is that a nurse working in one setting, doing the exact same responsibility as in another setting, is paid 20% less? That makes no sense; it has to change.

We have a crisis in primary care; 2.5 million people don't have a family doctor. Our integrated primary health care teams are ready and able, right now, to take on hundreds of thousands and a million more patients, if only they would get paid. But the government refused to give them base budget increases so they can get salary increases to staff who haven't had any in a long time.

The Acting Speaker (M^{me} Lucille Collard): Next question?

M. Stéphane Sarrazin: Je trouve ça intéressant d'entendre les propos de la députée de Nickel Belt, surtout quand ça vient à mentionner les services de santé au Québec. Je pense qu'on n'a rien à envier au Québec—honnêtement, moi je représente une circonscription qui est à la frontière du Québec, puis je peux vous dire que j'écoute les nouvelles tous les soirs; c'est Ottawa-Gatineau, puis c'est la région du Québec et de l'Ontario. Je pense que, vraiment, on est pas mal mieux en matière de santé en Ontario. On le sait. On a plein de gens du Québec qui viennent travailler chez nous parce qu'on les rémunère mieux. Donc, je trouvais ça un petit peu drôle.

Je veux juste dire que j'ai entendu vos propos qui disaient que ça fait longtemps qu'on devrait donner plus de pouvoir aux infirmières/infirmiers et infirmières praticiennes. Tout ça ensemble—ça aussi, avec une partie qui dit que nous allons aussi assurer les services aux

Franco-Ontariens; ça fait partie aussi du projet de loi, tout ça. Je me demande, est-ce que la députée n'est pas en accord? Est-ce qu'elle va supporter ce projet de loi-là si elle dit que ça fait longtemps qu'on aurait dû faire ces initiatives?

M^{me} France Gélinas: Oui. Dans la section numéro 2 du projet de loi, on va finalement avoir que la Loi sur les services en français va s'appliquer aux soins à domicile. Pourquoi est-ce que, quand on a changé—ça s'appelait le CASC avant. Après ça, ça a changé de nom; on est rendu au nom numéro 4. Puis, quand on a changé du nom numéro 3 au nom numéro 4, la Loi sur les services en français a arrêté de s'appliquer. Elle a, comme, disparu, et là, elle va revenir. C'est une bonne initiative. C'est quelque chose qu'on avait demandé, et c'est certainement quelque chose qu'on va appuyer à 100 %.

Quand on parle de services en français, là où ils deviennent les plus importants, ce sont dans les soins intimes, comme un préposé aux soins qui vient chez vous pour vous donner un bain. Cette personne-là devrait être capable de parler français quand ta langue maternelle est le français puis on parle français à la maison.

La Présidente suppléante (M^{me} Lucille Collard): Prochaine question. Next question.

Ms. Chandra Pasma: Thank you to the member for Nickel Belt for her comments. I don't think there is a member of this House who knows the health care system better than the member for Nickel Belt, and certainly what kinds of solutions we need to see for the health care crisis we're experiencing in the province currently.

We have a scenario where the majority—in fact, the large majority—of our hospitals have an operating deficit this year. Hospitals are reusing reserve funds that should be used for one-time expenses or capital expenditures just to keep the lights on. They're taking out high-interest loans to keep the lights on. In my riding, the Queensway Carleton Hospital lost 10 hours of physician funding for the ER per day, when the ER has never been so packed. Then, on the other side, we also have hospitals that are spending more than \$600 million a year just to have staff present because those nurses are coming from private, for-profit staffing agencies. The government has offered us nothing in this bill except reporting on the situation.

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What would the member for Nickel Belt like to have seen that would be an actual solution to the crisis that our hospitals are in?

M^{me} France Gélinas: The member is right; of the 142 hospital corporations, 172 hospital sites, a great majority of them—all but two—are facing deficits. Many of them have to take out loans. A big reason for this: the gouging that they face with nursing agencies that sell them nurses at \$180 an hour. The nurse gets 60 bucks an hour and the company pockets 120 bucks an hour. That makes no sense. Other provinces have put caps in place, have put limits in place, make sure that they give the hospital an opportunity to say—what would you need to recruit and retain a stable workforce? Hospitals know what to do; they need the tools

to do this and they need the financing to do this. The government is not willing to do that.

The Acting Speaker (M^{me} Lucille Collard): For the next question, the member for Essex.

M. Anthony Leardi: J'aimerais poser une question sur l'annexe numéro 5. Il me semble que la députée est d'accord avec l'annexe numéro 5, qui parle au sujet des infirmières praticiennes et qui envisage que les infirmières praticiennes exercent un plus grand nombre de fonctions actuellement exercées par des médecins.

Donc, j'aimerais inviter la députée de parler de l'annexe numéro 5 et de nous dire comment ces modifications vont aider les gens de sa circonscription, qui est une circonscription nordique.

M^{me} France Gélinas: La section numéro 5 est spécifique aux premiers réponders. Donc, qu'on parle des agents de police, qu'on parle des pompiers, qu'on parle des gens qui travaillent dans les ambulances, s'ils viennent en contact avec des sécrétions humaines, ils doivent être testés pour s'assurer qu'ils ne sont pas à risque d'avoir le VIH ou autres maladies qui sont transmissibles par les excréments humains. En ce moment, si ça leur arrive—ça arrive quand même assez souvent—ça doit être un médecin qui fait le renvoi en service. Maintenant, ça va être un infirmier praticien ou une infirmière praticienne. Ça va aider beaucoup.

The Acting Speaker (M^{me} Lucille Collard): We're going to move to further debate.

Hon. Michael A. Tibollo: It's my privilege to address the Legislature today regarding the More Convenient Care Act, 2024. This legislation builds on the foundation laid by Your Health: A Plan for Connected and Convenient Care, further enhancing Ontario's ability to deliver high-quality care that is accessible, timely and patient-centred.

In a province as dynamic and diverse as Ontario, the responsibility of connecting people to the care they need, when and where they need it, is central to the well-being of our communities. The More Convenient Care Act represents a bold step forward in modernizing, streamlining and strengthening our health care system to meet the demands of today and the challenges of tomorrow.

The More Convenient Care Act, 2024, builds upon the foundation established by the Connecting Care Act, 2019, which marked a pivotal shift—an integrated and patient-focused health care system. The earlier act laid the groundwork for the creation of Ontario health teams and streamlined the delivery of care by fostering collaboration among health care providers. With this new legislation, we're taking the next step by expanding these principles to address evolving health care needs.

The More Convenient Care Act, 2024, is grounded in three foundational pillars that guide its transformative approach to health care: strengthening governance and transparency, improving service delivery and enhancing patient care. These pillars work in tandem to address existing challenges within the system while laying the groundwork for sustainable improvement.

Strengthening governance ensures that health care delivery is more accountable, transparent and responsive to

the needs of Ontarians. By improving service delivery, the act reduces inefficiencies, streamlines access and ensures care reaches people when and where they need it most.

Finally, by enhancing patient care, this legislation prioritizes the well-being of individuals, empowering them with better tools, access and support throughout their health care journey. Together, these pillars provide the framework for a health care system that is more effective, equitable and patient-focused.

Madam Speaker, one of the most transformative aspects of this legislation is the modernization of Ontario's network of digital health records. By creating a seamless and secure system, this initiative empowers both patients and health care providers while reinforcing our commitment to the privacy and protection of sensitive health information. The people of Ontario will gain better access to their personal health information through this modernization, enabling them to make more informed decisions about their care.

With their Ontario health cards, people will be able to access such things as laboratory tests results, medical history and treatment plans, with more information such as imaging being added over time. Through these measures, individuals will be able to more actively participate in managing their health through greater transparency throughout their treatment process and their lives.

