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Mercredi
30 mars 2022

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111, rue Wellesley ouest, Queen's Park
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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 30 March 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 30 mars 2022

The House met at 1015.

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

Prayers.

MEMBERS' STATEMENTS

AFFORDABLE HOUSING

Mr. Jeff Burch: The number one issue in my riding of Niagara Centre is the severe lack of affordable housing. Wages are stagnant, but the price of gas, groceries and housing continues to rise. A modest one-bedroom in Welland is going for \$1,400 a month. A basement one-bedroom apartment in Port Colborne is \$1,300.

According to the Niagara Workforce Planning Board, in March 2020, Niagara's average home price was \$450,000. In March 2021, this price increased by 37.2% to over \$620,000. This annual increase in local housing costs outpaces wage increases of the average worker by five times.

If you work at a grocery store or in the service sector full time, your take-home pay is roughly \$1,800 a month. The median income in Niagara is just \$35,000 a year. Speaker, that worker takes home just over \$2,300 a month—\$2,300 a month. We're asking people to spend 60% of their take-home income on a one-bedroom apartment.

I'm willing to wager not one person sitting in this House is faced with that impossible task. When members of this House go home to their constituencies, I know they are hearing much the same thing. It's the obligation of this House to address this critical issue if we are to properly represent our constituents.

I'm urging this House to take real, substantive and timely action to address the soaring cost of living and shortage of affordable places to live. Bring back rent control—the rent control this government eliminated just months into its term; tackle the unsustainable price of owning a home; discourage speculation; and we must commit to building more social housing and co-operative housing. The people of Niagara and people across this province are demanding action.

1020

LANSDOWNE CHILDREN'S CENTRE

Mr. Will Bouma: The Lansdowne Children's Centre is the crowning jewel of service to nearly 3,000 unique children and families in Brantford–Brant, Haldimand–

Norfolk, Six Nations of the Grand River and the Mississaugas of the Credit. They primarily deliver government-funded rehabilitation services for children with physical, communication or developmental needs due to conditions including autism, cerebral palsy, spina bifida, chromosomal disorders and neurological conditions.

My constituency office constantly hears from families who receive services from Lansdowne Children's Centre expressing their gratitude for the breadth of the one-stop services that they provide.

The catchment area has experienced a growth that is six times greater than the city of Toronto and four times higher than the provincial average. That being said, executive director Rita Marie Hadley has been a champion advocating for the stage 1 approval for Lansdowne to progress through plans for a new premises that enables them to move forward with this critical infrastructure. And I would like to add my name, Speaker, with the pediatric rehabilitation community and the chorus of people who would like to see the funding come through like it did for our friends in the Grandview children's centre in Ajax.

My sincere compliments to Rita Marie, her staff and the volunteers at Lansdowne. You make Brantford–Brant a better place.

PUBLIC SECTOR COMPENSATION

M^{me} France Gélinas: Today, I want to talk about the discriminatory and unconstitutional Bill 124. Bill 124 was a move by this government to take away the rights of workers to fair negotiation. Bill 124 is a Conservative government doing what it does best: capping the wages of the lowest-paid front-line workers so they can give big tax cuts to big businesses.

The bill became law in November 2019, four months before the province enacted the emergency measures that would force health care workers to work night shifts, overtime, stat holidays, cancel their vacation, work on a different site with no way to refuse. Workers were being told to work from home, students from kindergarten to university were having to learn from Zoom, and the list goes on.

After all this upheaval, the people who got us through this pandemic, who taught our youth, who cared for our elders, who made our hospitals and health care system work, who cared about the most vulnerable among us—how does the Ontario government reward them? The Ford government takes away their right to bargain and puts a salary cap of 1% on all public sector workers. This is an insult and a pay cut.

We cannot fix a revenue problem on the backs of teachers, PSWs and nurses, especially during a pandemic. This bill is cruel and disrespectful. Bill 124 has got to go. If you agree, sign the petition at francegelinas.ca.

SENIORS PERSONNES ÂGÉES

Ms. Natalia Kusendova: Earlier this month, I had the pleasure of welcoming my colleague the Minister for Seniors and Accessibility to my riding of Mississauga Centre as our government announced a major increase in funding for the Seniors Community Grant Program. I'm proud to say that this year funding will double to a record of \$6 million, ensuring Ontario seniors can stay healthy, safe, active and connected to their communities.

Funding for original groups and organizations ranges from \$1,000 to \$25,000, benefiting a broad range of program types, including fitness, art and cultural activities. In a multicultural and diverse city such as Mississauga, this funding can ensure that seniors of many backgrounds can benefit from culturally and linguistically appropriate programming. With seniors being our province's fastest-growing demographic, our government recognizes the importance of supporting the nearly three million Ontarians over the age of 65 who helped make Ontario the place we know and love.

