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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
44th Parliament

Thursday 22 January 2026

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

Consultations prébudgétaires

1^{re} session
44^e législature

Jeudi 22 janvier 2026

Chair: Hon. Ernie Hardeman
Clerk: Lesley Flores

Président : L'hon. Ernie Hardeman
Greffière : Lesley Flores

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CONTENTS

Thursday 22 January 2026

| | |
|---|-------|
| Pre-budget consultations | F-563 |
| Ontario Craft Cider Association; Canadian Cancer Society; WeRPN..... | F-563 |
| Ms. Janice Ruddock | |
| Ms. Hillary Buchan-Terrell | |
| Ms. Dianne Martin | |
| Christian Labour Association of Canada; Ontario Secondary School Teachers’ Federation; Ontario Medical Association | F-573 |
| Mr. Ian DeWaard | |
| Ms. Martha Hradowy | |
| Dr. Zainab Abdurrahman | |
| Heart and Stroke Foundation; Ontario Council of Hospital Unions/CUPE; Grape Growers of Ontario | F-583 |
| Ms. Debbie Zimmerman | |
| Dr. Lesley James | |
| Mr. Doug Allan | |
| Modular Energy Solution; Home Care Ontario; Brock University..... | F-592 |
| Mr. John Gamble | |
| Mr. Jim Pitre | |
| Mr. Cameron MacKay | |
| Dr. Lesley Rigg | |
| Niagara Home Builders’ Association; Canadian Union of Public Employees; Ontario Association of Cardiologists | F-601 |
| Mr. Chuck McShane | |
| Mr. Fred Hahn | |
| Dr. John Parker | |
| Access2Pay; Parks and Recreation Ontario; The St. Lawrence Seaway Management Corp. | F-611 |
| Mr. Anand Misir | |
| Ms. Sarah Ane | |
| Mr. D’Arcy Wilson | |

LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Thursday 22 January 2026

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Jeudi 22 janvier 2026

The committee met at 1000 in DoubleTree by Hilton Fallsview Resort and Spa, Niagara Falls.

PRE-BUDGET CONSULTATIONS

The Chair (Hon. Ernie Hardeman): Good morning, everyone. Welcome to Niagara Falls. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to conduct public hearings on the 2026 pre-budget consultations.

Please wait until you are recognized by the Chair before speaking. As always, all comments should go through the Chair.

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

To ensure that everyone who speaks is heard and understood, it is important that all participants speak slowly and clearly.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard all three presenters, the remaining 39 minutes of this time slot will be used for questions from the members of the committee. This time for questions will be divided into two rounds of five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the official opposition members, two rounds of five minutes and 30 seconds for the recognized third party members and two rounds of three minutes for the independent member of the committee.

I will provide a verbal reminder to notify you when you have one minute left for your presentation or the allotted time to speak.

And by the fumbling of going through it, you realize that just because you repeat it many times, doesn't mean you will do it right. So we'll keep working on that.

ONTARIO CRAFT CIDER ASSOCIATION

CANADIAN CANCER SOCIETY

WERPN

The Chair (Hon. Ernie Hardeman): With that, we thank you, the first panel, for being here. The first panel is the Ontario Craft Cider Association, Canadian Cancer Society and Registered Practical Nurses Association of Ontario.

As you heard the rules of the game, one added one is, please introduce yourself before you make the presentation.

We will start with the Ontario Craft Cider Association. The floor is yours.

Ms. Janice Ruddock: Good morning. My name is Janice Ruddock, and I'm the executive director of the Ontario Craft Cider Association.

Ontario craft cider is a good-news story rooted in Ontario soil. The industry would like to formally acknowledge and thank the government of Ontario and OMAFA for its meaningful impact support through the cider marketing fund, and for the important direction under way to recognize cider as a legitimate and growing economic contributor. This progress is a critical step toward achieving long-overdue parity with our colleagues in the wine and beer sectors, and it demonstrates a clear commitment to a fair and competitive beverage alcohol marketplace in Ontario.

We also wish to make a distinct and heartfelt acknowledgement of the 43 MPPs who have Ontario craft cideries in their ridings. All are champions of this 100% Ontario industry rooted in Ontario soil.

There was a wise person that said to me a month ago, "Show us the numbers. How are you growing?" The Ontario craft cider industry has experienced a 33% increase in LCBO sales and now commands a 28% market share, representing 75% growth over the past two years, up from a 16% market share. This growth significantly outpaces VQA wines, which currently hold a 10% market share. VQA wines were at 6% prior to the removal of US competition from shelves, reflecting a 60% increase overall market share. With very little US cider on the shelves, the category has proven it can thrive independently. However, achieving tax parity with wine and beer is essential to sustain this momentum and position.

Ontario craft cider is a standout success story for beverage alcohol and tourism for the people of Ontario. When we sell 100% Ontario, 100% of the funds stay in Ontario. We are confident the Ontario craft cider industry has significant untapped potential. However, its growth is dependent on a fair and effective tax model. Without this, there's a real risk of unintended consequences, including undermining the very objectives of the Small Cider Program, which was designed to strengthen the competitiveness and support the expansion of Ontario craft cider producers.

With respect to the Small Cidery Program, through its history, the program has faced structural challenges that weaken its impact. While payments are now issued twice per year, they continue to be delayed by as much as six to nine months after expenses are incurred, creating cash flow pressures that limit the program's ability to deliver timely and meaningful support. As a result, Ontario craft cideries, agriculture businesses that operate on tight cash flows, are left carrying significant government receivables.

Our proposal is straightforward: Transition the Small Cidery Program to a monthly payout model, issued as a rebate through the mandatory J10 paperwork that cideries already complete. It is truly inconsistent to trust producers to self-assess amounts owing on the J10 while denying them the ability to apply an allowable rebate.

The second issue relates to the structural design of the Small Cidery Program itself. The fund is capped at \$3 million, with 10% allocated to administration, leaving only a net of \$2.7 million to the producers. This fixed cap creates a direct disincentive to growth. As the industry expands, the value of the rebate invariably declines. As a result, the cider industry continues to outgrow the fund, with producers receiving 59%, 66% and 76% of expected rebates. This uncertainty makes it extremely difficult for Ontario craft cider producers to plan for job creation, capital investment or facility expansion without confidence in the per-litre rate they can receive.

When the fund was increased from \$2 million to \$3 million, it temporarily restored stability. However, as we have consistently demonstrated through our submissions and presentations, the industry has once again reached the cap, and structural strain has emerged. For context, the VQA wine support program operates without a funding cap. If removing the cap from this program is viewed as beneficial and necessary to support growth in the wine sector, the same rationale logically should be extended to the Small Cidery Program. This is especially notable as cider's share of sales continues to grow at a faster percentage rate than both wine and craft beer, further underscoring the need for a funding model that scales with industrial growth.

Estimated costs to the Ontario government of these changes would be minimal. Removing the reliance on a third party to calculate payments will reimburse the additional cost of uncapping the program. The benefits will be substantial. If the current growth trajectory continues, the industry is poised to double both its job creation and economic impact by 2033.

Ontario craft cider producers produce award-winning ciders. Renowned for our professionalism and commitment to excellence, we craft some of the finest ciders, earning numerous awards each year at the cider competitions in Flint, Michigan. As well, Ontario's cider is starting to play a growing role in driving tourism across the province, especially in rural and agricultural regions. Rooted in local orchards and communities, cideries attract visitors seeking authentic farm-based experiences that connect food, beverage and place. Through tastings, tours, festivals

and seasonal events, they draw domestic and international tourists extending beyond urban centres. This growth supports local jobs, strengthens agri-tourism and boosts regional economies while showcasing Ontario's apple-growing heritage and reputation as a world-class culinary destination. A recent survey of our members found that 93% of them have a tourism component, and a few of them are welcoming 30,000 visitors annually.

The last portion of our 2026 budget submission actually includes why cider needs—

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Janice Ruddock: One minute? Okay.

In summary, we recommend that the 2026 Ontario spring budget transition the Small Cidery Program to a monthly rebate model and eliminate its cap. This change would provide critical cash flow support to small cider producers, creating jobs and fostering growth in long-term economic impact.

Thank you for giving us the opportunity to deliver in person at this standing committee. We feel we've earned it.

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

We now go to the Canadian Cancer Society.

Ms. Hillary Buchan-Terrell: Good morning. My name is Hillary Buchan-Terrell, and I'm the Ontario advocacy manager with the Canadian Cancer Society. Thank you for the opportunity to present today on behalf of the more than 97,000 Ontarians who will be diagnosed with cancer this year, as well as the over 65,000 Canadians who signed our cost of cancer petition for relief from the financial burden.

Cancer remains a leading cause of death in Ontario. While survival has improved, its financial impact remains a significant and often overwhelming part of the cancer experience for patients and caregivers. The Canadian Cancer Society's research shows that people living with cancer and their caregivers now shoulder \$33,000 in out-of-pocket costs over their lifetime, totalling about 20% of all cancer-related costs in Canada, which is about \$7.5 billion last year alone. These costs hit people precisely when they are least able to absorb them. Nearly 80% of working-age Ontarians fear they would struggle financially if diagnosed with cancer, and those in rural and remote areas face even higher costs due to travel, accommodation and parking.

Today, I want to focus on three urgent and tangible actions the province can take to immediately reduce the cost of cancer for patients and families, followed by a brief overview of our other recommendations that strengthen prevention and care.

Our advocacy for universal public coverage of take-home cancer drugs is not new. For years, I and the Canadian Cancer Society have consistently raised this issue with MPPs during our pre-budget consultations, committee hearings and one-on-one meetings with you.

1010

More than half of new cancer drugs today are taken at home, not in hospital. Yet, unlike these hospital-adminis-

tered treatments, take-home cancer drugs are not covered by OHIP automatically. These medications can cost upwards of \$7,500 for a single 28-day cycle—more than the average household's monthly net income in Ontario.

Ontario's current patchwork of private insurance requirements, patient assistance programs and the Trillium Drug Program forces patients to endure weeks or months of paperwork before starting the treatment their oncologist has already determined they need. Delays and financial barriers mean avoidable suffering and worse outcomes for patients. We are calling on the government to close the gap in drug coverage by providing universal public coverage for take-home cancer drugs, just as we do in the rest of Canada, outside of Ontario and the Atlantic, aligning with the direction signalled in the Ontario Cancer Plan, patients before paperwork, and with systems in other Canadian provinces as a guide. This would reduce red tape, free up hospital capacity and ensure people receive the most effective treatment regardless of how it's delivered.

Improving affordability must also extend to early detection. Prostate cancer is the most commonly diagnosed cancer among Canadian men and one of the least preventable. Early detection saves lives, but in Ontario and BC, men must currently pay around \$41 to \$45 out of pocket for a PSA test unless they already show symptoms, and in this case, LifeLabs charges the government just \$9.50. This cost may seem modest but can deter timely testing, especially for those already managing other financial pressures. We're not asking for an organized screening program. We're asking for public coverage of the PSA test when recommended by a physician.

We need the minister to first prioritize a health technology assessment that reflects today's evidence, in particular on alternative diagnostic pathways that complement the PSA test and mitigate those false positive risks. As one of our patient advocates, Dr. Anthony Dixon, put it: "The only difference between my story and" another man's was that "I had \$40 in my back pocket." Cancer detection should never depend on the ability to pay.

Thirdly, another cost that hits people at a time when they're already stretched financially is parking. Parking may seem small, but for many patients it's a major barrier. Cancer care can require daily or weekly visits for months. For people already on reduced income during treatment, these costs add up quickly, and studies show Canadians spend almost \$100 a month on parking alone during cancer treatment. Ontarians pay significantly more. Ontario has some of the highest parking costs in Canada, working out to around \$17 a day or, on average, \$230 a month, even with discounted passes. We are asking the government to launch a pilot project providing free parking at all 14 regional cancer centres, following models already in place in BC, Nova Scotia and Prince Edward Island. This is a straightforward way to remove a financial barrier to care and demonstrate compassion for Ontario families.

Beyond these three affordability measures, our full pre-budget submission includes other essential recommendations that strengthen prevention, equity and the sustainability of cancer care. We're urging government to direct a

portion of Ontario's \$7.3-billion tobacco settlement fund into strengthening the Smoke-Free Ontario Strategy and investing in five core areas: enhancing enforcement and compliance, increased funding for cessation programs, investing in mass public awareness campaigns, research and policy development, and Indigenous initiatives. We are also asking the government to raise the minimum age of sale for tobacco and vaping products to 21 so that youth are less likely to pick up the habit and addiction in the first place.

Another prevention measure would be expanding HPV vaccination coverage. Ontario and Canada as a whole are falling behind on HPV vaccination coverage, now below 50% in some cohorts. We recommend a "once eligible, always eligible" policy and public funding to eliminate the out-of-pocket costs. Cervical cancer is one of the only cancers that we can entirely eliminate by vaccination and testing.

Finally, Ontario currently has half the recommended hospice capacity that it needs, and funding gaps are jeopardizing sustainability. We urge investments to fully fund the clinical costs of hospice care, support in-home visiting hospice programs, expand grief and bereavement services and increase the number of hospice beds to meet population needs. These measures ensure that people can receive high-quality care in the right place at the right time. Cancer is not only a health crisis; it is a financial crisis for too many people in Ontario.

The three costs of cancer recommendations I have highlighted today are practical, affordable and aligned with the government's goals of delivering connected and community care.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Hillary Buchan-Terrell: Reducing burdens on hospitals and improving outcomes helps everyone. By acting now, Ontario can meaningfully reduce the financial hardship of cancer, support caregivers and build a more equitable system of care.

On behalf of the Canadian Cancer Society and the many patients, caregivers, advocates and survivors we represent, thank you for your time and your leadership, and I welcome your questions.

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

We now will go to the Registered Practical Nurses Association of Ontario.

Ms. Dianne Martin: Hello. My name is Dianne Martin, and I'm the CEO at the Registered Practical Nurses Association of Ontario, otherwise known as WeRPN. Thank you for this opportunity to share our recommendations for this year's Ontario budget.

Every day, more than 61,000 registered practical nurses go to work across the province to ensure Ontarians receive timely, high-quality, patient-centred care. RPNs are found in every corner of our health care system, supporting Ontarians through every stage of their lives. In home and community, RPNs travel from client to client, delivering compassionate care in people's homes and helping them age safely in place. In long-term care, RPNs represent more

than two thirds of the nurses and provide most of the nursing care, supporting residents with increasingly complex needs. In our hospitals, RPNs distinguish themselves with expertise in nursing care of stable patients, including mental health and therapeutic interventions. Their contributions are also noteworthy in primary care, where they support health promotion and disease management.

WeRPN is the essential conduit between these nurses on the front lines and the decision-makers like you, ensuring that RPNs' expertise, challenges and solutions inform the investments that will shape Ontario's health future. RPNs continue to face significant challenges at work, stagnant wages, high workloads and unsafe staffing levels, and unequal access to education and growth opportunities.

These pressures are taking a toll. Our most recent survey revealed that 75% of RPNs are burnt out and that 91% have witnessed patient care being negatively impacted by staffing shortages. As a result, more than 48% of RPNs are actively considering leaving nursing or health care altogether.

From an educational perspective, programs like the Bridging Educational Grant In Nursing, or BEGIN, program, and the Nursing Education Initiative, or NEI, are working, but demand consistently exceeds available funding, leaving many RPNs unable to pursue the advanced education they need to stay, and grow, in the system.

Unfair compensation: RPN wages are often very close to or fall below that of PSWs, despite their education and responsibilities being much closer to that of the RN. This wage compression is a key reason that RPNs are considering leaving the profession.

Patient safety is jeopardized by the pervasive nursing understaffing, compounded by a critical lack of transparent, standardized reporting on staffing levels needed to guide policy and build public trust. RPNs are shouldering the burden of understaffing, with some even facing legal issues for unsafe staffing levels that they are completely unable to control. At the same time, Ontario spent almost \$1 billion in 2023 on agency nurses and PSWs—a 63% increase from 2022—underscoring a financially unsustainable reliance on temporary solutions.

We must prioritize further action to mitigate the threat of losing more knowledgeable and experienced nurses who offer invaluable expertise and insights to our health care system. While the province does extremely well when it comes to recruiting new nurses, we need to do more to retain the experienced ones we already have.

The solution lies in three critical actions. First, retention starts with affordable, accessible pathways so PSWs can become RPNs and RPNs can advance to RNs while staying in Ontario's system. WeRPN's BEGIN and NEI programs are already doing this work, supporting nurses to specialize and expand knowledge. The BEGIN program currently faces overwhelming demand, as evidenced by a wait-list of eligible applicants eager to advance their skills and commit to the profession but who are hindered by a lack of financial support. We urge the government of Ontario to establish BEGIN and NEI as permanent funding streams and expand their budgets to ensure that all

eligible nurses can access these vital programs that retain them in the system.

RPNs also require compensation that appropriately aligns with their specialized expertise, extensive responsibilities and role in the system. We're calling for a clear plan to harmonize RPN wages across sectors and to address wage compression among RPNs, PSWs and RNs so that nurses are not penalized for working in high-need areas like long-term care and home care. There is a clear opportunity to reinvest a significant portion of spending on agency nurses and PSWs into competitive compensation for permanent RPNs, thereby building a more stable and sustainable workforce.

1020

Additionally, RPNs cannot provide the care they are educated to deliver if staffing levels are unsafe or unpredictable. We recommend standardized public reporting of nurse staffing data across hospitals, long-term care and home and community care so that government, employers, nurses and the public have a clear picture of where the gaps are and can use that data to guide evidence-based staffing standards and nurse-to-patient ratios.

WeRPN has a proven track record of successful collaboration with this government, serving as a trusted partner in delivering significant nursing support programs such as BEGIN and NEI.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Dianne Martin: To ensure optimal impact, we advocate for the continued formal collaboration with the government as strategic partners in co-designing, implementing and evaluating nursing workforce initiatives. This partnership is vital to guarantee that every dollar invested in nursing effectively reaches the right nurses in the right settings at the right time.

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the presentations.

We'll start the first round of questions with the official opposition. MPP Bell.

Ms. Jessica Bell: Thank you to the presenters for coming in here today and sharing your expertise.

My first questions are for Hillary Buchan-Terrell from the Canadian Cancer Society. You gave us a whole slew of very practical recommendations that would make cancer care more affordable for people. Certainly, some of these we've been advocating for for some time: allowing take-home cancer drugs to be covered, ensuring public coverage of the PSA test and making parking free at hospitals so that people don't have to worry about the bill when they're going in to get care or to care for someone who's getting care.

My first question is, if we are going to move to cover home cancer drugs, what's your estimate on the cost of that for Ontario?

Ms. Hillary Buchan-Terrell: I'm happy to answer that. We did a study in 2021—I've cited it here before, at this committee—a PDCI report on that cost, around \$40 million a year. It's really minimal in the grand scheme of things in terms of Ontario Health's overall budget, so it wouldn't really cost very much.

But again, the cost savings also come to government as well because we're talking about less time in hospital. There's less care that's needed to be provided, for example, by nurses. Of course, we love and support the work that they do. But any time somebody can be in the comfort of their own home, not having to travel, not having to pay for accommodations or daycare or doggy care or whatever it is that they need to cover while they're out of the home—those things really add up for the patient. The cost in hospital is always more than it's going to be at home.

Really, this is not an issue of convenience. This is not somebody choosing to take their drugs at home because they have a choice between sitting in hospital and being at home. This is the treatment as recommended by the oncologist. When the oncologist says you need surgery, radiation or chemotherapy, those are the treatments. So it's not asking the patient to make a choice between the more convenient option and the less convenient option in having to stay in hospital. It's really about the most effective treatment for their cancer in order for them to be able to get that treatment, recover and be able to get back to their lives.

Ms. Jessica Bell: Around \$40 million—okay. Thank you.

You raised the issue of vaping as well. We are seeing significant increases in the use of vaping, including flavoured products, in middle school and high school. There are many vaping stores that are located near middle schools and high schools, and they're offering, as I mentioned, flavoured products. So I think a lot of these companies are actually actively targeting children to encourage them to take up vaping. We already know that the consequences of vaping can cause serious long-term damage to lungs.

You mentioned here the request to limit vaping to people over—20, you said?

Ms. Hillary Buchan-Terrell: Over 21.

Ms. Jessica Bell: Over 21, yes.

Do you have other recommendations around regulating the vaping industry as an association?

Ms. Hillary Buchan-Terrell: Absolutely. We've talked about flavours before. It's something we address as an organization on the national level as well, but there are other provinces and jurisdictions in Canada that have eliminated flavours. Many, many years ago, when there was advocacy on tobacco products, we advocated for getting rid of flavoured cigarettes, and that was very successful. Again, these are, as you have mentioned, marketing to kids. The flavours are enticing to kids.

And it wasn't that long ago—just in the last year—when we were finally able to get nicotine pouches, which have been addicting children to nicotine, behind pharmacy counters, where they should be, so that only those who need them can access them. Previously, there was a loophole, and they were being sold to children and could be sold to children. From our reporting, in terms of the enforcement that we hear from public health units, those are still being sold. Things that are not legal are being sold behind the counter. Enforcement officers have seen this

and are catching it, so we know that these flavours are enticing to kids. We know that retailers, tobacco producers and nicotine product producers know this, and that's why they lobbied so hard to keep those in there. It's the same thing with flavoured vaping products.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jessica Bell: I have one minute. I want to ask my final question to Dianne Martin from the Registered Practical Nurses Association of Ontario. Thank you for your work. We are also very concerned about the rise of the bill that hospitals and long-term-care homes are paying for agency nurses. We have been advocating for some restrictions on that, including that if a hospital is going to use agency nurses, it needs to come from a non-profit agency so that we're not seeing price-gouging and, essentially, profiteering from the health care system.

My question to you is: What else can we do to encourage hospitals in particular to move away from spending an astonishing amount of money on agency nurses?

Ms. Dianne Martin: The big concern that we have isn't just cost. I will put that out right up front. It's tempting for staff to want to experience a—

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

We now go to MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair: I appreciate the presentations today.

Hillary, you presented a lot of, I would say, common-sense ideas to tackle issues in our health care system, especially as it impacts individuals, as it impacts patients, as it impacts families. We think of parking, for example. You're going to the hospital to go visit your loved one, or you might actually be going for an appointment, and then to get just dinged with parking at the hospital, frankly, in my view, is ridiculous. It's actually a tax. That's what it is. It's an added tax. It's not just a tax, a fee at the hospital; it is a tax, and it's one way that I think, for a very long time, we've been nickel-and-diming people. Should we be getting rid of those parking costs everywhere in the province?

Ms. Hillary Buchan-Terrell: Ultimately, that would be ideal if we could, but I know that hospitals are constrained with their budgets, and I think this would be a good preliminary step to move towards eliminating some of those costs. I mean, primarily, cancer patients are going to cancer centres—not to say they aren't attending hospitals, but that could be one really significant way that we could help reduce those costs, by starting at the cancer centres.

Mr. Rob Cerjanec: Around the take-home cancer drugs: I'm reminded of my grandmother. She passed away, now many years ago, but she was sick. She had cancer, and she was able to have a few extra years of her life—and a really good life—because of a take-home cancer drug that she took. Because of her age, and because she was able to be in the seniors' program around it, it didn't really cost her very much, but it does cost other people money, maybe if you're a bit younger.

I think, again, this is a common-sense solution that reduces red tape, increases hospital capacity and helps people. At the end of the day, why do you think the province hasn't done this yet?

Ms. Hillary Buchan-Terrell: It's a good question. I will say that this has not been a thing done by successive governments. It's the way that our drug system evolved, I guess, in order in hospitals. But that's something that I can't really answer. I think that's up for the officials and the ministry to respond to, in terms of why it hasn't been done.

But we think it makes common sense—just to reiterate that—to cover them in the same way that other provinces do. When you have all of western Canada and Quebec covering these drugs—you go into hospital and you walk out—it's no different. You don't pay any bills or anything like that. I think that's what people are used to.

1030

Just out of fairness, across jurisdictions across Canada—the health care system obviously looks very different across Canada, from province to province. Having that singular thing at least be the same across the board, just out of complete fairness—that if you walk into Manitoba to get your cancer treatment, it's going to be covered no matter what. It doesn't matter what route it's going, whether it's orally or administered. I think it's just only a matter of fairness that we need to consider this.

As I mentioned, the costs, for sure, from that study in 2021 are probably more, just like most things are today, as we've gone through the pandemic and health costs expand. But we're still talking a drop in the bucket in terms of Ontario Health.

Mr. Rob Cerjanec: If it's going to cost \$40 million a year—we look at some of the other priorities of the government right now: spending \$10 million on a second feasibility study for a fantasy tunnel under the 401 as opposed to, "Let's fund cancer care. Let's ensure that you can get a take-home cancer drug."

Janice, I appreciate your presentation today about cider. There's some really great cideries in the province. I know of one in Prince Edward county called Cold Creek Vineyards. They're an award-winning cidery, I believe, two years in a row now. They do really, really great work and have an exceptional product that also drives tourism, that drives other folks to be able to travel the province, to go into rural areas and experience something a little bit different and have some fun while they're at it.

What you're proposing here, in terms of supporting the craft cider industry—the vineyards don't have this cap, is that correct?

Ms. Janice Ruddock: The VQA does not have the cap.

Mr. Rob Cerjanec: The VQA does not have—

Ms. Janice Ruddock: And 100% Ontario wines do not have that cap.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Rob Cerjanec: And I don't think we're necessarily saying that if we lift the cap for cideries it's going to be direct competition in that way.

Ms. Janice Ruddock: No, not at all. I think that's where there's always been this hesitation, we have found—is that if we do this for one, we do it for the other, but that's not what we're asking. We're asking for fairness.

Mr. Rob Cerjanec: I think, in our current trade environment right now—have you noticed any changes so far when it comes to interprovincial trade? What are you hoping to see take place?

Ms. Janice Ruddock: Interprovincial trade will apply to higher-value items. We are \$3.85 a can and we do bottles as well, so it does make more sense to ship bottles because it's a higher value. When it is cans, the shipping costs overtake what it is to ship the product.

Is there opportunity there? Always. I'm not saying there's not, but the numbers of it just don't work on the cans.

Mr. Rob Cerjanec: Okay. I think that's probably time.

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

MPP Brady.

Ms. Bobbi Ann Brady: Thank you to all three of our presenters. I have questions for you all, but I have very limited time.

I'll go first to you, Janice, because I have the privilege of representing a riding that is home to so many hard-working, generational apple-growing families. They've stewarded the land for a long time. They're not only the economic backbone of our local economy, but they're also the foundation of Ontario's vibrant craft cider industry, as you very clearly articulated.

I'm a strong supporter of the industry, and we know what you had to—Ontario, the farmgate sales, rural jobs—and, my goodness, we need those rural jobs—and tourism. My riding has seen an increase in tourism with respect to craft sales.

My question, though, to you is following up on the market reduction from August 1 of last year: How much of that saved capital is actually staying with the producers to combat things like inflation, or is it being absorbed by new listing fees?

Ms. Janice Ruddock: No, it is not being absorbed by new listing fees, but the headwinds are still very strong. Even though there was the reduction in the markup on August 1, they were up now against product costs.

The cost of apples is definitely going up. It shouldn't be a secret; it shouldn't be something we sweep under. A lot of our apples—four of our five growers are sending apples to the US, because our apples are very high-quality, number one. Number two is the fact that they can pay in American dollars and it's still covered under CUSMA, or whatever they decide to call it today. They buy them for jams and pies and purées and things like that. They've had a 30% increase in raw product and juice costs for this year already.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Bobbi Ann Brady: And my second question: The government mandated a 20% shelf space requirement for local craft beer and cider. How are you guys monitoring

compliance at the independent convenience store level? What supports do small cideries need from the province to manage the logistics of distributing to thousands of individual storefronts rather than just to the LCBO?

Ms. Janice Ruddock: Right. First of all, it is a very difficult number to manage. It's a guardrail only. There is no way to go into the Circle K and say, "Wait a minute—it's 5%." There are no mechanisms. We can go in. We can say it. We can ask nicely. We can go to Circle K; we can go wherever. But there's no mechanism to make sure that changes.

Number two: Distribution costs are certainly—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes that question.

MPP Smith.

Mr. Dave Smith: Quickly, before I ask my question, I just wanted to point out the power of this committee, because this morning, the Clerk turned on the TV and The Littlest Hobo was on for her. So I just want to point out the power that this kind of committee actually has.

Janice, I want to jump to you. Obviously, we've had lots of conversations about a lot of different things, but I'm going to bring up something that wasn't part of your presentation, because sometimes there are non-monetary things that we can do that can actually make a difference for producers.

When I look at the cider industry, some of those are beautiful, beautiful farms. I know that a number of those farms also sometimes have weddings on them. And one of the restrictions that we have with the SOP, the permit for special occasions, is that you have to buy the product from the LCBO. We have a situation, then, where we might have this fantastic cidery that has 15 to 20 different ciders and only one of them is listed with the LCBO, and they host a wedding and they can't sell their other 20 products at that wedding.

There's no cost associated with making a change like this. Is that something that would be beneficial to the cider producers, if we allowed them and made a change to the SOP so that they could sell all of their own product on their own location when they're doing these special events?

Ms. Janice Ruddock: Yes. Some of these regulations that are in the SOP you really shake your head at. Yes, of course, it is going to definitely help if they don't have to buy through the LCBO with the one listing that they have and they can supply all of their own product.

Weddings are huge on cideries. It's growing every day. There are actually some cideries that make their money in weddings versus selling cider; they have the cider business along with it. Those are the types of things where, yes, it just doesn't make sense. Why couldn't they sell all their products?

Mr. Dave Smith: Further to that, the way that we do our licensing on it is with a manufacturer's licence. They can sell their own product outside of the special event, they can sell their own product at their location, but they can't sell anyone else's product under the manufacturing licence. But the reality is that sometimes, when someone is coming to the cidery for the tour, they're coming with mul-

tipl family members. In my case, if I go with my wife, she's not a big fan of cider, but she loves craft beer and she likes wine. But the cidery can't sell that.

Would it be beneficial for us to make that change on the licensing? Again, it's a non-monetary change; it doesn't cost the government anything. But would it be beneficial so that if you're a manufacturer of a craft product you could sell other craft products? And you as the producer then have the opportunity of making the deal with perhaps a craft brewery, a craft winery or whatever that may be in your area. Would that be beneficial to your organization?

Ms. Janice Ruddock: In all honesty, that would have been more beneficial than opening up convenience stores, to be truthful with you. The convenience store business model does not lend itself to craft that much, because they're in and out—fast in, fast out. But if they could sell VQA wines—again, it's another distribution point.

It also—and I know this government wants to do this—puts the consumer in the centre of the decision. For the convenience, to have the consumer go in and say, "Oh, whatever I want?"—yes, that is a resounding yes.

Mr. Dave Smith: So it's one of those cases where we get in our own way when we try and get out of the way on it. Because we trust you to make the product. We trust you to sell the product. We trust your colleagues to make the product, and we trust them to sell it. But we don't trust you to sell their product that we've laid all of this trust in. It really doesn't make an awful lot of sense, does it?

1040

Ms. Janice Ruddock: And I don't know the rationale for that. I would love to hear it.

Mr. Dave Smith: Now, on the J10—I know we've had lots of conversations about this as well: If we were to switch so that the rebate was instant on the J10 when you fill in the J10—we're going through the process right now. We audit to you on it, we get your financial statements at the end of the year when you do your tax returns, so there's lots of checks and balances in place on that.

And you pointed this one out—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Dave Smith:—and I want to come back to it. The 10% that gets paid to Agricorp to administer this: There wouldn't be any additional administrative costs to the government if we were to do this instant rebate on the J10, would there?

Ms. Janice Ruddock: There wouldn't be.

Mr. Dave Smith: So that full 10% then would be available to you as the producer.

Ms. Janice Ruddock: And that's how we did the model. We put it as the costing in—this is not a spend; this is a recapture and making money, so yes.