At the same time, this system ensures that privacy safeguards are stronger than ever, employing advanced encryption, robust authentication measures and continuous monitoring to protect against unauthorized access. For health care providers, an integrated digital platform reduces administrative burdens, it improves coordination among professionals and ensures that critical information is available when it is needed most. Whether in an emergency room, a specialist's office or through virtual care, this system will provide clinicians with the tools they need to deliver timely, accurate and effective care.

This modernization reflects our government's dual commitment to enhancing efficiency and upholding the trust that the people of Ontario place on the health care system. It's not just about improving convenience; it's about building a smarter, safer and more responsive system that meets the needs of the patients and provides for them.

Another cornerstone of this legislation is the merging of local public health agencies to serve regions more effectively. We understand that public health plays a vital role in promoting wellness, preventing illness and responding to emergencies. By consolidating resources and expertise, we're creating a more cohesive and responsive public health system. This change will ensure that the people of Ontario, regardless of where they live, will benefit from consistent, high-quality public health services. Whether addressing outbreaks, promoting vaccination programs or supporting community well-being, these strengthened agencies will be better equipped to meet the evolving needs of our province.

A strong health care system is built on the dedication and expertise of its workers. Ontario is fortunate to have

an incredibly skilled and compassionate health care workforce. This legislation ensures that we are leveraging their abilities to the fullest extent possible. The More Convenient Care Act provides that increased training opportunities and expands scopes of practice, enabling health care professionals to provide care that aligns with their full qualifications and expertise. This is not only good for the patients, who will have faster and more direct access to care, but also for providers who will experience greater professional fulfillment.

In addition, this legislation addresses workforce stability by investing in recruitment, retention and training programs. These measures are critical to ensuring that Ontario has the health care capacity it needs to serve a growing and aging population.

The More Convenient Care Act is not just about meeting today's challenges; it's about building a resilient health care system that can adapt and thrive for generations to come. This includes strengthening government structures to ensure accountability and transparency, improving service delivery through innovation and efficiency, and stabilizing the workforce so that the people of Ontario can rely on consistent, high-quality care.

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Madam Speaker, it's important to recognize that this legislation does not exist in isolation. It builds on the progress of Your Health: A Plan for Connected and Convenient Care and complements the many innovative programs already in place across Ontario—for instance, call lines. Services like Ontario's 24/7 health call lines have already made it easier for the people of Ontario to access advice and referrals, and this legislation strengthens their integration with other health care services.

HART hubs—homelessness and addiction recovery treatment hubs—are a model of localized, comprehensive care. The More Convenient Care Act ensures these hubs have the resources needed to continue connecting individuals to the services they require.

Digital tools: The ongoing expansion of virtual care options provides a lifeline for people in rural and remote areas, offering timely access to health care professionals without the need for extensive travel.

These programs, alongside the measures in this act, create a cohesive network of care that supports the people of Ontario at every stage of their health journey.

As the minister responsible for addictions and mental health, I'm particularly encouraged by the impact this legislation will have on mental health and addiction care. The More Convenient Care Act aligns with the principles of the continuum of care model, which emphasizes prevention, treatment and recovery. By enhancing digital health records, integrating public health and expanding workforce capacity, this legislation strengthens our ability to provide timely and coordinated support for individuals facing mental health and addiction challenges. For example, individuals struggling with substance use disorders will benefit from better access to withdrawal treatment programs and follow-up care—all seamlessly connected through improved systems and processes. This compre-

hensive approach ensures that no one will fall through the cracks.

Speaker, one of the most important aspects of this legislation is its ability to reduce barriers to care. By making services more accessible, whether through technology, workforce expansion or integrated governance, we're sending a powerful message that health care in Ontario is for everyone. This inclusivity is particularly vital for individuals who have historically faced stigma, such as those dealing with mental health and addiction issues.

The More Convenient Care Act is a critical milestone in our government's journey towards a health care system that is patient-centred, equitable and forward-looking. It's also part of a broader vision for Ontario. This vision includes further investments in community-based care to address local needs; expanding use of data analytics to predict and respond to health care trends; and enhanced public education campaigns to empower the people of Ontario with the knowledge they need to take charge of their health. Together, these initiatives will create a system that not only meets the needs of today but anticipates and prepares for the challenges of tomorrow.

Madam Speaker, the More Convenient Care Act, 2024, represents a significant leap forward in our government's efforts to build a health care system that serves the needs of all the people of Ontario effectively and efficiently.

To summarize, this legislation is about improving the health care system's ability to deliver high-quality care by focusing on three essential pillars: strengthening governance, improving service delivery, and expanding and stabilizing the workforce across Ontario.

By strengthening governance, we're ensuring that our health care system operates with greater transparency, accountability and responsiveness; that resources are directed where they are needed most, while providing the foundation for a system that can adapt to emerging challenges and embrace innovation without losing sight of its primary mission—and that is to serve the people of Ontario.

On the front lines, the improvements to service delivery are transformative. By modernizing digital health records, consolidating public health agencies and expanding access to virtual and in-person care, we're addressing longstanding barriers that have prevented many from receiving the care they need. These changes are particularly impactful for those in rural, remote or underserved communities, where access has historically been more difficult. The result is a health care system that's not only more efficient, but also more equitable and accessible.

Finally, the expansion and stabilization of our health care workforce is vital for the long-term sustainability of our system, as they are the backbone of our services. We're going to do this through increased training, expanded scopes of practice and strategic investments in recruitment and retention. This legislation ensures a workforce which can meet the growth and diverse needs of our growing population.

This legislation is more than just a response to today's challenges; it's a forward-thinking plan that lays the

groundwork for a health care system that will serve the people of Ontario for generations to come.

Recognizing how important consultation can be, a crucial initiative undertaken by the Ontario government through the introduction of the More Convenient Care Act, 2024, is a consultation initiative to understand the services provided by addictions counsellors, to ensure quality of care. It acknowledges the progress we've made, while addressing the areas where improvements are still needed, ensuring that Ontario remains a leader in health care innovation and delivery.

As we move forward, let us remain committed to building a system that reflects our shared values of equity, compassion and resilience.

With the More Convenient Care Act, we're not just improving health care; we're strengthening the very fabric of our communities and ensuring that everyone has the opportunity to live a happier, healthier and more fulfilled life.

The Acting Speaker (M^{me} Lucille Collard): We're going to go to questions for the associate minister.

M^{me} France Gélinas: I would have liked to see, in the bill, a more proactive approach to deal with the big issues in our health care system right now. Whether you look at the 2.5 million Ontarians who do not have access to a family doctor; whether you look at the long wait times in our emergency rooms; whether you look at people facing mental health or addiction issues, who are put on wait-lists—in my community, it's 18 months for kids under 18 years of age, and close to two years for adults.

Is there anything in the bill that could give us hope that people facing mental health and addiction issues will gain access to the care they need in a timely manner?

Hon. Michael A. Tibollo: As I mentioned in my remarks this afternoon, one of the things that this act does is that it builds on previous legislation and investments that are being made by the government. The amount of money that's being invested in mental health and addictions is unprecedented, with respect to previous governments, other jurisdictions, both within Canada and the United States.

We're building a system of care. We're building a continuum of care and looking at where the gaps exist. This legislation helps us address that. One of the first things that I learned coming into this ministry was "if you don't measure it, then how can you manage it?" Streamlining and building records that allow us to understand how our investments are doing will help ensure that we build a system that's caring for individuals, that we pivot when necessary.

So we are doing a great deal—making the investments and creating that continuum of care to help people. This legislation helps us continue to do that.

The Acting Speaker (M^{me} Lucille Collard): Next question.