In my riding, I'd like to recognize three amazing organizations who are beneficiaries of this program. I was very happy to see the Church of Virgin Mary and St. Athanasius, the Kang Nai Xin Senior Association and the Sawitri theatre group all receive funding to continue serving seniors in our community.

Monsieur le Président, le programme de subventions communautaires pour les aînés a bénéficié à plus de 950 bénéficiaires depuis 2018, et ce nouveau financement garantira que le nombre augmentera pour les années à venir. Soutenir nos aînés est plus important que jamais alors que la vie revient à la normale, et cela continue d'être un gouvernement qui les aidera à bien vivre leur âge d'or.

LURE OF THE NORTH

Mr. Michael Mantha: Lure of the North is a family business based out of Espanola owned by Dave and Kielyn Marrone. Since 2011, their goal has been sharing their passion for traditional winter travel, crafts and culture. They sell everything you need to enjoy the outdoors in winter at their store, and they run trips for those people who want to challenge themselves and actually put that gear to good use.

Yesterday, a group led by Dave and Kielyn finished—get this, Speaker—an epic 72-day snowshoe trip, starting from Lake Superior and ending on the shores of James Bay. In that time, they travelled more than 700 kilometres over some of the most rugged and beautiful country this province has to offer. Not a lot of people would take on

this task. However, this group did. Their journey was a test of physical, mental and emotional endurance.

This trip is a prime example of the unique experiences that northern Ontario has to offer. Few other places in the world can match the natural beauty of northern Ontario.

On behalf of the Legislature, I want to say to Dave, Kielyn and the whole group: Congratulations, and welcome home.

FEDERATED WOMEN'S INSTITUTES OF ONTARIO

TEC-WE-GWILL WOMEN'S INSTITUTE

Mr. Jim Wilson: I rise this morning to recognize the 125th anniversary of the Federated Women's Institutes of Ontario, and in particular to congratulate the Tec-We-Gwill Women's Institute on the 75th year of its founding.

The women's institute is a worldwide movement established right here in Ontario to promote inclusive and supportive social networking for community action and personal growth. Over the years, in addition to sharing fun and friendship, the institute has promoted milk pasteurization and bread wrapping as well as white lines painted on roadways and documenting local histories. In its 75 years, Tec-We-Gwill, comprising many of my constituents, has provided gifts for children in hospital, prepared low-cost lunches for seniors, sewn and knitted clothing for orphanages and raised thousands of dollars to support causes like the South Simcoe 4-H, Simcoe Manor and the fight against breast cancer.

President Donna Jebb, who has been a Tec-We-Gwill member for more than 40 years, tells me that even COVID has not slowed the organization. The group continues to provide educational workshops via Zoom: everything from cooking, canning and pottery to sewing.

I ask all members of this House to join me this special anniversary year in congratulating the FWIO and Tec-We-Gwill on their many achievements and the excellent work that they do in our communities.

SPOTLIGHT ON AGRICULTURE AWARDS

Ms. Laurie Scott: I want to congratulate a few recipients from the third annual Spotlight on Agriculture Awards that took place this past Saturday in Kawartha Lakes, which celebrate food, farming and agri-business in the community.

The DeVos family was honoured as the recipient of the 2022 Farm Family Award. With four generations in the community, there are always lots of helping hands on the farm as the next generations create more new agri-businesses.

In 2020, the Callaghan family of Maryland Farm was recognized with the Farm Family Award. Farming in the community since 1841, they brought the first purebred Holsteins to the county in 1918. They still have the only

biogas digester in the area, supplying enough to power 300 homes.

This year's Excellence in Agriculture Award was awarded to Wahab Zamani of Simcoe Street Meat Packers. Wahab serves a number of local farms and is an avid educator on the industry and its challenges. Trillium Lamb Producers was honoured with this award in 2020.

Finally, the agriculture leadership scholarship was awarded to Allison Brown to support her participation in the Advanced Agricultural Leadership Program.

The Spotlight on Agriculture Awards also recognize the legacy contributions of farm families, and this year the Batty family was recognized for the 200-year milestone, Ontario family farm, and the 150-year-milestone, county family farm.

Thank you to the committee members, volunteers and all the nominees.

1030

COMMERCIAL TENANT PROTECTION

Ms. Peggy Sattler: Speaker, over the last two years of COVID, small businesses that have struggled to stay afloat are far from being in the clear. It's not only that revenues are still down and soaring inflation is driving costs up, but small business owners are also facing unfair and exorbitant increases in commercial rent.