Mr. Dave Smith: Thank you. I greatly appreciate it.

The Chair (Hon. Ernie Hardeman): Thank you—28.

Mr. Dave Smith: No, we're good.

The Chair (Hon. Ernie Hardeman): If not, MPP Gates.

MPP Wayne Gates: To Janice, I just want to say quickly that you've had a lot of questions. We only get five minutes here. Your industry is very important to Niagara, very important to tourism, so I want to say that. But be-

cause of the way this only gives us five minutes, it's not enough time to talk to everybody.

One of the issues that I've been fighting for since I got to Queen's Park is to have the testing for prostate cancer covered. I looked around the room today; there's 13 men here today. That's how many men are going to die today from prostate cancer. But if there was early detection, 95% of them would live at least five years. I've raised this. I want to thank the Liberals, the Greens, the independents, but I'm really looking at my colleagues. If there's one thing that should be done, it's you guys should support that bill. How many more men have to die before we cover this? And I've met with you a number of times. I've talked to the Premier about this. I've talked to the health care minister about this. I'm tired of talking. I'm tired of watching my friends die of prostate cancer.

One of the dealerships here, well known in Niagara—I talked to him last week, and he told me he's going to St. Joe's to have the new surgery. The reason why I mention that is because he's having it done by robotics. The last time we did this test, to say whether we should cover it or not, was about 10 years ago. I couldn't bank on my phone 10 years ago. We didn't have robotic surgeries. Times have changed.

I know you sent a letter asking them to take another look at this, take another study. I've sent a letter. I'm saying to my colleagues—I'm actually begging you. I'm tired of my friends dying. So I really appreciate you coming today and talking about it. It is so important.

The other issues around parking fees: It is a tax. All it does is hurt people. We're already paying our taxes; we're already paying a health tax. The only reason why hospitals are charging parking, quite frankly, is because you're not funding our hospitals properly and they've got to find revenue. That's what's going on.

So I want to say to you guys, thanks for everything you're doing. Thanks for highlighting the prostate cancer. There are other cancers, too, that are important. The take-home cancer drugs have changed—because it used to be done in the hospitals; now it's being done at home. I just want to say, really, thank you.

I want to say to Dianne, what's going on with agency nurses and that kind of money being directed away from our hospitals, away from retention—so I'm going to ask you, how has the government failure to implement staffing ratios most directly compromised patients' safety? Because that's important.

Ms. Dianne Martin: Multiple ways—first of all, familiarity with patients and environment are incredibly important to providing quality patient care.

Secondly, nurses have suffered, because in agencies they tend to not have access to benefits—pension plans etc. They give up a lot for the flexibility of being able to attend their own weddings. That sort of thing will drive a nurse to a nursing agency.

What we need to do in our organizations is create fair, quality working conditions. Nurses are very motivated by being able to make a difference in someone's life. So adequate staffing, adequate compensation and some con-

trol over the hours that you work—if you have earned four weeks' vacation in a year, you should be able to take four weeks' vacation in a year. Some nurses take zero—not that they don't ask every week to take vacation, but they are declined. All of these working conditions lead people to risk their own benefits by going to work for an agency just to manage their life and our patients are paying the price for that.

MPP Wayne Gates: I appreciate that answer and I do appreciate you all being here. I wish we had more time, I'll be very honest with you.

This is for Dianne again: What consequences will patients face if the government continues to ignore retention in the 2026 budget?

Ms. Dianne Martin: The thing I'm hearing about most today is that we're actually graduating good numbers of nurses finally—this is the first year where nursing numbers of practical nurses have gone up and not down. What we're hearing from the workplace, though, is we are now missing the experienced, knowledgeable nurses who take those novice nurses and turn them into experts in their field.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Dianne Martin: When I graduated many, many years ago, we would never see a new graduate in an intensive care program, working in intensive care straight out of school, without a background to support the knowledge required. But now, we have no choice but to have new nurses in all of those areas, and the experienced nurse helping them learn the job might be on the job for six months.

So one of the biggest reasons is quality of patient care, but also, the cost to educate a nurse is very expensive, to retain them quite a bit less expensive, and what I've spoken about today in my presentation are ideas on how to keep RPNs in this province.

MPP Wayne Gates: Thank you.

We good?

The Chair (Hon. Ernie Hardeman): Thank you—11 seconds.

MPP Smyth.

MPP Stephanie Smyth: It's nice to be here today. Thank you, all of you, for your presentations and shining the light on some very critical issues in health care and industry and with nurses.

There's sort of a common theme here I hear, at least when it comes to health care. You're dealing with people at their most vulnerable state when we're talking about dealing with cancer care, talking about nurses in long-term-care homes dealing with the elderly, people who are vulnerable.

I think that I have to impress the concern about the parking issue which has been talked about—we know—and not acted on by the government for quite some time. And when we're talking about parking, I think that—even coming down to retention for the RPNs. I know many work in long-term care, but how much, when it comes to retention and when it comes to pay, is parking impacting how likely they are to stay in the industry?

Ms. Dianne Martin: I know that very few nurses that have to pay for parking, which is all of them, are actually parking on site. Many of them are parking blocks away in parking lots and then paying for the ability to do that. That was really unheard of early in my career. My daughter is a registered nurse; it's just a big part of her life every day, finding that parking spot that she's paying for and then trudging the long way to her hospital. I think it's one of many of the small but mounting pressures that nurses face that aren't even related to patient care.

MPP Stephanie Smyth: It's like death by a thousand cuts here.

Ms. Dianne Martin: Yes.

MPP Stephanie Smyth: So talk to us about relocating the existing health care funding to expand the RPN scope of practice and improve the system efficiency and the value for the money.

Ms. Dianne Martin: It's most common question I'm getting these days. What we have to understand about nurses is that RNs and RPNs—I am both an RN and an RPN—we study from the same body of knowledge, just to a greater depth and breadth as we move along. RN education has moved forward substantially and so has practical nursing education, so RNs are taking on roles that physicians used to do. RPNs are taking on roles that RNs used to do. It's a common-sense approach, and we're working hard with everybody that we can find to help them understand the extent to which the practical nurse is a stable workforce, especially for your less complex and more predictable outcome patients in every single sector.

The legislation for our scope of practice is actually very good. We don't need a legislative change; we need a greater understanding across the health care environment. But also, we need to have wages the same across all sectors so that a nurse who loves working with the elderly doesn't have to give up his or her pension plan or income in order to take care of our wonderful long-term-care residents.

MPP Stephanie Smyth: Thank you for that.

I wanted to move on, Hillary, to a question for you. You talk about cancer screening—we all know how critical it is. But we also know that people are vulnerable in rural communities in northern Ontario, and having that access to cancer screening and through supports for marginalized communities as well—what would you say? Is there an urgent call for this in those communities?

1050

Ms. Hillary Buchan-Terrell: Absolutely. If I can even swing it back to take-home cancer drugs as well: You know, if somebody living in a rural area isn't close to a cancer centre where they would be able to get their IV treatment, that's going to cost them to travel to get there. When they are given a take-home cancer drug, they are going to be able to take that home.

In other provinces, for example, when they're prescribed a take-home cancer drug, they will be able to pick it up from their place of treatment initially, when they're meeting with their doctor. And then thereafter, they can get their prescription mailed to them, which really increases that convenience factor for them and ensures they

get it on time without a lot of undue hardship and paying those costs of parking just to pick up a prescription or whatever, so really, really key in that sense.

We know that cancer affects people differently—

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Hillary Buchan-Terrell:—so it's going to affect somebody in rural and remote areas a lot differently than it's going to affect somebody in an urban setting, and there are lots of different ways across the cancer spectrum that that is the case.

MPP Stephanie Smyth: Okay. Thank you.

And quickly, for Janice: We know some major retailers are pushing to have the government allow large grocery stores to stock their own brands of wine and beer—essentially big box, no?

Ms. Janice Ruddock: Those are category killers. Like, if we're talking a place—a Costco private label—category killers. It would kill our craft industry, and we are very vehement about that. We've been talking—that just can't come.

The only places they are popular is where they do not produce—so Alberta. Alberta does not really have a wine or cider industry—no, no.

MPP Stephanie Smyth: Thank you all.

The Chair (Hon. Ernie Hardeman): Thank you. MPP Brady.

Ms. Bobbi Ann Brady: Hillary, you mentioned Dr. Anthony Dixon. He joined MPP Gates and I at Queen's Park a few months ago. His words were extremely impactful. Just like MPP Gates, I will continue to push for expanded PSA coverage.

I will move over, though, to what you said with respect to tobacco products. I'm curious why the Canadian Cancer Society supports safe supply access for things like opiates and narcotics while demanding that safer nicotine alternatives like pouches and cigarettes be accessible only through a pharmacy.

Ms. Hillary Buchan-Terrell: Just to correct the last part: I think you're thinking specifically of vaping products. We don't advocate, right now, currently, for them to be in a pharmacy or anything like that, but tobacco products are the number one cause of preventable death in Ontario and in Canada. So that is why we advocate so hard; they are the number one cause.

Tobacco costs the health system \$2.2 billion in health care costs per year, and that is growing. The tobacco industry has been addicting people for decades. Their modus operandi is to make money. Our modus operandi—the reason that we exist—is to help prevent people from getting sick from cancer and dying. We know that cancer is preventable in terms of tobacco and smoking and vaping products.

People who pick up vaping products are four times as likely to pick up smoking. That is a statistic that is backed up. We see 21% of grade 10 to grade 12 students who are vaping—a fifth of grade 10 to grade 12 students are vaping. Never in my lifetime would I have thought this to be the case. I grew up with a lot of Ontario regulations that were about getting rid of smoking in restaurants. But

nowadays, the kids are picking up vaping and it is easy to get vaping products.

If we move that age to 21—I think we can all agree here at this committee that we do not want kids to start vaping or smoking. It is not good for you. There are a lot of studies that show—

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Hillary Buchan-Terrell: —in brain development, so we really need to stop it before it starts.

Ms. Bobbi Ann Brady: Thank you, Hillary.

I have a question for Dianne, actually. You described RPNs as the glue that holds our system together. I agree with that. My daughter is a registered nurse and she tells me how they're such a connected team in the workplace.

I'm just wondering, though: One of the things that really bothers me—and she was talking to me about it over dinner—is the \$415 licensing fee that RPNs and RNs pay on an annual basis. I know that's the College of Nurses, but is there something that we can do as policy-makers at this level of government to ensure that we keep those fees reasonable? I mean, we need all the health care workers on the front lines now. Why are we gouging them?

Ms. Dianne Martin: Yes. As a nurse who has two registrations, I pay that times two.

For us as members, we support that group that protects the public, so we feel like—

The Chair (Hon. Ernie Hardeman): That's the end of the question.

We'll now go to MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming out this morning. I really appreciate all your feedback.

Janice, it's great to see you again. It was nice to have you in Erin at the Heartwood Farm and orchards. I also want to give a shout-out to Fallbrook Farms, Wheelbarrow Orchards and, of course, Chudleigh's—great orchards and cideries in my area. I see you and thank you for advocating for the sector, which is so important to rural Ontario.

But for the sake of time, I'm going to go to Hillary with my questions. I want to talk to you about the Funding Accelerated for Specific Treatments program, which is a bit of a mouthful, so we call it the FAST program. It was announced last year, and today, Minister Jones announced that six cancer treatments have been approved through that program—treatments like Nubeqa, Calquence and Scemblix for leukemia, prostate cancer and lymphoma. These are treatments that have been approved through Project Orbis, which is an international drug approval organization.

I just wanted to know your thoughts on the FAST program and making sure that we're getting these state-of-the-art drugs to cancer patients faster.

Ms. Hillary Buchan-Terrell: I appreciate you mentioning that. We certainly welcome that drug pilot program. Obviously, this is a good first step we're talking about from industry through those approval processes. I think we can look at these as complementary policies to cover take-home cancer drugs for patients in Ontario.

We can get those drugs faster—those better, more innovative treatments that have come onto the market and

that people are hopeful about and can help add years to their lives, potentially. But we need to be able to get it to the patient. So, if it's approved in Canada and it's approved in Ontario faster, that's fantastic, but the reality is, if that's a take-home cancer drug rather than an IV treatment, then the person is going to be drowning in paperwork to get access to that. So it's not enough that it's brought to Ontario faster; we need to make sure that patients actually have access.

And so, these are two pieces of the same pie. We just need to bring them together. So I absolutely support that, but we need to make sure all the financial and administrative barriers are reduced for patients. It can be about a month for people to get that. Imagine waiting a month for your treatment. If you got chemotherapy in hospital, your doctor might say, "I'd like you to start tomorrow." That's just untenable, so we really need to change that.

Mr. Joseph Racinsky: Thank you, Hillary.

I also want to, at this time, give a big shout-out to Cancer Assistance Halton Hills. It's a great not-for-profit organization that receives zero government funding, but they drive folks to the hospital. They make sure that they are taken care of in those ways. It's a great organization in Halton Hills that takes care of cancer patients, so I want to give them a shout-out.

But Hillary, turning to life-saving medical isotopes, something that's very important to our government, a very important tool to treat and diagnose cancer: Last year, in September our government announced \$18 million to increase production of medical isotopes at the McMaster nuclear reactor. They're now operating 24 hours a day, seven days a week, creating over 84,000 treatments each year, so we've got a real nuclear advantage here in Ontario and we're leveraging that to support cancer.

Can you speak to how important it is to leverage our nuclear advantage to support cancer treatment and how important those medical isotopes are for cancer treatment in Ontario?

Ms. Hillary Buchan-Terrell: For sure. I mean, look at prostate cancer. There's certainly treatment. I think the one you're referring to is one that came on the market recently for that, and Ontario approved that and is covering that. I think that's really, really important. But again, if we can get to cancer before it even happens or gets worse, the better it is.

So, when it comes to prostate cancer, a PSA test is the first step. That would be much more cost-effective than if we had to invest a lot more millions and billions of dollars in nuclear energy. It's great—we need both—but if we can detect those cancers before they develop into later-stage cancers that require more treatment, more time in hospitals, that's going to be key to reducing that cost for government.

Again, in terms of cost, we did a study around the same time as our take-home cancer drug: \$3 million a year annually to cover PSA testing for men in Ontario, a very small drop in the bucket.

Mr. Joseph Racinsky: Thanks, Chair.

The Chair (Hon. Ernie Hardeman): Thank you.

You have 1.1, MPP Kanapathi.

Mr. Logan Kanapathi: I don't have that much time.

Continuing with cancer, my question to Hillary: I know that it's a deadly disease—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Logan Kanapathi:—and early detection, early diagnosis, saves lives. What else could our government do to help you to prevent this deadly disease? We're embarking on so many initiatives. For breast cancer screening, we lowered the age limit from 50 to 40. These are the great initiatives we are doing. What else could we do?

1100

Ms. Hillary Buchan-Terrell: That's great, yes. We certainly congratulate the government for that work. It's really important.

Just going back to PSA testing, MPP Gates alluded to this: We've sent a letter to the Minister of Health to promote and prioritize a health technology assessment. This would review the evidence of a PSA test, which, as mentioned, hasn't been done in 10 years. Since that last study and recommendation about PSA testing was done, we've had lots of other alternative diagnostic pathways come up. There's mpMRI, which is helping to reduce the risk of false positives. There are other blood tests as well that are coming out on the market that can help to reduce the risk of going towards a biopsy, for example.

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for this question.

It also concludes the time for this panel. On behalf of the committee, I want to thank all three of you for all the time you took to prepare to come here and so ably present your presentations. I'm sure they'll be of great assistance to the committee looking forward, so thank you very much.

CHRISTIAN LABOUR ASSOCIATION
OF CANADA

ONTARIO SECONDARY SCHOOL
TEACHERS' FEDERATION

ONTARIO MEDICAL ASSOCIATION

The Chair (Hon. Ernie Hardeman): As this panel is leaving, the next one is the Christian Labour Association of Canada, Ontario Secondary School Teachers' Federation and the Ontario Medical Association.

As they come forward, I expect they heard the instructions: It's seven minutes for the presentation. At six minutes, I will notify you that there is one minute left. At seven minutes, it will be over. We ask each presenter to introduce themselves prior to starting the presentation to make sure we can attribute the comments to the right name.

With that, the first one we will hear from is the Christian Labour Association of Canada.

Mr. Ian DeWaard: Good morning, and thank you for the opportunity, Mr. Chair and committee, to be here this morning. My name is Ian DeWaard, provincial director for the CLAC, an independent all-Canadian trade union. It's my privilege to bring to this forum the voice of our 20,000 Ontario members, who work in a variety of sectors, includ-

ing health care, construction and emergency services. My remarks will focus on just a few of the key initiatives. There will be more in our written submission that we'll get in later this week.

We strongly recommend that, with this budget, the government close the WSIB gap for retirement home workers and residential care workers. These workers put their health and well-being at risk every day to care for our most vulnerable citizens. They experience lost-time injuries at levels above their counterparts in hospitals and in home care, and far higher than other sectors like construction or manufacturing.

WSIB coverage is mandatory for these comparator groups; only retirement and residential care workers are not protected by the public workplace insurer. Instead, they suffer inferior private insurance that prioritizes employers' liability over proper care for injured or ill workers. The WSIB review in 2020 commissioned by this government identified this as an unjustified anomaly that requires immediate action. We urge that, with the budget 2026, the government finally address this injustice.

Our next set of recommendations has to do with home care workers. Home care keeps people where they want to be and saves the system money. But PSWs and RPNs in the sector make \$4 to \$6 an hour less than their counterparts in long-term care. The final report issued by the long-term-care COVID-19 commission says this about the state of working conditions in home care: "Financial disparity between sectors of the health care system leads to the needless movement of staff who understandably are looking for higher and more stable income. This cannibalization of one sector's workforce for another's does nothing to improve the lives of those" who are in need of care.

A simple but impactful measure to address the imbalance and inconsistency of pay is to address travel time. Home care workers travel from client to client mostly using their personal vehicles. Mileage reimbursement rates are as low as 38 cents a kilometre. As well, the time spent travelling between clients is often unpaid or paid using a formula that amounts to less than minimum wage.

These disparities are attributable to two fundamental flaws in the system. Firstly, home care contracts are awarded for for-profit and not-for-profit agencies on a bid-tender approach. This invariably drives providers to compete for the work, in large part, on price. Inevitably, employees bear the brunt of the efforts to find cost efficiencies.

We recommend that the procurement process for home care service providers be reformed. The province already establishes a variety of basic terms in service provider contracts and should use its position to require providers to use common, minimum mileage rates and to pay an adequate wage for travel time.

A second flaw is that, unlike other workers in the continuum of care, home care workers are not an essential service for labour relations purposes. By contrast, collective bargaining for front-line hospital, long-term-care and retirement home workers is governed by the Hospital

Labour Disputes Arbitration Act, something we refer to as HLDA. HLDA enables the respective bargaining partners to refer impasses in collective bargaining to binding third-party arbitration. While not perfect, it serves two primary functions. It ensures labour stability for the sake of the people receiving the care and provides an objective system for establishing relative terms of conditions of employment across the spectrum of providers.

The growing disparity between home care workers and their counterparts in long-term care must be addressed, and a reasonable system for collective bargaining, as provided for in HLDA, is the best way to do so. We recommend that, with this budget, the province extend the features of the Hospital Labour Disputes Arbitration Act to these health care workers too.

Our next recommendation pertains to violence in long-term-care homes. This government has made considerable increases to the staffing levels in long-term care which addresses a significant driver of violence in these homes. Nevertheless, workers continue to routinely experience violence and are unable to properly intervene in resident-on-resident interactions because they lack adequate training and support. Lost-time injuries caused by violence are still rampant, and we continue to hear stories of caregivers who are trapped and beaten by residents, believing there is nothing they can do and that any physical act on their part would constitute resident abuse.

The Auditor General, in its 2023 report on the delivery of resident-centred care in long-term-care homes, flagged that aggressive behaviours are prevalent, harmful and frequently mismanaged due to a lack of resources. It cited that over 40% of residents in long-term care in 2022 and 2023 were assigned with aggressive behaviours.

The violence intervention training that does exist for front-line staff is inconsistently offered and is conducted largely online. Proper non-violent intervention training teaches the important physical skills needed to manage and de-escalate responsive behaviour. But it only has a real value when offered in a live setting where workers practise the necessary techniques and receive guidance on their application.

In order to more effectively mitigate the risk of violence in long-term care, CLAC admits that appropriate non-violent intervention training be mandated for front-line caregivers, as is the case in other sectors, and that funding be provided to enable this training to be delivered in person, with regular refresher training offered by a competent instructor.

Our next set of recommendations is with regard to the skilled trades apprentices. This government has been very committed to the looming trades worker shortage—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Ian DeWaard:—through its Skills Development Fund, and that commitment has been very effective. SDF is bringing together key stakeholders, employers, unions, training delivery agents and community partners to collaborate on innovative programs that reach wider audiences. Clear examples of it being used well are CLAC's supervisor certification program, our Construction 101 boot

camp and the group sponsorship program, which is a comprehensive support for apprentices that especially benefits small and medium-sized employers. Collectively, these SDF-supported programs reduce burden for employers and apprentices, support recruitment and equip existing workers with the skills and tools to mentor new entrants.

These are the kinds of collaborative, scalable outcomes that the province should value in evaluating SDF's success. As with any public investment, rigorous oversight matters, but we can attest that ministry staff monitor our SDF-funded outcomes very thoroughly.

Looking ahead, we encourage evolution of the SDF that sustains what's working—

The Chair (Hon. Ernie Hardeman): Thank you very much. Maybe we can get the rest in the question session.

We will now go to the Ontario Secondary School Teachers' Federation.

Ms. Martha Hradowy: Good morning, Chair and members of the committee. Thank you for the opportunity to speak with you today. My name is Martha Hradowy. I'm an education worker from Windsor and the proud president of the Ontario Secondary School Teachers' Federation.

We represent more than 60,000 teachers and education workers in public schools and universities across this province. These are the people who support our students every single day in classrooms, in hallways, offices, libraries and lunchrooms, holding together a public education system that is under increasing strain.

We come before this committee year after year, alongside parents, community partners and other education unions. And, year after year, the reality in Ontario schools and campuses is becoming harder. Simply, students can't wait any longer, and neither can the caring professionals who support them.

When we talk about education spending, it can sound abstract—lines in a budget and funding formulas. But in schools, nothing about this is abstract. It's whether a student who is struggling gets timely help or is placed on a wait-list. It's whether a student with complex needs has consistent support or whether staff are stretched so thin that every day becomes crisis management. This is the reality that budget 2026 must address.

Since 2018-19, \$6.3 billion has been removed from early-learning-to-12 education funding. That is not a talking point; it is the lived experience of students, families and staff across Ontario. Education is not a cost; it is a core economic benefit.

I agree with Minister Calandra on one point: Parents do not care about debates over whether funding is enough. They care about the outcomes for their children. Right now, families and education workers are experiencing larger class sizes, fewer supports and more unmet needs. That is the reality in our schools.

This is happening when Ontario is facing real economic uncertainty. Trade disruption, tariffs, supply chain volatility—Ontario will only be able to weather those shocks with a skilled, adaptable workforce. That workforce will not appear overnight. It will be built through strong, stable

public education from early learning through post-secondary. Underfunding education during economic instability does not save money; it weakens Ontario's ability to respond, retrain and compete. Investing in education is not separate from economic strategy—it is economic strategy.

So how do we turn this around? First, we need to fund student supports and special education based on actual need. Students need meaningful access to education assistants, child and youth workers, social workers, speech-language supports and in-school mental health professionals, along with timely assessments and early intervention. When those supports are missing, the outcomes are predictable: Students fall further behind, violence and crisis increase, staff burnout accelerates and families lose confidence in the system. These are not extras; they are the conditions students need to learn.

This includes properly resourcing destreamed classrooms. Destreaming was introduced to improve equity, but this requires adequate funding and smaller class sizes, dedicated education workers and proper training, planning time and learning resources. The current rollout has not delivered this. It is okay to say that we got this wrong. Trust me; teachers will thank you.

Second, increase the number of qualified, caring adults in schools and on campuses. Right now, 70,000 qualified teachers are not teaching in Ontario. By 2027, many more will retire. Why are there so many people leaving? When staffing is inadequate, students do not get the attention they need, violent incidents escalate and staff spend more time managing crisis than supporting learning.

Some 75% of our members report that violence has increased since they began working in schools. This is a direct result of choices—choices about funding, staffing and supports. I would say that mandatory e-learning is also one of those choices. Online learning can work when it is optional and properly supported, but mandatory e-learning removes students from supportive environments and increases the workload pressures without improving outcomes. It should be eliminated.

Third, we need to treat safety in infrastructure as essential, not optional. Schools and campuses must be safe, healthy places to learn and work. That requires a dedicated education sector health and safety framework, transparent reporting, real prevention and serious investment in infrastructure.

The Financial Accountability Office estimates \$31.4 billion are needed to address the repair backlog, maintain schools in good repair and build new spaces where communities are growing. Students should not be learning in buildings with failing ventilation, extreme heat or unsafe conditions. Every school should be a source of community pride.

And post-secondary education cannot be ignored. Ontario ranks dead last in Canada for per-student post-secondary funding.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Martha Hradowy: Students feel this through reduced services, fewer supports and growing instability. Colleges and universities are essential to Ontario's future

workforce, but they cannot function when pushed to the brink by chronic underfunding.

In closing, we return to this committee every year because we believe in public education, from early learning to post-secondary. We believe it's worth fighting for. Budgets are more than financial documents; they reveal what government truly values. What we are asking for is clear: Prioritize publicly funded education, fund our classrooms and student supports based on real needs, fix destreaming, eliminate mandatory e-learning and give students and education workers the conditions they need to succeed. Students cannot wait any longer and neither can the caring adults who support them. We are ready to work with you.

Thank you, and I look forward to your questions.

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

We will now go to Ontario Medical Association.

Dr. Zainab Abdurrahman: Good morning, Chair Hardeman and members of the standing committee. My name is Dr. Zainab Abdurrahman, and I'm the current president of the Ontario Medical Association. I'm also an allergist and clinical immunologist. I'm really pleased to be here in Niagara Falls, where many of my colleagues provide care for thousands of patients.

On behalf of over 50,000 doctors, I am here to submit OMA's recommendations for the upcoming provincial budget. We've released six priorities containing 21 practical solutions in our We Won't Give Up campaign, a copy of which has just been provided to each and every one of you today. While I only highlight a few of our priorities and solutions, we will share all of our ideas to improve the health care system with you in an upcoming pre-budget submission.

The OMA seeks to partner in shaping the province's health care system. We believe that through a productive relationship with the government we can improve the health and well-being of all Ontarians. We are encouraged by the progress that we've made, but there is so much more to be done to provide Ontarians with the care that they deserve.

Dr. Philpott's primary care action team has made great strides in connecting Ontarians to primary care and providing more medical school learning opportunities. While these recent investments are needed, the population's health care needs continue to exceed available resources. Ontario needs to focus on its strategy to attach more patients to family doctors by employing team-based care that wraps around the needs of patients and their ability to access care.

We need more support for community-based specialists who work outside of hospital settings and provide care closer to home, where patients live. Wait times for specialist appointments, surgeries and diagnostics continue to trend in the wrong direction. Community specialists often operate with fewer, if any, institutional supports or resources. Community specialists reduce the burden on hospitals, enhance patient accessibility and collaborate closely with family doctors to streamline referrals and follow-ups. Like many other physicians, they face administrative

burden from disproportionate paperwork and reporting requirements. We are asking for meaningful inclusion of community-based specialists in Ontario health team governance in planning to help with system integration.

As doctors, we make a commitment to fight with and for our patients. It is increasingly difficult for physicians to navigate the health care system, with numerous challenges affecting nearly every aspect of our system. Caring for those who care for patients is a critical component of ensuring the system remains viable and accessible. Burnout remains a major concern for Ontario's physician workforce. You heard about this earlier from the RPNs today; this is not uncommon across anyone in the health care system. Mounting administrative tasks and unremunerated work such as a lengthy government and insurance forms, referral management and reconciling billing all contribute to professional fatigue, and it threatens recruitment, retention and physician wellness.

One of the greatest contributors to burnout is the flawed and antiquated OHIP system. Medical claims are rejected, innovation is not accepted and there are agility issues in keeping with the evolving demands of the province's health care needs. Errors are inevitable, but they're happening much more often than we would expect in the OHIP system. We simply cannot afford to lose doctors because of an outdated, antiquated payment system. When doctors are spending hours dealing with OHIP, they are taken away from seeing their patients.

1120

We're asking that a committee be created between the OMA and the government to review innovative procedures and ensure they are funded. Physicians deserve a program focused on addressing wellness issues for physicians who practise in the community and in institutions. While plans like the Ontario Roadmap to Wellness have committed to funding mental health support programs, there has been little action in implementing them.

Supporting the well-being of health professionals is not only a workforce engagement strategy or a satisfaction issue, but it's also core to patients' safety strategy. We're asking for support for physicians returning to work from an illness or injury. Physicians are largely self-employed and do not have the same structures in place as other professionals to facilitate their safe and effective return to work.

As Ontario grows, our health care system should grow alongside it. Ontario should embrace modernization—we should actually lead the country—and opportunities for accessibility can be achieved. The OMA believes that implementing these solutions will make an immediate and measurable impact. We remain committed to supporting these initiatives and working with the government to build a health care system that is a model for efficiency, accessibility and excellence.

I look forward to our continued partnership in creating a healthier Ontario while supporting physicians. Ontario's doctors won't give up, and we hope that you will stand with us in fighting for the care that all Ontarians deserve.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation. That concludes the presentations.

We now will start with the first round of questioning with the third party. MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair: Thank you for all three of your presentations. I wish I had more than five minutes.

Ian, you spoke about something really important, and it's a theme that I think we've been seeing at these pre-budget consultations. Workers in health care and education settings are dealing with issues of violence or dealing with issues of burnout or dealing with issues of lack of support. You have a very, I would say, common-sense proposal around WSIB and how do we fix at least that part of it to support residential care workers.

Can you please explain why that change is needed with WSIB, specifically when it comes to an expansion for residential care workers?

Mr. Ian DeWaard: Thank you for the question. WSIB is a good and stable and very old system that we've enjoyed in the province for many, many years and decades. It's an oddity that to get the coverage or be included in the public insurer system, you have to be named or you have to be designated as such a workforce that's included under the legislation or in the regulations. Currently, residential care home workers, retirement home workers are just not captured in that definition or list of workplaces or workers to be included, so it requires an active change to bring them in.

WSIB, for all of the challenges and sometimes the criticism that it receives, is certainly better than not having WSIB, as our members in retirement homes and those in residential care facilities experience. They don't have access to return-to-work supports. There isn't a robust appeal system when you're outside the system. There isn't mediation or other features that WSIB offers to workers. They're on their own dealing with large insurance companies that are difficult to navigate or challenging.

Mr. Rob Cerjanec: Thank you.

Something else that I know that CLAC has advocated for—I don't think we were able to get to it in the presentation—was, I believe, tax credits for volunteer firefighters. There are thousands of volunteer firefighters in our province and rural communities that are doing incredible work and saving lives, saving homes, saving farms, and supporting and being active in their communities. What would that program look like to help support volunteer firefighters?

Mr. Ian DeWaard: Thank you very much. I appreciate the question. As you say, there are 19,000 volunteer firefighters serving the province of Ontario; 90% of our municipalities rely on them. The federal government has introduced a tax credit on the small earnings that they receive. Most of them receive an honorarium in the neighbourhood of \$4,000 to \$4,500. Every other jurisdiction has replicated that in some fashion or another so that there's a provincial complementary tax credit. Ontario has not done that.

We've been asking to do something similar—not a high-cost adjustment when you factor it out but meaningful for the municipalities and volunteers that would receive it, especially in support of their efforts to retain and attract volunteer firefighters and to continue the service.

Mr. Rob Cerjanec: Thank you.