Mr. Ric Bresee: Speaker, through you—actually, let me start by expressing my appreciation to the minister and the others involved in developing this bill and the work

that has gone into the last few years of improving our health care system.

As you've spoken to already, this is building upon the work that has already been done.

Through that time and through all those efforts—if I could ask the minister to speak to the consultations, to speak to what the response has been from the nurse practitioners, from the registered nurses, from the groups who are being directly affected by this.

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Hon. Michael A. Tibollo: One of the things that we know is that health care is not provided only by the doctors or only in the hospitals. We know the excellent work, especially through COVID, that we saw with the nurse practitioners and the registered nurses, the activities that they took on—but also how their scope of practice could be increased. They stepped up over and over again and showed us how much more they could do.

The consultations that we've had and that we continue to have are helping us better understand the needs in the community and how we can utilize assets from the community to better help individuals in the province of Ontario.

We talk about the number of people without a doctor. What we need to take into account is how many other people are providing supports and services.

I can tell you, through the experiences that I've had with our paramedics, with our nurse practitioners, seeing them fully utilize the potential of their scope of practice, they are providing direct services to individuals in the province that are helping us build a system that will make a huge difference in the lives of everyone in the province.

The Acting Speaker (M^{me} Lucille Collard): Next question?

Ms. Sandy Shaw: We are in the middle of an opioid crisis. We know that. There has been a surge in emergency room visits to hospitals that already have backed-up emergency wards.

We put forward an opposition day motion to provide mental health and addiction services to everyone. This government voted it down.

We just got the Auditor General's report today. It's a phone book of concerns with this government, including your implementation and oversight of your opioid strategy. The Auditor General's top line was that they "concluded that the ministry does not have effective processes in place to meet the challenging and changing nature of the opioid crisis in Ontario."

They went on to say, "The decision to change supervised consumption sites was made without proper planning, impact analysis or public consultation." As a result of this government's decisions, "access to supervised consumption services in regions with higher or growing needs was further reduced without evidence-based analysis."

My question to you, based on what the Auditor General said, is, how can anyone believe that this government is doing anything evidence-based when it comes to planning for health care in Ontario when we know that the health care system is complete chaos right now?

Hon. Michael A. Tibollo: That's a great question, because there is a very good and clear answer. The key to succeeding in any strategy that has ever been built anywhere in the world has been to focus on treatment and recovery and building capacity to meet the person where they are.

I have visited consumption and treatment sites. I visited one in Timmins one day, and while I was walking around the property, I came across all kinds of paraphernalia that had been used, that had blood inside them. When we suggest that we should not have sites like this within 200 metres of a daycare or of a school—I think anyone in this room would be clear and agree that they shouldn't be there.

At the end of the day, no one who is recovering or who has an addiction wants to continue using. What they want is help, and help is treatment and recovery.

The Acting Speaker (M^{me} Lucille Collard): Next question?

Mr. Lorne Coe: I'm pleased to have the opportunity to join today's debate.

What's absolutely clear is that, through our government's historic investments, we're making it easier and more convenient for Ontarians to access care closer to home, and helping to do that are some of the educational initiatives that we've put in place.

I'd like the minister—through you, Speaker—to talk about what some of those educational initiatives are that the government is doing to connect Ontarians to even stronger convenient care in Ontario.

Hon. Michael A. Tibollo: Thank you for that question.

I am so proud that the two new medical schools—one will be in Brampton, Ontario; the other one will be in Vaughan. Those two medical schools are going to increase capacity for new doctors to be coming into the profession. It will stimulate and create all the support services that are ancillary to having those doctors come online and to become part of the health care system.

We are doing more than any government has done in the past. Instead of closing schools—the number of seats that medical schools have—we've increased that capacity. By increasing the capacity over the course of time, we will build the capacity into the system. But we're also dealing with the problem today—that's with the expansion of the scopes of practice, whether it's with addictions counsellors and the work they're doing, nurse practitioners and the work they're doing, or our paramedics, who are now able to do wellness checks at the homes of the individuals.

Madam Speaker, we are taking an all-of-government approach, looking at all the different angles that can bring supports and services to the individuals, to meet them where they are today, but also planning for the future to ensure that they have the supports they need in the future as well.

The Acting Speaker (M^{me} Lucille Collard): Next question.

Ms. Sandy Shaw: We also have, in this bill, schedule 6, where you're talking about the use of personal health information and protection of data.

I know that this government has clearly said that personal information data were valuable data sets, and that they wanted to monetize that—to make money off of our data sets. It was clearly stated in this government's agenda when they first began.

You can understand why people are not trusting this government when you're offering this up to third-party agencies—Shoppers Drug Mart, Bayshore; we don't know who this is going to be. We don't know whether this is going to be used to target people, to sell them services or products they didn't know that they needed or wanted. It's not clear.

In fact, to the Auditor General's report—again, she has said very clearly that cyber security practices need improvement, with this government.

How can you reassure anyone in Ontario that you're going to take their personal health data and not use it for commercial purposes, and keep it protected?

According to the Auditor General, you're failing to protect people's personal data.

Hon. Michael A. Tibollo: I'm going to answer this question really simply: If you can't measure it, you can't manage it.

We have a system in place. If you will recall, we created the centre of excellence. The centre of excellence works very closely with ICES with respect to data management and data collection. That data, unfortunately, lacks the depth and the detail that's needed for someone like me to be able to work to manage a system, because it's very inconsistent with how data is collected. By having data sets that are—

The Acting Speaker (M^{me} Lucille Collard): Thank you. I apologize. We're out of time, Minister.

We're going to move to further debate.

Ms. Sandy Shaw: As has been said very clearly and very well by our member from Nickel Belt, the house is on fire when it comes to health care in this province. Every person knows this. We get stories in my constituency office—I know you get them in yours—of people who can't access health care. It cannot be that everything is fine in your ridings. You must be hearing this as well.

We have health care hospitals that are running deficits. We have 2.5 million people who can't access a family doctor. We're facing programming cuts all across the province. We're seeing staffing shortages which are a direct result of this government's underfunding when it comes to health care.

Absolutely, this government is failing to protect the people of the province of Ontario, who think that health care is going to be there when they need it, but they're sadly surprised and disappointed and fearful when they need health care. What they expected to be available is just not there anymore.

I would say we're failing everyone in Ontario, but no one more than seniors in this province. This government has turned their back on seniors. You are failing seniors on every front. If you visit an emergency room, what do you see? You see seniors waiting for days on stretchers in hallways. Hallway health care is worse than it has ever

been in this province. We see seniors who are waiting months, or years, perhaps, to get the surgeries that they need or procedures that are important to their long-term health. They're not getting access to them. They can go to a private clinic, pay and go to the top of the line. But not every senior has the deep pockets to put it on a credit card to access these private clinics that this government is investing in.

And the Ontario Health atHome disaster that this government unfolded on people: This government changed the process for people who are getting care at home to receive the surgical supplies they needed. They changed that like that—without consultation, without a trial period. And they gave it to Bayshore, another for-profit connected agency of this government.

1700

And what happened? It was a disaster. We saw people that were not able to get the supplies they needed at home. I had constituents who went on Amazon to buy supplies, or neighbours that would take unneeded supplies and drop them off on the front porch of their friends who also had people at home. I had one constituent whose wife was recovering from breast cancer surgery and couldn't get the equipment that she needed. He was completely beside himself and almost in tears seeing the pain that his wife was in—and that this was completely and directly a fault of this government and was avoidable. It was avoidable. If you put the concern and the care of people at the centre of your decisions, you would not have done this.