Huma Sohail owns Tandoori Eh!, a restaurant in the Hyde Park area of London West. She borrowed to get up and running in February 2020, just one month before the global pandemic hit. Her restaurant, like so many others, is still hanging by a thread, and she is working around the clock to repay her loan and avoid losing her livelihood. But what's hurting Huma the most is the recent \$2,000 increase in her monthly rent, an increase of more than 25%. There are five other businesses in the same commercial plaza. All are struggling to pay the rent increase and wondering if they can stay open.

This government's refusal to address commercial rent fairness will result in many more small businesses closing, with more local jobs lost and more communities doing their best to recover without a thriving business core.

Small business owners like Huma did their part to get us through the last two years. This government should be doing everything possible to make sure that they can survive the next two years and beyond.

HOUSING

Mr. Sam Oosterhoff: I hear it from young people everywhere I go across the riding: "Buying a home is getting out of reach. Housing is too expensive. My husband and I both work full-time jobs and can't hope to save up the \$100,000 down payment. By the time we save up the original amount, it's gone up by 50%. Will I have to rent forever?"

It shouldn't be this way. The expectation of working hard, saving up and being able to one day own a property

is part of the promise of being a Canadian and shouldn't be out of reach for families in our province.

At its core, this is an issue of supply and demand. For many years under the Wynne-Del Duca Liberal government, roadblocks and delays were put in place on the housing development sector, leading to slumping housing starts across the province, and the NDP supported them every step of the way. Low amounts of new housing starts, combined with low interest rates and a continually rapidly growing population across the GTHA, meant that there were too many buyers chasing down too few houses.

But our government has a plan to change that, to bring new housing into the market, to jump-start the construction of new homes across our province and ensure that the dream of home ownership is a reality. Our More Homes, More Choice Act cut red tape to speed up approvals for new builds and build a healthier mix of housing of all shapes and sizes, and pushes municipalities to plan for more growth and housing in their communities.

There's more work to do, but already housing starts—the number of new units being built each year in the province of Ontario—is skyrocketing under Premier Ford. We are saying yes to unleashing the market to meet the demand, and the result will be that we're getting it done, building more homes for Ontarians at more affordable rates across our great province.

PETER ELLINGER

The Speaker (Hon. Ted Arnott): We have in the Speaker's gallery some very special guests: Peter Ellinger, his wife, Cindy Beggs, and Vicki Whitmell, who are here in honour of Peter's upcoming retirement from the assembly.

Peter joined the Legislative Assembly in 1989 and served in a number of important roles over the past 33 years: information and reference circulation clerk, information and reference librarian, manager of library technology applications and, most recently, manager of the portfolio management office. He has been instrumental in ensuring the library stayed up to date on the latest digital information and technology tools, keeping our parliamentary data accessible and readily available.

Although Peter is retiring, his impact at the Legislature will continue to be felt, as we use his team's applications and databases to support the work of this House. His knowledge, innovation and dry sense of humour will be very much missed.

We thank Peter for his service to this House and wish him good health and happiness in the years to come. Please join me in thanking Peter Ellinger.

Applause.

INTRODUCTION OF VISITORS

Hon. David Piccini: I'd like to welcome to the Legislature today the Sharpe family: Keri, Paul, but honestly the most infamous Sharpe, Wyatt Sharpe. Most people in this

Legislature probably know Wyatt: He's interviewed; he's well-prepared; he's an aspiring young journalist, and I expect to see him up here one day. I'd like to welcome them to the Legislature. They're constituents of mine from Orono. Welcome to the Legislature.

Mr. Jeff Burch: It's my pleasure to welcome to the House my lovely wife, Linda, and mother-in-law, Connie Vespoli—also known as Nonna—who are here to watch my son Jackson perform his page captain duties.

Hon. Monte McNaughton: I know he's not in the chamber yet, but I'm really excited to have my friend here today: Chief Jason Henry from Kettle and Stony Point in my riding. Welcome to Queen's Park.

Ms. Jennifer K. French: It's nice to have folks back with us. I see our friend Paul Kossta from OSSTF up there in the gallery. I know we're all glad to see our regulars back. Welcome.

QUESTION PERIOD

HOUSING

Ms. Peggy Sattler: My question is to the Premier. Speaker, late yesterday, the Conservatives finally took a page from the NDP's housing plan, Homes You Can Afford, a full year after our plan was released.

Certainly, Speaker, raising the tax charged on non-resident speculators who make millions playing the housing market is a long, overdue measure, but there's so much more to be done. Will this government be announcing further actions to crack down on the housing speculation that just drives up costs for everyday families?

The Speaker (Hon. Ted Arnott): To respond on behalf of the government, the Minister of Municipal Affairs and Housing.

Hon. Steve Clark: Speaker, I'm proud of the progress that our government has been able to do on the housing supply issue under the leadership of Premier Ford.