Martha, we've heard a lot from union locals across the province and across the education sector detailing the challenges that education workers and educators are facing in the classroom: the lack of supports, the need for more individualized supports—EAs, ECEs—so that we can bring down violent incidents in schools. Because sometimes when people think about violent incidents, they think about, maybe, a kid with a knife at school, but this is a little bit different. These are some of the challenges with kids that are dysregulated or going through challenges.

My question to you is, do you have any final thoughts around the current state of education in Ontario today and what this budget can do to address them?

Ms. Martha Hradowy: Absolutely, thank you. Yes, we are seeing an increased complexity of student needs across the province, and it really is sad to see that students aren't getting the necessary supports that they need, particularly early intervention to prevent violent incidents.

When my colleague here was talking about the increased violence in his sector, I was really relating to what you were saying. In education, there is a no-cost item that can address workplace violence, and that is the introduction of an education sector regulation in the Occupational Health and Safety Act. Right now, schools in Ontario fall under industrial regulations—the same regulations as if you were working on a shop floor or in a factory. Those regulations do not address the complex needs of education in Ontario.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Martha Hradowy: I have had an opportunity to talk to the Minister of Labour, Minister Piccini, trying to impress upon him and the government the need for an education sector regulation. That's one small step, a no-cost item, but will go a long way in addressing the safety of our members.

The other thing is, we do need more caring adults in our schools. We need more child and youth workers, early intervention specialists, qualified social workers and mental health professionals to deal with the complex needs that we are seeing today.

Mr. Rob Cerjanec: Thank you.

Just very quickly, Dr. Abdurrahman—

The Chair (Hon. Ernie Hardeman): Thank you very much, and you'll have to do that in the next round.

We will now go to MPP Brady.

Ms. Bobbi Ann Brady: Thank you to all of our presenters. I have questions for all of you, and if I don't get to all of you, I apologize.

I'll start with the OMA. Your planning, your recommendations, they're sensible. But I still struggle with the complexities and fragmentation of our health care system because my constituents tell me all the time that every interaction feels like a starting-over point—starting from

scratch, retelling their medical history, repeating tests and navigating new practitioners or providers.

The system, no matter which part you find yourself in, is very difficult. In your view, who should be accountable for overseeing a truly streamlined, patient-centred system? And how should we, as government officials, measure whether that leadership is succeeding?

Dr. Zainab Abdurrahman: Thank you so much for that question. This, I think, really speaks to one of the pillars that we have in our priorities, which is the digital health infrastructure. The basis of practising medicine really is communication, and we need to have all of our communication be seamlessly integrated, where it can talk to the different systems. There are different systems across the province already, and it would be difficult to overhaul and put everyone on the same one. But we can require, at a provincial level, the requirement for intraoperability, and to require that if you're going to play in Ontario, you have to talk in Ontario, essentially.

That's what we would be looking for, is asking for that intraoperability to be brought in as a provincial standard for all of our health integration systems. So that's EMRs, hospital information systems, any of these areas. That would allow for patients to have the confidence to know that their care plans and previously done tests are easily accessible by any of the health care members that they're interacting with.

We would ask for that to be at more of a provincial level because that's where a lot of the legislation for the electronic records does reside—

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Zainab Abdurrahman: Oh, one minute? Sorry. And what we would see, in terms of success, would be less reproduction of tests that have already been done, less of this requesting and waiting and delays due to having to wait for records to be sent over. I think you would see a much faster movement of people through the health care system.

1130

Ms. Bobbi Ann Brady: Yes. We need to ensure that information follows the patient, rather than the patient chasing the system. Thank you very much.

I'll just go on next round.

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

MPP Saunderson.

Mr. Brian Saunderson: I want to thank each of our presenters this morning for taking time in your busy schedules to come and share your thoughts and expertise with us, but also for the important work you do in our communities.

Ian, I'm going to start with you. You were talking about the skilled trades training and the impacts that you're seeing it having on your members. It's been a big focus of this government. I personally have experience: My son, at the age of 29, went back to school to do precision machining; he is now working in the workforce, which is great. We know that that's happening across the board.

I'm wondering if you could just talk about the impacts you've seen in the skills development program for your members.

Mr. Ian DeWaard: As I've quickly mentioned, we've run a few in trying to identify the needs that will address the root causes for the shortage of skilled trades—at least, as we experience them in the construction sector.

As I mentioned, developing leaders—the moulders and mentors—has been key so that we've got people equipped to on-board the new entrants. Creating the pathway to employment for those exploring the trades has been important and, most notably, supporting apprentices as they're on their journey through the system. It's still a complex system to navigate for a lot of folks, so we're coming alongside to offer mentorship, exam readiness and the supports that they might need to get through the various elements of the program as they struggle through them; as well as to make sure that the folks coming in know what they're getting in for—good screening on the front end, so that we're not filling the system with those who aren't just really cut out for a life in construction. We've been grateful for the opportunity to do all of that.

We think the SDF has much promise. There is work to be done to focus in on what's most impacting, what's most measurable and what's most needed in terms of how those programs are evaluated, but on the whole, we're grateful for it.

Mr. Brian Saunderson: I've noticed, and I've heard through the discussion, the average age of somebody entering the program now is 29, which seems awfully high to me. Do you have any recommendations about how we could maybe encourage or stream people into the skilled trades at an earlier point?

Mr. Ian DeWaard: That's a great question. Actually, the numbers are coming down in terms of the average age of journeypeople. That's been good. That suggests we're actually winning in that effort to bring new people to the trade.

Our biggest challenge at the moment is the bottleneck in the community colleges. Some of those community colleges that are authorized TDAs, who provide apprenticeship training through the province, have big, big backlogs. We're talking to Mohawk about a possible partnership. They've got plumbers and electrician apprentices that are waiting a year or two to get to the next instalment of in-school training so that they can carry on in their journey.

If there's investment to be made, it's in finding the bottlenecks. That's one of them; there's a few. That, we would encourage.

Mr. Brian Saunderson: Okay. Thank you.

Martha, I'm going to pick up and continue on that with you because this government has also been focusing on trying to reintroduce exposure to trades both in elementary school and high school. From your perspective, have you seen good results from those programs?

Ms. Martha Hradowy: Thanks for the question. To be honest, I have not. School boards across Ontario are under increasing pressures: 78 out of the 79 school boards right

now are addressing deficits. Sometimes, when school boards look at trying to find cost savings, it's at the expense of programs that deal with skilled trades.

Again, I think there is an opportunity to work with public secondary schools in Ontario to make investments into skilled trades programs and more tech programs so we can get to those students earlier, so they don't have to find out that they're not cut out for life in construction at 28 or 29 years old. They can experience the trades and try different ones in secondary schools.

We do see some good programs. There's one in Peel, in particular: Judith Nyman. I know that there is a partnership with community, with businesses to invest in some classrooms and stuff like that. That's an example of where it can work across Ontario. But if the government is serious about trying to educate students in skilled trades, I do believe that it does start in elementary and secondary as well.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Brian Saunderson: Thank you for that. It's interesting; I don't know if you've been with the Simcoe County District School Board. I've toured a couple of high schools there, where they've recently got some good equipment and formed bonds with local tradespeople to increase that program.

I'm going to stick with you, Martha, in my last question. There is not a lot of time. But you talked about the destreaming initiative and were saying that that's a problem. So are you suggesting we go back to streaming and separating students? And what would that look like?

Ms. Martha Hradowy: Right now, it's not working. It didn't work in the 1990s; it's not working now. It's okay for the government to say, "We got this wrong." But when all of us went to high school, there were basic, applied and academic streams. Students could go into one of those streams—the university pathway, college pathway.

Destreaming in Ontario was introduced under the guise of equity. Black and racialized students were being disproportionately streamed into applied streams and not into academic, and the government did not provide the necessary supports—

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

We'll now go to the next question. MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Chair, through you to the three presenters: Thank you for coming this morning. It's wonderful to see you.

Mr. DeWaard, the third party has addressed some of your concerns, as well as the government, so I just don't mean to be rude; I'm going to move on to the OMA for my first round of questions, if you don't mind.

Dr. Abdurrahman, thank you for coming this morning. Just about a week ago, Minister Jones said that the government is on track to connecting all Ontarians with a primary care physician, and they should be connected by 2029. When we consider the recent Auditor General's report findings, however, only 11% of the Ontarians without primary care can even use the Health Care Connect platform—or even fewer physicians actually use it. How

confident are you that this target will be met in an effective way?

Dr. Zainab Abdurrahman: Thank you for that question. As mentioned earlier, the work that is being done with the PCAT team in terms of attachment and addressing the wait-list has been great work, but we are concerned about the speed of this. Currently, in the last nine months, we've had about 275,000 people who have been connected, which is significant—although Ontario does grow by about that much per year, so we do need this needle to move further.

Health Care Connect is not the only list that should be addressed, and I think everyone is aware of that in terms of the numbers that are seen on there. Many patients, many people in the community, have obviously been registering locally because they see those as the teams that are available to them.

So we have to look at ways to integrate. I think that comes back to also looking to—you need digital tools that can help in terms of bringing all of these lists together, since we know from the Auditor General's report that only 11% of those who are actually waiting are on this list, and there will not be focus only on this list moving forward. We have to integrate all the other patients, all the other people who are currently waiting, so that they can achieve this.

In terms of being able to achieve it, one of the things that are important is that we are assuming that the current workforce of family doctors are going to remain in place in these numbers of years. We are concerned, because on surveying our currently practising family doctors, 52% of them have indicated that in the next five years they plan to retire. And we know that of those in medical school, only about 42% are considering family medicine, and less than half of them in this true, comprehensive family medicine model. So we also need to ensure that we're also thinking about the workforce to attach patients to, to ensure that they will also remain there, and that is why that such a big focus for us as well.

Mrs. Jennifer (Jennie) Stevens: Great. I found it alarming that so many errors in OHIP are being made—like, 1,000 claims are being rejected a week, which is really alarming. I think we should ask government to really pay attention to that, and really have a highlight on it and flag it.

Now, on to Martha. Thank you for your presentation as well. I'm sorry I'm cutting you short, but it's only five minutes we have, and I know my colleague wants to ask several questions as well.

Many recommendations have been made: reducing classroom sizes, providing adequate special education supports. Here in Niagara, Hamilton in particular, a young fella who needed special education unfortunately lost his life. Because of his education—he could only be in school for half a day. It has to do with supports of children who need special education. We're finding that more and more students across Niagara—not only Niagara; actually across Ontario—are lacking those supports and special education teachers. We know education workers are leaving

the profession in numbers. I am not sure if it's due to behavioural issues of students, lack of support for management and boards, over-workload issues, because we see that within our education, etc.

1140

There are so many angles we can go at this for. Do you have any statistics for the Niagara region specifically, Martha, in terms of—

The Chair (Hon. Ernie Hardeman): One minute.

Mrs. Jennifer (Jennie) Stevens: —gaps in education workers? What is the number one retention issue right now in Niagara? Would you have those?

Ms. Martha Hradowy: For educational assistants?

Mrs. Jennifer (Jennie) Stevens: Yes, and the gaps within.

Ms. Martha Hradowy: Sure, it's salary. People have to work two to three jobs just to make ends meet. I am an education worker myself. A lot of my friends back home, I keep them in mind every day in the work that I do, because they are really struggling. Sometimes these jobs are often met with barely-above-minimum-wage salaries. If there's an opportunity to work elsewhere, they're going to do so. Also, the working conditions in Ontario schools are not ideal. And so, I really think in this budget, it does need to reflect increased compensation for education workers as a retention issue.

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

MPP Smyth.

MPP Stephanie Smyth: Nice to see you all here today. Thank you so much for your submissions and for shining a light on what seems an interminable problem when it comes to health care, when it comes to education, and I'm glad to hear that there's some light with some skills development.

I do really want to take a little bit of a dive into health care. Dr. Abdurrahman, it's so alarming to me, with a government that has promised to reduce red tape, that we are losing doctors and threatening to lose more because of red tape. When it comes to administration, the work that they do, the mounting admin costs, you said, lengthy government forms, this is what's threatening our doctors and losing doctors in this province, to which you say we are still down two and a half million primary care physicians for people in this province.

I know you have talked about this: You want to meet with this committee, but really, do you feel that it's falling on deaf ears? What is finally going to make this province listen to the concerns of these doctors who are going to leave? And I have an ophthalmologist, luckily enough—to have one—who is threatening to leave and go to Greece and practise, because it's just unbearable.

Dr. Zainab Abdurrahman: Thank you for that question. I think really the key is to address the issues as they are acutely presenting to us. We have a crisis in family medicine, and we have seen the address on that in terms of number of patients but we have to remember we have to support the workforce that is actually going to be the family doctors, to be the specialists for these patients.

When people go into the practice of medicine, it's really for the patient encounters, to actually address the patient needs. There's a lot that can be done to help support the actual administrative burden in terms of providing that team around the physicians to help address that. You don't need to be a physician for a lot of the administrative burden that is on there—if we could have other people who are funded to help alleviate that and also to help with other team members who can also be very helpful: having the RPNs, the RNs, the physiotherapists, dietitians working with the physician to help with that. Because there's a lot of times when patients can't access some of these because they're not covered, and you're also providing those kinds of supports in those same visits.

Being able to have all that is actually key to allow physicians to do the work that they are highly trained and skilled to do. Having a team around them to alleviate all of these other burdens, that will actually help because that will increase patient direct time as well and reduce time spent at a desk.

MPP Stephanie Smyth: You talked about six priorities, 21 practical solutions—at this committee. If you get that meeting with the government—and I don't know what stage you are at with this—or that committee struck, what would your top three be to this government? Because we are in crisis.

Dr. Zainab Abdurrahman: Absolutely. To be able to focus on any of the ones in terms of our health human workforce, you have to focus on the physicians in terms of the well-being, and that means addressing the administrative burden, which addresses also the issues with the billing and the OHIP system, because those are all the things that are wearing down on physicians and fighting against them trying to do the work, trying to do the preventative care, trying to do all the screening, trying to see their patients.

So addressing those parts, as well as digital health infrastructure, will actually alleviate a lot of burden. Those would be, I think, the top priorities that I would say—if you were going to pick from the ones presented here. Those three would be very interrelated and then also help, because digital health infrastructure also helps with access to community specialists as well.

MPP Stephanie Smyth: Thank you. I hope you get that committee. I'd love to hear the results from it.

Moving on to Martha quickly: What targeted education funding increase in this 2026 budget would you say would have the most immediate impact on the classroom sizes and the conditions of the student learning?

Ms. Martha Hradowy: The number one is to fund special education appropriately. I did misspeak earlier: It's 78 out of 79 school boards that are spending more on special education than what the government is giving them—so funding special education based on need.

The other one would be to fund transportation to the real cost of transportation for school boards.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Martha Hradowy: The third one is—right now, the government is not funding the salaries for school

boards appropriately. CPP and EI were increased, but the government has not provided the school boards the necessary funding for that offset.

Those three things alone will bring the school boards out of deficit. That's it.

MPP Stephanie Smyth: Okay. Quickly, about mental health, a huge issue—and I'm sorry I don't have more time to go into this: What ratio do you support for mental health workers in schools? When it comes to social workers, there's—what do you call them?

Ms. Martha Hradowy: There is no ratio.

MPP Stephanie Smyth: Right, but could you support a specific—

Ms. Martha Hradowy: It really has to be on student needs. It has to be on the needs of the community, the needs of the school and the needs of the students in that school.

MPP Stephanie Smyth: Okay. Any seconds left?

The Chair (Hon. Ernie Hardeman): Ten seconds, nine seconds, eight seconds—

MPP Stephanie Smyth: Thank you very much.

The Chair (Hon. Ernie Hardeman): MPP Brady.

Ms. Bobbi Ann Brady: I'll try and get to both of you, Martha and Ian.

Ian, I'll start with you. With respect to the wage gap—I see it in my riding—RPNs, home care workers are not being incentivized to drive along the shore of Lake Erie on days like today or the days we've seen this winter. So I continue to push to fix that wage gap, because a tree cannot stand if its roots are rotten.

With respect to the violence in the long-term-care homes, you talked about the adequate training and support. Have you compared the cost of that training and support against what we are losing with respect to workplace injuries and sick day usage?

Mr. Ian DeWaard: It's a good question. I haven't done that analysis.

I know only from our work with people who work in residential care facilities where non-violent crisis intervention training is mandatory, but it has a huge effect on equipping those staff to de-escalate very difficult situations. With the growing amount of complexity in long-term care, we're urging that the same level of regimented standard be brought to that sector.

Ms. Bobbi Ann Brady: Okay, great.

Moving over to you, Martha—oh, my goodness—I can't agree with you more with respect to destreaming. As a mom of two very academically different students who have now graduated from high school, I see the advantages of streaming, because it gives educators the flexibility to create plans and to offer education to meet the needs of the kids in that classroom.

You are saying that destreamed classrooms now include a higher density of students with complex special education needs without a full complement of EAs and the other professional support staff. I agree with you wholeheartedly and I think it's going to be years before we can restore the support staff in the classrooms to an adequate level.

I am encouraged that you're finally saying that OSSTF parents and students are all saying this is not working. I am curious, though, if there is a breaking-point budget figure that OSSTF has worked out that is required to prevent destreaming from becoming a permanent drag on Ontario graduation rates.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Martha Hradowy: As I said earlier, destreaming is just not working. Right now, destreamed classroom sizes are sitting at the higher academic—sometimes it's 28, 29 to 1. Teachers do not have the ability to reach the individual needs of each student.

So either the government has to fund the much-lower class size of—research says that in order for destreaming to work, it should be around 15 to one. So if they're not going to lower those class sizes, not going to put in the additional supports, I think the government really needs to take a serious look at what else they can do to make sure that students aren't falling through the cracks.

I was really encouraged last Friday. Minister Calandra had committed to reviewing destreaming through his special advisers, so I was happy to hear that. We are definitely going to work with the government on this, because every single teacher that I talked to—

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

1150

We'll now go to MPP Kanapathi.

Mr. Logan Kanapathi: Thank you to all the presenters for the presentations and your hard work for your committee.

My question will go to Dr. Abdurrahman. Thank you for your leadership and, first of all, congratulations on your new portfolio. I worked with the previous president and former president, and thank you for your advocacy and all your work.

I know all my colleagues have talked about building primary care capacity in Ontario, and we're aware of the crisis in family medicine. I've spoken millions of times, and there are a lot of IMGs—international medical graduates—coming here, not only from outside, but also the world—Canadians, Ontarians—studied here, went to high school, university, went outside and are coming back with a medical degree—five years. Still, they're scratching the surface. They have to start over again—same thing for foreign-trained medical doctors.

The irony is there are a lot of rural communities that don't even have a doctor. There's a 300-doctor shortage in northern Ontario—primary caregivers.

I'll start with an open-ended question to you because you're the one on the ground, you're the one advocating to build the capacity of medical infrastructure, especially when you come to the human capital. We could be building. We are building many hospitals, putting \$78 billion for another 10 decades—billions, not millions.

But how can we build the primary care capacity in Ontario? What is your advocacy in that regard?

Dr. Zainab Abdurrahman: Thank you for that question. I'm going to put it into three buckets.

First, medicine is still an apprenticeship model, which means that the medical students are coming in and they are training with the physicians in practice. So if we're making the practice of medicine, especially in family medicine—if we are taking away the administrative burden, having less burnout, they're going to see this as a viable choice, and we'll have, then, increase in the interest from the medical students—those in training—to come, to consider the pathway of that cradle-to-grave comprehensive family medicine. But they need to see those in practice actually going through their day and not feeling like they're fighting the system. They're looking to them, and they're looking to see that they're experiencing the joy in medicine.

Secondly, we have to look at other pathways into practice, as you said. We do have a lot of internationally trained medical graduates who have completed residencies in other countries who do come here. We have the Practice Ready Ontario Program, but we do need to expand that further to be able to increase the capacity of those who will spend that time with physicians learning our health care system and then be ready to actually practise in communities who are especially in need, especially who are rural and remote. The other provinces have continued to increase their capacity, and we need to do so, being the largest province.

Third, we have to also ensure that those who have completed medical school who want to come through to do their residencies here also have that capacity and have that ability to come in, because, unfortunately, we can't only wait for the medical students. When you open a medical student spot before you have an actual functioning physician, it can be many years, so we have to look at making sure that they're looking at this as an interest and they will consider that practice for later on when they do apply. We need to ensure that those who are the residents right now are seeing that this is worthwhile practise; it is accessible, it's viable and it's sustainable and it will actually allow you to be well in your practice so that they will choose to do that.

Also, to ensure that there are pathways for those who have trained elsewhere where we have been able to vet for them in terms of their training to be able to come in and practise and be part of our communities, especially those who are more rural or remote who are having further increases in terms of their needs for family medicine. And then, hopefully further increasing not just family medicine in terms of PRO but to allow for some of the specialties as well, because we know our northern and rural also need access to the community-based specialties.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Logan Kanapathi: Good thing you mentioned about Practice Ready Ontario. We hired 100 internationally trained family physicians into the system recently. That's a good thing to mention.

You also mentioned many times in your presentation administrative burden. Ontario doctors are losing not hundreds of thousands of hours but millions of hours on paperwork. We have our two PAs. I'm privileged to work

with—I'm a PA to red tape reduction, myself and MPP Racinsky; we're working on this file. You tell us, the committee, how we can remove and eliminate a lot of paperwork—even including my wife. She's a family doctor; she allocates one day for her paperwork. They don't even get paid for work in Canada. How can we eliminate the paperwork from them and all administrative burden from them?

Dr. Zainab Abdurrahman: First, I think looking through any of our forms that we have, if there are any ways to streamline and to increase those—

The Chair (Hon. Ernie Hardeman): Thank you. That concludes the time. We didn't leave much to answer there. MPP Gates.

MPP Wayne Gates: My question is to Martha—and congratulations on becoming the new president, by the way. That is a tough gig to get elected to, so congratulations.

I have something on destreaming, but I've only got a few minutes here, so I want to ask the doctor a question as well. Workplace violence is through the roof. A survey you conducted with the teachers where 75% of the teachers have experienced it—is that related to class size issues in our schools? What do you need to do to make our classrooms safe? I can tell you, my daughter is a teacher in a school that is very challenged economically, and it is a real issue at her school, so maybe you can answer the question.

Ms. Martha Hradowy: Sure. We need more caring adults in the schools. We need more qualified mental health professionals, child and youth workers, to be able to address student needs. It's just that simple. Right now, those mental health supports and educational assistants are stretched between multiple students, and early intervention supports are just simply not there.

MPP Wayne Gates: I appreciate it. My wife was a principal, as well, and she said she'd never go back into classrooms, from what she's been told by her teacher friends.

I have been fighting for an issue in Fort Erie, at an urgent care centre where they cut the hours—by the Conservative government. It used to run 365 days a year, 24/7. Our ERs in both St. Catharines and Niagara Falls are through the roof: Wait times are 16 to 18 hours, particularly on the weekend, yet they closed the urgent care centres and cut their hours.

What I have been told—and maybe you can help me here—is that we should be investing in urgent care centres to take the pressure off our emergency rooms, so we are not having the hallway medicine that we're having. I would just like to ask that question on that: If no major action is taken in 2026, what will access to care in small communities like Fort Erie, where a third of the residents are seniors—a lot of them don't drive, thousands are without a family doctor, and the urgent care centre is closed overnight and on holidays—look like two years now?

Dr. Zainab Abdurrahman: Thank you for that question. What you're asking really just demonstrates the fact that to alleviate the stressors from our hospitals actually

requires a multipronged approach. Yes, an urgent care centre is very important, but so is that access to primary care which you mentioned that many within your jurisdiction do not have access to.

We need to actually be able to decant, so that means access to family medicine, access to urgent care centres to help alleviate pressures on emergency rooms. But also, on the other side, we need also access to long-term-care homes, access to being able to also go back home from hospital, but have all the access in terms of family medicine, community-based specialties and all the diagnostics in the community so that people can also be discharged home. It's not just looking in; we have to also look at how people get out of the hospital, as well, to help alleviate the pressures.

MPP Wayne Gates: To that, we suggested to the government that we have a lot of beds in Niagara Falls—and, I believe, St. Catharines, but certainly Niagara Falls—where the alternate level of care is taking up a lot of beds, so the flow from the emergency room to the beds isn't available because we have alternate level of care. To your point, some should go to retirement homes if that's the case, or long-term-care homes. But we've also put a proposal for the Fort Erie hospital: Because we have the beds available, move the alternate level of care to Fort Erie, along with those other services you are talking about right in that facility, rather than short-sightedness on shutting down hours and closing it, and causing our problems. So I appreciate your answer.

I just want to finish by saying—and I'll try to get to the SDF fund, which is a complete and utter—never mind. I just want to say to the doctors: Their administration is taking up far too much of their time. What they want to do is take care of patients. That's the most important thing to them. Doing the administration part, that takes the time away from the patients. That's the reality.

So we put forward a bill—I think it was a motion—that said to have the administration done by other people and let the doctor do what he wants to do, including take care of the patients and get paid by the way. That's important.

The Chair (Hon. Ernie Hardeman): One minute.

MPP Wayne Gates: I'll finish by saying, on the SDF fund, that the fund itself was a really good idea, if it's used properly. Unfortunately, as we've seen through the last number of months, it hasn't been used properly. I'm a worker. I come out of a plant. I worked my whole life in a plant. I want to go to work, I want to be safe, I want to be trained. All those things that the SDF fund could be used for, it should be used for. Workers deserve to be trained so they go to work, learn exactly what the problems are in the workplace, including the violence in the long-term-care and the retirement homes—I know all about that—but the fund was not being used properly.

Let's not get rid of the fund, let's take the corruption that's in that fund and make sure that we're using that for workers, for what it was intended to do, whether that's training on how to address people that are being attacked in the workplace, how do you handle the health and safety in any kind of workplace—

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

It also concludes the time for this panel. I want to thank the panel very much for the time you took to prepare and the time you took to so ably present your position here, and I'm sure it will be helpful as we proceed with our work and the consultations for the budget. Thank you very much.

With that, the committee stands recessed until 1 o'clock.

The committee recessed from 1202 to 1300.

The Chair (Hon. Ernie Hardeman): Good afternoon, everyone. We'll now resume the 2026 pre-budget consultations.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes in this time slot will be used for questions from the members of the committee. This time for questions will be divided into two rounds: five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the opposition members, two rounds of five minutes and 30 seconds for the recognized third party members and two rounds of three minutes for the independent members.

I will provide a verbal reminder to notify you when you have one minute left for your presentation or allotted speaking time.

Please wait until you are recognized by the Chair before speaking and, as always, all the comments should go through the Chair. That's the ground rules of the participation.

HEART AND STROKE FOUNDATION
ONTARIO COUNCIL OF HOSPITAL
UNIONS/CUPE
GRAPE GROWERS OF ONTARIO

The Chair (Hon. Ernie Hardeman): We now will recognize the next panel. The next panel is Grape Growers of Ontario, Ontario Council of Hospital Unions/CUPE and Heart and Stroke.

With that, you've heard the rules. I believe number one, that we were going to hear first, Grape Growers, is not here at the present time yet. So we will proceed to number two and hopefully when number one arrives, they will become number three.

With that, we will hear from the Ontario Council of Hospital Unions. It's virtual.

Failure of sound system.

The Chair (Hon. Ernie Hardeman): Have you got sound on your end? Hello? Have we got a connection? We don't hear. Have you got your—

Interjection.

The Chair (Hon. Ernie Hardeman): Okay. Just in the time we had the challenge, we have our number one presenter here, who just arrived. She is coming in. I'm sure I'll give you the instructions while you deal with your coat. You'll have seven minutes to make your presentation and—

Ms. Debbie Zimmerman: I have to go get my glasses.

Interjections.

The Chair (Hon. Ernie Hardeman): Okay. Why don't we just do this backwards? We'll start with Heart and Stroke. She is ready, willing and able to get the presentation under way.

The floor is yours.

Dr. Lesley James: Thank you for the opportunity—

Mr. Doug Allan: Hello. Can you hear me?

The Chair (Hon. Ernie Hardeman): You'll just have to wait now until we have this one done, okay?

Mr. Doug Allan: I can't hear you.

The Chair (Hon. Ernie Hardeman): We'll get back to you. Thank you.

Heart and Stroke.

Dr. Lesley James: Maybe you should mute him, though, before I start speaking, just so he doesn't cut in. Can he be muted?

The Chair (Hon. Ernie Hardeman): Let's get started.

Dr. Lesley James: Okay. Thanks for the opportunity to speak to you today. My name is Dr. Lesley James. I'm here representing the Heart and Stroke Foundation.

For more than 75 years, Heart and Stroke has been dedicated to fighting heart disease and stroke. Our work has saved thousands of lives and improved the well-being of millions of others. Yet the urgency for our mission has never been greater. Every five minutes, someone dies from heart disease and stroke or vascular cognitive impairment.

Today, I'll be speaking about two key initiatives that can reduce the burden of heart disease and stroke in Ontario.

Stroke is a medical emergency. Each minute without treatment leads to the loss of 1.9 million brain cells. It remains a leading cause of death and disability, affecting people of all ages, with incidence rising and new cases occurring every 13 minutes in Ontario. Many patients endure lengthy hospitalizations and require ongoing long-term care, resulting in substantial health care costs and lasting impacts for both individuals and their families.

For this reason, the widespread knowledge of the signs of stroke is paramount, and the FAST acronym, seen here—face, arms, speech, time to call 911—provides a clear framework of recognition. Unfortunately, Ontario has not funded the FAST signs of stroke campaign since 2020, resulting in a measurable decline in public awareness. Currently, only 35% of Ontarians can identify two signs of stroke, compared to the rest of the country at 46%. This places Ontario at last place for awareness for the third year in a row.

The Heart and Stroke FAST awareness campaign is designed to address this gap by educating the public through multiple communication channels and encouraging immediate action: calling 911 when stroke symptoms are observed. Eight other provinces have recognized the importance of the FAST message and have funded campaigns within the last year, leaving Ontario as one of only two provinces without government-supported stroke public awareness campaigns.

Calling 911 is a critical component of the FAST message. A third of stroke patients in Ontario go to hospitals

that are not equipped for stroke care, causing delays as they wait and are transferred to specialized hospitals for diagnostics and treatment. These lost minutes can reduce eligibility for time-sensitive therapies like clot-busting drugs, thrombolysis and endovascular procedures which use a small coil to remove the clot from one's brain. Calling 911 ensures that EMS alerts the right hospital and gets patients to specialized care quickly, avoiding critical delays which can lead to death and disability. The faster a patient receives care, the better their outcomes will be.

Ontario has a world-class stroke system, but without better public awareness of the signs of stroke and increased EMS utilization, the system is not functioning as efficiently as it should. We are asking for \$2.916 million to relaunch the FAST signs of stroke public awareness campaign. This investment is expected to yield long-term savings for the health care system through optimized EMS utilization, reduced patient disability, shorter hospital stays and less reliance on rehabilitation and long-term care. Most importantly, the campaign protects and improves the lives of Ontarians, ensuring everyone is informed and empowered to act quickly in the event of a stroke.

Next, I'd like to focus on the recent tobacco settlement, which provides a timely chance to improve public health and invest in Ontario's health system. In Ontario, tobacco use causes 16,000 deaths and \$7 billion in costs each year, with 1.5 million Ontarians still smoking. In Ontario, our smoking cessation rates have plateaued compared to other provinces. Youth vaping and nicotine use remain high. Nicotine can stunt brain development in youth and lead to a cycle of addiction.

In March of last year, the Canadian provinces and Quebec victims reached a settlement to recover health care costs and hold the tobacco industry accountable for the decades of harm and deception. Some victims of specific tobacco-related illnesses will receive compensation from the settlement, but many affected individuals and Ontario taxpayers still bear significant costs while the tobacco industry profits from cigarettes and newer products like vape and nicotine pouches. People addicted to these products who have not been diagnosed yet with the compensated diseases or suffer from other tobacco-related illnesses will remain excluded from compensation. This limited approach leaves many victims without support or justice.