So many people are being failed by this government. But as I speak today, if you keep in mind seniors, if you think about how all of this impacts seniors in your riding and all across the province, you will see that what we have done here is nothing short of shameful.

It's not just health care where we're failing seniors. We know that seniors continue to not be able to access long-term care. For example, in Hamilton, almost 2,000 seniors are on waiting lists for long-term care, and that waiting list has reached up to five years. Of that number, almost 500 seniors were in crisis that are on a waiting list for long-term care. The government promised to build housing. They promised to open up long-term-care homes. But that is not happening.

Councillor Jackson had this to say about this: "Holy smokes, waiting almost 10 years for these beds.... I'm just so saddened and angered that I thought" Premier Doug Ford "was going to ... put multi-millions" of dollars "aside to build thousands upon thousands of long-term-care beds and hopefully Hamilton would get its share to address the immediate need—not six, eight, 10 years from now."

That is what Hamilton seniors are facing. That's what seniors are facing across the province. They can't get into health care. They can't get a doctor. They can't get their supplies at home. They can't get their surgeries. This is on this government, and it's directly a result of the fact that, on a per capita, per person basis, this government is pulling up the rear when it comes to funding. I don't care what numbers you want to pull out of your hat and tell us. On a per person basis, you are coming up short.

The result of that in Hamilton is that our area hospitals, which serve almost 2.5 million people in the region, are facing a deficit of \$136 million. These are unprecedented deficits. They've never happened before. Hospitals are faced with: Do they borrow money? Do they go into deficit? Do they cut staff? Or do they cut programming? This privatization agenda of your government is resulting in our public health care hospitals that are pillars of our community facing unprecedented, unsustainable deficits.

Staff are already currently overworked and understaffed. And so, they wonder what it is they are going to be facing with these deficits and how they're going to be addressed, because they're not going to be addressed by help from this government—because we see the kinds of tepid bills they put forward that don't come anywhere close to addressing the need that we have in this province.

Michael Hurley, who is the president of CUPE's Ontario Council of Hospital Unions, said, "You've got this enormous backlog of services, people on waiting lists, waiting for care on stretchers, waiting for admission to beds because we don't have enough staff...."

We also have the local Hamilton union president, whose name is Jillian Watt. She said, "They told us they were reviewing all programs and services to find cuts...." She went on to say, "We can't afford more cuts." It's obvious. Where are they going to cut? What do you expect people to cut?

I think you need to understand that health care workers who are still left in the system, those that you haven't driven out of the province with your Bill 124, your wage-cap bill, your underfunding, your agency staff that has created a disparity in the health care system—those that are left are burning out at a huge rate because they are professionals, they're caring people, they went into this profession because they wanted to help people, and now, no matter how hard they try, no matter how hard they work, they can't give their patients the care that they need and the care that they deserve. They're working short-staffed. They are working long hours. Not only is this dangerous when it comes to patient care, it's demoralizing for the staff that we have left.

Again, it's on this government, who has turned their back on health care professionals, who doesn't come forward with a bill to address this crisis but comes forward with a bill—this dishwasher, tepid-tea-water bill—that does nothing. You need a serious bill.

You call this bill—it's crazy, the names that you come up with. What is it called? "Convenience"? Let me see. What is the name of this bill? Help me out here. "Convenient care"? Convenient for who? Because nothing is convenient right now—nothing is convenient.

It may be convenient for all the for-profit providers, all of your donors that go to your \$1,000- to \$2,000-a-plate dinner. It might be convenient for them. It might be convenient for Shoppers Drug Mart, for example, who seems to be profiting immensely from this government's privatization strategy. It might be convenient—well, clearly, it is convenient for Bayshore, who will see hundreds of millions of dollars in profit while people at home

are not getting bandages and palliative care patients are not getting the pain meds that they need. It's convenient for Baysshore; not so convenient if your spouse or loved one is at home and is not getting the kind of pain relief, pain management, comfort that they need in their final days. So, yes, it's not convenient at all for the people of the province of Ontario.

Now we know that there is nothing left for hospitals to do. They can't lay off any more staff. They're already so short-staffed, they can't lay off any more staff. They wouldn't even exist as a hospital. But what we are seeing are program cuts.

One of the program cuts I want to talk about that is unbelievable is the clinical cancer studies that were happening in the city of Hamilton. So when a cancer patient has run out of options and they're at the end of the line in terms of treatment, they're often recommended to participate in cancer studies. These are often just a lifeline, a sense of hope for patients who, again, have no other options.

This government, because of the underfunding, is directly responsible for the fact that Hamilton Health Sciences had to cancel 20 of these cancer studies. There were patients that were ready to start these trials, and they were abruptly told, "Don't bother coming. These studies don't exist." Was there another option for them? No, there was no other option provided. "Go home and be with your families because you have run out of options. You're at the end of the line."

So these lifelines for patients and these studies that help provide information and research that will help us to improve people that are facing life-limiting and life-ending diseases like cancer—these studies are being cancelled, and that is again a direct result of this government's underfunding and privatization agenda when it comes to health care.

In Hamilton, we have another service that has been cut, and that is the East Region Mental Health Services in Hamilton, who were forced to close a mental health clinic the patients have said saved their lives. This clinic is now being forced to close.

It needs to be said and underscored that mental health supports and services are very difficult for people to access in this province. People wait months; they wait years. Even if the people are in crisis, there are not crisis support services for people who are struggling with mental health or addictions problems. But this clinic that was operating in Hamilton, St. Joseph's Healthcare, was serving 350 vulnerable mental health patients and was providing 8,000 visits a year. This is a huge loss to our community.

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I asked the Associate Minister of Mental Health and Addictions earlier how this government makes their decisions when it comes to mental health. Because we know that we just had the Auditor General's report that dropped this morning, and when it simply comes to one part of this government's response to mental well-being in the province—and that's the implementation and oversight

of Ontario's opioid strategy—this government received a complete failing mark from the Auditor General.

We know that this government has rushed legislation through to close consumption and treatment sites across the province. But the Auditor General had this to say, which is that "the ministry does not have effective processes in place to meet the challenging and changing nature of the opioid crisis in Ontario."

The report goes on to say, "The decision to change supervised consumption services was made without proper planning, impact analysis or public consultations."

They went on to say that the minister did make an investment for HART hubs without a needs-based assessment. There was no analysis into the impact on public health and the health system before making this decision to close CTS. There were no formal consultations with impacted communities and stakeholders and, as a result of this government's decisions, "access to supervised consumption services in regions with high or growing needs was further reduced without evidence-based analysis." This is despite the increase of opioid-related emergency department visits.

So, this goes hand in hand. We have a health care system that is in crisis. We have emergency rooms that can't keep up. We have patients that go without treatment. We have seniors languishing in hallways, and you have passed legislation with no analysis when it comes to the impact on people showing up at emerg. This is not how a responsible government should be making decisions.

From the opioid crisis to the fact that we've got in Hamilton closures of very, very important mental health treatment centres—we have this bill in front of us. I want to just say that also this is coming at a time when the year 2024 isn't even over yet, but it's clear that even up till now 2024 is the worst year in Ontario for ER closures.

Emergency room closures—first of all, it used to be that to think that an emergency room closed was unthinkable. It just seemed to be the point of refuge, the place that you could go in a crisis, in an emergency. When your child broke their leg playing hockey or your grandmother was having a stroke, you would go to emergency, but now in Ontario, one out of every five hospitals with an emergency room or an urgent care had unplanned shutdowns. Why is that? It's because you're underfunding. Why is that? Because you're privatizing the system. Why are you closing ERs across the province?