Since our housing supply action plan was passed in 2019, we found that there has been much improvement in the housing supply issue—the enormous amount of purpose-built rental that's being built in the province, going back to the early 1990s—but we know that there is much more to do and we need to do it in conjunction with other levels of government. We really need our municipal partners to do their part to ensure that we put a process in place that gets housing built faster, at the speed that Ontarians not just need, but deserve.

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

Ms. Peggy Sattler: Speaker, this government has nothing to be proud of when it comes to housing. They have a dismal record in making homes more affordable. For four years they did nothing to tackle rampant speculation. They have consistently showed much more interest in helping friends and donors build warehouses on protected wetlands than in bringing down the cost of housing.

The NDP has called for an annual speculation and vacancy tax on residential property, like they have in British Columbia—a tax that would apply to speculators who are here in Ontario, as well as non-residents. Speaker, will this government do that?

Hon. Steve Clark: Again, Speaker, the announcement yesterday that the finance minister and I made was pretty clear. We've now got the most comprehensive non-resident speculation tax in Canada. We're delivering on those demand-side issues.

But let's not cloud the issue, Speaker. Every single time that our government has put forward recommendations to deal with the housing supply issue, New Democrats have voted against it. Every time we've put bills on the floor to protect tenants, to strengthen our community housing, every time we've increased investments in new, affordable housing in partnership with our municipalities, every single time, New Democrats have said no.

1040

Speaker, I'm going to make it very clear to Ontarians: Under the leadership of Premier Ford, we're going to get it done.

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

Ms. Peggy Sattler: Young people who are starting out in the housing market need a plan that helps them. We should be pulling out all the stops to address the housing crisis in this province. The NDP's plan for housing includes measures to curb speculation as well as real rent control, desperately needed investments in social housing and more. Will we see any of these other measures from the NDP's plan announced today?

Hon. Steve Clark: Again, I want to put some statistics on the floor as a comparison to the NDP voting no all the time.

The year after we introduced our housing supply action plan in 2020, we saw 81,000 housing starts, the highest level in over a decade, and 11,000 rental starts, the highest since 1992. The next year, 2021, we saw 100,000 housing starts, the highest we've seen since 1987, and again, more than 13,000 rental units, which is the highest since the early 1990s.

Every single time, New Democrats have said no. Their housing plan is no; our housing plan is yes. Again, under the leadership of Premier Ford, we're going to get it done.

HEALTH CARE

M^{me} France Gélinas: Ma question est pour la ministre de la Santé. Minister, many residents of Sudbury and Nickel Belt have approached my office complaining about a new health service that they are being pressured to purchase in order to receive basic health care services from their family physician.

Sparrow Health is an online product that charges patients for services that were always free before. To get a doctor's note or a prescription renewal without waiting for an appointment, Sparrow Health will make that happen. Just give them \$20 or the price of an annual subscription.

With so many people who can barely afford the cost of their prescription, does this minister believe that it is okay for people to have to pay an extra \$20 for the services of their family physician?

Hon. Christine Elliott: I thank the member opposite for the question. We know there are many services that are covered under OHIP. In some circumstances, their physician may be able to charge extra for some of the services that aren't covered by OHIP. But for basic services, you're absolutely right: People should be covered. Getting a prescription renewed, some of the other services that you mentioned, you're absolutely right: They should not be charged for that.

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

M^{me} France Gélinas: Currently, Sparrow Health is telling residents of Nickel Belt to pay \$20 or wait for the next in-person appointment with their family physician. This company is profiting off the doctor shortage, frankly created by the Liberal government, but not helped very much by this one. The average wait time for a family physician in Nickel Belt is four to six weeks.

Jody in my riding needed her prescription medication renewed. She had to pay \$20 plus a \$10 fee to have the prescription faxed the same day. That's \$30 that she had to pay for services that are covered by OHIP if she goes and sees her family physician.

Does the minister believe it is acceptable for people to have to use their credit card to get basic medical care from their own family physician instead of their OHIP card?

Hon. Christine Elliott: I would agree with you that people should not have to pay for basic medical care that is covered by OHIP. But I would say with respect to your comment about not having enough family doctors in the north or primary care physicians or whoever else is providing the care, our government is investing in an additional 160 undergraduate spaces and 295 postgraduate spaces, the biggest expansion in terms of medical students entering schools in over a decade.

One of the chief organizations—there are six that are receiving these positions and funding over the next few years. One is the Northern Ontario School of Medicine, which is receiving 30 undergraduate positions and 41 postgraduate positions. That should certainly help with this situation, although, as you say, the payment for basic medical care from your own family doctor is not something that we would condone. But we should have more doctors in the system in the next few years to deal with this.

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

M^{me} France Gélinas: Speaker, let me tell you what's happening right now: Many people cannot afford these fees, so they are now booking unnecessary medical appointments to avoid to have to pay the \$20 or \$30 associated with their prescription renewal—which, I want to repeat, was always renewed for free before.