The settlement now represents a once-in-a-generation opportunity to better support people who smoke but were left out of the settlement compensation, accelerate tobacco and nicotine reduction and lessen the burden of the tobacco industry on Ontario. Ontario is set to receive \$7.3 billion over the next 20 years. We strongly encourage the government of Ontario to dedicate at least 6% of that settlement, or \$44 million per year, over the next 10 years to initiatives that reduce tobacco, vape and nicotine use.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Lesley James: The investment should be focused on four key areas.

First, expanding capacity for enforcement and compliance activities at the regional level: While many retailers

operate responsibly, it is essential to identify and hold accountable those that do not. In 2024, an Ontario sample found that 32% of vape shop retailers were found to be non-compliant with provincial laws. Sales to minors were the number one offence.

Second, increasing funding for cessation programs to ensure people are supported through their quit journeys: We ask for better access to free NRT and equity for heart disease and stroke patients who are not eligible for the same integrated smoking cessation programs that cancer patients are afforded in Ontario.

1310

Third, invest in a provincial public awareness campaign: Many young people are unaware of the harms of nicotine use until it's too late and they are already addicted.

Fourth, invest in research, monitoring—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes your time, and if there's any more you want to present, you can do that during the answering of the questions.

We will now go to the Ontario Council of Hospital Unions.

Mr. Doug Allan: Great, thank you. My name is Doug Allan.

The Ontario Council of Hospital Unions represents 45,000 hospital workers in Ontario. We are a chartered bargaining council of CUPE, the largest union in Canada, with 800,000 members; that is 4.4% of all employees in Canada and 17% of all public employees.

The problems in Ontario hospitals are well-known: hallway health care, long waits, unsafe bed occupancy levels, widespread violence against staff, burnt-out staff and backed-up emergency rooms. We would like, today, to review some of the issues driving these difficulties, discuss how current funding plans will make these issues worse and make some recommendations about what needs to be done.

Capacity: Compared to other developed nations, Ontario has very few hospital beds. Our hospital beds per capita have declined over the last decade. Today, we would need 1,777 staff beds just to get back to where we were a decade ago. The decline in the number of beds per capita occurred despite a rapid growth in the population 65 and older. This age group uses 60% of all hospital beds and it has grown from two million Ontarians in 2015 to three million in 2025.

Ontario has the fewest hospital staff per capita. The rest of Canada has 1,639 staff per 100,000 population, while Ontario has only 1,237; that is 24% more. If Ontario had the same staffing levels as the rest of Canada, we would have an additional 48,249 full-time hospital staff. To reach the average in the rest of Canada, we would have to increase nursing and in-patient staff by 17,000 extra full-time staff, operating room staff by 2,700, intensive care staff by 1,400 full-time staff and support staff by 20,000 full-time staff.

Funding: Hospital expenditures per capita are 9% higher in the rest of Canada than in Ontario. To match the

rest of Canada, Ontario, with hospital expenditure, would have to increase by \$3.2 billion. With significantly higher Ontario hospital spending in the areas of research and education, that shortfall is particularly hard felt in the areas of hospital patient care. For nursing in-patient services, we'd have to spend 32% more to match the rest of Canada; for operating rooms, 25% more; for emergency rooms, 32% more. With fewer staff working in Ontario hospitals, the lower cost of total employee compensation entirely accounts for the lower spending by Ontario hospitals, compared to the rest of Canada.

On a per capita basis, the rest of Canada spends 17% more for hospital employee compensation than Ontario. That would mean, if we had similar compensation, an extra \$3.9 billion in hospital expenditures would be required. Expenditures on employee compensation have consistently shrunk as a percentage of total hospital expenditures for many years and there is now less than 60%.

Funding in 2025-26 slows to a crawl. The government estimates budget operating spending in hospitals for 2025-26 at 2.36% more than the amount spent in 2024-25. This, if implemented, would represent a significant slowdown from the practices in recent years. Health sector funding projections in the last budget indicate even more austerity for the next two years, with funding falling far behind the historical pattern.

Fortunately, in a way, the budgets have been very unreliable indicators of actual spending on hospitals and health care. The government has repeatedly revised its spending plans as communities, labour and health care providers raise concerns about government funding and capacity plans.

So for example, in 2024-25, the budget plan was to cut health sector funding by \$500 million, but in the end, government funding increased 7.2%. These increases, which happened repeatedly, were usually achieved with simultaneous reductions in the deficit, compared to the budget plan; on average a \$14-billion reduction, compared to the budget plan each year.

Unfortunately, this is the new reality of government budget planning: unrealistic assumptions followed by community and labour complaints and then drastic changes to the plan. The result is that hospital funding is not so much set in the budget or by the budget, but by changes made much later in the year, sometimes right at the end of the year. This, we believe, is not the best way to for hospitals to plan effectively. This year, hospitals are still waiting for the late-year hospital funding increase as layoffs and cutbacks hit hospitals. What does it mean if the funding has not changed? Even bigger hospital deficits, job loss, service cuts and further deterioration of hospital working capital which has already fallen from almost \$2 million five years ago to less than zero—less than zero.

The Financial Accountability Office predicts nurse and PSW staffing levels will fall by 9,000 and the number of staffed hospital beds will fall by 7% by 2027-28. Meanwhile, the actual need for health care staff and hospital beds will increase due to aging and utilization. If there are

not changes from the past budget plan, we estimate this will result in a 3% to 4% reduction in service quality.

We recommend immediate action to increase hospital funding this year and a longer-term plan to increase hospital funding and hospital staffing levels to levels seen in other provinces. We recommend increases in staff beds to achieve service levels last seen in 2015. Once catch-up has been achieved, we recommend annual increases in the 6% range to deal with normal cost pressures associated with population, aging, utilization and health care inflation, at least until the baby boomer bulge has run its course.

Thank you very much. I look forward to your questions.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation. We now go to the Grape Growers of Ontario.

Ms. Debbie Zimmerman: Thank you very much, Mr. Chair and members of the committee. The Grape Growers of Ontario is the official organization operating under the authority of the Farm Products Marketing Act. It represents all of Ontario's 475 processing grape growers on 17,000 acres and \$5.5 billion of economic impact in the province. It creates over 22,000 jobs with many vineyards located in the greenbelt.

The Niagara Peninsula is the largest viticultural area in Canada. Its microclimate, influenced by Lake Ontario and the Niagara Escarpment, provides ideal growing conditions for grapes. There are 350 active grape growers in the Niagara region, including 150 grape growers in Lincoln, several of whom are near the Niagara Escarpment.

The importance of our impact on the province's economy cannot be overstated, especially when government support translates into job creation and industry growth, directly benefiting Ontario's communities. The industry has shown great resilience despite climate change and our growers facing losing 5,000 tonnes of grapes in 2024. It was devastating. But 2025 changed everything.

The retail modernization of beverage alcohol in the province of Ontario was one of the most impactful changes to our industry since Prohibition. The retail modernization of the beverage alcohol industry and the phased-in rollout across the province to grocery, convenience and big box was transformational for our industry. Mr. Chair, this vital investment strategy has clearly had an impact on the purchase of Ontario-grown grapes in 2025.

The 2025 harvest was the largest farm gate in our history, at \$124 million, with all grapes purchased and a demand for more. We recognize that the geopolitical shifts and the removal of the US alcohol products from the LCBO shelves, including the "Elbows Up" movement, have made a difference as well. But we want the committee to know and understand that investing in 100% Ontario-grown has had a significant impact on our industry. The desperation that the growers felt in 2024 has changed.

I know this is unusual to come here and offer a more optimistic view, given this is a pre-budget consultation, but we wanted you to know that good government policy works and investing in Ontario-grown works. We believe that over the next three years, with the government's

support funding, wineries will need to invest in infrastructure such as processing and tank capacity to help avoid the delays in processing of our grapes and ensure growers' tonnage isn't affected. This investment is critical to the industry's long-term success.

The government of Ontario has recognized the importance of the Niagara economy to the province with the essential steps it has taken to invest not only in our industry, but here and across the province. These investments that were made in 2025 have stabilized our vineyards and the importance of the greenbelt in which we are active.

1320

In addition, the \$141-million investment in irrigation, both here and in southwestern Ontario, has and will develop a Niagara West irrigation strategy, critical to our success. It is a game-changer for the grape growers and the tender fruit growers.

We will, as growers, do our best to support the long-term growth strategy for Niagara and Ontario. We wanted to take this time today to let you know that the future is bright and your investment is making a difference in our Ontario-grown industry.

I want to thank you for your time, and I appreciate the opportunity to be here.

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

That concludes the presentations for this panel, so we will start the first round of questions with MPP Brady.

Ms. Bobbi Ann Brady: Thank you to our three presenters this afternoon.

I'll start with Dr. James. I represent Canada's largest tobacco-growing region, and I have a great deal of passion for the tobacco file. Illicit and contraband tobacco is a huge threat to local economies and the Ontario economy, as well as to public safety. Given that there is now a second-generation issue with respect to smoking and vape products, I'm wondering, if we set the tobacco settlement funding aside, how do we protect young people from tobacco and nicotine addiction? And I know that it involves a multi-layered approach, but is there something very simple and immediate that this government could do to keep these products out of the hands of our young people?

Dr. Lesley James: That's a really good question. Thank you for that.

Like I mentioned, a public awareness campaign is necessary. Young people are not aware of how harmful nicotine is and how addictive it is. They often start vaping, thinking it's just a fun recreational tool. They quickly become addicted and end up using vape products every day, multiple times a day.

More broadly, there are two non-fiscal measures that can be addressed. Online sales: Right now, Ontario allows vape products and tobacco products to be sold online, and it means that young people are getting their hands on these products very easily. We need to see movement in that area. An issue came from the Niagara region a few months ago, where a young person was buying vape products

through a delivery platform, and there was no age verification. There was, of course, no oversight to see if the products were safe. So, the online sales piece needs to be addressed. Quebec already does that, so we'd love Ontario to follow suit.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Lesley James: Lastly, raising the age to 21: That will keep the age of initiation higher and make it more difficult for young people to start vaping or smoking.

Ms. Bobbi Ann Brady: Great. Thank you so much.

And the online sales—I just want to clarify, because this is not the dark web. Young people are accessing these products, and you said delivery platforms are doing this. It may be shocking for some of us to know that young kids can access very harmful products online via the regular web, I guess, and it can be delivered to your door by Canada Post.

Thank you for your advocacy on this.

The Chair (Hon. Ernie Hardeman): Thank you very much. We will now go to MPP Saunderson.

Mr. Brian Saunderson: Thank you to all our presenters today for taking time in your busy schedules to come and share your thoughts and expertise, but also for the important work you do in our communities.

I'm going to start with you, Lesley. I come from Simcoe county, where we have a tiered paramedicine response. If the 911 call identifies it, then you get a specific cardiac that can give you treatment en route and will also deliver you to one of two hospitals that have cardiac specialty in the area, which is RVH and Southlake.

I'm wondering, when you were talking about the importance of the paramedicine element, is that unique in Ontario, or is that common now that we start to differentiate the calls through the actual initial call?

Dr. Lesley James: It's quite common across Canada, because not every hospital can be equipped to treat stroke.

So you need highly specialized diagnostics—CT scans, MRIs—and you need neurology and radiology for people to interpret those scans, and then interventional medicine to be able to use the endovascular therapies.

This kind of hub-and-spoke model of regional stroke centres being in charge and supporting smaller community hospitals is what works quite well. It keeps costs low. It keeps it efficient. But if a patient doesn't go to the right hospital, they end up waiting in the emergency room, triaged, seen by a nurse, seen by a physician who says, "This is probably a stroke," and then they have to be transported.

Endovascular therapy and thrombolysis have a critical window of about four to six hours, so if you go to the wrong hospital, or if paramedics aren't called to bring you to the right hospital, you can lose that window of opportunity and the results can be catastrophic. So paramedicine is hugely important, and we want to utilize it more efficiently.

Mr. Brian Saunderson: You said it's quite common in the province of Ontario. Are there areas where those tiered services are not available?

Dr. Lesley James: In the north, there are some access issues to 911, of course. That could be a big challenge. We'd love to see universal 911 across the province, but that's kind of a bigger issue to be solved.

Right now, stroke awareness needs to be improved. We're going to see an increased incidence of stroke coming in the next few decades. If the public isn't aware of the signs of stroke and know where to call 911, even if the hospital is only 10 minutes away, the system won't be able to keep up.

Mr. Brian Saunderson: I know you did give a number in your presentation, but I wasn't sure if it was specific to the FAST awareness program. Is there a specific number to the FAST awareness program that you're asking for?

Dr. Lesley James: It's \$2.916 million.

Mr. Brian Saunderson: To three decimal points? That's impressive; look at that.

Dr. Lesley James: It's based on a per capita spend of what other provinces are spending.

Mr. Brian Saunderson: Okay. Thank you for that.

Shifting a bit to the smoking cessation: I served on the Simcoe county district health unit, and they're very involved in the public health sector. That was one of the priorities in our region. Do you partner with health units to work with smoking cessation and stroke awareness?

Dr. Lesley James: So much. The people on the ground give us such an amazing insight into what's happening. We wouldn't know just how bad the online sales were, and the issues with delivery services, unless public health made us aware. So we're really grateful to work in partnership with them. They do tremendous work.

Unfortunately, they've seen some cuts to funding. They need some more capacity. There aren't enough enforcement officers out there to be looking at the stores. We have more vape stores than we've ever had before and more online retailers, but not enough enforcement officers to check up on those, so we'd love to see more capacity in Simcoe, and other areas as well.

Mr. Brian Saunderson: Yes, I think that's part of the proliferation and enforcement issues. It's always difficult. I know when I was on the health unit, the 25/75 program was eroding. We've restored that, but as you said, the need continues to increase. That's always a tough one to work with.

I wonder if you can just tell me a bit about other partnerships you have, because what we want to see is a kind of boots-on-the-ground co-operation leveraging the expertise of the Heart and Stroke Foundation. What other kind of partnerships do you have besides health units?

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Lesley James: We've worked really closely with health systems. Because we haven't had funding for the FAST signs of stroke campaign, we've been out sharing the message everywhere we can through clinics, hospitals, cities and municipalities. The city of Ottawa put FAST in recreation centres, in libraries, across transit, and the same happened with the TTC in Toronto. We're really being as resourceful and scrappy as we can be, but overall, it still remains too low.

Mr. Brian Saunderson: I know you were very supportive of our 2024 announcement about the AED registry.

Dr. Lesley James: Thank you.

Mr. Brian Saunderson: What kind of benefits have you seen come from the creation of that registry?

Dr. Lesley James: The registry is being developed right now. We are working closely with the AED Foundation of Ontario. We're very excited to see this come to fruition. Once that happens, Ontarians who call into EMS can be geolocated and directed to the nearest AED. We need to make sure that when regulations come forth, the inclusion of AEDs isn't voluntary, but mandatory, so that all AEDs are registered in the province.

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

MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you to the three speakers here today for your presentation. It's always nice to hear some feedback that is really good, and some feedback that is quite alarming, actually. I'm going to direct really fast, because I want to get all three presenters in with a few questions.

Dr. James, you mentioned that we have a world-class stroke awareness in Ontario. Well, I'm going to call it "world-third-class" when they're cutting you. From 2020, this government has not funded you. How can you work with no funding and make sure that your FAST program gets across? It's shocking and alarming for me to find out that eight other provinces have the FAST funding and Ontario is lagging behind on that. We are one of two provinces that do not fund it.

1330

It is a program that, working in health care myself, I know does work. When you dial 911 and you're in that ambulance, if you don't have that injection, then—that is a life-saving injection.

Can I ask you, what is the funding that you are looking for to get FAST back on track?

Dr. Lesley James: It's \$2.916 million. We'll say \$3 million.

Interjection.

Dr. Lesley James: I'll make it easy: \$3 million. I like math, okay?

That would give us a wide-scale campaign across the province, similar to what other provinces have done when they have seen declines. Then some sustained funding effort, but we really need a big injection right now because our awareness is so low compared to other provinces.

Mrs. Jennifer (Jennie) Stevens: Yes. You're five years behind, and that's a shame, because when it comes to heart and stroke, that comes to our health care, and it's just a domino effect of what gets affected within our emergency rooms all the way to long-term care. So we will be asking the government when we come back to pay attention to that, and hopefully they do during this budget.

Debbie, I want to ask you a few questions. I know that last time we spoke to the grape growers, you were dealing with a major surplus of grapes. No one was buying them, and we had concerns of big box stores like Costco, may I

say, importing international, cheap grapes and combining them.

Are we seeing better, local Ontario grapes being put right into our wines that are on the Costco shelves and other big box stores?

Ms. Debbie Zimmerman: Yes. I would say that's the one change that we've seen. We had barely a 7% market share for VQA; that is up to over 12% now.

I don't want to take this as a complete investment program, but it has been this geopolitical situation where people are now focusing on local. That "Ontario Grown" has meant something to them, and that is important. You know, Jennie, living in this area, it's the backbone of a lot of the things: restaurants, entertainment—everything that we do in Niagara.

Yes, definitely, we have seen that investment. Actually, the companies that you are referring to are asking for 100% Ontario grown.

Mrs. Jennifer (Jennie) Stevens: That's wonderful, because it's 22,000 jobs, I believe you said, and my husband is one of that 22,000. Thank you, and I thank the grape growers. I'm glad to see that you are above float now and that our local growers and our local economy are booming because of Buy Ontario, and it's really important to see that.

I know that eliminating the 6.1% basic tax on wines probably helped as well.

Ms. Debbie Zimmerman: It did. If I can just add to that, I think one of the things that we've seen is, people are looking for a label description. I think, like everything in products today, they want to know what's in their products, where it comes from. That's making a difference as well.

Mrs. Jennifer (Jennie) Stevens: Perfect, perfect. I'm sorry to cut you short. I'd love to talk to you, but we only get five minutes.

Mr. Allan, thank you for coming this afternoon. I know in June of last year, there was an article that presented itself in this local newspaper, the St. Catharines Standard. For the MPPs that are here that aren't aware, it is a local newspaper. Mr. Allan, you were talking about the urgency of seniors and marginalized individuals that were paying out of pocket for their cataract surgeries or being upsold on private clinics.

The Chair (Hon. Ernie Hardeman): One minute.

Mrs. Jennifer (Jennie) Stevens: Thank you.

Do you have any updates or stats on how this has affected people across Niagara? Also, my office has received very, very high numbers of inquiries about cataract surgeries, how they're funded and how seniors can access them. In particular, can you let people know are there any improvements?

Mr. Doug Allan: There is detailed research from the Canadian Medical Association Journal that shows that the introduction of private, for-profit surgeries by the current government has led to better access for the higher-income earners and less access for everybody else. It's a serious concern.

I think that it's not the way we want to proceed. We do want to build a fully public health care system that treats all of our patients and all of our income categories in a similar way, which is what—

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

We'll now go to MPP Smyth.

MPP Stephanie Smyth: Nice to see you all here today, even virtually—hello.

I want to start with Dr. James in talking about stroke and FAST. You said that your work has saved thousands of lives—thank you—but the urgency for your mission has never been greater. Why is that?

Dr. Lesley James: The incidence of stroke is increasing.

MPP Stephanie Smyth: Why is that?

Dr. Lesley James: Aging population, people not living the best they can. We still have a lot of smoking in Ontario, hypertension. People aren't able to pay for medications, and hypertension is the leading cause of stroke. So it's really multi-faceted. But we need to invest in prevention as well as awareness to have long-term savings in the health care system.

MPP Stephanie Smyth: I was going to ask, how much? No, just kidding.

What about in the primary care setting? Are there enough things being done, if you're lucky enough to have a family doctor, to see any predictors of potential stroke?

Dr. Lesley James: The one thing that I touched on was better access to smoking cessation, and that can be improved in primary care. We don't have the most integrated of pathways for smoking cessation. All physicians should be able to say, "What's your status?" in terms of smoking and nicotine use, and if they are, there should be counseling available, free and subsidized NRT, pharmacologicals, because that is the number one way to reduce someone's likelihood of heart disease, stroke and cancer. And we need better measures in place like other provinces have.

MPP Stephanie Smyth: Right. You say that stroke is the leading cause of death—

Dr. Lesley James: A leading cause.

MPP Stephanie Smyth: "A"—okay, because I was going to say, do you know the breakdown of 911 calls in this province and how many are related to stroke? Would it be number one? Would heart attacks be—

Dr. Lesley James: I wouldn't know off the top of my head, unfortunately.

MPP Stephanie Smyth: But the understanding from the data you've been able to collect is that stroke is not going away. It's getting worse, and yet this government will not invest in an easy solution, which is education.

Dr. Lesley James: The government has invested in some parts of the stroke continuum, but the public awareness piece has not been invested in in about five years.

MPP Stephanie Smyth: I guess MPP Saunderson was asking about a few partnerships. What about in the school system at all? I mean, starting in the public school system—have you started with education programs there?

Are they funded? Do you have enough for that? Would that be a key place to start?

Dr. Lesley James: We do do a lot of—

Interruption.

Dr. Lesley James: This keeps falling down.

Mrs. Jennifer (Jennie) Stevens: It's having a stroke.

Dr. Lesley James: It's having a stroke.

We do do a lot of work in the school systems. We have our Jump Rope for Heart program. We also have a CardiacCrash program, which we're hopefully going to be meeting with everyone for our lobby day in April to talk about. That teaches young people about cardiac arrest, how to recognize the signs, and how you use an AED and start CPR. That's a really innovative new program that we're excited to launch in Ontario schools.

MPP Stephanie Smyth: Okay. Well, I hope that funding comes your way—fast.

Debbie with grape growers, I wanted to ask you: I guess the “Elbows Up, Ontario only” has really helped your industry. What if that fades? What if one day our Premier decides not to uncork the Crown Royal and drain it? What if he decides to let the market be as it may? Are you prepared for that?

Ms. Debbie Zimmerman: It's a very good question and it's one we've chatted about for the last couple of months. Obviously, this has been—you don't want to say, “Oh, we've got a silver lining.”

It is something that we need to invest in, and it's why I talked about the investment in infrastructure for the wineries. That is critical because that sets the tone that they're willing to invest for the long term, and it's something that we're pursuing with our processors. And we need to absolutely be assured that this isn't just a short-term blip because we have American wine off the shelves. So, that investment in infrastructure is critical for our future.

MPP Stephanie Smyth: And 2024, a devastating year.

Ms. Debbie Zimmerman: Yes.

MPP Stephanie Smyth: Let's talk about climate. What is being done from a climate perspective, and what help is needed or being ignored?

Ms. Debbie Zimmerman: Well, one of the things I would say is that our growers have adapted. We have invested in wind machines. They're not turbines; you've got to make the distinction.

MPP Stephanie Smyth: Trump doesn't like them.

Ms. Debbie Zimmerman: They're wind machines.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Debbie Zimmerman: There're a lot—we actually have silver blankets. In Prince Edward county, we use blankets. We bury our vines, all sorts of things. But you're right: We can't predict as easily as we used to and weather has been changing, so it has been a challenge.

1340

MPP Stephanie Smyth: Time, sir?

The Chair (Hon. Ernie Hardeman): Forty seconds.

MPP Stephanie Smyth: Oh. So, is there any provincial help coming that way that you would ask for that is—I mean, climate doesn't seem big on the agenda here.

Ms. Debbie Zimmerman: Yes, I wouldn't say that. I mean, I think the fact that we're taking about growing locally—we're investing in the greenbelt, and that's what the government is investing in as well. They are investing in this greenbelt by investing in us.

Maintaining that greenbelt will also help us as part of our future in terms of climate change as well, because we need to ensure that we have stability in our agricultural base. Niagara is the best growing land there is in Canada, so it is being invested, and that's part of that climate change—

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

We'll go to MPP Brady.

Ms. Bobbi Ann Brady: Debbie, it's refreshing to actually have somebody come before committee that isn't really asking for anything other than for us to pay attention and note that good government policy will work. So thank you for clearly highlighting that.

You noted during your presentation and in your response to my colleague MPP Smyth that, over the coming years, further investments in expanding processing will be needed, and I hear that. I represent a very rural riding, and I hear that from across many other sectors, so I support you in that and I believe that's the best way to protect ourselves here in Ontario from any further economic threats.

I did also note that you appreciate that recent increase to RMP. I've also heard from some of my producers across those many sectors that it may have been too little too late, and that, at this point in time, given the economic uncertainties, perhaps it's insufficient.

I'd like to hear from you as to whether or not you think we could be boosting RMP again, and at what level we should boost it.

Ms. Debbie Zimmerman: I look at that as a collective process with the federal and provincial government. So, to me, that is where the conversation needs to take place. When the ministers are meeting in those territorial meetings, those are the kinds of things I want to hear from our federal government as well as our provincial. So I don't land it just on the province's desk.

Yes, we need more investment in RMP, and we need to be able to access the programs. Sometimes, it's the criteria that prevents someone from being able to access it, and that's what we'd like to see. There are certain limits we would like to see in some of the programs. I think it's got to be a collective conversation to get it to work exactly the way we need it.

Ms. Bobbi Ann Brady: I agree, and there's work to be done there. I'm curious as to how GGO would leverage the new \$175 million through the Ontario Grape Support Program to improve the effectiveness of current RMP tools, specifically in addressing the triple threat.

Ms. Debbie Zimmerman: That's an absolutely wonderful question—because I don't want you to think it's the Ontario Grape Support Program, meaning we're getting the money. It's a nice way to create demand for Ontario grapes. The wineries got the money. But it increased the demand for Ontario-grown grapes.

If we had any influence over where the money should go, we would probably give some off to infrastructure because that's what we would like. But it is going directly to the wineries.

Ms. Bobbi Ann Brady: Great.

Thank you, Chair.

The Chair (Hon. Ernie Hardeman): MPP Smith.

Mr. Dave Smith: Thanks, Chair. I appreciate that.

Debbie, I'm going to start with you. We've had a great working relationship in the last couple of years on it. There's some political commentary I thought that I would bring out, but I'm not going to go too deep into that.

December is the busiest month for LCBO sales. There were multiple requests from across the table to put American products back on the shelves. What would that have meant for the Ontario grape industry, the Ontario wine industry—

Mrs. Jennifer (Jennie) Stevens: That was a lie.

Mr. Dave Smith:—if we had taken the 13 questions that the Liberals asked me, since I heard Jennie Stevens say that it was a lie that I just said—the 13 questions in question period, and said yes to putting the American products on? How would that have hurt the Ontario wine industry and the grape industry?

Ms. Debbie Zimmerman: Thank you. And I don't watch the Legislature on a regular basis, so I'm not sure who said what.

So I would address that by saying that 2024, as you know, we were absolutely devastated because we walked away from our vineyards with 5,000 tonnes of grapes rotting on the ground. If they had just given us the Ontario Grape Support Program without having the "Elbows Up" and the attitude, and the "American wine off the shelf," we would not be here today basically thanking you, and then asking you to invest in infrastructure. It's wrong to think that this might change in the future, but we think what you've given us is a leg up to move forward, and why we're saying the infrastructure side is so important. Because, as you know, we have a number of products that aren't 100% Ontario, and obviously they're part of the process, but we want to see an evolution where 100% Ontario is what you see on the shelves and what you're drinking—responsibly, if I may add.

1345

Mr. Dave Smith: In terms of the alcohol modernization, it's been done in a stepwise fashion. We've had some structural issues with the LCBO. We've got a little bit of a delay now; instead of doing it January 1, we're going to be doing it in the spring for the next rollout on it. Are we moving quick enough? Would you like to see us move quicker? Are there more changes that you think we should be doing on the modernization side this year?

Ms. Debbie Zimmerman: I think the pace at which you're going had made it—I wouldn't say easier, but we are adjusting to that. We are fortunate that we have a demand for grapes going into 2026. We want to see that continue. You've created that opportunity.

I think the guardrails you've put around selling alcohol in all of these other convenience stores and whatnot is

important. And I think it's the guardrails that we want to see continued to support the Ontario product. That has moved more of our product, because we're 40% of the shelf space in the smaller outlets, and we still want to continue to see that. So I'm not on the wine side—I can assure you I know some of the things, but this has been important to us, to see the investment back in a domestic industry, and we have never seen that in our history.

Mr. Dave Smith: You mentioned some investment in some of the infrastructure, specifically for some of the equipment that you would need on it. I know that it takes about five years for vines to be actively producing high-quality grapes. Do you see that there's an opportunity then for the grape growers to expand their acreage, and is that something that we should also be looking at, finding ways to help you with that?

Ms. Debbie Zimmerman: Yes, exactly. And I think what we would like to do is invest in our infrastructure, and that's vines in the ground. We don't get any of that Ontario Grape Support Program—as I mentioned, it creates demand. But, yes, we do need to see investment, and investment on both sides means that there will be a trajectory for the future, and right now we're not seeing that, and we need that as growers, and I know that the processors will need to invest if they want to continue as well. Thank you for the question.

Mr. Dave Smith: I think that we've entered a time period now where there's a lot more collaboration between the wine growers and the grape growers. I think that the craft wine industry—the craft wine association—is also coming along as part of that consortium, I refer to you as, now.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Dave Smith: Is this something that we should be actively promoting? That continued working together would—

Ms. Debbie Zimmerman: I think there are ways that we could expand that working relationship, whether it's where the money goes for wine marketing. So we could include some grape growing in that to ensure that there's a balance. I think the partnership is there, and you know the challenges it takes to get to a decision in our industry. We're open to having those conversations, it's just the how do we get there that is sometimes the challenge.

Mr. Dave Smith: How much time, Chair?

The Chair (Hon. Ernie Hardeman): You have 24 seconds.

Mr. Dave Smith: We're good then, thanks.

The Chair (Hon. Ernie Hardeman): We'll now go to MPP Bell.

Ms. Jessica Bell: So, first off, Lesley James, thanks so much for the information that you're sharing about the consequences of vaping. It's a huge issue in our riding. We had someone from the Canadian Cancer Society come in here earlier and tell us that 20% of grade 10s are using vaping products. How can this be? I just did a quick Google search and saw that the biggest vaping companies are the world's biggest tobacco companies. So they've insidiously and nimbly moved to a new product to ensure

that they keep their market share. I don't have time to ask you a question right now, but we are definitely following up, because it's a huge issue.

Dr. Lesley James: Sounds good.

Ms. Jessica Bell: My question is to Doug Allan from the Ontario Council of Hospital Unions. During our travels around the province, we have heard from Queensway Carleton, from Brockville and from Kemptville hospitals, all telling us that they are well over capacity—from 120% to 170% capacity. Yet at the same time we're hearing the Minister of Health saying that hospitals need to eliminate their deficits and balance their budgets, and it's pretty clear that's next to impossible.

What are you hearing about hospitals and how they're grappling with these deficits, and what's at stake if they do need to meet these deficits without support?

1350

Mr. Doug Allan: We're hearing a very significant concern about the funding situation. We're experiencing layoffs of staff at a number of hospitals at the current time. This is a significant change from what we have experienced recently. The staff working in hospitals already feel burnt out and frustrated at their experience of working in the hospital. There's significant violence that they experience. Working short exacerbates that problem. If the funding does not change, if we don't get the late-year funding bump which we have won in the past, the situation will become quite dire.

Last year, hospitals had deficits of around \$840 million, as it was reported. That is very significant. Hospitals are not allowed to run deficits unless they get a waiver from the government. This year, higher levels of deficits may occur. We've gone from a situation where we had over \$2 billion in working capital for the hospitals to pay their ongoing bills to a situation where we now have negative working capital, which is a situation that I at least have never heard of before in the hospital system. I'm expecting layoffs. I'm expecting a reduction of the number of actually staffed beds. I'm expecting more patients to be treated in hallways. We need that extra funding.

We have won extra funding. We have changed around the policies of extra funding, when communities and labour and patients stood up and said we need extra capacity in our hospital system. We have changed that policy in the past. This year, it's an open question whether we're going to be able to do that and continue on or not. It is a new situation in the sense that we are now facing layoffs and service cuts that we haven't fortunately faced for a few years.