There's a gentleman named Bruce Pieroway who had a heart attack. He lived in the community of Chesley, Ontario, and he said he was lucky enough when he got to the emerg that it was still open. But he wanted to know, when you're having a heart attack, are you supposed to be looking up on the Internet or phoning around to find out what emergency department is open? That's just absolutely ridiculous, and that's the reality here in Ontario.

It's also urgent care. In Hamilton, if you can't get to St. Joe's emerg or Hamilton Health Sciences emerg, you might want to go to one of the urgent care clinics, but guess what? They're having unplanned closures as well. ER physicians are saying things like—a lot of times, we

don't hear about these closures, and we also don't hear about patients who couldn't get care, because maybe they die at home or they have other really bad outcomes. As the minister said, if we don't track it, we don't know, and you are not tracking the impact on people's lives and on people's mental well-being and sense of security when you just willy-nilly allow unplanned closures to happen in the province.

Over the past three years—which is all under this government's watch—at least 38 hospitals with emergency rooms or urgent care experienced closures. That's one in five of the publicly funded centres. And as I said, even though 2024 isn't over, the data shows this will be the province's worst year for ER closures—a phenomenon that was very rare, which was written in the Auditor General's 2019 and 2020 report.

It also is clear that even if you have an urgent care centre that is open, they are having limited hours. They are closing unplanned. Dr. Andrew Park, who is the former president of the Ontario Medical Association and an ER physician, said, "I see my colleagues in urgent care doing very emergency medicine-style work." What that says is that people who should be going to emerg have no other option but to go to urgent care. People are seeking help and treatment anywhere they can, and you've left these people alone. They don't know when it's an emergency. They don't know whether, when they drive to the emergency room, it will be open or not. They don't know if it's closed when they take a cab to the urgent care centre or whether they will get treatment there.

This is unbelievable. This is nightmare stuff for parents, for family members. And with that, this is the bill that you come forward with? Really? The More Convenient Care Act? There is nothing convenient about a senior who breaks her hip at home and has to call a cab to take her to emerg—because it's during a code zero event when there are no ambulances available—to find it's closed, and then gets back in that cab to go to an urgent care centre and finds that closed. There is nothing convenient about that. You are failing on the health care file enormously, and nobody else is suffering more in this province than seniors, who deserve more from a government than what they're getting—

The Acting Speaker (M^{me} Lucille Collard): Thank you. That's time.

We're going to go to questions for the member.

Mr. Anthony Leardi: I just listened to the member from Hamilton West–Ancaster–Dundas do one solid 20-minute speech and not make any single reference to anything related to the bill that's before us today, but I didn't have the heart to interrupt her.

What I was going to ask was, if she didn't have anything relevant to say about the bill that's actually before us today, why didn't she just steal a few notes from the member from Nickel Belt, who did a one-hour speech and touched on every single schedule in this bill? She could have just stolen a few notes, or even borrowed them—maybe photocopied them. Why didn't she do that? That's my question: Why didn't she do that?

Ms. Sandy Shaw: Well, I'm glad to see that the member from Essex has such a small quibble with what I have done here today. But let me assure you—if you didn't have anything to put forward in a bill, if you had nothing of substance, why are you wasting the people of the province of Ontario's time?

There is nothing in the bill here that will address the urgent critical concerns of the people of the province of Ontario. What would you like me to talk about? Agency nurses that are bankrupting the hospitals? We can talk about that. Would you like to talk about the fact that you want to digitize people's personal health information and your government is already failing on protecting people's health care? I can talk about that. There are many things in this bill that I could talk about, but the people of Hamilton West–Ancaster–Dundas want me to talk about the crisis that they're facing and the fear that they have that health care that used to be available for them and used to be public and free is now going to cost them and is not available when they need it.

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The Acting Speaker (M^{me} Lucille Collard): Next question?

Ms. Teresa J. Armstrong: I want to congratulate the member from Hamilton West–Ancaster–Dundas.

I want to go to schedule 3. We just talked about agency nurses and how they're costing the health care system, which means that health care dollars are taken out of the health care providers that are there on the front lines. But one of the things in schedule 3 is requiring the reports to be made, when they have to file, how long they keep their records for—and if they fail to comply with these strict guidelines, they're going to have a fine of up to \$10,000 for individuals and \$25,000 for corporations.

The irony I find in this piece of legislation today is—we know that the chief of staff for the Premier deleted records pertaining to Ontario Place. Why is the standard different for them—compared to wanting to have reports from the health care system?

Ms. Sandy Shaw: I don't have clear answers for you, but I can honestly tell you that nobody trusts this government with their information or their own information, because we know, as we've seen, they don't care. Deleting records, which is a crime, seems to be a sport in that government.

When CBC was trying to get information on this ministry related to ER closures, they were directed to file a freedom-of-information request.

So they don't want you to know what's going on.

Ms. Teresa J. Armstrong: What's going to happen to Sackville for deleting those emails?

Ms. Sandy Shaw: Exactly. I don't know what's going to happen to Sackville. The word "sack" in Sackville might tell you something.

Interjection.

Ms. Sandy Shaw: That's right.

You're going to collect data on the use of agency nurses, but who's going to collect that data? Are you going to report it? Are you going to make it available through a

freedom-of-information request? You were collecting this data using taxpayer dollars, but my sense is that you're going to keep it behind closed doors and not report this out to communities that deserve to know what's happening in their hospitals.

The Acting Speaker (M^{me} Lucille Collard): Next question?

Mr. Anthony Leardi: Schedule 3 is the Health Care Staffing Agency Reporting Act, and what this proposes to do is to require the recording and the reporting of the various rates that are charged by various agencies for the staffing costs. What this will allow hospitals to do is, they will be able to negotiate, once they receive the status, rates, because now those rates will be transparent. They will have access to those rates. As the Associate Minister of Mental Health and Addictions mentioned, if you have the data and you can measure it, then you can do something about it. That's why the data is so important.

From my point of view and from the point of view of hospitals that have to negotiate these contracts, this information is very, very important. But the member from Hamilton West–Ancaster–Dundas didn't feel the information was important. Could she please explain this contradiction?

Ms. Sandy Shaw: I would just have to say, again, the member from Essex's question comes up short. If you look at this bill and if you look at schedule 3, you will see the word “may”—there's nothing in here that guarantees that this information will be available to the public. It says the minister “may” publish reports submitted by staffing agencies; it doesn't say that they “will.” That's important.

I would say with this government, if there's any wiggle room, if there's any way to weasel out, if there's any way to delete records, your past actions have shown that you will do that. You force agencies to file freedom-of-information requests to get data that should be available to people. It's not your data to keep. It's not your data to sell to Galen Weston or Maple health or Bayshore. It's the people of the province of Ontario's personal data—and it's the use of agency staff in their public hospitals.

So, if you want the bill to be useful, change “may” to “will.”

The Acting Speaker (M^{me} Lucille Collard): The next question.

M^{me} France Gélinas: We all know that the biggest responsibility of a provincial government in Canada is health care. That's why \$74 billion is allocated to the health care budget.

Our health care system is facing a crisis like we have never seen before—whether it's the number of people who don't have access to primary care, don't have a family doctor; the number of people waiting for hours in our emergency rooms; the number of people sick enough to be admitted into a hospital who end up in a hallway or a waiting room or anything else.

Do you see anything in this bill that will help address the real crisis that Ontarians are facing in their time of need, in their time of sickness, or in their time of injury?

Ms. Sandy Shaw: I'd just like to say that the member from Nickel Belt is our health critic, and there is no one in this Legislature, including the minister, who knows more about health care and is more passionate and compassionate than this member.

We are in a crisis. People want urgent action. We're about to go into flu season. We're about to have people gathering at family dinners. That is a crisis.

Is there some stuff in here that might, down the road, improve the health care system? Maybe. I'm not convinced.