In northern Ontario, where we are short 300 physicians, people are booking unnecessary appointments with their

family physicians because they cannot afford to pay. It does not stop there. You can now get a physiotherapy, chiropractor, orthotics or massage therapy prescription, whether you need them or not, without ever seeing a physician. Just give money to Sparrow Health, and voila.

This privatization of our health care system has to stop. Care should be based on need, not on ability to pay. Does the minister agree?

Hon. Christine Elliott: What I would certainly say is that the activities of one group, this Sparrow group, is not indicative of anything else happening within our system. We can certainly look into what's happening with Sparrow, but there is no privatization going on in our health care system. We've actually increased our investments in the public health care system since we took office by \$4.8 billion. That is in our public health care system. We have not expanded any private health care whatsoever. Anything that's happening is systems that have already been there prior to—we have not issued any new medical licences for independent health facilities or private hospitals since 1973. At that time, there were 80 private hospitals; today, there are only four. It clearly indicates we're not making investments there; we're making investments in our public health care system.

MENTAL HEALTH AND ADDICTION SERVICES

Mr. Terence Kernaghan: My question is to the Premier. Ontario recently lost Kristin Legault-Donkers, a master's graduate, children's author and award-winning advocate. She was lost to suicide. Kristin fought tirelessly for system change. In 2019, she slept on the ER floor and waited 24 hours for mental health help. There just aren't enough supports. Her obituary reads, "After years of battling her own demons along with the bureaucracy of our mental health care system, the system she fought so passionately for failed her."

The current lack of mental health supports in my community is hurting everyone. The CMHO states that children under 18 wait as long as two and a half years to receive mental health treatment. How is that possible in Canada's richest province?

What does this government have to say to Kristin's family and families who are waiting while their children are suffering?

The Speaker (Hon. Ted Arnott): The Associate Minister for Mental Health and Addictions.

Hon. Michael A. Tibollo: Thank you for that question. Clearly, prior to having the pandemic in the province, we've seen that there was a crisis with mental health and addictions. That's why our government, under the leadership of Premier Ford, worked and created the Roadmap to Wellness, agreeing to invest \$525 million annually over 10 years, for a total of \$3.8 billion, to create the very system that's missing. That system is not only to look after adults, but after children, our seniors. It's a continuum of care. It looks at the different ages during the lifespan and ensures that there are supports for them. It's a program that

looks at creating connections between different communities and creating the continuum of care that's required for them, whether it's addictions or mental health care supports. In addition to that, it's culturally sensitive. It focuses on all the people in all regions of the province of Ontario: rural, municipal, urban and, of course, agricultural.

We are going to continue making those investments for the people of the province of Ontario.

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

Mr. Terence Kernaghan: Respectfully, through you, Speaker, to the member, funding over 10 years won't help Kristin.

My question is back to the Premier. Kristin needed our help. She advocated for others, worked with psychiatrists and social workers, and still it was an uphill battle. One of the first acts this government made when they took power was to cut \$335 million from promised mental health funding.

Dr. Jared Berman, a child and adolescent clinical psychologist in my riding, shared with me that a youth in our area sought mental health counselling, but walk-in services had a different person every time, no continuity of care, no relationship of trust—the cornerstones of good mental health care. Lucky that this individual had partial parental benefit coverage. They were told a minimum of a six-month wait but more than likely a year.

1050

Ontarians need to see better support of mental health care now so families aren't burdened with high bills so that kids get the care they deserve. Will this government return the \$335 million they cut in mental health: yes or no?

Hon. Michael A. Tibollo: This illusion of \$335 million continues to completely elude logic. This was a commitment that was made by the Liberal government as a last-ditch attempt during the last election to try to win voters over. This government made a commitment of \$3.8 billion and is investing those dollars now. The investments we are making are game-changers. They are transformational to the system. They are creating continuums of care for people with addictions, in providing everything from detox beds to addiction treatment beds to supportive beds. We're making investments with the Ministry of Housing in ensuring that we have supportive housing for individuals—truly addressing the underlying issues of mental health and addictions in this province, which have to do with the social determinants of health, which I'm sure you understand. These investments are being made, and it's hundreds of millions of dollars that no government in the past has ever taken the time or energy to invest.

TRANSPORTATION INFRASTRUCTURE

Mr. Sam Oosterhoff: It's no secret that our government inherited a massive infrastructure deficit from the Wynne-Del Duca Liberals. For 15 years, we saw the Wynne-Del Duca Liberals refuse to invest in badly needed roads, bridges and highways, and now Ontarians are paying the price. By 2051, the population of the greater

Golden Horseshoe is forecasted to grow to 14.9 million people. That's 200,000 people—the equivalent of Welland, St. Catharines and Grimsby combined—moving into the region every single year. Can the Minister of Transportation please tell us what this government is doing to invest and prepare our infrastructure for this population surge?