Ms. Jessica Bell: Thank you so much.

The Chair (Hon. Ernie Hardeman): MPP Gates.

MPP Wayne Gates: I'm going to have to answer your question; you can say yes or no to it. We know in Niagara we've lost 98 jobs at Niagara Health, 62 at St. Joe's. I know that Hamilton Health Sciences is facing a massive deficit, and there's a real possibility that we're heading towards 300 front-line health care job losses across Hamilton and Niagara. I know that's going to happen. I think you know that's going to happen. I don't have a lot

of time, but that is real concern if you're caring about health care in Niagara.

But I want to get to the grape growers. I've had many, many meetings with Debbie over the years—long before I had this job, but I've been here for a while now.

The Chair (Hon. Ernie Hardeman): One minute.

MPP Wayne Gates: I'm going to have to do a quick speech. The 6.1% was a game-changer. The irrigation we fought for years. The fact that I put a question forward on the surplus, and the looks on the Conservatives' faces when I said you're dumping 5,000 pounds of grapes rotting on the ground—I want to say congratulations to you sticking with it.

I believe that Don Ziraldo is right when he says we need an all-Canadian wine that we can sell across this country. Our quality is better. My only concern going forward is what happens when Trump is out of office, and the tariffs—and I'm glad you've already said that you're looking at that.

And I want to say to Heart and Stroke: Every minute means a difference when you have a stroke, and we have to make sure that we're being educated to that. Because if you go to a different hospital, the one that you shouldn't be going to, you're probably going to either die or you're going to end up in a long-term-care home with some kind of tube in your mouth because your brain's dead—

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

We now go to MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair, thanks for all the presentations today.

Debbie, I appreciate the presentation around interprovincial trade. I know you're representing grape growers—a little bit different than wine producers—but where do you see us going when it comes to interprovincial trade? Trade barriers have somewhat been taken down—I don't think we have agreements yet with other provinces—so what does that look like for you, maybe now and into the future?

Ms. Debbie Zimmerman: I think it's a very cautious approach. We want to see interprovincial trade. Obviously, we're not afraid of competition. But again, there are ways you can bring wine in from other countries and sell it in a province that doesn't have a tax structure or an LCBO system, and we get caught up in that.

For us, it's all about taking a look at where you're going and making sure you're going in the right direction before you go there. I know the province has an LCBO system which delivers a lot of tax dollars to this province, paying for many things like hospitals and the things that we do enjoy. So, cutting into the revenues is always the concern, but I don't think we're afraid of the competition. It's just, how do we get there?

Mr. Rob Cerjanec: Thank you.

Doug, I really appreciate the work that your members do in hospitals all across this province. Your members really make sure our hospitals run and run well and provide that care and support for both other staff working at the hospitals but also patients.

You noted we have very few hospital beds per capita. The decline in beds is going down and with where we are in expenditures in hospitals, I think it was about \$1 billion that's needed to be injected into the hospital system to help get us back to where we need to be.

Can you explain a little bit more about some of the burnout challenges that your members are facing?

Mr. Doug Allan: Workers will say that they're burnt out and just as frustrated as the public. Another said to me the other day, "It's shocking. Everybody talks about ER wait times. We have call bells going off for over 20 minutes, with people needing help."

Others say morale is awful. Hospitals regularly operate with unsafe levels of bed occupancy, even over 100%. That just leads to a situation where the staff is run off their feet and sort of at their wits' end.

We have a system that hospitals are primarily operated by women workers who are committed to their patients. They're not treating widgets; they're not dealing with widgets. They're dealing with people at their most very vulnerable moment. As a result, they tend to go above and beyond what might normally occur in a workplace just in order to treat the patients.

We're asking them for empathy for their patients, and they're giving that and the services they provide, but we also want some empathy for the workers in the hospitals. We think that that will lead to a better level of care and a better quality of care for everyone.

Despite the situation changing, we still have significant vacancies in hospitals—about twice the level of job vacancies in hospitals that we had 10 years ago. It has declined since the worst of COVID, but we still have a situation where there are problems filling some jobs. That's, again, related to the whole situation in the hospitals: the morale problems, the fear of violence, nurses or personal support workers having their patients put them in a headlock. You have that happen to you, and it's really soul-crushing.

Mr. Rob Cerjanec: Thank you.

When we see health care workers then leaving, that creates a bit more of an avalanche, because you've now got to fill those staff positions. It's taking longer to fill those positions.

What do you think the province should be doing to help improve retention in our hospital system?

Mr. Doug Allan: Well, we just finished negotiating a collective agreement, and that will see us through for the next few years.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Doug Allan: But I do think we have to look at compensation. We have to look at trying to find ways to end the violence in the workforce.

There's more violence against hospital and health care workers than there are against police officers. We have sort of a culture of acceptance of violence against health care workers that, I think, has to be fundamentally broken with.

We also have to bring in staff ratios. We tried extremely hard to bargain staff, to start with nursing staff ratios in

our recent collective agreement. We hit a brick wall with that process. Other unions have experienced the same thing. Other provinces and other jurisdictions have made progress with staffing ratios. We think that's one important way that we could move forward to creating a better workplace—one that doesn't run simply on the fumes of empathy.

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question. That concludes the time for this panel.

1400

I want to thank all the panellists for the great job. Thank you for taking the time to prepare and to be here, sharing your wealth of information with the committee. Thank you very much, and good luck.

MODULAR ENERGY SOLUTION

HOME CARE ONTARIO

BROCK UNIVERSITY

The Chair (Hon. Ernie Hardeman): Our next panel is Modular Energy Solution, Home Care Ontario and Brock University. As they're coming forward: The ground rules are the same. The presenter will have seven minutes, and I will let them know at six minutes. We ask each participant to identify themselves before they make their presentation.

With that, we start with Modular Energy Solution. The floor is yours.

Mr. John Gamble: Thank you. John Gamble, Modular Energy Solution. We are a manufacturer here in Niagara Falls. We have been in this area now for almost 20 years. We started our first production back in 2010, in Welland, Ontario, developing solar panels for the FIT program at that time. Subsequently, the old Iona plant got closed and we moved over here to Niagara Falls eight years ago, where we currently are producing now one of the leading solar panels, the best solar panel we know of in the world today.

I'm going to pass this around. You can see this panel, even with the lights here, is producing power—you can see there's no batteries—under LED lights. We've been working on this technology now for six or seven years. The line is currently ready to go in our facility. The idea is what we've created is a solid-state circuit. All normal solar panels in the world are connected with ribbons and busbars; we have no ribbons, no busbars. The efficiency and the degradation level of this panel is—we are attributing it to less than 2% over 25 years. It is revolutionary.

My engineer is on Zoom there, as well. Jim, can you hear us?

Mr. Jim Pitre: Good morning.

Mr. John Gamble: Currently, we make three different products in our facility, and I'll quickly run through our slide presentation, which you can take a look at. Basically, we are making the solar panels. We also have a proprietary SIP panel that we make into walls, to make into modular structures. We're currently actually making units to go up

to Webequie First Nation for the road program for the Ring of Fire. That's being currently done.

When you put the units together, we can make an agricultural unit which can run off solar in the north. That's how it all goes together, using our solar to power the greenhouse units. Currently there is one unit we've built, and it's running at Canadore College in North Bay, a 3,000-square-foot facility. We've also made 200-square-foot units. There's actually one that was purchased by the Hope Centre in Welland; we're currently growing fruits and vegetables in there, and they're being used for the soup kitchen. Going forward, we're looking at how these types of units could be all over the province, helping out soup kitchens or non-profits to grow good, fresh fruits and vegetables.

We've proven that in our units, the fruits and vegetables have about 60% more nutrients. There is no issue in the growing—as I say, more nutrients, but also the speed to grow. We grow three to five times faster than normal because, again, inside our proprietary wall technology, our walls are made so there is no thermal bridging, there's no metal—it's only fibreglass, so no hot or cold can get in or out.

But the main thing we're looking at is on the solar side—with “Ontario Made,” if we could have in the budget an incentive for Ontario-made solar panels—not just saying us. I mean, we're a specialty, but there are other solar companies. We believe that would help to get people to adopt more solar on their rooftops. We're currently working with a number of home builders to put solar on new builds, or have them made to put solar on the new builds.

The biggest thing about our product is it's 80% lighter than a glass panel, because there is no glass. And because of that, any roof can take our technology. You don't even need any engineering. I've been doing this for 20-plus years. A lot of the rooftops that we looked at back in the FIT program, they just got eliminated because the roof couldn't take the weight issues. And that was one of the reasons I worked to develop this product, because we had to make it more universal—that every building could take solar, not only on the roof but on the side of the buildings as well.

We've also proven, with Jim's help, that even at 90 degrees, our panel produces just as efficiently as a regular panel on a rooftop.

Do you have anything to offer, Jim?

Mr. Jim Pitre: Just a slight bit. We've done some independent testing—

The Chair (Hon. Ernie Hardeman): Excuse me. If Jim is to speak, could he introduce himself for Hansard?

Mr. John Gamble: Yes. Go ahead.

The Chair (Hon. Ernie Hardeman): One minute left.

Mr. Jim Pitre: Sure. My name is Jim Pitre. I'm a professional engineer. We've been doing some beta testing and have substantiated, significant improvement on this performance rather than conventional.

I'll turn it back to John to conclude.

Mr. John Gamble: Yes. So, just to conclude: There are a number of things in the province we could add to, I say, an Ontario-made solar panel, but the main thing we find with houses, and the way the Save on Energy program is made today—it doesn't allow for net metering of the product. The Save on Energy is giving 86 cents a kilowatt as a rebate, but that rebate is only for solar that's kept within the house or within the commercial building. You can't feed that back to the grid. And if we open that up to the grid—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. We can get the rest in the questions.

We'll now go to Home Care Ontario.

Mr. Cameron MacKay: Good afternoon, and thank you, Mr. Chair and committee members. My name is Cameron MacKay. I'm the CEO of Home Care Ontario. We're a member-based organization representing the full range of home care providers in this province, including publicly funded, not-for-profit and family-funded organizations. Our members are united, really, under a single umbrella, which is to provide outstanding home care services across every corner of the province.

Today, I want to talk about a historic opportunity we see that the province has to profoundly improve its health care system by expanding access to high quality home care. This is an important moment. You've heard all through deputations today that hospitals across the province continue to experience acute pressures. Emergency departments are crowded, hospital budgets are strained and demand is growing as we all get older and the population ages.

At the same time, the government is looking for ways to get better value from every health care dollar it spends. We think that home care sits squarely at the intersection of these forces, and it's the solution.

1410

Home care is Ontario's highest-leveraged health care investment. It's the lowest-cost setting. When you look at \$103 a day on average for home care versus \$201 a day for long-term care and up to \$730 a day for alternative levels of care and hospital beds, every safe day at home frees up capacity and avoids costs elsewhere. We also support faster hospital discharge, prevent avoidable emergency visits and help seniors remain independent at home for longer.

So if you remember anything that I say today in my remarks, remember this: Investing in home care is an investment in health system stability and integrity.

To the government's credit, Ontario has already recognized this. In recent years, the province has made smart, targeted investments in home care, and these investments are delivering impressive results. Recent analysis that we commissioned by Deloitte Canada shows that following previous contract rate adjustments back in 2021, home care services have increased by 21%. That's 10 million more hours of service a year. That's a remarkable level of growth for such a short period of time.

In practical terms, it means that people are receiving timely care at home rather than waiting in hospital beds. It means that hospital discharges are happening sooner and more safely. And it means pressure is being relieved across the health care system. As a result, alternative-level-of-care beds that I mentioned earlier—those are hospital beds occupied by people who could be treated elsewhere—have fallen to a historic 10-year low in Ontario.

I would just say as well, Ontario is now the envy of the country, with the lowest proportion of long-term-care residents who could potentially be supported by home care. That's something to write home about. And they are not abstract metrics; they are concrete indicators that home care is doing exactly what policy-makers want it to do: It's easing hospital pressures, improving patient flow and delivering better value for public dollars.

That's all good news, and we're delighted by it. But I have to say, the achievements are somewhat fragile and may be at risk, and that's what I want to talk about. While the 2025 fall economic statement investments are going to unlock additional hours of home care service—we would call them volumes—which we commend, they didn't include anything about corresponding increases to compensation for home care staff. I know this has been a theme that the committee has heard throughout the day. As a result, providers are being asked to deliver more care without the tools needed to recruit and retain some of the workforce that they need.

The fact is that wages for home care workers are losing ground relative to hospitals and long-term-care settings. We also talked earlier, and I heard deputations about how those are maybe more attractive settings to be in, which have received arbitrated wage increases of up to 5.25% this year alone.

Quality home care depends on the people who deliver it. Without a stable, supported workforce, providers will not be able to deliver the care that patients, families, hospitals and the government are counting on. Left unattended, this problem will quietly erode the gains that recent investments have achieved.

I want to highlight one area where risk is particularly acute: home care therapies. Therapy services are in super high demand, and they're often critical to safe hospital discharge and fall prevention. To get out of hospital, you really need a lot of therapists—occupational therapists, speech therapists—and yet, they've not received the same level of investment as other parts of the home care system, so they're going elsewhere. They're really important in keeping the flow of discharge happening. As a result, therapists are leaving the sector at higher rates and wait-lists remain significant.

Today, we have about 6,200-person wait-list for Ontarians waiting for home care therapy services. These delays, of course, as I just said, increase the risk of falls, emergency room visits and extended hospital stays—outcomes that are far more costly for the system. So it's a clear example of how relatively modest investments in home

care can unlock significant hospital capacity, but only if these workforce gaps are addressed.

So that we don't slip backward and so that Ontario can realize the full benefit of the government's investments over the last five or six years, we're making three recommendations for budgets 2026:

First, implement a \$256-million contract rate increase to support workforce recruitment and retention and protect recent service gains.

Second, make targeted investments of about \$32 million in home care therapies to eliminate that therapy list I just mentioned—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Cameron MacKay: —and prevent affordable emergency room visits and support safe hospital discharge.

And third, expand the Ontario Seniors Care at Home Tax Credit to make it more accessible for seniors who are already reducing the pressure on the publicly funded system by paying their own way.

They're not large and unfocused expenditures; they're precise, high-leverage actions that will protect the previous investments. Taken together, these targeted investments will allow for Ontario to build on these successes, reduce hospital pressures and ensure that more Ontarians receive the care where they want it, which is at home.

I thank you very much, committee and Chair.

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

We now will go to Brock University.

Dr. Lesley Rigg: Thank you. Lesley Rigg, president and vice-chancellor at Brock University. Thank you for the invitation to be here today and for the opportunity to speak about Brock.

Brock University, with more than 19,000 students, is committed to delivering a truly transformative student experience, a world-class learning environment and to prepare highly skilled graduates for the jobs that drive discovery and innovation here in Niagara, across Ontario and beyond.

Ninety-six per cent of Brock graduates find employment; that's one of the highest rates in Ontario. Brock University, like many regional institutions in Ontario, is also a major employer and economic driver. With approximately 6,000 full-time and part-time employees, we are the second-largest employer in Niagara and recently named one of Hamilton and Niagara's top employers for the eighth year in a row. Our economic impact is \$1.3 billion here in Niagara, representing more than 10% of the St. Catharines-Niagara GDP, underscoring the essential role that Brock plays in regional prosperity.

Our courses, programs, faculties—everything is geared toward the needs of both our students and our local employers, as well as supporting the province's need for highly qualified skilled labour. For example, last year, Brock launched a new undergraduate program in engineering. It's the first university-level engineering program in Niagara. Our tech ed education program prepares edu-

cators to teach students how to use technology in construction, health care and manufacturing.

Brock is a leader in industry-supported research. Our grape and wine research works directly with the grape growers and others to support Ontario's \$5.5-billion grape and wine industry. Brock's validation, prototyping and manufacturing institute, our VPMI, established with \$6 million in support from FedDev Ontario, is an industry-facing facility supporting bioproducts, bioscience, bio-agriculture and chemical manufacturing across other sectors as well here in southern Ontario.

We seek opportunities to leverage our research expertise to support industry needs, innovation, business and economic growth. An example: Destiny Copper, recently named one of Canada's most investable cleantech ventures by Foresight Canada, is a success story that incubated on Brock's campus through our entrepreneurship program at the LINC. Much of their research team and talent are Brock grads. They have direct ties to critical minerals, which is a strategic area of growth provincially and nationally.

Brock is a community-engaged university with 15 strategic MOU partnerships and agreements with community organizations. We respond to community challenges and address local needs.

Brock strives to offer a world-class 2026 education despite facing financial issues. As a publicly assisted university, approximately 50% of Brock's revenue comes from domestic tuition and grants. On the provincial grant side, at \$8,944 in grant funding per students, Ontario universities received the lowest funding per student in Canada—half of what the average is for other provinces.

The tuition cut and freeze in 2019 has effectively locked us into a 2014 tuition, which is over 10 years ago, yet inflation in that period has increased by 20%. This challenge has further been exacerbated by the federal government, who has imposed consecutive reductions on our ability to bring international students to our campus.

Despite the tuition cut and freeze, resulting in the cumulative loss of \$100 million in potential revenue, Brock has found over \$207 million cumulatively in savings and efficiencies to preserve a balanced budget, year after year. However, we can no longer keep up our financial position, as it continues to deteriorate. This year we are projecting a \$22.3-million deficit.

Ontario universities are among the most efficient in Canada, and Brock University recently underwent the efficiency and accountability review, as mandated by the government. We have 70-plus recommendations that we are working on and we are happy to go through this process. For example, last November, we announced SPARK, a transformative initiative that uses energy as a service model and leverages the Canada Infrastructure Bank's low-carbon fund to tackle \$108 million in deferred capital renewal for aging infrastructure.

1420

I want to recognize and thank the provincial government for its substantial \$1.3-billion investment in the post-secondary sector in budget 2024. It was an important and

significant set of funding, and it represents a crucial first step. However, the funding was insufficient to address our long-term financial sustainability challenges. We are asking the government to address the urgent needs for a sustainable funding model for universities in the province, including Brock.

We are asking that:

- the funding in budget 2024 for operating grants and increased allocations for in-demand programs such as STEM, nursing and teachers' education be rolled into our base funding, be made permanent and ongoing;

- any further increases made to base operating funds should be tied to inflation; and

- the government provide funding to support the implementation of the efficiency recommendations that came out of the reviews that many campuses went through.

There are opportunities, specifically for Brock, that would increase our efficiency if upfront funding were provided. This investment could not come at a more critical time. With tariffs, economic disruption and digital disruption, universities like Brock are well positioned to be a force for stability, for economic diversification, during this very challenging time.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Lesley Rigg: The regional universities like Brock are here to support the province. We are here for you, and we hope you are here for us. Thank you.

The Chair (Hon. Ernie Hardeman): Thank you very much for that presentation. That concludes the presentations.

We now start with MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming out this afternoon. I really appreciate your presentations today.

I'm going to start with you, John—really fascinating presentation and a really interesting product. I'd like to understand a little bit more about your product and why it's more efficient, why it's better than older technology, without, obviously, giving away all your secrets. I'd like to learn a bit more about your product, if you could share.

Mr. John Gamble: Really, to explain it very quickly: Every other solar panel today is made with glass. There is some flexible solar out in the marketplace, but they use a spray-on technology, which gives you about 12% to 14% efficiency.

What we've done is, we've been able to take the cell and put it directly onto a copper back sheet. The power goes directly; it doesn't have to go through wires. And we created this topcoat which allows, of course, no glass. It allows for a flexible material. But basically, we've created a solid-state circuit. That's our biggest claim to fame.

You can put this on a silo. We're working with a company called Greatario that builds water treatment plants and also dairy farms. This can go on the silo, create the power and reduce the amount of power required at site.

Mr. Joseph Racinsky: The one you passed around, you were saying that that takes indoor lighting, not just sunlight, and then creates power. Is that right?

Mr. John Gamble: That's correct. The cell allows for a different wavelength of energy to start it up. By doing that, it allows ambient light—like LED lights, fluorescent light—to actually start it up where a traditional cell—the panels we used to make—would never work. If I put one in this room, it would just be dark.

It also allows for ambient light to start the panel in the early morning and at night. We've done testing, actually, in the Netherlands to prove in low light how much extra it produces: It's between 20% to 30%. It starts sooner, goes later and still produces—even at noon—at hotter temperatures. Because of the copper back sheet, it allows the panel to actually stay cooler, and when it stays cooler it has less efficiency. It allows the power to stay higher, because when things get hot, they create more inefficiencies, right?

Mr. Joseph Racinsky: That's fascinating. As was mentioned earlier, I'm a parliamentary assistant to the Minister of Red Tape Reduction, along with the fantastic MPP Kanapathi here beside me. What are some red tape ideas that you could share with us about how we can support businesses like yours?

Mr. John Gamble: The biggest red tape—and Jim can tell you; he's an engineer and actually our installer who's in the field, and has worked in solar, like I have, for over 20 years. The biggest thing, as I've said, is that currently the Save on Energy program is giving 86 cents a kilowatt for anybody's panel. We're saying why not make that for an Ontario-made panel, or even if it was 50-50. You get 50% if you put—say you make it 43 cents for a non-domestic panel and 86 cents for a domestic panel. Something along those lines.

The other thing is, our biggest roadblocks when you get into housing is being able to feed directly into the grid, and net metering.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. John Gamble: You get the incentive and net meter. Because currently you have to keep it in within the house behind the meter to get your 86 cents. When you look and you model, the model doesn't work. That's why not a lot of people are adopting solar: because the financial model doesn't work unless you can have that feed-in program.

Mr. Joseph Racinsky: Thanks, John.

I'm not sure if I'll get enough time, but Lesley, on a lighter note, I want to turn to you and just say that my sister has gotten her acceptance letter from Brock University, and she's debating between yourself and one other organization—a university here in Ontario that I won't name.

Dr. Lesley Rigg: There's no debate.

Mr. Joseph Racinsky: Why should she choose Brock?

Dr. Lesley Rigg: I hope she does.

Mr. Joseph Racinsky: Why should she?

Dr. Lesley Rigg: I think we are an incredibly student-focused institution. When students come to our campus, they become lifelong Badgers. I meet alumni all over the world whenever I'm anywhere, and—

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

Dr. Lesley Rigg: —they love Brock.

The Chair (Hon. Ernie Hardeman): We just had time for the thank you.

MPP Bell.

Ms. Jessica Bell: Thank you to all the presenters. I have questions for all three of you, so my request is that your answers are brief.

My first question is to Lesley Rigg from Brock University. We've heard again and again about universities such as yourselves that have been partnering, collaborating with industry to ensure your training needs—your education needs—are in line with what the workforce is looking for. And we're also hearing that public colleges and universities are just being funded at a level that's sustainable—straight up, that's what's happening.

I'm curious about what this will mean if the funding is not maintained at the level that we need. What is this going to mean for high school students who are looking at getting a spot at an Ontario university? What's the difference between the demand and what's going to be available?

Dr. Lesley Rigg: So the demand is going up. We see an increase in applications, especially in the last little bit. One of the only ways we have of increasing revenue right now is to increase class size and to increase incoming students. So students who are coming onto our campus are going to be experiencing fewer student supports. They're going to be experiencing larger classes, a less intimate learning experience and less opportunities to engage in those skilled opportunities like co-ops, because we just don't have the funding to be able to support doing those activities. But on the other hand, I'm very encouraged by the growth in students. I know that what we do is important and that it's valued, and that increased support will allow us to serve those new students in every way that we've been able to do for the last, in Brock's case, 60 years.

Ms. Jessica Bell: Thanks for that. It's a growing issue, especially when we're going into an economic recession; students do turn to colleges and universities to skill up so they're ready for a changing workforce.

My second question is to John Gamble from Modular Energy Solution—very interesting. I've just got a few overall questions. One is, you're coming at a really interesting time because electricity costs are just skyrocketing. Electricity prices are heavily subsidized by the Ontario government, to a level that's just not sustainable—and energy demand is going up and up and up. Tell me about this: I'm curious to know about the potential for solar. So how much does it cost to produce energy via solar, such as with your product, compared to other energy sources?

1430

Mr. John Gamble: How much does it cost to reduce?

Ms. Jessica Bell: Yes.

Mr. John Gamble: In comparison to nuclear or—

Ms. Jessica Bell: Gas, nuclear, wind, the other main energy sources.

Mr. John Gamble: It's the lowest cost that there is out there today. Your cost per watt is less four to five cents and you—

Ms. Jessica Bell: That's key. When we're talking about being part of a finance committee, it is very key that we think about what is the most efficient way to generate electricity.

The second question I have is around what is the potential. The sun doesn't shine as much as it would shine in Australia, for instance. What is the potential for solar in a province like Ontario? How much could we produce?

Mr. John Gamble: We can produce quite a bit. Ottawa has one of the highest radiations in Canada. Windsor as well. But even the Golden Horseshoe—in all our different projects that we have out there, we get between 1,300 to 1,400 watts per square metre.

Ms. Jessica Bell: What would that mean? Would that—

Mr. John Gamble: It means you're getting between four to five hours a day. Then adding there a new panel and being able to add those shoulder vents, you get an extra one to two hours of power. And by combining it now with battery technology, with the price that has—batteries have gone down over 75% in the last five years. When you combine the two, you can run the average house off-grid, or with a minimal amount of grid anywhere in the province.

Ms. Jessica Bell: Thanks for being a business owner, an entrepreneur in Ontario, in the energy sector. It's extremely important.

My final question is to Cameron MacKay, the CEO of Home Care Ontario. Thanks so much for being here. Remind us again, when you're talking about the cost savings of home care, how does home care compare to an ALC bed in a hospital—

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jessica Bell:—or a long-term-care home or a retirement home? What's the cost difference between these multiple options for people?

Mr. Cameron MacKay: Thank you for the question. I'm sorry if I was too quick to enumerate them. The rough approximations are \$103 a day for home care and—forgive me while I just verify my numbers. I think it was just over \$200 for long-term care, and then it becomes quite expensive for an alternate-level-of-care bed, which is over \$700. So it's a big variance.

Ms. Jessica Bell: It is a big variance—

Mr. Cameron MacKay: And that's—sorry, go ahead.

Ms. Jessica Bell: No, no. Please finish.

Mr. Cameron MacKay: When we were working with Deloitte, that's how we calculated the “return on investment.” We were doing modelling and we said if we invested \$256 million in volumes and the contract—

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

We'll now go to MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair, thank you for the presentations today.

John, a very interesting product you have here. I'm very curious; how did this come into being, and how did your company start?

Mr. John Gamble: The company I founded back in 2010—I actually was working in Germany before that, and I was part of the German solar program. My background is finance, and I was actually over there looking for companies to enlist on the TSX, and I found a solar company. That's how I got into renewables—a long way around.

But how this all started was, the Ontario program—when I saw the German program, in the program we built all these hundreds of megawatts. All the German government got back from it was to pay and not get any—other than the labour; that was it. The Ontario program, at the time, made domestic content; it made total sense to me. They said, “Okay, we're going to invest. We're going to give a subsidy, but that subsidy is going to create jobs.” And by 2013, we had over 100,000 people in the solar business in Ontario. And then, after the WTO cancelled that program, the industry—you know, we're down to a few thousand people and have been ever since.

Our company at the time, we were making glass panels. We really couldn't compete. That's why we looked for something else to do and that's where I came up with the fiberglass technology; I had seen that in Europe. We bought the company, brought it here and started doing the modular housing. We've sold these units to the city of Kingston for homeless shelters and things like that.

But the solar—I kept working in the background, working in the background, trying to figure out how to get it better and take, especially as I said before, the weight factor, and working with groups in Europe, came up with the technology for the skin. That's how we ultimately moved through the phases. We've invested with our partners—and at one time we were a public company; we're now private, there are three owners—over \$50 million to \$60 million in this project to date.

Mr. Rob Cerjanec: And you want to stay here in Ontario, you want to grow in Ontario, you want to expand in Ontario and throughout Canada and export to the world.

Mr. John Gamble: That's correct, 100%.

Mr. Rob Cerjanec: Thanks for doing that. Thanks for coming here. We need a lot of folks like you bringing that here.

Following up on that, actually, Lesley, I want to talk about research and innovation and commercialization and what more can the province do to support Brock University, but I guess also Ontario's university sector, so that we can have more homegrown innovations and new enterprises forming here in the province.

Dr. Lesley Rigg: Excellent question, and it's something that's near and dear to my heart. What universities do best is innovate. You have creative young souls who are in classes with all sorts of ideas, and really sponsoring and funding the innovation, entrepreneurial and the research engine of this province is essential. I would say that the Ontario Research Fund, which is spectacular and has supported many projects at Brock and across the country, coupled with IPON, IP Ontario—Paul Paolatto, who is running IPON, is an amazing leader and has really

worked with universities to ensure that we have funding for innovation and entrepreneurship.

Also, recognizing innovation research for what it is. When I think about something like the grape growers who were here—we have an innovation farm that we are going to be turning the ground on soon. Originally, it was a \$7-million project, half by the Canadian Foundation for Innovation and half by Ontario. We have a matching grant from a donor, so this \$14-million facility will be one of the only clean plant facilities in all of Canada.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Lesley Rigg: So that kind of funding is essential because the grape growers have to replace six million vines a year. Those will all have to be taken from somewhere else. We can now create them in-house, in Ontario, for Canadian vines.

Mr. Rob Cerjanec: Do you feel as though there are some gaps, though? Can we be doing more?

Dr. Lesley Rigg: You can always be doing more. I do think that there are significant gaps in the funding of innovation and research. Also, having a base funding at a university for all of these is what's really crucial.

Mr. Rob Cerjanec: We really need to be doing both.

Dr. Lesley Rigg: Yes.

Mr. Rob Cerjanec: Thank you.

The Chair (Hon. Ernie Hardeman): MPP Brady.

Ms. Bobbi Ann Brady: Thank you to all three of our presenters.

Jim, I want to commend you for your innovative and entrepreneurial spirit and mind, and I wish you all the best.

I've got a very short time here, so I'm going to turn to Cameron. I agree wholeheartedly that home care is the lowest-cost setting and it frees up capacity elsewhere in our health care system. I think you said this, and I truly believe it, that if we can get home care right, we can fix so many things in our entire health care chain and system.

I do fear, however, that there are home care providers who are taking advantage of the current crisis in understaffing in home care and are shortchanging some of their patients while still receiving public dollars. I've talked to clients who receive a phone call from their agency encouraging them to cancel their appointment that day, and as soon as they agree to cancel, it is their ability to then bill. On days like we're seeing this winter in my neck of the woods, it's very difficult to incentivize PSWs and home care workers to actually travel those back roads and provide that service.

I'm just wondering—my issue is that missed visits are a major issue, I believe, in rural parts of Ontario, yet accountability for where that unspent funding goes kind of remains opaque. So my concern is that agencies may be billing the government for scheduled visits that are ultimately cancelled due to the chronic shortage and understaffing of workers. Have you heard about this and what can we do to ensure that public dollars are not being exploited?

1440

Mr. Cameron MacKay: Thank you for the question. Missed care is something that is a central concern of all of

ours. I think every home care provider, whether they're in an urban setting or remote area, strives to provide the best care they can. They make every effort to deliver care when it's scheduled and do it on time. These visits are something that are taken, I can assure you, very seriously on the committee in our sector—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Cameron MacKay: —and providers are required to report all incidents of missed care to government through a formal process.

And in terms of payment, the government does not pay for any missed visits; I can assure the committee of that. If staff aren't being able to make a visit, providers do not get paid. But I take your point.

Ms. Bobbi Ann Brady: Okay. I don't think it's the missed visits. I mean, somebody can say that it's a missed visit, but what constitutes a missed visit? Encouraging an elderly person to agree to cancelling the appointment when they're told that somebody can't come that day should not be billed as a missed appointment. That's my point, and I hope you can take that forward. Thank you.