As you said earlier, the house is on fire. What is this government doing? They're drinking the water. They're not even throwing it on the house. They're turning their backs.

So, no, this is a very disappointing bill in the climate in which people are operating. People are afraid, people are not well, and this government didn't have the heart or the will to put forward a bill that would meet them where they are in their time of need, in their time of concern and fear, when it comes to—

The Acting Speaker (M^{me} Lucille Collard): Thank you.

We're going to go to the next question.

Mr. Anthony Leardi: The member from Hamilton West–Ancaster–Dundas said that this bill was “weak tea.” But schedule 1 of the bill is an amendment to the City of Hamilton Act. The provisions of schedule 1 were specifically requested by the city of Hamilton. Is she going to vote against what the city of Hamilton specifically asked for? Is she going to vote against schedule 1?

Ms. Sandy Shaw: The city of Hamilton is a fine city that does what it needs to do to protect its citizens. Despite this government's underfunding when it comes to health care, despite this government turning its back on hospitals in Hamilton that have huge deficits, the city of Hamilton will prevail.

The very fact that the city of Hamilton understands that a health board needs to be representative of its community, the fact that they embrace this change because they know we're in a crisis, is another reason why I'm proud to be from Hamilton, why I'm proud that we are a party here that understands the need for health care, and why I'm glad to stand every day to tell this government that you are failing. You're failing seniors. You're failing people in my city of Hamilton. You're failing people in your cities when it comes to the very basics—

The Acting Speaker (M^{me} Lucille Collard): Thank you.

We're going to move to further debate.

Mr. Ross Romano: It truly is an honour to be able to rise this afternoon and speak to this House, on behalf of Minister Jones, on the introduction of the More Convenient Care Act. This legislation builds on the progress of our government's Your Health plan, which was introduced last year.

Our plan is to deliver the right care in the right place. We want to provide faster access, and we want to hire more health care workers. Who doesn't want more health

care workers, right? We need them. It's a necessity, and we're doing everything we can to be able to do that, and that's part of why we have this bill.

Under the leadership of our Premier, Premier Ford, and our Deputy Premier and Minister of Health, Minister Jones, we're expanding capacity while we are reducing wait times for key services, to build a system of health care that will last.

The More Convenient Care Act, along with other regulatory policy items, is bolstering our government's continued efforts to build a stronger health care system today, tomorrow and for many, many years to come by strengthening governance and transparency, enhancing patient care and by improving service delivery.

The More Convenient Care Act is another way that we are building on our government's actions so far, and we are bringing forward more bold solutions and innovative changes to support the delivery of connected care for Ontarians in every corner of this province.

This legislation and related regulatory and policy initiatives highlight three pillars to address system gaps while continuing to build a world-class health care system.

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Pillar number one is focused on strengthening governance and transparency, by creating a transparency framework for staffing agencies and enhancing hospital governance.

Pillar number two is focused on enhancing patient care, by modernizing the provincial electronic health record, allowing nurse practitioners to complete and sign mandatory blood testing forms, exploring options to support consistent and quality mental health and addiction services, and reviewing the ambulance vehicle and equipment standards to enhance patient safety.

And, of course, pillar number three is going to strengthen the authority of the Chief Medical Officer of Health to promote greater alignment, while updating public health regulations.

One of the very many ways that we're aiming to strengthen transparency is by proposing new legislation called the Health Care Staffing Agency Reporting Act to create a transparency framework for staffing agencies that operate in the hospital, long-term care and community health sectors to disclose administrative markup rates to the government. This is also going to enable the government to publish this information, to help improve transparency and cost certainty for hospitals and long-term-care homes.

We're also proposing to enhance governance by amending the City of Hamilton Act, to enable the city of Hamilton to appoint its own board of health where city council members and community representatives could be board of health representatives. This is expected to improve service planning by fostering broader perspectives on the board of health and providing flexibility for representation to enhance local decision-making.

Additionally, we are also proceeding with support for the voluntary merger of nine local public health agencies into four new organizations. The Porcupine Health Unit

and the Timiskaming Health Unit would become the Northeastern Health Unit. The Brant County Health Unit and the Haldimand-Norfolk Health Unit would become the Grand Erie Health Unit. The Haliburton, Kawartha and Pine Ridge District Health Unit and the Peterborough County-City Health Unit would become the Haliburton, Kawartha, Northumberland and Peterborough Health Unit. And finally, the Hastings and Prince Edward Counties Health Unit; the Kingston, Frontenac and Lennox and Addington Health Unit; and the Leeds, Grenville and Lanark District Health Unit would become the South East Health Unit.

Another component of the proposed legislation that would improve service delivery is amendments to the Health Protection and Promotion Act, which would update public health records and regulations for public pools, zoonotic diseases, and diseases of public health significance to reduce burden and align with best evidence. This is also going to strengthen the authority of the Chief Medical Officer of Health of the province of Ontario to promote greater alignment and consistency when issuing orders to local medical officers of health across different health regions.

One of the issues addressed in the bill is an issue that holds critical importance to our public safety community: the need to streamline mandatory blood reporting in Ontario. In particular, I want to emphasize the crucial role that nurse practitioners can play in signing off and conducting blood tests for our police officers, firefighters and paramedics. The essence of mandatory blood reporting lies in protecting the people who protect us: police officers, firefighters, paramedics. They all face very unique challenges and very hazardous situations that expose them to potential bloodborne pathogens daily. These individuals dedicate their lives to ensuring the safety and the well-being of our communities, and it is our responsibility to ensure their health and safety are equally prioritized. Allowing nurse practitioners to sign off and conduct blood tests streamlines the reporting process. It makes it more efficient. Do you know what else it does? It makes it more responsive.

These are all good things. We want to be more responsive. We want to be more efficient. We want to be able to continuously improve the way we deliver the services we deliver—the core services, the most important services, like health care.

Nurse practitioners are highly trained health care professionals. They possess the expertise, the competency, to perform these vital tasks. By enabling them to handle blood reporting, we can expedite the identification and the treatment of exposures, thereby reducing anxiety and providing peace of mind for our public safety professionals.

One of the primary benefits of involving nurse practitioners in mandatory blood reporting is the efficient use of health care resources.

That is why we have had support from the Police Association of Ontario for the changes that have been laid out in the bill.

I want to provide a quote from the Police Association of Ontario president, Mark Baxter:

“The Police Association of Ontario supports the Ministry of Health’s decision to expand the Mandatory Blood Testing Act to include nurse practitioners in authorizing mandatory blood tests. This change enhances the efficiency and accessibility of a critical process that protects first responders, including police officers, who may be exposed to potentially infectious and/or communicable diseases. It reflects a modern, collaborative approach to health care and ensures timely interventions that safeguard our members’ health and well-being.”

I want to stop here. The president of the PAO wants all of us to know that this is going to be better for first-line workers, police officers, and that this is going to help safeguard their own members’ health and well-being—very important stuff.

Physicians can focus on direct care by adding one more resource for blood test responsibilities. Nurse practitioners can alleviate some of this burden on doctors while ensuring that the process is both swift and effective. This approach not only frees up physicians to focus on more complex cases, but also makes the best use of our health care workforce. Nurse practitioners are qualified at managing these tasks, and they can offer a high level of care, thus maintaining the quality and reliability of the reporting system.

Expanding the scope of practice for nurse practitioners in Ontario is crucial for several reasons. Nurse practitioners are qualified at managing these tasks and can offer a high level of care, thus maintaining the quality and the reliability of the reporting system. Expanding the scope of practice for nurse practitioners in Ontario is very important. It addresses the growing demand for health care services, especially in underserved and rural areas, where access to medical professionals can be limited. I know a little bit about this, coming from the community of Sault Ste. Marie.