Hon. Caroline Mulroney: Thank you so much to the member from Niagara West for the question. The member is right that previous Liberal governments were short-sighted on transportation planning. But good news for Ontarians: Under our government, things are changing.

For instance, I was pleased to join the Premier just a few weeks ago to announce our long-term transportation vision for the greater Golden Horseshoe. This plan sets out a path to 2051, including more than 100 near-term actions to tackle the infrastructure deficit the Liberals created and to accommodate the massive population growth that is already here.

Whether you're a student using transit to get to class, a business owner relying on our strong highway network to get your goods to market, or a parent like me who's using local roads to get your kids to the nearby rink, we took your needs into consideration when developing this plan.

Our government is saying yes to building critical transportation infrastructure, and saying yes to getting more options for Ontarians to get around.

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

Mr. Sam Oosterhoff: I want to thank the minister for that answer. We saw that the Liberals knew rapid population growth was headed to the greater Golden Horseshoe and instead of addressing it, they shelved crucial key highway projects like Highway 413 and the Bradford Bypass. The Liberals failed to get shovels in the ground to build more public transit. They failed by sentencing a generation of GTA drivers to perpetual gridlock. Speaker, the Liberals' do-nothing approach isn't an option anymore.

Could the minister please elaborate on what key actions are in this government's transportation plan for the greater Golden Horseshoe and how this government is getting it done for the people of Ontario?

Hon. Caroline Mulroney: Thank you again to the member from Niagara West for the question. I've said it before in this House: If we don't take strong action now, gridlock will only get worse in this province. In fact, it's forecasted to triple over the next three decades.

I know the frustrations of sitting in bumper-to-bumper traffic each day first-hand, yet every single day we hear no from the Liberals and the NDP on that side of the House, who would rather keep Ontarians trapped in gridlock forever.

Our government is embarking on the largest transit expansion plan in Canadian history. We're expanding GO service to deliver on our mandate of two-way, all-day GO service on core segments of the network, including in the region of Niagara, where we have already increased the number of GO train trips per day by 27% on weekdays and 23% on weekends.

Speaker, we are also saying yes to building critical infrastructure projects, like Highway 413 and the Bradford Bypass, as well as the Morriston bypass. Our government is addressing gridlock and addressing population growth head-on. I hope the members opposite will join us in this work.

POLICE OVERSIGHT

Mr. Sol Mamakwa: *Remarks in Oji-Cree.* It's a good morning.

My question is to the Premier. Anishinaabe Nation Grand Chief Reg Niganobe and Nishnawbe Aski Nation Deputy Grand Chief Anna Betty Achneepineskum are at Queen's Park today, calling on this government for immediate action in Thunder Bay regarding their police services. All Indigenous people have the right to feel safe and be treated equitably within the city of Thunder Bay, especially by those sworn to serve and protect.

What action has this government taken since we learned that the Thunder Bay Police Service failed to properly investigate the deaths of 14 Indigenous people?

The Speaker (Hon. Ted Arnott): To reply, the Solicitor General.

Hon. Sylvia Jones: Misconduct allegations must be and are taken very seriously by our government. When we started to hear about the very serious allegations that were coming out of Thunder Bay, I wrote to the Ontario Civilian Police Commission. As you know, they started a review in January. That review is ongoing. Specifically related to the deaths, the OPP are doing an independent investigation. That work has already begun.

When we heard from the chief pathologist and the coroner about their concerns about these deaths, they did the right thing. They did that independent review. They gave it to the Attorney General, who referred that information to the OPP. Those investigations are ongoing, and we will allow that to happen without political interference.

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

Mr. Sol Mamakwa: Back to the Premier: The leaders of the Anishinaabe Nation and the Nishnawbe Aski Nation are here to tell this government that Indigenous people have no trust in the Thunder Bay police. Their repeated failures to properly investigate the deaths of Indigenous people mean that an additional 25 unsolved cases of missing and murdered Indigenous women and girls require an external review. Their families deserve answers.

Systemic racism within the Thunder Bay police is preventing justice for Indigenous people, and it is intolerable. Will this government immediately call for OPP oversight of the Thunder Bay police?

Interjections.

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

Solicitor General.

Hon. Sylvia Jones: The member opposite and I and our government are in full agreement. These serious allegations must be and are being investigated by independents

through the Ontario Civilian Police Commission and through the OPP. Those investigations must happen in order—exactly as you said—to bring back trust and faith in the police services in Thunder Bay and elsewhere. We've done that. Those investigations are ongoing, and we should not and cannot politically interfere in those independent reviews as they take place.