Mr. Cameron MacKay: I appreciate that. Thank you. I'll take it back.

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

MPP Rosenberg.

MPP Bill Rosenberg: Thank you, Chair, and thank you to all our presenters today.

I'd like to direct my questions to you, Cameron. Coming from a small, rural, northern community, we know how important home care is. A lot of times, distances dictate care. Some of the numbers out there are that 90% of Ontarians stay in their home for their care.

Our government's health system depends on community care, for sure. That's why our government is investing more than \$1.1 billion over three years to support an 8% increase in home care volumes in 2025-26 and to support the expansion and sustainability of the hospital-to-home program.

Can you tell us how you feel this investment has the potential to improve access of quality home care and how relevant it is as we look to continue caring for our aging Ontarians?

Mr. Cameron MacKay: Thank you for the question. The hospital-to-home program—which was announced in the fall economic statement, and that had been going on before, but additional funds were announced—has proven to be a tremendous success. Just for the benefit of the committee and others: The effort is to take people who are in alternative levels of care—I mentioned that earlier; they are people who can be treated outside of an acute care setting. They require intensive wraparound services. These are people who have serious issues but who can be treated elsewhere.

Under our proposal, we are of the view that the investments that we are seeking in addition to the fall economic statement contributions would free up 215 ALC beds—I mentioned earlier to one of your colleagues that I think that's \$703 a day, so times that by 215 and it adds up—as

well as diverting 426 long-term-care beds avoided annually under that scheme.

Those investments that have started four or five years ago have generated tremendous returns. Our consideration now is just to make sure we've got the workforce to continue it, because there is no doubt that the return on investment in home care is unassailable when you look at what the institutions are facing. We just think it's a very smart, practical, efficient way to alleviate stress in the institutional sector, across the board, whether you're in Toronto or if you're in Thunder Bay or in Sarnia or wherever you are—North Bay. There are tremendous investments; 46% is our return on investment through our calculation, through Deloitte.

MPP Bill Rosenberg: Okay. Thank you for that. Our government budget for the health sector for 2026-27 is projected to be almost \$93 billion, to address our growing demand for essential services.

We're very lucky to have Minister Raymond Cho for our seniors. It's very appropriate, because his age is—he's at least 90, but nobody really knows how old he is for sure. But he's very dedicated to his ministry and we see that every day when he's out there.

Our government is investing nearly \$17 million over three years to expand the seniors active living centres by 10%. We aim to promote wellness, social interaction and independence for seniors. We've seen in small communities how that social interaction is a big part of seniors living in their own homes and that success.

How do you think that expansion will help address the needs of Ontario's aging population and strengthen their community engagement?

Mr. Cameron MacKay: Well, my colleague Lori Holloway, who may have spoken to this committee, has a better perspective. She has many members who provide community support services. And these are the kind of—I call it the “ligature” that connects things. Meals on Wheels, transportation to and from the hospital, the things that—you know, as we're getting older and we're alone or if we're not, you know—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Cameron MacKay: Again, it's not different from the home care investments. They're comparatively modest. They're not inconsequential; every dollar counts. I get that. But the home care budget is 6.4% of the overall health budget. Again, it's delivering huge returns. These community support services which are provided by volunteers and community organizations, and through transfer agreements—they're doing incredible work to keep people in their homes.

So it's subtle, it's hard to see, because it's not visible in an institutional setting, but it makes all the difference in terms of people being able to stay in their homes. I commend any kind of community support services, by the way. I think it's terrific, what's being done.

MPP Bill Rosenberg: I know I was—

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

We'll now go to MPP Gates.

MPP Wayne Gates: I'm going to start with John. I just want to say to you: \$50 million to \$60 million you've invested in this. I want to ask just one question right after I say this. This company is from Niagara Falls, just down the road from here, not far from here. So, when you're talking about local and supporting local, I want to say congratulations to you and your partner.

I just want to ask one quick question because I want to get all three. Did you do the tiny homes in Kingston?

Mr. John Gamble: We did.

MPP Wayne Gates: You did. I'll just expand on that. What a great thing that they did in Kingston. It should be taken right across the province of Ontario. We've had discussions here in Niagara Falls about it, but it hasn't gone where it should, as you probably know. But congratulations on that.

Mr. John Gamble: I had the mayor in our facility two weeks ago.

MPP Wayne Gates: Yes. That's why we should go right across the province on tiny homes.

I just want to say to home care: Bobbi Ann is absolutely right. Some of the concerns that I'm hearing is that the building is still happening, even though they don't show up. Home care is what everybody wants to do. I don't know any senior that says, “Can I go spend the weekend in the hospital here in Niagara Falls?” They want to stay home. But they want to make sure when their loved one is being taken care of, that that person is going to show up. That's a problem with home care. It's something that we've got to address. That's my opinion on home care.

I want to say to Brock University: a \$22.3-million deficit. I know what you do in Niagara. My three daughters, my wife, my granddaughter and my grandson have all gone to Brock University. The work you do in Brock University is incredible. The mistake that we're doing for young people in this country—whether it's at universities or whether it's in colleges—they're not funding them. You can't say you want to have a world-class workforce and not fund our colleges and universities.

So, I'm going to ask you a question. What is needed to ensure that Brock can continue to meet the Niagara region's workforce and economic development needs?

Dr. Lesley Rigg: Thank you for that question and for those wonderful comments.

We need to have flexibility in a funding model. First of all, we need to have a funding model that we know will be consistent over the year so it can be predictable, so we know how to budget and plan. But that funding model—since our tuition was frozen since 2019, we've lost \$100 million in potential revenue.

We're not asking for massive increases; we're asking for base funding that tracks inflation and for other flexibility and revenue levers associated, potentially, with the programs and what we are able to charge.

1450

We are not a for-profit entity. We want to be able to break even so that we can supply our students with the opportunities that we should be giving them so that they can have co-op experiences and contribute to industry, so

that we can keep commercialization here in Ontario from the IP that we're generating, so that we have the ability to work with industry in the way that we have in the past, so that we continue to make innovations and be able to support the things that we've heard today in terms of health care, solar panels and engineering solutions.

We need to have the funding, and we need to have it urgently. There are many institutions across this province, just like Brock, who are doing amazing things in their region. The blue-ribbon panel and our KPMG review, which we had last year, showed that even if we implement all 72 recommendations that they made—fully implement them, all the efficiencies—we would not fill the gap. We're not asking for more than we need; we're asking for what we need to educate our students, because what we're doing is transforming lives and preparing everybody for the future. That is critical now.

MPP Wayne Gates: I agree. I think any government—I'm not just picking on the ones that are across me—should be ashamed of themselves if this is what's going on in our education system. Our young people are our future. Our young people are our advantage. We need to fund our colleges and universities. I can't say any more.

The Chair (Hon. Ernie Hardeman): One minute.

MPP Wayne Gates: I want to go back to home care. There's something that I think is important: If you want home care to work, we've got to make sure that we pay our caregivers, who are suffering taking care of our loved ones. They're losing their jobs. They've got to take time off work. They're hurting financially.

We have 3.3 million caregivers in the province of Ontario. If a province like Nova Scotia can pay \$400 a month to offset some of these charges, then the richest province in this country should be able to do the same thing. I don't know if you agree with paying caregivers or not, but I'll ask that. And go quick, because you've got 12 seconds.

Mr. Cameron MacKay: Is that for me, MPP Gates?

MPP Wayne Gates: Yes.

Mr. Cameron MacKay: That's why we're encouraging the tax credit to be more accommodating for people that are paying out of pocket or having their family fund it. I agree with you. We need to do everything we can to ensure that people can—

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

We'll now go to MPP Smyth.

MPP Stephanie Smyth: It's nice to see you all here today. It's so interesting to look at the things going on: innovation, potential innovation and then dealing with the situations with—I'm going to start with home care.

Cameron, the narrative emerging today and most days is, we hear the concerns about the workforce in health care, home care—you name it—and everybody is so right. We all want to see our loved ones age in home. So to any initiatives that have started with this government, I commend them. For people able to get some home care right now, it's fantastic. If you have an aging parent, we all know that's our dream: to keep them at home.

I think MPP Rosenberg was going to say that he worked for Meals on Wheels for a bit. Who hasn't, probably, dedicated time to Meals on Wheels? In my riding of Toronto–St. Paul's, there's a funding cut to Meals on Wheels, which, to me, is astonishing, because not only is it an amazing way to provide affordable meals to people aging, but now they're trying to reach other populations as well. It's absolutely critical and works in tandem—I think, Cameron, you'd agree—with home care.

My question about home care is, everybody truly believes in it, but how can we possibly fund it? When you look at it, you can get home care at certain times of day for certain instances, but sometimes you require around-the-clock care. How doable is that with the funding that we see from the government, and is that even included in your model?

Mr. Cameron MacKay: Well, thank you for the question. Ontario Health atHome, which is the agency that adjudicates what we call “volume,” will have clinicians, nurses, experts who will determine what level of care can, and should, be provided through the public system. You're absolutely right: There are families—maybe yours is one of them; mine certainly was—where we've augmented that care to make sure that, if there were any gaps, that they were accommodated.

We talked about the hospital-to-home program. That is a very intensive program. So, again, if you're being discharged from hospital, you're in an alternative level of care bed, there will be wraparound services for that particular patient. As it stands, people are improvising, but they're making do.

The volumes that were added over the last number of years are really—we're talking about 10,000 hours of new—that's material, and so we're getting there. I think that policy-makers are alert to the fact that people—their acuity is going up, and if we keep people at home, we're going to have to provide more hours of service.

MPP Stephanie Smyth: Right, because right now what you're saying is, people are paying out of their own pocket to make up for the hours that aren't able to be covered.

Mr. Cameron MacKay: Some are, and some are relying on the public service exclusively.

MPP Stephanie Smyth: So what level of provincial operating funding do you think is required in this budget 2026 to just at least maintain what we're seeing here or somehow maintain that workforce and level of care that we're able to see?

Mr. Cameron MacKay: We're looking for a \$256-million investment for contract rate increases for front-line workers, and we're looking for a \$32-million increase for therapies, and I mention therapies were particularly under-subscribed or we've seen a lot of flight—in fact, I just pulled up a graph that was supplied by Ontario Health not just a few weeks ago. It was an HR survey. I'm looking at the average vacancy rate across the categories, some dietitians, personal support workers etc. The average is 8.93% for average vacancy. In therapies, we've got 26% for occupational therapies and almost the same, 26%, for

language. So it's just something we really need to address. We think that \$32-million targeted investment would significantly help reduce that 6,200 person wait-list, so we're very targeted about it.

MPP Stephanie Smyth: Thank you very much.

I want to move on to John with Modular Energy Solution.

The Chair (Hon. Ernie Hardeman): One minute.

MPP Stephanie Smyth: I kind of felt like I was on Dragons' Den for a minute there watching your presentation, admittedly not knowing a lot about solar. I see what you are doing right now, and it's just so commendable and amazing. Entrepreneurs are so important.

Let's talk about your wish list. What's your ultimate vision? You're going to have about 40 seconds—I'm sorry; apologies to Brock University—your ultimate vision for the province, what you need to do it and make it come true.

Mr. John Gamble: The ultimate vision is that we can put solar on every building. You can put it on the outside of the building so we can create as much power as we need. We don't really need as much nuclear. Reduce that cost and use our sun to power ourselves.

It's been done in many other places around the world. Solar is the number one power provider. We wanted to start putting in—we talk about data centres—

The Chair (Hon. Ernie Hardeman): Thank you very much. She didn't give you quite 40 seconds.

MPP Brady.

Ms. Bobbi Ann Brady: Lesley, I'll move over to you. Forgive me for asking this, and please don't feel alone; I've asked this question a few times during pre-budget consultations, including as recently as yesterday, when I asked the Council of Ontario Universities. That's my disclaimer. My understanding is that we have more and more domestic students wanting to enter our institutions.

I want to support your cheerleading on Brock because it has long been a fantastic place to receive an education locally and regionally. I know a lot of my friends attended Brock, from Norfolk county, so I think to my colleague across the table—his sister should jump on that acceptance letter.

Now that I've sweetened the deal here, I'm going to move into my controversial question. It comes from some who believe that our Ontario universities are essentially holding the domestic student spots hostage to force the province and the government to end the 10% tuition cut and freeze. How would you respond to that sentiment? Why can't colleges and universities just make it work like they used to?

Dr. Lesley Rigg: That is a really good question. What I would say is, absolutely, I can guarantee you 100% that Brock University is not holding domestic students at bay. We know the importance of educating. We are of the Niagara region, not in it. We formed because of the people of Niagara.

The majority of our students are domestic students. We have only between 9% and 11% international. It's a little bit lower right now. We have very intentionally brought in

international students with an eye to globalization but not an eye to filling our budget.

1500

So, our domestic students are our bread and butter. They are the reason we exist. They are our passion.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Lesley Rigg: We are looking to increase our domestic enrolment. In fact, we're predicting a 4.9% increase in our domestic enrolment this year. For every 1% increase, it's a million dollars to our bottom line.

It serves two purposes: It keeps us domestic—it makes us do what we do so well—and it does help our bottom line. So we are not holding them hostage. Doors open; dorm beds are there for them. Our teachers and our instructors are waiting to work with them—so, absolutely.

Ms. Bobbi Ann Brady: Amazing. You stole my thunder on—I know that you guys have historically maintained lower international enrolment. How long can you continue to kick the can down the road? Have you already closed departments and cut programs?

Dr. Lesley Rigg: We have cancelled 450 sections of classes in the last three years. We are combining smaller classes into larger classes. We have done a series of efficiencies in constricting, I would say—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question. It also concludes the time for the panel.

We thank all the participants for the time you took to prepare and the time you took to be here with us today to help us along with our public consultations. Thank you very much.

NIAGARA HOME BUILDERS'
ASSOCIATION
CANADIAN UNION OF PUBLIC
EMPLOYEES
ONTARIO ASSOCIATION
OF CARDIOLOGISTS

The Chair (Hon. Ernie Hardeman): As we're switching the panel, our next panel is the Niagara Home Builders' Association; Canadian Union of Public Employees, Ontario; and Ontario Association of Cardiologists.

As we're going forward, each presenter will have seven minutes to present. At six minutes, I will say, "One minute." At seven minutes, it will be over. We ask each participant to identify themselves as they start their presentation to make sure we can attribute the presentation to the appropriate name through Hansard.

We will start with the Niagara Home Builders' Association. The floor is yours.

Mr. Chuck McShane: Good afternoon. My name is Chuck McShane, and I am proud to serve as the chief executive officer of the Niagara Home Builders' Association. I would like to begin by thanking the Ministry of Finance for the opportunity to speak with you today.

Our association represents 170 member companies, including builders, developers, professional consultants and

service providers. For more than 70 years, we have been the collective voice of the home-building industry and the new home purchasers in the Niagara region. We are also proud to be members of the Ontario Home Builders' Association and the Canadian Home Builders' Association.

We commend the government for the significant work undertaken to advance Bill 17 and Bill 60. These are important steps forward. However, there is still much more work required if we are to truly move the dial and enable our industry to deliver the housing Ontario urgently needs.

Today, I would like to highlight two priority items for the committee's consideration, both of which are essential to achieving our housing targets and restoring affordability.

First, the south Niagara waste water treatment solution: The home-building industry fully supports the Niagara region's request that the governments of Ontario and Canada each provide one third funding for the south Niagara waste water treatment plant, a critical piece of growth-related infrastructure. Provincial projections estimate that by 2051, Niagara region will be home to 689,000 residents and 272,000 jobs. The existing waste water infrastructure in south Niagara does not have the capacity to support this level of population or economic growth. With an estimated capital cost of \$400 million, the south Niagara waste water treatment plant represents the largest investment in Niagara region's history. Support from senior levels of government is essential to move this project forward and unlock the housing and employment growth our region has been planning for.

The second, PST relief on all new home sales in Ontario: The Niagara Home Builders' Association and the Ontario Home Builders' Association are calling on the government to provide immediate PST relief on all new home sales and substantial renovations and to make this relief retroactive to May 27, 2025.

For this measure to be effective, the relief must be applied at the point of purchase, reducing the purchase price before closing, rather than issued as a rebate after closing, so buyers can actually qualify for financing.

Ontario currently has the most unaffordable housing market and land costs. Chronic undersupply and excessive taxation have pushed home ownership out of reach for too many families. Without decisive government action, this situation will not improve.

Today, taxes account for approximately 35% of the cost of a new home. These costs are passed directly on to the consumer and embedded in their mortgage. Many of these taxes, including the PST, apply only to newly built homes. New homes are taxed at rates comparable to tobacco and alcohol. We do not believe that achieving home ownership should be treated as a luxury or a sin purchase.

The construction industry is now in a full-scale affordability and viability crisis. There are currently 37,000 completed new homes sitting unsold, and housing completions projected for 2026 are expected to fall to just 42,000 units—half of what Ontario delivered only two years ago.

Without intervention, 40,000 jobs are at risk within the next six months. Builders have gone to extraordinary lengths to retain skilled trades, keeping workers on payroll despite underutilization, to prevent them from leaving the industry altogether. However, even the largest builders in Canada can no longer sustain this.

The proposed PST exemption for first-time homebuyers impacts less than 5% of all new home sales. This will not protect jobs, stimulate construction or meaningfully address affordability. By contrast, removing the PST on all new home sales would stimulate the construction of 53,000 new homes, generate \$42.4 billion in economic activity, add \$10.6 billion in wages and contribute \$20.7 billion to Ontario's GDP. Most importantly, it will reduce the price of a new home by the average of \$60,000 for buyers across the province.

We're also asking the province to adopt the federal government's 90% threshold to define a substantial renovation and to exempt those projects from PST. This change would support aging in place, modernizing our housing stock, enabling additional dwelling units and protect skilled construction jobs.

We understand concerns that PST relief would cost the provincial treasury approximately \$1.8 billion; however, the reality is that unsold homes generate zero tax revenue. These homes are not selling at current prices and without action, they are unlikely to. The province cannot lose revenue it was never going to collect.

With a bold leadership, governments of all levels will also forgo future assessment growth and revenue needed to fund public services. Removing the PST on all new home sales would turn today's zero-revenue environment into an engine for jobs, investment and economic stability.

It is the only policy lever that delivers a meaningful, near-term reduction in home prices for all families—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Chuck McShane:—trying to live in the communities where they work. Let me be clear: Without action, Ontario's residential construction industry will lose more than 40,000 direct and indirect jobs and \$5.3 billion in economic activity.

All Ontarians, regardless of age, occupation, political affiliation or postal code depend on access to a reasonably affordable place to call home. If Ontario cannot provide this basic human need, the long-term cost to the provincial treasury will far exceed the PST relief that we are requesting today.

Thank you for your time and your consideration. I look forward to your future questions.

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

Our next presenter will be from the Canadian Union of Public Employees Ontario. The floor is yours.

Mr. Fred Hahn: Thanks very much, Chair, and to the members of the committee for the opportunity to appear today.

I am here representing CUPE Ontario, the Canadian Union of Public Employees. We represent more than 300,000 workers in every corner of the province—people who keep

our province and long-term-care homes running, our schools open, water flowing and communities functioning. Our members are not abstract shareholders; they are your constituents; they are the people who others in Ontario rely on everyday.

1510

We have a full brief that is quite detailed in front of you. I'm going to do my best to try to summarize it. Budgets are not neutral documents; budgets are moral documents. They reflect priorities, they reveal values and they show us clearly who government is prepared to invest in and who it is prepared to leave behind.

Ontario is at a crossroads. The decisions made in this budget will determine whether the province continues down the path of austerity, privatization and growing inequality, or whether it finally chooses to invest in people and services that make Ontario work.

For years, Ontarians have been told that the government is making historic investments across society, in services, in the infrastructure and in everything in between. But the data doesn't support that claim; in fact, it shows quite the opposite. When adjusted for inflation and population growth, the rising costs of service delivery programs, spending has remained stagnant and is projected to decline in future years. These are your numbers, fact-checked by the Financial Accountability Officer and the Governor General.

In 2025, this government spent less per every Ontarian in real terms than it did when it took office in 2018. It's not because there isn't enough money. Ontario doesn't have a spending problem; it has a revenue problem by design, created through deliberate political choices.

Ontario is one of the most wealthy jurisdictions in the country, and yet according to province's own data, including analysis from the Financial Accountability Officer, we collect the least in revenue per person compared to any other province in Canada. This confirms that any supposed fiscal crunch is actually self-inflicted. We are a wealthy province and we're choosing not to collect revenue. As a result, we're choosing to provide a lower level of public service.

At the same time the schools, hospitals and social services are told to tighten their belts, billions of dollars are flowing out the door through corporate tax cuts and tax expenditures. These tax expenditures now exceed what the province spends on the entire public education system or post-secondary education or social services, combined.

If the government is serious about financial responsibility, then we need to be honest about where the money is going. Tax expenditures are, in fact, spending. They're just simply spending without transparency, without oversight and without public debate.

Ontario has options. Restoring corporate tax rates even partway towards where they used to be would generate billions in stable, predictable revenue. Rolling back ineffective corporate tax breaks would free up funds immediately. These aren't radical ideas; they're practical choices that would allow Ontario to fund public services properly without asking working families to shoulder the burden.

That brings me to fairness: Ontario's tax system punishes work and rewards wealth. Many working families earn modest incomes and leave a great deal of it to taxes and benefit clawbacks when compared to higher income earners in our province. Put plainly, people who earn less pay a larger portion of their share of total income in taxes than people who earn far more. That's not fairness. A fair system should recognize that those who have more should pay more. It should reward work, reduce inequality and fund services that people rely on, but Ontario's current system does the opposite. This government has the chance to fix that.

The second major choice facing the province is privatization across Ontario. We see the same pattern repeated again and again. Public services are underfunded, workers are stretched thin, systems are destabilized and then privatization is presented as the solution. But the evidence is clear: Privatization doesn't save money; it costs more and delivers less, and it weakens accountability.

In health care, the province is paying private clinics significantly more per procedure than if those same procedures were done in our public hospitals, even while wait times grow. After suppressing wages and driving workers out of the public system, the government is now paying private staffing agencies to hire those same workers back at two and three times the cost. It's not innovation; this is public money being redirected to private profit.

In social services, employment supports are being outsourced to multinational corporations whose incentive is not long-term stability or community well-being but short-term outcomes that trigger payment. Poverty is being treated as a business model and now we're seeing the groundwork being laid for the privatization of water and waste water systems starting in Peel region that pose real risks to communities across Ontario because water is not a commodity; it's a life sustaining public infrastructure. Turning it into a corporate asset is a dangerous gamble with public health and public safety.

The third major issue I want to raise is Bill 124 and the ongoing failure to fully remedy its damage. Bill 124 was unconstitutional. Its harm is well documented: It suppressed wages, drove workers out of critical sectors and made recruitment and retention far worse. Many public sector workers have now received wage remedies, but tens of thousands of social service workers—predominantly women and often racialized folks—are still waiting.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Fred Hahn: They deserve the same remedy as other workers. Taken together, these issues tell a single story: Ontario is being governed as if scarcity were inevitable. We're giving billions away, public assets are being turned over to for-profit models and workers, we're all just told to accept less.

The budget's an opportunity to make different choices. It means fixing the revenue side of the ledger. It means rejecting privatization schemes that cost more and deliver less. It means investing in services that help Ontarians. The question before the committee is not whether Ontario

can afford to make this change; the question is whether or not the government will choose to do it. Thank you.

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

We will now go to the Ontario Association of Cardiologists. I believe we're on the screen virtually. The floor is yours, sir.

Dr. John Parker: Good afternoon. Can you hear me all right?

The Chair (Hon. Ernie Hardeman): Yes.

Dr. John Parker: Thank you for having me speak. I represent the Ontario Association of Cardiologists. I'm a cardiologist at Mount Sinai Hospital, also at the University Health Network. I've been in practice here in Toronto for 33 and a half years. I work both in the hospital—actually, I'm sitting in the hospital today speaking to you—and I also work in an ambulatory clinic.

Today's conversation is going to be a little bit about things that most people aren't aware of relating to health care delivery in the community. A lot of what's seen in the news and what people are aware of is the really excellent hospital-based health care system we have for cardiology patients. I've been fortunate enough to bear witness in my 30-odd years here to massive improvements in both provision of care, quality of care, what kind of things are done to manage people with acute cardiology problems. And in many cases, this is truly life-saving. I'm actually very proud of this system that has been built up around me and to have played a little role in that.

What's less recognized is that actually beginning in the 1990s, more and more ongoing cardiovascular care occurred out of hospitals. In particular, in larger cities in Ontario, physicians began to set up outpatient clinics—not just a single physician working in an office but actually grouping together in variable numbers to set up cardiology-specialized ambulatory care clinics. This is where the majority of cardiovascular care actually occurs now outside of hospitals. This is less well recognized, and I think even until recently it was less well recognized by the Ministry of Health.

To give you an idea: We did some analysis from 2019 to 2020 and were able to show by looking at billing records, which define where the care is taking place, that fully 54% of all initial cardiology consultations occurred in these non-hospital settings, and 72% of follow-up care actually after initial consultation occurred in these ambulatory clinics. This number is only growing. I can tell you, for someone who does clinics both in and out of the hospitals—and I can speak across the whole province because I'm quite familiar with the system—the hospitals would in no way be able to now absorb this large majority of cardiovascular care which occurs on an ongoing basis.

The reality is that all of these clinics are actually funded by two sources of funding, all of which flow through OHIP: One is the technical fees related to doing testing and the other are the professional fees of physicians who are seeing the patients. With those overheads charged to physicians that aren't owners of the clinic and the technical fees that the clinic receives from doing testing, they

must cover their lease, all the equipment, equipment maintenance and a whole list of things. And these funds have actually rapidly fallen behind the rate of inflation.

1520

In the last two years we've seen a significant increase in funding for the first time since 2015 and, in fact, physician fees essentially didn't change from 2015 to 2023 and are still 25% to 30% behind the rate of inflation as posted by the Ontario government. The lack of ability to pay staff well has led to recruitment problems in particular for support staff at these clinics.

I point this out not really as a complaint but to highlight the fact that the system is fragile, that in fact if you really recognize that truly the majority of ongoing primary prevention cardiac care, post-event cardiac care, dealing with chronic disease occurs out of hospital and could not be absorbed by the hospital, I think we have to be very cognizant of the fact that it's a system which needs to be supported.

The physician funding is all wrapped up into agreements that usually are three and four years in duration, which is a negotiation between the OMA and the Ministry of Health. We would ask that the government ask questions and get more information about how the Ministry of Health plans to fund, or not to fund, this very important, critical management system of the majority of patients that need cardiac care in the province.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. John Parker: Certainly the profession is more than willing to work with both the Minister of Health and with the government to try and give more information and highlight the importance of the system. But if it was ever to really become so fragile that those clinics began to close because they were simply fiscally not viable, this would create an enormous problem for patients and their caregivers in the province.

The Ontario health care system is actually a fantastic system. I trained five years in the United States, and I never planned to stay there. The United States system is a bad model, without question. I think the Ontario system is a great model, but it does have certain fragility which needs to be taken care of.

That's really the point I wanted to make today, and I'm happy to take questions if there are any. Thank you for the time.

The Chair (Hon. Ernie Hardeman): Thank you, Doctor, for your presentation. That concludes the presentations.

We'll start the first round of questioning with MPP Bell.

Ms. Jessica Bell: Thank you so much to the presenters for coming here today. My hope is to have questions for all three of you if I have the time.

My first question is for Fred Hahn, the president of CUPE Ontario. Thanks so much for being here and representing 300,000 workers. You are the first person that has come in during this pre-budget consultation that has talked about not just the spending but the revenue—the first person. Everyone who comes in says, "We need this, this and this." There is a conversation around efficiency on occasion, but we have not talked about the revenue

piece, which I think is critical, especially with the debt levels that we are in and the growing needs of Ontario.

Can you talk a little bit more about some of the revenue proposals that you have made in your presentation? I see here there is some interest in looking at the corporate tax rate. I'm also wondering if you have recommendations around the capital gains tax.

Mr. Fred Hahn: I think this is an incredibly important part that is often missing in budget discussions, because people think about budgets as what we spend and not necessarily what we take in. I'll just remind us all that when compared to other regions we are leaving money on the table. We collect the least amount per person compared to every other part of our country, and yet we are the largest and have the most diverse geography and need to deliver services in a whole range of ways. That results in us spending the least per person than any other region. I feel like most people in Ontario, if they knew that, would feel like, "Wait a second. I feel like they should spend the same amount on me that they spend on people in Saskatchewan or BC or Quebec. I feel that's just a rational thing."

But, you know, you've got to pay. The money has to come from somewhere. Our corporate tax rate is chronically low. It could be adjusted. This could be done in a way that would—it's quite clear; corporate profits continue to rise at enormous rates. CEO wages—CEOs have to work, I think, an hour or two before they make most people's average wage for the entire year. There is money there, and actually, those corporations benefit from us collecting that money as a government and investing it in the services they need, not just the roads to move their goods, but the health care system that look after their employees. All these things matter; it's what we used to understand as fundamental in Ontario. The capital gains stuff, if I own a piece of property and, on paper, the property is now up in value or decreases in value. It's a paper transaction. It's got nothing to do with any real cash, but I get to claim an exemption for that. If I buy box seats at a hockey game for some of my customers, I get to have a deduction for that.

I think there is a review that is necessary because there are billions of dollars in exemptions. And again, those resources could be used to invest in our hospitals, so people aren't on stretchers in hallways. It could be invested in our schools so that workers there aren't facing violence, never mind the other kids. It could be invested in our social safety nets so people aren't having to live in parks at the end of our streets. This is about real choices. This is not something that would hurt our economy. In fact, small businesses, community businesses and large corporations all benefit from investments in public services. We're leaving money on the table, and that's a shame.

Ms. Jessica Bell: Thank you for that. We have had industry leaders, chambers of commerce come in and speak to the value of having high-quality infrastructure to build more homes, the need to have good hospitals and health care to attract workers—the same goes for schools. We want workers here; they want to make sure their kids are

going to a good school. There's certainly a balance that needs to be had there and us having the conversation about revenue—I mean, we're the NDP—but having a conversation about revenue, I think, is really important.

The second question I have is to Chuck McShane from the Niagara Home Builders' Association. Thank you so much for coming here. Before I was a finance critic, I focused on housing. I'm very interested—

Mr. Chuck McShane: Excuse me. My hearing isn't the greatest, so if you could get a little closer to your mike, I'd really appreciate it. I'm sure Mr. Hardeman will, too.

Ms. Jessica Bell: Sure. Thank you for that feedback.

I'm very interested in what we can do to increase housing starts but also to make sure that the housing starts that we are building are in line with what Ontarians need.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jessica Bell: I do have some clarifying questions. The one question I had was, you mentioned that if we take the PST off the table it would reduce revenue by \$1.2 billion—that's how much it would cost—

Mr. Chuck McShane: It's \$1.8 billion.

Ms. Jessica Bell: Thank you for that.

The second question is, I'm very interested in low-cost measures that we can take to really spur the kind of construction that we need. Does your association have any position on zoning changes, regulatory changes, to spur the construction of missing middle housing or purpose-built rental?

Mr. Chuck McShane: Definitely. We do zoning changes to get more units on a piece of property if that's what's going to work and that's what's going to sell. Right now, you can see what happened in the condo market in Toronto—

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

We'll now go to MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair: Thank you all for your presentations today.

Chuck, you come to the table with some very interesting ideas. Last year, I raised some of these things in the Legislature, calling on the provincial government to take the HST off of new construction, to take the land transfer tax off of new construction, as well. And then also to cut development charges, but make municipalities whole so that we can fund things like the south Niagara water/waste water treatment plant.

We've seen the provincial government move a little bit and say, "Okay, we'll take the provincial portion of the HST off of a new home for a first-time homebuyer." I think that's a good step forward but a couple of days later we saw the Premier of Ontario say we should be taking this off of new homes. I'm glad the Premier agrees with me and agrees with you on this.