Nurse practitioners bring a wealth of experience, expertise and training that allows them to provide high-quality care that meets a broad range of patient needs. This includes diagnosing conditions, prescribing medications, conducting routine checkups, thereby alleviating the burden on physicians and reducing wait times for patients.

Moreover, enabling nurse practitioners to take on greater responsibilities fosters a more collaborative and integrated health care system, which improves overall patient outcomes and efficiency—I mean, who doesn’t really want more outcomes and efficiencies?

Mr. Anthony Leardi: Everybody wants more.

Mr. Ross Romano: We all want more efficiency. We all want better outcomes.

This is a progressive approach, Speaker. Wait, did I say it? It’s a progressive approach—who knew—that not only enhances the quality of care but also makes the health care system more responsive and adaptable to the evolving needs of the population. Streamlining blood reporting by involving nurse practitioners can significantly improve inter-agency collaboration. Police officers, firefighters—

we had some firefighters here today. They’re still here today. I hope everybody takes an opportunity to go say hello and thank them for the amazing work that they do—and paramedics, of course, as well. Frequently, firefighters, police and paramedics work in pretty high-stake environments. They’re there trying to take care of us. They’re there trying to keep us safe. As a result of that, they’re in high-danger situations. Improved communication and coordination can lead to more comprehensive support for our public safety professionals.

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While waiting for the results of a mandatory blood test in Ontario, first responders often experience significant stress and anxiety. During this period, they may be concerned about the potential exposure to blood-borne pathogens, which can impact their mental well-being and their ability to perform their duties effectively. The waiting period can also disrupt their personal lives as they may need to take precautionary measures to avoid transmitting potential infections to their families and their colleagues. Additionally, officers may face uncertainty about their health. This can cause a great deal of additional emotional strain. This waiting period underscores the importance of all of the improvements that we are making to streamline the reporting process to minimize the time between exposure and receiving results. This thereby reduces the psychological burden on these dedicated professionals, allowing them to return to their responsibilities with peace of mind.

We must also consider the legal and the ethical responsibilities that come with mandatory blood reporting. Ensuring that our public safety professionals have access to timely reporting processes is not just a matter of efficiency; this is a moral obligation. These individuals serve our communities. They serve them with unwavering dedication. Is it fair to say that maybe we owe them the best possible protection, the best possible care? It seems pretty reasonable to me, Speaker. We absolutely owe them the best possible protection of care we can provide. Through this, we are ensuring that our heroes are treated with the respect and the urgency that they deserve, reinforcing the trust that they place in the system—the system that is there to protect them, just how they protect us.

Research and evidence support the inclusion of nurse practitioners in mandatory blood reporting. Studies have shown that nurse practitioners deliver high-quality care and can complement the work of our physicians. They are well-equipped and they are qualified to handle the complexities of blood reporting, including the interpretation of results, risk assessment and communication with affected individuals. By adopting an evidence-based approach, we can be confident that involving nurse practitioners will enhance the overall effectiveness and efficiency of the blood reporting system. This integration is not only practical, but it also aligns with the best practices in modern health care delivery. Who knew—best practices. It’s a pretty good idea to implement them and that’s what

we are trying to do. That's what our government is doing on a regular and consistent basis.

Mr. Anthony Leardi: Great idea.

Mr. Ross Romano: It is a wonderful idea. I wonder if the opposition will be in support of it?

Mr. Anthony Leardi: It sounds like they're going to vote against it.

Mr. Ross Romano: You know, it's challenging because we do these things that are great, that are supported by the stakeholders the most—and what was that number again? The NDP and the Liberals, they support each other—what was that again?

Mr. Anthony Leardi: I think it's 99.9%.

Mr. Ross Romano: It's 99.9% of the time. That's what I heard. I don't have the facts on that, Madam Speaker. I don't want to be challenged on it. Perhaps the Clerks' table can help us out, but I think 99.9% sounds about accurate.

All kidding aside, at the heart of this issue, there's a human element here. I know the opposition cares about the human element. I know they care about our first-line officers—the paramedics, the firefighters, the police. I know they want to make sure that they're safe, just like they want to be kept safe by those very same people. It's so important that we treat our police officers and our firefighters and our paramedics as more than just professionals. We treat them like our neighbours, our friends and our family members because, you know what, Madam Speaker, they are our friends, they are our neighbours and they are our family members, and their well-being is of the utmost importance. Any steps that we can take to protect their health should be pursued with determination and urgency.

Streamlining mandatory blood reporting through the involvement of nurse practitioners demonstrates our dedication to their welfare and our public safety professionals. It sends a clear message that we value their service and are dedicated to providing them with the highest standard of care. Allowing nurse practitioners to sign off and conduct blood tests is a vital step towards streamlining mandatory blood reporting in Ontario. This will enhance the safety, the efficiency and the well-being of our police officers, our firefighters and our paramedics. It is a change that acknowledges their sacrifices. It respects their dedication, and it provides them with the support that they need to continue to serve our communities effectively.

Let us all stand together in advocating for this critical, critical improvement, all of us. If we do this, we not only protect the people who protect us, but we strengthen the very fabric of our public safety system.

I know you love that, right, John, member for Timiskaming? I know.

I would like now to provide further details related to creating a transparency framework for temporary staffing agencies to report agency fees to the government.

I'm mindful, though, that I only have about 90 seconds left. I could easily speak about protecting our heroes for 90 more minutes if I really needed to, Speaker; I'd happily do it, in fact.

The transparency framework is designed to achieve transparency regarding the rates that agencies charge hospitals and long-term-care homes, which increases cost certainty for employers, and it stabilizes agency rates. Currently, there's a lack of transparency regarding the rates agencies charge health service providers, including overall fees and the agency markups. Rates for agency staff can vary significantly, often even more so—again, to the member from Timiskaming, I know you're going to like this one: We're fixing it for these smaller rural communities, remote, northern areas in the province. Employers may be charged travel, accommodation premiums as well as additional charges for last-minute or after-hours staffing requests. Hospitals, long-term-care homes, they can be limited in their ability to negotiate rates due to a lack of transparency. This is important. This is going to fix that.

Our government has made significant investments to increase the number of workers in the health care system, and we're going to continue doing that. We're going to do the work that we have to do, as a progressive government should, to ensure that we're providing better services, more effective services to those who need them most.

The Acting Speaker (M^{me} Lucille Collard): We're going to questions for the member.

M^{me} France Gélinas: It's always interesting listening to a fellow northerner, from Sault Ste. Marie. There are many pressing health care issues in northern Ontario, but I would tell you that in Sault Ste. Marie right now, the opioid toxicity mortality death rate is at 70 people for 100,000 residents, which is four times more than the average for the province, which is at 17 in Ontario for 100,000 people. In my community, in Sudbury, we're at 50, and in Timmins, they are at 40.

Sault Ste. Marie is the worst. They need help. The city of Sault Ste. Marie had put in applications for a consumption and treatment site, which the government refused to fund. What can the member do to help his community with the opioid mortality rate?

Mr. Ross Romano: The member from Sudbury, she loves to talk about Sault Ste. Marie. I know it's a beautiful place; it's the best place. Maybe, perhaps, you should come visit Sault Ste. Marie and see how great things are going there, because we're doing rather well. Yes, we have a lot of challenges; there's no doubt. We certainly have challenges, as does your community and many communities throughout this province, with opioid-related issues.

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But since you brought it up, we in our government were able to fund the creation of the Northway facility. It's too bad you weren't able to come and join us, since you seem so interested in the city of Sault Ste. Marie. You should have been there while we had the grand opening for that \$20-million facility or the several other facilities that we were able to open throughout our community to assist in this area.