SEXUAL ASSAULT

M^{me} Lucille Collard: My question is to the Premier. Recently, a serious problem that seems to exist in Ontario has come to my attention. It is something that I find hard to believe, or very discouraging. A comprehensive study last year found that 39% of hospitals in Ontario do not have sexual assault evidence kits available to victims. These kits provide really important evidence to trials in cases of sexual violence. Unfortunately, it seems that these kits are not always available.

1100

I also recently heard something else disturbing: that some victims of sexual assault have been asked to pay for rape kits in provinces. That is extremely disturbing and it's a manifestation of rape culture that should not be allowed to happen in Ontario.

My question is: I have tabled a private member's bill, just yesterday, to address the problem of rape kit availability and to ensure that they are always available for free. Will the government support my bill?

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

Hon. Christine Elliott: Thank you to the member opposite for the question. Our government has zero tolerance for workplace violence. One incident of workplace violence is one too many. That is why the Ministry of Health along with the Ministry of Long-Term Care and Ministry of Labour, Training and Skills Development acknowledge that workplace violence and workplace violence prevention continues to be a critical issue in the health care sector.

That's why we are working already with our partners, like Ontario Health and the Public Services Health and Safety Association, to develop strategic approaches to address this very important issue. Most recently, our government published a workplace violence prevention guide to the law for employers to help health care organizations understand their obligations to prevent workplace violence under the Ontario health and safety act.

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

M^{me} Lucille Collard: Maybe I can offer the minister to read my private member's bill, because we're talking about availability of rape kits and sexual assault.

Mr. Speaker, in Canada, only 33 out of every 1,000 sexual assaults are reported to the police. Women clearly do not feel that policing and justice are responding to their needs. We have seen numerous movements call out the systemic racism at play in Ontario's policing. Police can't do their job properly if they don't have the confidence of

the general public. We need to be bringing perpetrators of sexual assault to justice.

What is the Solicitor General doing to ensure that there can be public trust in the OPP so that women—every woman; Indigenous, Black women, every woman—feel comfortable reporting sexual assault?

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

Hon. Sylvia Jones: I think the first and most important thing is that people have confidence to come forward and place those charges. We have some incredible police leaders who are doing excellent work to make sure that there are standard processes so that when people come forward, they have confidence in the police service to make sure that those investigations are happening. And that work is ongoing—absolutely, I will not disagree with you there.

What we are doing is making sure that people understand what their rights and responsibilities are and to make sure that the police have the tools. That's, frankly, why we have now some grants and programs in place to have police services work with their local sexual assault agencies, to work with their homeless shelters, to make sure that those communications and relationships are there, in place, so that when someone comes forward, not only can the charges come forward, but they can also get and are provided with the supports they need as they go through the criminal justice system.

SKILLS TRAINING

M^{me} Natalia Kusendova: Ma question est pour le ministre du Travail, de la Formation et du Développement des compétences

Mr. Speaker, from our big cities like Mississauga to our small towns, Ontario is back and ready to unleash our economic potential and start firing on all cylinders. But we need all hands on deck.

In the construction sector alone, we will need over 100,000 more workers over the next decade. These good jobs with pensions, benefits and bigger paycheques are right here in Ontario for the taking. Our mission, under the leadership of Premier Doug Ford, is to help more people reach them. This includes our strategy to get more women involved in skilled trades.

Minister, you were recently in Ottawa to announce an exciting investment. Can you please tell us how this announcement will benefit the people of Ottawa?

Hon. Monte McNaughton: Thank you so much to the member for this very important question. As the member said, recently I had the pleasure of travelling to our nation's capital to join my colleagues the members from Carleton and Ottawa West–Nepean. Together, we announced our government is investing over \$13 million in free training and paid electricians' apprenticeships for more than 2,500 people across Ontario.

Mr. Speaker, electricians make everything possible that we enjoy in life. Their cables kept us all connected with families, with friends and work colleagues at a time when we couldn't be together. This is part of our worker-first

plan for Ontario. We're helping people lift themselves up, support their families, and give back to their communities.

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

Ms. Natalia Kusendova: Thank you to the minister for that response, and for working hard to get it done.

Through you, Speaker, it's clear that these are rewarding and well-paying careers. Construction electricians make about \$34 an hour. Industrial electricians make \$36 an hour. Power system electricians make \$47 an hour, and many electricians earn more than \$50 an hour.

Mr. Speaker, last year there were over 1,800 job postings for electricians. With over \$2 billion in infrastructure projects on the horizon, we need to ensure our workforce is ready to meet this demand. We need these workers to build and maintain our roads, hospitals and schools for Ontario's growing population.

So, Speaker, what is the minister doing to give a hand up to those who work hard and take pride in a job well done?