You make a really good point as well, because if we're not building the housing, there's no money to be collected, at the end of the day, so the provincial budget is not going to be in a good place. I'd rather those construction and skilled trade workers be able to have jobs and be on job

sites and paying income tax, as opposed to collecting unemployment insurance.

Do you think the provincial government should also think about taking the land transfer tax off the sale of new construction?

Mr. Chuck McShane: That's another item that we would definitely look at. I think the PST is the big one right at this point in time, that we're looking for. We want to sell more homes. We want to put people in homes. That's the dream of everybody, right? That's the big thing. If, by reducing the price of the house—the taxes right now, that are paid on housing with the infrastructure dollars, the DC charges, all the other stuff is equivalent to the downstroke that somebody has to put on a house right now. So they're really not coming to the table and putting—they're putting a downstroke in there. They really haven't even bought a two-by-four at that time.

1530

We've talked about development charges for many, many years. Eliminating the PST on all new home purchases, for all home purchasers, will help drive that forward.

Less than 5% of all new homes are purchased by first-time home purchasers. That's the big thing in this question right here. That's why it has to go clear across the board. It's like when you turn 16, you buy a used car and then you move up. It's the same thing with housing.

Mr. Rob Cerjanec: Yes, absolutely. Are your members laying off workers right now? Is that happening?

Mr. Chuck McShane: We have some members that are projecting layoffs, especially within the next month or two, because we really can't dig any holes now. We've got frost and everything else. Normally, they would keep them because they would be afraid that they would just jump ship and go to somebody else, but there's nowhere to go, and that's clear across Ontario. I'm sure the unions are seeing it, as well, in the condos.

Mr. Rob Cerjanec: So building housing is not like a light switch. When you turn it on, it just doesn't appear tomorrow; it takes time to do that. If the province were to make these changes, when would you see that impact in terms of new homes being constructed, purchased and occupied?

Mr. Chuck McShane: Well, first and foremost, with the inventory that's out there, we'll start to see that stuff fly off the shelves. That's what we want to do, is get the stuff flying off the shelves. We want people to move out of their parents' basements, right? Or we want their parents to move out, and the kids can stay there and the parents can go to the new place—once again, the second-time purchaser.

So that will start flying. That will put more certainty within the market. Even with all the uncertainty that we have here in Canada—and that's not caused by us; we all know that. But at the end of the day, to put certainty back in the industry, because there isn't—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Chuck McShane: I think we would see a lot more deals closed as soon as that happens.

Mr. Rob Cerjanec: What do you see as the average new home price here in Niagara region, or what kind of product do you think your members would be building if we were able to make this change?

Mr. Chuck McShane: Right now, ground-level is what people want. People don't move to Niagara to live in high-rises, right? Or, you know, even if seniors are downsizing and everything else, they're going to want to be in a town, right? A small, little bungalow, condos—not a condo building but cul-de-sacs and all that. That's ground-level. People who move to Niagara, and especially our youth, don't want to raise their children on a balcony.

Mr. Rob Cerjanec: Yes. And we want people to—

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

MPP Brady.

Ms. Bobbi Ann Brady: Chuck, I'll continue on with you. I agree with you and your passionate presentation. I support your asks. Perhaps this is more of a comment than it is a question, but I think some of your concerns reflect a critical tension between provincial housing targets and municipal financial solvency.

I'll repeat what you said: The south Niagara waste water treatment plant—correct me if I'm wrong—is budgeted at \$400 million?

Mr. Chuck McShane: Yes.

Ms. Bobbi Ann Brady: And you're asking for a third from each level of government, which is about \$145 million from this government.

Mr. Chuck McShane: Close—I mean, the numbers are changing every day. You know how the CIP is, and everything else.

Ms. Bobbi Ann Brady: Yes.

Mr. Chuck McShane: Now, I give the government credit, because they have said that if the feds come on board, they're on board. I think, somehow, if we can get this government, who have worked with our industry extremely well in the last six or seven years and done so much, to help us move forward on this somehow—if we have to, down here in Niagara, do some different funding models for the other third if the feds don't come through, then we need to start this sooner than later. We can't wait until we need to hook up the hospital to it.

Ms. Bobbi Ann Brady: Right, so the point I'm trying to make is this is not a unique ask. This is not a unique ask. I've just returned from ROMA, and every time I go to ROMA or AMO, I hear municipalities conveying their struggles with respect to infrastructure upgrades, and they're drowning. That's what mayors tell me, that they're drowning. So, given that Niagara's debt burden is forecast to double over the next five years and development charge revenues have been significantly curtailed by provincial legislation, do you think that regions like Niagara and municipalities across this province will be forced at some point to halt new development approvals and say no to new growth to protect the solvency of existing taxpayers?

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Chuck McShane: Yes. You know, I don't know if it would get that drastic. I think, when you go back to

development charges, the government has been quite clear on that, and they actually did the deferrals, which is a huge thing, because now the developer doesn't have the finance—or the builder.

I think the big thing, when we talk about development charges—and we do want to reduce the price of housing and get more stuff put in the ground—we need to deal with the needs and not the wants from now on. And within the development charges, there are a ton of wants and not needs, and the needs are being eliminated. Big, fancy community centres; big, fancy arenas; additions to libraries and everything else: They should come secondary. That should not be part of buying a home. Back in the old days, when we wanted to build an arena, we—

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

MPP Smith.

Mr. Dave Smith: Thanks, Chair, I appreciate that.

I'm going to start with CUPE. Fred, do you have any academic papers that support your notion that we're leaving money on the table with corporate income tax? And, actually, I'll answer that for you: The answer is no. Because I am currently working on a PhD on corporate income tax and the effect on the jurisdictional GDP and the economy, and there isn't a single academic paper for the North American market. My thesis, when it's published, will be the first. So could you tell me how you came up with the idea, then, that Ontario is leaving money on the table with corporate income tax?

Mr. Fred Hahn: Sure. I mean, there's some basic stuff, but I'll just—I don't want to debate you about your academic credentials or career, but I will say there are lots of organizations, like Canadians for Tax Fairness, which have done a lot of academic work in relation to the challenge of the taxation system, not only federally but provincially. The truth of the matter is that when we compare ourselves to other jurisdictions, we're leaving money on the table and, as a result, people are shouldering the burden. People can't afford to buy homes because they're having to pay more for their health care. This is all connected.

So our corporations here in Ontario are doing quite well. They're generating profit. They can afford to pay more in order to ensure that they, themselves, and all of us have services we need. And I would say that some of the tax breaks that have been brought in—I understand that there are academic streams of thought that think that tax cuts are programs. They're not. There's no guarantee that a tax cut actually generates the same kind of economic activity that an investment that is actually transparent and controlled by government, that could actually generate a measurable set of services for people—the value there is quite important.

It is the way we built Ontario. It's how we got the bridges and the hospitals and the roads and the schools and the things that we all rely on today. It's how we didn't have to choose, in communities, between hospitals and water infrastructure or libraries, because we actually had a taxation system that had people who made more pay more

and corporations who made big profits paying their fair share.

I think, in the challenging days that we're all in, when we're talking about defending our province, we need to think about the best way to strengthen our province, and the way to do that is to make sure that we're actually collecting taxes from people who can afford to pay it and corporations who can afford to pay it, and reinvesting that money back into the things people need. That's what made Ontario a great place to live and it can keep Ontario a great place to live.

Mr. Dave Smith: So we've seen our revenues increase by just over \$50 billion without raising a single tax in Ontario. In fact, we've had some tax cuts; we've had some reductions in expenses for people. But we've seen a growth of \$50 billion. I point out that the Isle of Man, a country that has a zero corporate income tax, actually has a much stronger economy comparative to everyone else as a result of that. But I'm going to shift to some other topics.

1540

We heard a presentation earlier this week from an association or a group who came in that wants to deal with some of the racism and some challenges that we're seeing. Their proposal to us was to have some mandatory training around racism for all public servants, and it was specifically based around anti-Semitism and the IHRA definition of anti-Semitism. Would you be supportive of an anti-racism training program that was mandated for Ontario public servants, specifically around anti-Semitism?

Mr. Fred Hahn: Well, I guess I would wonder how the government intends to pay for that when, in Niagara, we're losing, I think, over 100 health care workers because there isn't enough money in the system.

Every day in schools, because we represent support staff in schools who—

Mr. Dave Smith: The question is about anti-Semitism—

Mr. Fred Hahn: The question becomes how would we—

Mr. Dave Smith: —and would you be supportive of—

Mr. Fred Hahn: —so you would want to pay for—

The Chair (Hon. Ernie Hardeman): Order. One at a time.

Mr. Fred Hahn: Thanks.

The Chair (Hon. Ernie Hardeman): You can cut him off, and if he wants it, it's the member's time.

Mr. Dave Smith: Thank you.

The question was specifically: Would you be supportive, would CUPE be supportive, of anti-racism training, specifically around the IHRA definition of anti-Semitism?

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Dave Smith: Would you support that training for your CUPE members?

Mr. Fred Hahn: The IHRA definition of anti-Semitism is not globally accepted, nor should it be. Anti-Semitism is a scourge, as is Islamophobia, as is transphobia. We would support our members and others, like government ministers, getting appropriate training. But training that doesn't actually help to bring our communities together is not something that we would support.

Mr. Dave Smith: How much time is there, Chair?

The Chair (Hon. Ernie Hardeman): Thirty seconds—28 seconds.

Mr. Dave Smith: Thank you. We'll pass it over to the next round.

The Chair (Hon. Ernie Hardeman): MPP Gates.

MPP Wayne Gates: This is actually to the two of you, and I want to get to the doctor as well.

It's critical in Niagara that we get our waste water treatment plant done. How we get there—the region has already committed. The government should commit and figure out how we get it done. Our waste water treatment plant is falling apart. We can't build homes if that waste water treatment plant breaks down. It's held together with a string.

Thirty thousand unsold homes in Niagara? That's crazy—40,000 jobs potentially being lost. I want to say, without a doubt, there is no shortage of skilled trades—good workers and great companies—Rankin; Mountainview Homes in Niagara. And yet, we learned yesterday there were only 62,000—a little over that—housing starts last year in Ontario, well short of the target of 150,000, and 37 of them right here can't be sold.

This is where the two of you come in: Niagara's waste water system is aging. It can't support growth. Our mayors are saying that without new infrastructure, housing is delayed, costs go up, and families face higher rates and bills. From your perspective—the two of you—why are regular people of Niagara paying the price when water and waste water infrastructure isn't funded properly by all levels of government? Hopefully, the two of you can—

Mr. Chuck McShane: Thank you for that, MPP Gates. I just wanted to correct a few things. I'm sorry; maybe I wasn't clear when I brought that out. The 37,000 homes that are sitting are clear across Ontario.

MPP Wayne Gates: Oh, okay.

Mr. Chuck McShane: And the 40,000 jobs are clear across Ontario—which, if we continue at this rate, by 2030 it's projected to be 100,000 job losses.

When it comes to the waste water treatment plant, the provincial government has committed to it, but there is the one stipulation that the feds kick their third in. What we're hoping is that maybe we can work with the provincial government down here to get that much-needed plant put in. We can work on other ways to come up with the other third, but if we get it started, we can put more pressure on the feds to give us that cash.

MPP Wayne Gates: Go ahead, Fred.

Mr. Fred Hahn: I'd just quickly add that the current government's future for water infrastructure is quite dangerous for all of us. In Bill 60, passed in an accelerated time frame, it facilitated the creation of what is called a public water corporation in the region of Peel. It's governed under the Corporations Act. It ostensibly would allow that region and its new public corporation to borrow money. That's great, isn't it? I don't know. It's because the government doesn't want to fund this infrastructure, and it's trying to find another way to do it. We are seeing it in our health care system. We're seeing it in social services.

For the love of God, every one of us relies on water. It sustains our life. We all lived through—or some of us; some of you are too young. Many of us lived through the Walkerton tragedy. We do not want to go back there. That is where we are headed.

Yes, of course the government should fund its infrastructure in Niagara. It should fund it across the province. It should relieve the burden on municipalities. It should allow them to levy development fees to make sure that water infrastructure is part of how we do planning. That is the way we built our province, and we're headed in the wrong direction.

MPP Wayne Gates: I just want to say, it's one thing to say that you're committed to it; it's another thing to actually put the dollars forward. We need the provincial dollars to come now, along with the region. And then, you're absolutely right: Maybe we can put some pressure on the federal government to come to the table. But if we don't come to the table, we're going to be in a real mess.

This question is for Fred. Leave me enough time to say something to the doctor.

Bill 124 suppressed wages right across Ontario for many workers during a cost-of-living crisis, and many are still waiting for full remedy. How should the next Ontario budget fairly address that shortfall and support these essential workers?

Mr. Fred Hahn: It should find a remedy for all workers who haven't received it. Health care workers, education workers, college workers, people who work directly for the provincial government, people who work for the LCBO have all gotten around 6.5% retroactively applied to their wages in recognition that money was stolen out of their pockets with an illegal bill.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Fred Hahn: So should child care workers, developmental service workers and community agency workers—mainly women, mainly racialized workers. The government could fund that remedy in the budget.

MPP Wayne Gates: Thank you.

I just want to say to the doctor, I have a mechanical heart valve. If it wasn't for a doctor like yourself that decided to do an operation on me, I wouldn't be here today. I'm on warfarin, and I take it every day. So I'm just saying from the bottom of my heart, I'm not the only life that you've saved, for sure. I just want to say thank you for everything you do every day. I was scared to death when it happened, but the doctor that took care of me, Dr. Chu, was wonderful; very compassionate. I just want to say thank you and tell everybody else. I greatly appreciate everything you do every single day to save lives, so thank you.

Dr. John Parker: Thank you.

The Chair (Hon. Ernie Hardeman): Thank you.

I'll now go to the third party. MPP Smyth.

MPP Stephanie Smyth: Mr. Hahn, I just wanted to ask you—follow up—on why you reject the definition of anti-Semitism, the IHRA definition.

Mr. Fred Hahn: It's not about what I reject. Our union had a debate about it. Our members have taken a position

that's consistent with many other organizations who have rejected this definition because what the definition does is conflate anti-Semitism and anti-Zionism. We're still witnessing a global genocide that, I think, increasingly, people around the globe have understood is deeply horrible. And in Ontario, it would be useful for us to think about, in a budget consultation, how we're actually dealing with some of these challenges that are deeply dividing our communities.

It is true that discrimination, anti-Semitism, Islamophobia and transphobia are being used to divide us against each other so that we can fight with one another instead of actually thinking about how we work together to make Ontario the kind of place that we all want it to be: where your community school is well staffed; where you can go to the hospital and not have to wait for 27 hours in an emergency room; where you can actually get child care that's affordable; where if you fall on hard times, there's a social safety net that will support you; where if you get injured at work, you know that you're going to get supports, and where that money isn't somehow being returned to employers simply because no one died this year so you get a bonus.

All these things, in my mind, are connected, and I think they matter deeply. I think most people in the province want a future like the one I described, and I think there are ways for us to get there if we focus on that together.

MPP Stephanie Smyth: Thank you.

I want to move on to Dr. Parker with the Ontario Association of Cardiologists. It's wonderful that life-saving things are going on all the time.

You mentioned 54% of consulting in non-hospitals is what you do now; 72% follow-up care. It's only growing, and hospitals would in no way be able to absorb this. This is a common refrain we're seeing about what's going on in hospitals and our critical care—and this is critical care.

What code would you give this situation right now in terms of a wake-up call for this government to be able to maintain the level of service that you have right now that is taking that load off the hospitals?

Dr. John Parker: I'm not sure what code I would give it. I think, actually, what's happening is good, that you don't actually have to have tens of thousands of patients who need ambulatory care, do not need hospital-based care, can see a highly trained cardiologist in the community.

1550

The hope with this presentation is just to recognize that this is a very large area of care which is not receiving any financial support from the government outside of what have been historically called physician fees. I did mention that physician reimbursement for seeing a patient has not really gone up very much over the last 15 years. In fact, this is something to highlight: There probably is a need for the Ministry of Health to begin to look at these clinics, look at their volumes and give them some basal funding to help them support the ever-increasing cost of supplies, personnel, technology and renewal of equipment, as they do within hospital global budgets.

For me, I think even I was surprised when I saw that truly 75% of long-term care of patients with chronic cardiac problems occurs in these ambulatory settings that are outside of hospitals. So, the code I'm not sure of, but the need is clear. The system now runs primarily on a patchwork of making things work fiscally, but it's been increasingly hard to do for clinics who actually continue to hire and pay staff appropriately, because the funding envelope is entirely fixed to physician reimbursement and technical fee reimbursement.

Technical fee reimbursement is actually a major, major issue. It's something that doesn't impact me directly, but technical fees, in some of the common testing we do, didn't change for 20 years. And of course, costs have gone up astronomically.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. John Parker: On a broad-based perspective, I think, since we have a global health care system in Ontario, that we should actually have a look, identify clinics, make sure they're doing a good job—which I think all of them are—and think of a way to look at their volumes, fund them in a way that stabilizes their fiscal base and make sure they keep running appropriately.

MPP Stephanie Smyth: Okay, one more question quickly—if you're able to answer it quickly, do the best you can: How do you think earlier investment in cardiac care could reduce costly emergency and in-patient admissions?

Dr. John Parker: They would be probably primary care based to identify risk factors earlier, and many, many young people don't have a family doctor. But actually, primary prevention is something which really mandates that a person who is in there after the age of 40 needs assessment for hypertension, hyperlipidemia and other risk factors. That's the opening door. Cardiology has not done that. Cardiology would, if asked, but it's really a primary care mandate.

MPP Stephanie Smyth: Thank you so much.

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

We'll go to MPP Brady.

Ms. Bobbi Ann Brady: I'll turn my focus to Mr. Hahn. I see in your report under school boards that you are requesting a designated early childhood educator in every kindergarten class, along with an EA. The truth is, Ontario is experiencing a critical and growing shortage of these professionals. It would be great if we could add EAs to improve special education outcomes, but the truth is we can't, due to that shortage.

I think it will be years before we can ever close those gaps on those professionals. Make no mistake: I want to see the chaos in our classrooms and our schools disappear, like, yesterday. But we have to be very honest as to what things look like today, not how we wished they'd look today.

So, how does CUPE propose we actually stretch those limited resources without compromising student and teacher safety while maybe we wait for a new funding formula? And in the immediate absence of those profes-

sionals, would CUPE support shifting towards specialized hubs or centres of excellence to consolidate the professionals and the limited resources that we currently have?

Mr. Fred Hahn: I appreciate the question, and I think it might not be based—well, let me share with you what I know from our union. We represent almost 60,000 people who work in our schools, including a whole bunch of them who are education assistants and early childhood educators. What I'll share with you is that boards have been laying these workers off for years. Now, there are literally thousands of unemployed folks who were trained as education assistants and early childhood educators who simply haven't been able to gain employment in school boards because budgets have been cut.

The reason we asked for this model is because there was extensive study done on the best possible model for young people who are starting in these early year programs, and that model should always have an ECE alongside a teacher and an education assistant.

Part of the reason why we're seeing such a challenge in our schools is that there aren't enough education assistants—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Fred Hahn: —to actually support folks with special needs in the integrated programs that we have, because they are the first line of cut. Class sizes mean that teachers are designated and some of these support staff are not.

I would be more than willing to talk more about this because there are folks—it's not true that we don't have enough of them, and we could hire them back if we had the funding.

Ms. Bobbi Ann Brady: So they haven't moved into another sector? We could just easily attract them back to the school system?

Mr. Fred Hahn: I mean, they've got to have a house over the heads, but many of these folks were forced out of a job that they loved, that they believed would be their career for their lives. They've had to take other employment because they have families of their own and they've got rent and mortgages to pay. But they are there and ready to return, should the system be funded appropriately. I believe that's the case.

Ms. Bobbi Ann Brady: Thank you.

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

MPP Saunderson.

Mr. Brian Saunderson: Thank you to the presenters today for taking time to share your opinions and your expertise.

Dr. Parker, I would like to focus my questions on your presentation. I think what I took from your presentation is that this operating in the cardiology world goes back to the 1990s. You've been practising for 33 years, so I guess that's roughly the span of your career. You've been working in a clinic that works in conjunction with a hospital. Is that correct?

Dr. John Parker: That's correct. I didn't actually start working outside of the hospital setting until about the year

2000, but it's been now 25-plus years. I've done that as part of my job. My main practice is still at the hospital.

Mr. Brian Saunderson: We've heard from the Heart and Stroke Foundation twice in this round of budget consultations, and they tell us that heart disease and stroke are still the leading killers of Ontarians annually. And while I'm not in the habit of sharing my personal health record, I am very much here today because of the work you do.

My family physician identified a heart issue. I went, first, to a plumber at Southlake to have a stent put in, and then I found out I have an electrical issue and now I have a pacemaker defibrillator. So I've gone for the electrical and now I have a heart functionalist, in Toronto, at St. Mike's, and my wife tells me he's got his work cut out for him.

Your statistics, sir, exactly mirror my experience. My condition was identified by my family physician, and I went for my initial consultation in a cardiology clinic that then referred me to the hospital. All of my post-operative consultations, in both cases, have happened in the cardiology clinic. And so I agree with you that it's been a very successful system. I think I took from your comments that, while it is a fragile system, it is a successful one that operates in a good way.

Dr. John Parker: Yes, it is, and it's an essential system, based on my comments. It's been now growing for, as you said, 35 years. It didn't exist before the early 1990s. Almost everything cardiology was done either in the hospital or by an individual physician in their office. And now the volumes are such that they could not swing back to the hospital.

I guess the paradox is it's a very good system, but I can tell you, particularly in recent experience with COVID, rising costs, inflation, the fragility of the system is clear. On some level, it does need support so that it just can continue to grow and improve what it does further.

Again, I just want to emphasize it's not a pitch for increased physician reimbursement. This is a quest for people outside of the ministry to ask some questions of the ministry, pay attention and see what type of thing would make these clinics be able to grow and provide long-term, continued, stable care to this large majority of patients in Ontario who, just like you, receive their very important care, but not in the hospital.

Mr. Brian Saunderson: Thank you for that.

In this hub—I don't know if you want to call it a hub-and-spoke, but this idea—I mean, hospitals are more than bricks and mortar. So is our health care system. I think it's a question of how we integrate those systems to make sure they're working effectively and efficiently.

Also, being a clumsy ex-athlete, I've had a few orthopedic visits and, again, it's very similar. You go to emerg, you get whatever treatment is required, and then a lot of the post-op care is done outside the hospital, in orthopaedic clinics, follow-up appointments with the physicians or surgeons, and referrals to rehab.

1600

Do you see that as a key component of our health system in terms of—not everything happens at the hospital. There has to be an integrated service that supports and provides services in the most effective way.

Dr. John Parker: Absolutely. A good example: At the Mount Sinai Hospital emergency room, when I run a clinic—I run a clinic on Mondays at the Lawrence clinic—usually out of the new referrals, 50% are patients who've been seen within the last two to six weeks in the emerg.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. John Parker: They were not felt to have an acute problem requiring admission but were felt to need more diagnostic testing to make sure the patient was safe or to work up to the problem more fully.

This is a very important role of these clinics. When I arrived in Toronto, a patient like that might wait three months to see a cardiologist back in a hospital. So this is great service to integrate these clinics as they are and expand that integration. It can be a very successful model.

I'll tell you, in Peterborough, they actually have a very large ambulatory clinic which does all kinds of actual funded work from the hospital to avoid having long-term follow-up delays for patients seen in an emergency room, with everything from chest pain to a potential neurologic event.

It's a very good model. It just needs to be stabilized in terms of how it's funded.

Mr. Brian Saunderson: As you said, this is all publicly funded, and this government has moved forward with an initiative—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question. It also concludes the time for this panel.

We want to thank all the panellists for the time you took to prepare and the great job you did in delivering your message to the committee.

ACCESS2PAY

PARKS AND RECREATION ONTARIO

THE ST. LAWRENCE SEAWAY MANAGEMENT CORP.

The Chair (Hon. Ernie Hardeman): With that, we will now go to the next panel: Access2Pay Ltd., Parks and Recreation Ontario and the St. Lawrence Seaway Management Corp. It looks like Access2Pay Ltd. is going to be virtual.

As the panel is coming forward and the screen is up, I just want to point out you have seven minutes to make your presentation. At six minutes, I will say, "One minute," and at seven minutes, I will cut it off. We also ask that everyone, before you make your presentation, you speak and give us your name to make sure we can have it in Hansard properly.

With that, we're going to start with the virtual one, Access2Pay Ltd. The floor is yours.

Mr. Anand Misir: Good afternoon. My name is Anand Misir. I am the CEO of Access2Pay. We do enterprise payment platforms for municipalities here in Ontario, notably the city of Brampton and the town of Oakville.

What I want to talk about here today is share things that we see as a team, dealing with municipalities on the front lines on a daily basis and interacting with municipalities at trade shows, like ROMA earlier this week. We work in the back-end stuff—the plumbing, the things you don't really see in terms of the revenue collection process. What we are seeing is a hidden crisis that is costing this province millions, if not tens of millions, of dollars.

I've talked to municipal finance officers across the province, from small townships to major urban centres like the city of Brampton, and I'm seeing the same thing. We're seeing highly skilled public servants spending 30% to 40% of their day or week doing manual entry. I see them taking payments from the citizen in one system and then manually entering that data or sifting through a receipt and then manually entering it into a different system because those two systems don't talk to each other.

We talk a lot about red tape for businesses, but there is an internal red tape inside municipal machinery, government machinery. This manual reconciliation is a bottleneck that slows down housing permits, slows down business licences and very much frustrates citizens.

There is a growing gap between what citizens expect and what local governments are able to provide them. Citizens are able to buy a coffee, book a flight, trade stocks from their phone in seconds. But when it comes time to pay for a municipal permit or a provincial fee, they often hit a wall: PDF forms, confusing portals or even multiple portals to choose from.

When I talk to municipal leaders, especially at ROMA here earlier this week, they want to fix this. They know if they could automate payments and get rid of this manual entry, they could deploy staff to actually help people to answer phones, process applications faster, but they're trapped by old, expensive legacy systems.

How do we fix this in the 2026 budget? The recommendation is not just to fund computers; create funding streams specifically for API innovation and automation to get rid of these manual processes and to give municipalities the resources to connect systems so data flows automatically.

I encourage ministries and municipalities to work with agile, Canadian tech companies. These big, monolithic companies like Deloitte, CGI, Oracle over the past 20 years have left us with these disconnected systems. The future is modular, flexible tech that plugs into systems that these municipalities and agencies already have.

To conclude, the technology to fix these efficiencies already exists right here in Ontario. We don't need to invent anything new, we just need to make everyone aware that these solutions exist and make those solutions accessible to all sizes of municipalities from small to large.

I'd recommend that this budget focuses on operational modernization. Let's stop paying humans to talk to computers and start using computers to free up humans to serve the citizens. Thank you.

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

Our next presenter is Parks and Recreation Ontario.

Ms. Sarah Ane: Good afternoon, Chair and committee members, and thank you for the opportunity to present today. I am Sarah Ane, director of policy and partnerships with Parks and Recreation Ontario, also known as PRO. We are a non-profit association with over 7,000 members from across the province including post-secondary students, municipal staff, community agencies, independent operators and more.

Collectively, our members provide parks and recreation services to over 85% of Ontario's population. Along with our members, we champion the health, social, economic and environmental benefits of parks and recreation. As the largest provincial organization representing the interests of the sector, we are well positioned to guide the province in making informed investments that will contribute to building strong communities that are healthier, more sustainable and better equipped for Ontario's future.

I wanted to start by gratefully acknowledging the recent investments that are positively supporting our sector and already making a marked impact; those are highlighted in our budget submission that you have a copy of. As the province continues towards building millions of new homes, it is vitally important that corresponding investments are made in parks and recreation. An investment in our sector is an investment in public health, emergency management, environmental preservation, economic growth and so much more. If implemented, our recommendations will support healthy, livable and complete communities.

Currently, Ontario's parks and recreation infrastructure assets have served communities long past their expected life span. At least 44% of Ontario's assets that are recreation and sport-based were built a minimum of 25 years ago. In 2024, the introduction of the Community Sport and Recreation Infrastructure Fund represented a new era of investment. However, the initial funding allocation of \$200 million over three years was insufficient in addressing the \$9.5-billion sport and recreation infrastructure backlog in Ontario.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Sarah Ane: Building modern-day sport and recreation facilities comes at a significant cost. While PRO members were proud recipients of nearly 70% of the allocated funding, the program was significantly oversubscribed with over 500 applications representing \$1.1 billion in funding requests. This means that 82% of the requested dollars were unable to be funded through the program. Continuation and expansion of this funding program will ensure that municipalities and community organizations are supported in providing Ontarians with access to quality recreation and sport infrastructure.

The critical importance of additional investment and reopening of the Community Sport and Recreation Infrastructure Fund in 2026 cannot be overstated. This funding has already delivered real, tangible results. Funding over 90 sport and recreation infrastructure projects all contributing to safer—

The Chair (Hon. Ernie Hardeman): That concludes the time, and hopefully we can get the rest of it in the questions.

Our next presenter will be the St. Lawrence Seaway Management Corp.

Mr. D'Arcy Wilson: Good afternoon, Chair and members. My name is D'Arcy Wilson. I'm the vice-president of operations for the St. Lawrence Seaway Management Corp. It's a not-for-profit corporation under a long-term agreement with the government of Canada to operate and maintain the Canadian assets of the St. Lawrence Seaway.

1610

The St. Lawrence Seaway is a system of lakes, canals and 15 locks—13 in Canada, two in the US—between Saint-Lambert, on the south shore of Montreal, and the entrance of the Welland Canal in Port Colborne and Lake Erie. Ontario assets include eight locks, nine lift bridges along the Welland Canal and a single lock in Iroquois on the St. Lawrence River. The seaway is part of a larger Great Lakes-St. Lawrence Seaway system that includes the Great Lakes ports, enabling international trade via the St. Lawrence River.

All together, the Great Lakes-St. Lawrence Seaway system generates \$66.1 billion in economic activity by moving 252.1 million tonnes of cargo worth \$157.2 billion. It supports more than 350,000 jobs and creates \$23.2 billion in wages.

This year, 37 million tonnes of goods passed through the seaway to domestic and international markets. The key commodities include grain and sugar; fertilizer, such as potash; iron ore, steel and aluminum; cement and gypsum used for drywall for construction; oversized pieces of equipment, such as wind turbine components; salt to keep the roadway safe in winter; and liquid bulk, such as various petroleum products.

The seaway has the capacity to double its throughput immediately. Moving more goods in the water can help to ease the congestion on busy Ontario highways and rail networks. One Seawaymax vessel carries the equivalent tonnage of 301 railcars and 963 transport trucks. SLSMC is working closely with industry partners to further extend our navigation season, and to support the increased movements of containers and Canadian energy.

The Ontario marine strategy has called for the strengthening of marine's position in the province's multi-modal network, support for infrastructure, economic development and greening of marine transportation. Seaway Wharf 18, located at Port Colborne, is on the west bank of the Welland Canal—where the seaway meets Lake Erie—and is a shovel-ready, multi-modal infrastructure project. It will add an additional one million tonnes of cargo-handling capacity, open new cruise ship berthing to boost regional tourism and provide economic development opportunities for the city of Port Colborne, the Niagara region and the province of Ontario. With adjacent road and rail connections, the potential for green shore power and employment opportunities for skilled trades workers, Wharf 18 represents all the pillars of the Ontario marine strategy.

The project received \$22.6 million from the National Trade Corridors Fund. It requires additional funding to realize its full use. It's a prime candidate for provincial support in the budget of 2026, which would be combined with investment from the federal government and the private sector.

New housing and improved road connections are also major priorities for the government of Ontario. Our nine lift bridges, including a rail crossing, on the Welland Canal, provide vital connections to growing communities across the Niagara region, which is projected to grow from 539,000 to approximately 694,000 citizens by 2050.