However, Madam Speaker, to the member: This is about protecting front-line officers. So my question for you is, are you going to vote to protect the front-line

services and officers in our province who provide us the care that we need?

The Acting Speaker (M^{me} Lucille Collard): Next question.

Mr. Anthony Leardi: I wanted to ask the member from Sault Ste. Marie something about schedule 3, which he referred to in his speech. As we understand schedule 3, what it will do is it will require health care staffing agencies to report certain information, and then that information could potentially be used by hospitals or maybe other organizations to negotiate rates with various staffing agencies.

What we know is that sometimes these staffing agencies—which are very, very necessary by the way; you simply couldn't get by without them. They're very, very necessary. But it will perhaps assist hospitals in negotiating contracts with these staffing agencies. I would like to invite the member from Sault Ste. Marie to comment on that.

Mr. Ross Romano: I want to thank the member from Essex for his work. He's such an exceptional member, a wonderful person. He's a very, very excellent addition to our team. If I remember correctly, I think his seat was once held by a member of the opposition, but apparently—

Interjection: Ten years.

Mr. Ross Romano: Ten years, right? But the people of Essex realized that this member would be in a great position to be able to provide the people of his community with excellent representation, and I think that's been working very well.

Interjection.

Mr. Ross Romano: Oh, very nice.

But in terms of the question—I don't want to ignore the question, of course—the reporting that is being done here is going to allow us to have, again, a better system, providing and ensuring that the people get access to better care. That is something very important, but I'm going to elaborate perhaps further on that in my next question.

The Acting Speaker (M^{me} Lucille Collard): And the next question will go to the member for Timiskaming—Cochrane.

Mr. John Vanthof: I listened very intently to the member from Sault Ste. Marie's remarks, especially when he mentioned my name a couple of times. But I listened also to his response, and in one of his responses he said to the member from Nickel Belt that she should come to an announcement of something in his riding.

I'd like to make it clear that there is only one minister who has ever invited me to an event in my own riding, the Minister of Municipal Affairs. Lots of other ministers don't even mention when they are in the riding, so it's kind of hard to attend an event when you don't know the event is happening.

Do you feel the ministers of the crown should alert MPPs from ridings if they are going to make an announcement in the riding, as you inferred to the member for Nickel Belt?

Mr. Ross Romano: To the member from Timiskaming—Cochrane: I really always enjoy listening to the member opposite speak.

And to the member for Nickel Belt: The reference to Sudbury—I do apologize for that. Certainly I meant the member from Nickel Belt.

The types of announcements that we were able to make in my community of Sault Ste. Marie are announcements that—if, unfortunately, the member was unable to attend, I would love the opportunity to take the member from Nickel Belt through the Northway facility in Sault Ste. Marie, so that she can see for herself how exceptional we are doing at trying to combat these issues in Sault Ste. Marie, but specifically what our government is doing to try to help in my community of Sault Ste. Marie and the exceptional work that we are doing.

Do you know what, Madam Speaker? There is still a lot of work to be done, and that's why, again, I ask the members opposite: Support the bill that is going to do more of the good work we continue to do.

The Acting Speaker (M^{me} Lucille Collard): And for the next question, I recognize the member for Essex.

Mr. Anthony Leardi: With reference to schedule 5 of this act, what this does is it expands the scope of practice for nurse practitioners. Right now, under the Mandatory Blood Testing Act, only a physician can do certain jobs under that act. What this bill is going to do, if it's passed, is it will expand the scope of practice for nurse practitioners and it will allow nurse practitioners to perform many of the functions of a physician under the Mandatory Blood Testing Act.

I think that's a very practical step in the right direction. Some people might not agree with me; some people might call that “weak tea,” but I think that's a very important step in the right direction. I invite the member from Sault Ste. Marie to perhaps comment on that. If he'd like to make specific reference to his riding, I invite him to do that too.

Mr. Ross Romano: Wonderful question. I appreciate the opportunity to speak about not only the specifics of some of the great work of nurse practitioners but how that actually impacts those in my community.

Perhaps, again, the member from Nickel Belt—as I know she's so interested in what happens in Sault Ste. Marie on a regular and ongoing basis. I recall one time she was referencing a great deal in this House the activities happening at the Group Health Centre in Sault Ste. Marie, which services the vast majority of patients in my community.

You know what our government was able to do when Group Health Centre was having a challenge and didn't have enough doctors to be able to service some 10,000 people? What we were able to do was fund an acute-care clinic at the Group Health Centre led by nurse practitioners, Madam Speaker.

Nurse practitioners were able to provide family care services, taking care of those 10,176 patients of my community that were at risk of losing primary care, but our government said no. Our government said we will ensure that every single person who wants access to a primary

care provider, that they have access to a primary care provider. We have nurse practitioners that can do that work, Madam Speaker. Why shouldn't we allow them?

Again, will the members opposite vote to enhance the services that we have through our nurse practitioners?

The Acting Speaker (M^{me} Lucille Collard): We just have time for another question.

Mr. Tom Rakocevic: In the six years that this government has been here, they really revealed themselves to have challenges with a lot of things. One of the things that they've had major challenges with is managing money.

You might be surprised to know that in NDP BC, the debt-to-GDP ratio is 15%, but here in Ontario and under the last six years, it's ballooned to 38%. That's the ratio. It's not a surprise, with hundreds of millions of dollars being put into a future parking lot at Ontario Place so kids from across the world can come and get pedicures and manicures there at the site instead of learn things. It goes on and on and on.

One of the things that could be so simply fixed is the fact that, whereas a nurse could be being paid \$40 an hour if they were respected, they're having to dip into agencies that ask for a hundred bucks, \$25 of which go to an administrator. Why can't this government get it straight when it comes to proper spending in health care?

Mr. Ross Romano: Well, Madam Speaker, and to the member opposite—another great member—our government has invested more in health care than any other

government in the history of the province of Ontario. We have invested more in health care than any other government in the history—

The Acting Speaker (M^{me} Lucille Collard): We ran out of time. I apologize to the member.

We're going to move to further debate.

Ms. Chandra Pasma: I'm pleased to rise this evening on behalf of the residents of Ottawa West–Nepean to speak on the government's More Convenient Care Act.

Let me start, Speaker, by saying we are in a situation of absolute crisis in our health care system: 2.5 million people have no family doctor in the province. The number one thing that I hear from my constituents constantly is that they can't find a family doctor. Our hospitals are full and overflowing. People are routinely waiting 12 to 16 hours at the ER, yet many people aren't even going to the ER because they know that they're going to be waiting far too long. People are waiting incredibly long times for diagnostics and for surgical treatments and procedures.

And while our system is utterly in crisis, this is a bill that does almost nothing. As the member from Nickel Belt said, it's as if your house is on fire and you're watering your garden—

The Acting Speaker (M^{me} Lucille Collard): I apologize to the member. It is 6 o'clock. I have to interrupt the debate and move to private members' public business.

Second reading debate deemed adjourned.

Report continues in volume B.

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Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (IND)	Carleton	
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hamid, Zee (PC)	Milton	
Hardeman, Ernie (PC)	Oxford	
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Pinsonneault, Steve (PC)	Lambton—Kent—Middlesex	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Mines / Ministre des Mines
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Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
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Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Minister of Transportation / Ministre des Transports
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Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
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Tangri, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée des Petites Entreprises
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Hon. / L'hon. Vijay (PC)	Scarborough—Rouge Park	Associate Minister of Housing / Ministre associé du Logement

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Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué à la Santé mentale et à la Lutte contre les dépendances
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Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle
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West, Jamie (NDP)	Sudbury	
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