The SLSMC is planning to renew the Glendale Avenue bridge, a key east-west connection between the city of St. Catharines and the town of Niagara-on-the-Lake. The bridge was originally built nearly 100 years ago to serve rural traffic at the time; today, the bridge carries an average annual daily traffic volume of 14,000 vehicles. As a federal asset, the bridge renewal project is funded by the government of Canada. Federal support, however, is limited to the construction of a two-lane bridge consistent with the current configuration of the existing structure.

In response to feedback from local municipalities and bridge users, SLSMC is seeking funding support from the province of Ontario to enable the construction of additional lanes to support additional transit service and vehicular traffic. This expanded configuration would significantly enhance the connectivity between St. Catharines and Niagara-on-the-Lake, and the planned growth of Glendale east, as identified by the Niagara region.

In closing, marine transportation is safe, scalable and low-emission. We welcome every effort to optimize multimodal connections like Wharf 18 in Port Colborne, build new community connections like the renewed Glendale bridge and promote the movement of goods on water on the Welland Canal and the St. Lawrence Seaway.

Thank you very much for your attention.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation, and that concludes the presentations.

We'll now start with the first round of questioning and it's the third party. MPP Cerjanec.

Mr. Rob Cerjanec: Thank you for your presentations today.

D'Arcy, it's fantastic work that this seaway corporation is doing—and how critical it is, as you mentioned, to the moving of goods throughout Ontario, internationally, throughout the Great Lakes. Being able to get traffic off our roads, freeing up rail capacity: I think it's a good thing at the end of the day and benefits the entire region and benefits the entire province.

In terms of the two projects that you're looking for provincial support on, do you know what the dollar amounts are on those?

Mr. D'Arcy Wilson: Wharf 18 is approximately \$45 million, of which we have \$22 million from the federal government, so we're looking to close that gap. Bridge 5—I have to get back to you on that one. I can't remember off the top of my head. I'll have to get back to you.

Mr. Rob Cerjanec: Okay. Is there anything else coming into the future that you folks might be looking for, whether it's related to the assets that you operate or own or more broadly in Ontario, that we need to do to incentivize economic development? Collocating, shipping facility, ports—what else do we need to do?

Mr. D'Arcy Wilson: Well, we have a substantial asset renewal program that evaluates all the assets. Whether it's a lock, a bridge, a waterway, pathways, we evaluate it all. As you can appreciate, in the Welland Canal area, it's all almost 100 years old. So this program is quite extensive and has projections up to 20 years on the renewable structures that we need to maintain the seaway as a viable trade corridor. That includes the wharfs, like we're asking for, Wharf 18 specifically. Those types of wharfs work very well when we can get trade and entrepreneurial ownership into these areas and start to trade. We have lots of opportunities into the future.

Mr. Rob Cerjanec: I know there's a lot of work happening with the Ontario marine strategy and a lot of conversations. It's kind of ironic; we used to ship quite a lot before. That used to be the main mode that we moved goods, and then we kind of transitioned a lot more to trucks. We're seeing the impacts of that. To actually be able to go back to shipping on the Great Lakes—I mean, obviously we can't do it year-round, just given the ice constraints, but I think it's something that's really smart and really good for Ontario's economy and our economic prosperity going into the future.

Have you folks been impacted by some of the global instability right now, or are you seeing opportunities and benefits coming out of it?

Mr. D'Arcy Wilson: I wouldn't say opportunities and benefits. Obviously, we were nervous going into this last navigation season, and now we sit here at the end of the navigation season and the cargoes that we moved were pretty much aligned with what we achieved last year, so we haven't really seen necessarily an impact. The distribution of cargoes is different, but the actual total volume of cargo—we've seen a big uptick in western grain coming through, as an example, and that's compensated for some losses, let's say in steel. You're all familiar with the tariff discussions.

Mr. Rob Cerjanec: I know it's not directly related—well, I guess in some ways, because you'd be dealing with ships that would be passing through. But in Sault Ste. Marie, the opportunity for a new port there—I know the Hamilton Oshawa Port Authority is doing consulting work on that right now. That, I think, will provide a fantastic benefit to be able to, again support steelmaking operations there and, again, Ontario's economic future prosperity. Are you folks involved? I guess you might be in conversations around that.

Mr. D'Arcy Wilson: No, unfortunately. The ports operate as separate entities and the seaway operates—we work together where there's definitely overlap. We're working with HOPA in the Port Colborne area and some other projects up and down the Welland Canal, but the Sault St. Marie project is wholly separate.

1620

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Rob Cerjanec: You've mentioned, just to get this correct, we have the capacity to double throughput right now?

Mr. D'Arcy Wilson: Correct.

Mr. Rob Cerjanec: So there's a lot of opportunity in the future.

Mr. D'Arcy Wilson: Correct.

Mr. Rob Cerjanec: Okay. Thank you very much.

Sarah, important stuff, parks and recreation—we've got aging assets. We've got growing communities. I guess, in your estimation, we're not really able to meet that demand right now, right?

Ms. Sarah Ane: That's correct. The most common feedback we have received from our members is that they're struggling to keep up with their buildings. They're aging. They either need to be replaced outright, or they need to be heavily repaired in order to ensure that they're accessible to all of the users. Many of the buildings in Ontario were built during the centennial era, so we're seeing arenas and swimming pools at the end of their lifespan or exceeding it at this point. It's a real struggle for our members to find the funds to do the repairs that are necessary. The Community Sport and Recreation Infrastructure Fund isn't very helpful—

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

MPP Brady.

Ms. Bobbi Ann Brady: Thank you to all of our presenters.

D'Arcy, I'll start with you. I travel the highways all the time. From a safety standpoint, the statistics are stark. You know, we have a 40,000-kilogram vehicle sharing the road with a 1,500-kilogram vehicle and we know that creates inherent risks. As you alluded to, every ton of cargo moved by a seaway vessel is a ton that doesn't require a truck sharing your lane in a snowstorm or in heavy rain.

I'm a believer in the marine advantage because systems like the St. Lawrence Seaway are also user-pay systems. The ships pay for their locks and the maintenance through tolls, whereas highway expansion and reconstruction are often or always funded by the taxpayer.

Saying all that, and given that a seaway-sized vessel can carry the equivalent load of nearly 1,000 tractor-trailers, what is your current strategy for quantifying the hidden cost savings to the public, such as the projected \$4.6 billion in avoided highway maintenance costs, in order to better incentivize shippers to move goods through you instead of on our already congested highways?

Mr. D'Arcy Wilson: Honestly, I can't tell you at this point. I'd have to get back to you on that specific—I'm not familiar with trucking costs. I will say that the fees that are collected from tolls are used to run the seaway. It pays for the management corporations, wages and operating costs. That's how we fund the seaway. The assets are owned by the federal government. The comparison with trucking—I'd have to get back to you on that.

Ms. Bobbi Ann Brady: Are you upping your game with respect to convincing folks to move product via the seaway?

Mr. D'Arcy Wilson: Yes, we have a very strong marketing department that we've also—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. D'Arcy Wilson: —tied in with our commercial partners. And yes, we do have a marketing department. We have incentives for new business, new cargo. We don't own any assets that carry the cargoes—they're all owned by carriers—but we act, as one of my peers would say, as a catalyst. If there's a cargo in one spot and a shipper in another spot, we try to bring them together and see if they can make a commercial deal to use the seaway and ship by sea.

Ms. Bobbi Ann Brady: And do you know what someone's barrier might be for moving products via the seaway as opposed to transport?

Mr. D'Arcy Wilson: As opposed to highway, typically, it's accessibility. Seaway, you go to a port. We don't have the depth to reach into the land. That's why we have to partner with multi-modal operators like rail and truck to get the product from the dockside into the cities and towns.

Ms. Bobbi Ann Brady: Great. Thank you.

The Chair (Hon. Ernie Hardeman): MPP Saunderson.

Mr. Brian Saunderson: Thank you to each of our presenters today for taking the time and braving the elements to come and share your expertise and thoughts with us.

I'm going to start with you, Sarah. PRO does great work across the province. I'm familiar with that through my municipal involvement. In fact, it was a recreation facility that launched me in this political career. So I wanted drill down a bit with you.

I appreciate your written materials and your acknowledgements of our \$200-million commitment for our infrastructure over the next three years, as well as the \$60-million investment to work on parks and recreation. Certainly, we saw through the pandemic the importance of getting outside for people's mental health and well-being. I think I recall from my days working on the facility, the stat at the time was \$1 invested in recreational activity saves about \$15 in future care. I'm sure that number is much bigger now.

I wanted to get your thoughts, then, on what you're seeing—the pressures with your members, starting, really, from the municipal angle, because municipalities play an important role but not all can provide bricks and mortars in my area. The YMCA is a huge contributor, but after the pandemic, the Simcoe-Muskoka district YMCA I think shut down two of their five facilities. So are you seeing those kinds of pressures across the board?

Ms. Sarah Ane: Thank you for the question. Yes, we are certainly seeing pressures beyond just infrastructure. Delivering programming is also a considerable challenge, with the cost of materials and inflation impacting everything that we do, from turning on the lights to ensuring that we have equipment in our facilities. Obviously, municipalities are feeling that, but we represent all types of providers across Ontario, including YMCAs, Boys and Girls

Clubs, private operators as well. They're all expressing that concern.

We do feel that parks and recreation opportunities, programs, services are probably one of the number one health care prevention tools out there. We heard lots of great comments from the cardiologist prior. We'd like to help contribute to reducing those health care costs by ensuring that people are active and living healthy lifestyles across Ontario, regardless of where they live.

So, yes, I would agree that there are some limitations that our members are feeling right now, and we want to ensure that they have the funding they need to continue to deliver programs and services to all Ontarians regardless of age, ability, geography.

Mr. Brian Saunderson: Our local rink, the Collingwood community rink called the Eddie Bush arena, goes back to 1948. It was a big community project built after the war. It was built when our shipyards were in full flight and, in fact, I'd love to take you through it. It's an upside-down ship, so when you look at it from the inside up at the rafters, it's the construction of a ship, just upside down.

You've commented about accessibility and updating issues and infrastructure like that—all a very difficult burden for the municipality given the types of expenses they've had to do. So I know in a number of my communities, they're looking at pooling resources to create a regional hub that would serve not just one municipality but a number. Are you seeing that kind of collaboration and openness to partnerships in your area?

Ms. Sarah Ane: We certainly are, where possible. There's a number of groups right now that are talking about regional aquatic facilities, specifically, in Ontario. Those are under a lot of pressure all over Ontario and Canada. So where municipalities are able to pull resources or collaborate in a 3P type of partnership, whether it be a YMCA in a municipality—there's a great example in the Trent Hills area recently that just opened up a facility out there in collaboration; we need to collaborate where we can. Not all communities have that ability, especially our more rural, remote, northern communities. They may not have a partner in that area that can deliver the services and the programs, so it does fall back to the municipality sometimes.

Mr. Brian Saunderson: And in terms, then, of service delivery, you've talked about the almost—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Brian Saunderson: —\$44-million investment for three years to continue the after-school program. It does sound like such a great opportunity to me. How are they faring in the current economics?

Ms. Sarah Ane: A number of our PRO members are delivery agencies for Ontario's After-School Program, so we certainly appreciate that infusion as well and, mainly, the three-year commitment that the province made. That's the first time we've ever seen a multi-year commitment. That's huge, because they can plan appropriately and ensure that the money is stretching as far as possible.

But we are seeing, again, impact from inflation, facility cost—all of those things that are impacting their ability to

continue to deliver the program, so a continual increase in that program is very much welcome and appreciated. But it's having such a huge impact: 43,000 kids in Ontario are using that program every year.

The Chair (Hon. Ernie Hardeman): Thank you.

MPP Gates.

MPP Wayne Gates: I'm going to start with Sarah just quickly. If you want to get elected in the province of Ontario and you're a city councillor, invest in your parks. That's probably what you should do. When I was a city councillor in Niagara Falls, that was one of our big agendas. Today, in Chippawa—which is in Niagara Falls, just down the road here—they're going to have a big investment of well over \$10 million, which the provincial government participated in. But now it's going to be an arena, it's going to be pickleball; they're going to have soccer and baseball. Pickleball is now the new sport of seniors, right? Everybody plays pickleball.

1630

But the one thing that you didn't mention in your presentation is if seniors are active, it keeps them more healthy and it cuts down on the health care costs. I think that's something that maybe you should raise as you're doing your presentation—as you're asking the government. Because if they stay healthy, it keeps them out of our hospitals and it cuts down on their cost for health care. It's a win-win-win; it's a win for your organization, it's a win for the government and, quite frankly, it's a win for old guys like me too, so it works out well. I just wanted to say that before I go and talk to the seaway.

I think I asked you this question at one of the openings, on captain's day when he christens the first boat and all that stuff—but I want to say, my good friend Sam Pane's right back here. Sam worked on my first campaign, which we won, so if the Conservatives want to blame anybody, blame Sam, because he was incredible.

But I just wanted to say, and I asked you before: Yes, it's great that we're using the seaway, getting cars off for the environment. But I asked you a question, not that many years ago—although you couldn't tell by today—has there been any movement on thinking to—I know you're making it longer. Is there any consideration of making it run year-round?

Mr. D'Arcy Wilson: Yes, there is. There's lots of discussion about year-round. We're actually doing a lot of analysis of what it would take, both on the operating side of it but as well as on the investment side of the infrastructure to be able to operate. We had a little bit of that exposure—if you've been watching, we had a struggle this past year with our closing and we had a lot of ice conditions. It's those conditions that remind us what it takes to move ships through winter operations and ice through the locks and canals.

MPP Wayne Gates: But it is something that you've been considering for a while.

Mr. D'Arcy Wilson: It is something that we are looking at on the horizon. We've taken feedback from the industry that are very keen on year-round navigation, so we're in the process of evaluating that.

MPP Wayne Gates: And when you talk about tourism, there are a lot of people that would love to go and watch the boats pass through the locks. But one thing that you've added since the last time you were here is they're getting bigger—and maybe you can talk a little bit about it, it's cruise ships, coming through the locks.

Mr. D'Arcy Wilson: So the cruise ships are very—they're not necessarily new. What's new is the number that have come in, the newer vessels, and in fact if you've seen the Viking ships—the Octantis and the Polaris—they were actually built for the hands-free mooring system that we use. So they've accommodated our system of lockages. So the cruise industry is responding to our needs, but it's also responding to the community. They see lots of upside, and they continue to respond in a positive manner. That's why Wharf 18 is part of that investment for the cruise ships and boosting tourism in the region.

MPP Wayne Gates: And I think it's fair to say that you're a good employer. You provide a lot of jobs—

Mr. D'Arcy Wilson: We hope—we like to think so.

MPP Wayne Gates: Well, it's a unionized workplace—

Mr. D'Arcy Wilson: Correct.

MPP Wayne Gates: —and has been for a long time. I've been there when there's been strikes; I've been there when there's been bargaining, but the employees never leave, so that's usually an indication that you're treating the workers good, and that's always important to me. And they do a great job for you too, as you know.

Mr. D'Arcy Wilson: They do.

MPP Wayne Gates: From your perspective, how has the government's failure to invest adequately in marine infrastructure limited Ontario's ability to shift goods from trucks to low-carbon shipping, which is important for our environment?

The Chair (Hon. Ernie Hardeman): One minute.

Mr. D'Arcy Wilson: I can't say how it's done, I can just tell you that we have a program that looks at low-carbon initiatives within the St. Lawrence Seaway. We adopt the Green Marine strategy, if you're familiar with that, which is also driving to respond to one of our environmental programs.

MPP Wayne Gates: Just because I've only got a couple of seconds, and we'll give you a chance to answer. How many employees do you have at the seaway?

Mr. D'Arcy Wilson: At the seaway? It fluctuates, but right now it's about 485, plus or minus 10 depending on—

MPP Wayne Gates: It's a major employer in Niagara.

Mr. D'Arcy Wilson: Oh, in Niagara, it's about 220, 225.

MPP Wayne Gates: Okay, well thanks for being here today, and take good care of my buddy Sam, all right?

Mr. D'Arcy Wilson: He's just down the hall from me. I've got to.

The Chair (Hon. Ernie Hardeman): We'll now go to MPP Smyth.

MPP Stephanie Smyth: Thank you so much. It's nice to hear from all of you today. Just thinking about the seaway in the wintertime makes me feel chills. But, hey, if you could get things moving all year round, what would that take? What kind of investment would it take, do you think, to see that actually happen?

Mr. D'Arcy Wilson: In the long term? We operate right now—I'm just going to put it in perspective—in millions. To do that is probably in the billions, to make it happen year-round with minimal ice conditions. Because it's not just the seaway; it's all the other agencies that are required, too, right? We use the coast guard. We use the pilotage services. We use—well, two pilotages.

And it's not just us. Just to be clear, there are two US locks. It's a binational seaway, and therefore we have to negotiate and work with our US partners to make an extension of the season to year-round navigation possible.

MPP Stephanie Smyth: And in peak time, what's the traffic like on the seaway in terms of ships and—

Mr. D'Arcy Wilson: The Welland Canal, on an average peak day, will see 18 to 20 vessels go through a day. On a busy day, after a wind event, you can see up to 25, 26. Full throughput is 24 a day. It's what we plan on.

MPP Stephanie Smyth: Wow. So what do you see as some infrastructure investments that you would see as being required to at least maintain the seaway's competitiveness?

Mr. D'Arcy Wilson: Well, right now, it's really the reinvigoration of a lot of the infrastructure, particularly in the Welland. The Welland Canal is 100 years old. We do a very good job of assessing and providing our assessment to the government for their valuation and funding because they own the assets; we just manage them. So those types of reinvigoration.

Bridge 5: Like I mentioned, there's capacity there to grow with the community. We're in the process right now of looking—we've got a life extension. We have a three-year project for life extension of bridge 5, but that's just keeping it going. It does need replacement, and so that's why we would see that into the future.

And just on the side, there was an earlier question on bridge 5, if I may. I just was looking through my notes. There was a question on the cost of bridge 5. Right now, the current estimate is a two-lane bridge is going to cost \$170 million. And to put it to a four-lane bridge, which would serve the community better, would cost \$250 million. Therefore, the net difference, the incremental difference we're looking for, is \$80 million to serve the community better for the long term. It's a single investment for another 100 years.

MPP Stephanie Smyth: So right now, for Wharf 18, you need \$45 million. You have \$22 million from the feds.

Mr. D'Arcy Wilson: Correct.

MPP Stephanie Smyth: Okay.

I don't know; how much time have I got?

The Chair (Hon. Ernie Hardeman): Two point three.

MPP Stephanie Smyth: That's a lifetime. Okay, a quick question: How would capital investments in the seaway translate into economic returns for Ontario, for people who aren't—

Mr. D'Arcy Wilson: All the investment in the seaway infrastructure—to give you an example, this year we're going to spend \$38 million to \$40 million in the Niagara region. That will employ about 200 trades, contractors, our people, for about eight weeks.

MPP Stephanie Smyth: Okay. Thank you.

I want to move to Sarah with Parks and Recreation Ontario. I'm an MPP from Toronto, Toronto–St. Paul's. Talking about the overall state of parks and all the facilities, where does Toronto rank in terms of the need for improvement in the infrastructure that we have in our parks?

Ms. Sarah Ane: I wouldn't be able to answer that question right now. I would have to get some additional data and information specific to Toronto. Obviously, they are our largest member in Ontario, so we work quite closely with the city of Toronto.

Certainly, we know, even looking at the school board conversation that's been happening in Toronto and the aging infrastructure in swimming pools in Toronto being such a hot topic, that you're not exclusive. You're not in a position where you don't have this issue.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Sarah Ane: And then also looking at outdoor space for green space; how, as you're building up and intensifying, you're ensuring there's appropriate green space in that community as well.

MPP Stephanie Smyth: You said so many communities have served past their lifespan. Just overall, biggest ask, you say 82% of requested dollars able to be funded. So what are you looking for right now of critical importance in prioritizing with this government today?

1640

Ms. Sarah Ane: We are looking for the Community Sport and Recreation Infrastructure Fund to reopen in 2026, as soon as possible, with additional funding. Our recommendation is \$1 billion. We have a \$9.5-billion backlog in Ontario right now. In this infrastructure alone, we rank second only to roads.

We are not going to make a dent with \$200 million, unfortunately. We are going to need additional help from both upper levels of government—

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

MPP Brady.

Ms. Bobbi Ann Brady: Sarah, I'll move over to you. I think you were here when the Niagara Home Builders' Association was presenting. In response to one of my questions, the delegate said that we have to focus on needs, not wants and desires, and we should be exercising fiscal conservatism—no pun intended. But it's not the time, he says, to invest in fancy arenas and recreational facilities.

So I'm asking you, is there a way to empower participation without having to invest in fancy facilities?

Ms. Sarah Ane: That's a great question. Thank you. We absolutely at PRO and all of our members support homebuilding. People need homes to live in, but they also need complete communities where they can get outside, enjoy green space as well as recreate with one another. We know the benefits of recreation in people's lives both from the health and social aspects. We saw it during the pandemic.

So, my response to that would be that we can't build a complete community without this infrastructure. It's not just houses and pipes in the ground. Those are all important things and we need those, but we also need this infrastructure to be coupled with it or we will risk social isolation, we will risk chronic disease, we will continue to see all of those things rampant in our communities.

The other MPP made a great comment about seniors and older adults being able to age in place at home. All of the things we offer through parks and recreation help them to do that. We want to give opportunities to youth to keep them busy and active in our communities, making the right healthy choices. So if we don't have this infrastructure, what will happen? What choices will those people have?

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Bobbi Ann Brady: I'm glad you mentioned green space, and I think that is a fiscally responsible way to expand recreation in our communities.

But we do have a government who has passed a number of MZO's in this province. I'm just wondering, does that impact park space in Ontario? Does it erode the parkland dedication and community benefit charges that municipalities rely on to maintain and expand recreational opportunities in their communities?

Ms. Sarah Ane: Thanks for that question. We've been very grateful to be seated at the table with MMAH over the last number of years, along with community stakeholders, to have that conversation around parkland dedication, the changes in legislation, as well as publicly owned private spaces, encumbered parkland—all the challenges that we have heard and seen continue to be in place and how we can ensure that legislation reflects how we are building our communities—

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

MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming this afternoon.

Anand, nice to see you again. I think we had a little chat at a different committee a few months ago.

For my question, I'm going to talk to the St. Lawrence Seaway. It's great to hear the enthusiasm from some of the opposition members about our shipbuilding and maritime systems in Ontario. It's a priority for this government as well—\$250 million committed so far to support Ontario's shipbuilding and broader marine sector.

Last year, we announced the \$15-million Ontario Shipbuilding Grant Program so that we can get more shipbuilding happening in the province. Assuming this grant

has the intended effect of seeing more shipbuilding take place in Ontario, does your organization see yourself equipped to handle that growing sector in the medium term?

Mr. D'Arcy Wilson: Yes. The shipbuilding we can handle. Ontario Shipyards is at Port Weller, which is a leased land from the St. Lawrence Seaway. As they grow, there's land there to be developed if they wish to grow their business and accommodate the growth in the shipbuilding industry, for sure.

Mr. Joseph Racinsky: The port regions across Ontario are also vying for support in Canada's maritime and defence needs, outlined in the National Shipbuilding Strategy. Is there a role for your organization in this? If so, what does that look like?

Mr. D'Arcy Wilson: The main role would be just enabling the shipbuilding industry to run their dry docks, facilitate the ins and outs of ships. We are not in the shipbuilding industry per se, but we are partnered with that in the sense that, when they launch the vessels, if they happen to do it on the St. Lawrence Seaway, we work with them.

For instance, Ontario Shipyards at Port Weller, Lock 1, we often have to stop traffic so they can move their ships in and out. We always do that; that's a part of our normal business. So we help enable their business.

Mr. Joseph Racinsky: And how can we support you with that?

Mr. D'Arcy Wilson: We have investment opportunities in Port Weller. It's part of our program. Just off the top of my head, I don't know what they are, but I can tell you that we do have. It was the original docks that built the Welland Canal. All the gates you see there were built where Ontario Shipyards is today. I know that there's mechanical investment that needs to happen, electrical investment—just general improvements, cranes, etc.

Make it a more viable shipyard than it is today. It's viable, but more could be done. There could be more added. The cranes and stuff that were operating have not been in use for decades and some of them are still there. Some of them they've taken down. But if that's what they need, we're willing to work with them as the landowner. Our representative for the government of Canada—we're willing to work with them to see what those initiatives are and make it happen.

Mr. Joseph Racinsky: Thanks. You know, I grew up in a bit of a nerdy family, so for a day trip, we would go and see the locks on the canal. That would be what we would do as a day trip.

Mr. D'Arcy Wilson: So did I, as a little kid. I never thought I'd be running the place.

The Chair (Hon. Ernie Hardeman): Was that last week?

Mr. Joseph Racinsky: No, it was a few years ago, but not too many years ago.

Our government is also really focused on resilience, economic competitiveness in the face of international trade challenges. How can we better collaborate with you to attract greater economic activity and offset the economic

difficulties we're facing as a nation through an organization like yourself?

Mr. D'Arcy Wilson: Well, I think with the reach of the provincial government, it's just supporting the carriers and the shippers. The shippers own the goods that the carriers carry through the seaway. So supporting all those levels that make the supply chain happen is paramount to grow the economy.

Mr. Joseph Racinsky: All right. Thank you very much for sharing.

The Chair (Hon. Ernie Hardeman): Thank you.

Mr. Dave Smith: How much time?

The Chair (Hon. Ernie Hardeman): About 1.3, MPP Smith.

Mr. Dave Smith: Thanks, Chair. I appreciate that.

Anand, don't take this as we weren't interested in what you had to say. One of the things that has happened during the committees is we've had some exceptional presentations that actually explained their entire concern or issue in a way that didn't generate a whole lot of questions. The fact that we haven't reached out and asked you a bunch of questions is because you did a really good job on it. It's something that I think most of us wouldn't have considered what you're suggesting on it.

One of the concerns that I'm sure is going to come back to us is, if we go down the path of automation on that, it would mean a reduction of some of the municipal staff. But you pointed out they could be transitioned into other priorities that the municipality could work on. Can you expand on that for me?

Mr. Anand Misir: Yes. People are paid to do a job. They work their shift and if half or a third of their shift is spent doing something that's outside of their job description, like doing manual entry and fixing errors that happen out of manual entry, then they can't do their job to the best of their ability. So you're not getting rid of people because of automation; you're letting them do their job more efficiently and serve more residents than they would have if they had to continue doing these manual processes. Everywhere we have deployed—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. He gave you some time, but not a lot.

We'll go to MPP Bell.

Ms. Jessica Bell: Thank you to all the speakers for coming in here today and sharing your expertise and outlining your request.

My first question is to Sarah from Parks and Recreation Ontario. I had the unfortunate situation of going through the pandemic, raising two kids in a 1,000 square foot apartment, so let me tell you, parks were a lifeline—like a lot of people who live in big cities.

One of the questions I have is around what you're seeing the impact of development fee changes have been on the ability to create new parks and maintain existing parks. In the city of Toronto, we were pretty significantly affected by Bill 23, where we did see a reduction in the

amount of funding available for parks. I'm wondering if you've seen those kinds of impacts in your work.

1650

Ms. Sarah Ane: Thank you for that question. That was a very important bill, obviously, to our members when it was first introduced. There was a lot of great concern about what that would mean for the ability to collect the development charge fees appropriately and maintain existing parks, expand current parks and build new ones.

As I mentioned earlier, we were very grateful to be invited to the table by the ministry to have discussions around that legislation as well as revisions to that legislation over the last couple of years. I don't think that we have solved all of our concerns at this point, but we are being listened to. I appreciate that very much, and I know our members do as well.

So we're happy to be at the technical advisory table with the ministry, having ongoing conversations around parkland dedication, fees and ways that we can continue to ensure that we have the money that we need to provide these important pieces for all communities, regardless of size. Certainly, our urban members felt that much more so than our rural members have, but we represent communities of all sizes in Ontario. It's a very important topic and issue for us.

Ms. Jessica Bell: Yes, certainly. In Toronto—that's the area I represent—there are only so many parks. Every day, there are more and more people moving into the city, and there are less and less places for them to go walk their dog, take their kid out, recreate. We're being squeezed. There's just less and less recreational space. So thank you for your work.

I want to clarify around your ask. It was a \$1-billion ask for the community recreation fund. Is that over a period of time?

Ms. Sarah Ane: Our ask a couple years ago, before the Community Sport and Recreation Infrastructure Fund, was actually \$1 billion annually for 10 years to eradicate the current deficit, which is that \$9.5-billion figure that I've shared that exists in Ontario. The \$200 million was a great start but certainly wasn't going to be able to eradicate that issue that we have with infrastructure for our members across Ontario.

So our ask remains the same, for \$1 billion to that fund so that we can continue to see these facilities either renovated and rehabilitated to continue the lifespan of what's left of them or to have new builds added for spaces that maybe don't have something currently.

Ms. Jessica Bell: Thank you for that. We spent a lot of energy in the last school board budget season encouraging the government—and that's saying it politely—to ensure that there was enough funding available to maintain existing swimming pools because many of them are under threat of being closed. Thank you for your work.

My second question is to D'Arcy Wilson from the St. Lawrence Seaway Management Corp. Thank you so much

for being here. Being educated by your presentation—I enjoyed that.

I'm increasingly hearing that, with the very dramatic changes to our global trading system, the fissure in our working relationship and trading relationship with the United States, there is a real need for us to reorientate our transportation systems so that we are going less north and south, which is how our transportation systems are oriented for trade, and more east and west so we can get our products out to new markets.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jessica Bell: Are you involved in these conversations? And for us to do that, what are you advocating for?

Mr. D'Arcy Wilson: Firstly, we have, again, our marketing department. Commercial departments are involved in those conversations because it's very much a competitive market.

As you mentioned, the north-south—it's amazing, the number of people, when we go and talk to shippers out west, particularly in the States, that only think north-south on the Mississippi-Ohio River system. And then we open the conversation: "Have you thought about the east-west?" We saw the advantage of the east-west as the seaway: its reliability, its availability.

We did get some business that has moved. If there are issues in the United States system, they move. But—

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

It just goes to show how great a meeting it was, but that's the end of the panel, end of the meeting. We had to cut it off because we were still going. Thank you all for the time you took to prepare, all the panellists in this panel. It's a great assistance to us as we proceed with our public consultations, so thank you very much.

This concludes the public hearings for today. I want to thank everyone for their participation.

As a reminder, the deadline for written submissions is at 6 p.m., Thursday, January 29, 2026. This is also for the presenters, so if you have more to add, you're quite welcome to send that in and that will be considered.

I believe MPP Kanapathi wanted to say a few words.

Mr. Logan Kanapathi: Thank you, Chair. I just wanted to say thank you to the committee and, especially, thank you to the staff.

I'll start with the Clerks: They organized the venues and food and things on the western side of Ontario. We also had nice pre-consultation meetings in the eastern part of Ontario.

Look at the room: all the sound, recording, research, Hansard—all amazing people and a good team.

Chair, I'd also like to thank my colleagues from all sides for their voices and standing up for the people of Ontario. I really commend your work, especially—I call him my Niagara MPP—Wayne Gates. He's a rebel, a fighter.

And also, a special thank you to Dave Smith. I know he's going through pain. He lost his mother a couple of

weeks ago. He's shown his commitment to this government and the committee and the ministry. Thank you, Dave.

Thank you, my colleagues.

The Chair (Hon. Ernie Hardeman): Thank you very much for your kind comments. Are you suggesting you're not going to go with us next week?

Laughter.

The Chair (Hon. Ernie Hardeman): With that, the committee now stands adjourned until 10 a.m. on Tuesday, January 27, 2026, when we will resume public hearings in Kapuskasing, Ontario.

The committee adjourned at 1657.

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