Hon. Monte McNaughton: Through you, Mr. Speaker, I want to thank the member for her advocacy and continued support to get more people into the skilled trades.

Speaker, our announcement in Ottawa was about more than just training. We're breaking new ground, taking historic steps, and passing first-of-their-kind legislation that builds a stronger Ontario for everyone. It shows our government is working for workers every single day and we're not slowing down. We're putting those who work an honest shift in the driver's seat and helping average people and their families get ahead. We've got a workers-first plan to build a brighter future for Ontario that works for everyone.

Through you, Mr. Speaker, our government is all in, and we're going to get it done under Premier Ford.

AUTOMOBILE INSURANCE

Mr. Guratan Singh: My question is to the Premier. Ontarians are struggling to make ends meet, and one of the greatest expenses they face is car insurance. But instead of helping Ontarians and lowering rates, the Conservative government continues to allow billion-dollar car insurance companies to rip off Ontarians by charging them more simply based on where they live. It is postal code discrimination and it is wrong.

Last week, alongside other NDP MPPs, I put forward a bill to lower car insurance rates by ending postal code discrimination. Will the Premier do the right thing? Will he vote yes to our NDP bill to stop postal code discrimination and lower rates? Or will he continue to allow his insider friends in the car insurance industry to rip off Ontarians?

The Speaker (Hon. Ted Arnott): To respond, the member for Brantford–Brant, the parliamentary assistant.

Mr. Will Bouma: Thank you for that question. Our government has been keeping a very close watch on the insurance companies across Ontario to make sure that they are treating the people of Ontario fairly during this unprecedented time. And we have had a clear message to

insurance companies: “You should provide relief and funds to reflect the financial hardships your customers are facing because of COVID-19.”

Because of that, because of the encouragement of the province of Ontario, we have seen \$1 billion in consumer savings, affecting 93% of Ontario drivers. In fact, Mr. Speaker, David Marshall’s report that came out a few days ago stated that, since 2019, FSRA has been active in reducing the regulatory burden.

The reality is, Mr. Speaker, the people of Ontario work very hard, and our government understands that taxpayers are under pressure. We recognize the impact that inflation is having on our families, and our government is here for them. Our government is committed to putting and keeping more money in the pockets of hard-working Ontarians—for example, the jobs training tax credit of \$2,000 and the low-income workers LIFT credit.

Mr. Speaker, every opportunity that the opposition has had to make life more affordable for the people of Ontario, they have said no.

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

Mr. Gurratan Singh: Back to the Premier: We have just heard how out of touch the Conservative government is. I challenge the Premier to go to Brampton, to go to Scarborough, to go to northwest Toronto and ask voters there if their car insurance rates have gone up or gone down. They will tell you that the rates have gone up and people are struggling because of it.

It’s no surprise, because every single year that the Conservative government has been in power—in 2018, in 2019, in 2020, in 2021 and in 2022—they have allowed car insurance rates to go up. And on top of it, they have voted no to two NDP bills that would actually have ended and lowered car insurance rates.

1110

Enough is enough. The Premier needs to stop serving his insider friends in the car insurance industry and start serving the people of Ontario. Will he vote yes to our NDP bill and lower car insurance rates once and for all?

Mr. Will Bouma: I appreciate that in the Marshall report that was just released, no mention was made about how making auto insurance more expensive for the rest of the people of Ontario would serve any benefit. In fact, what he’s saying is that the future of consumer services like insurance lies in being responsive to rapid changes, such as pricing and innovation.

We recently implemented, through FSRA, a regulatory sandbox to test new initiatives to respond to changing consumer needs. Successful innovations from this sandbox would be delivered to the consumer market.

But the reality is that the people of Ontario need real relief: making life more affordable and convenient for over eight million vehicle owners by eliminating licence plate renewal fees; the minimum wage increase, a raise to over 760,000 Ontario workers; removing the unfair tolls imposed on Highways 412 and 418 by the Del Duca Liberal government and addressing the housing crisis.

Mr. Speaker, every chance that the opposition has had to say yes to the people of Ontario, they have said no.

HOUSING

Ms. Lindsey Park: My question is to the Minister of Municipal Affairs and Housing, and I understand this is a timely question. Oshawa is now one of the most expensive places to rent an apartment in all of Canada. A real estate listing and analysis firm’s numbers say Oshawa saw the average two-bedroom unit in Oshawa jump by a staggering 24.8% this month, reaching a new high of \$1,860 per month.

I recognize, Minister, you inherited a huge housing backlog when you became minister. What more can we do as a Parliament? What more can you do to help my Oshawa constituents like Ontario Tech students who are soon going to graduate who are looking for a place to rent?

Hon. Steve Clark: Speaker, through you to the member for Durham: I want to thank you for the question. Thank you for your advocacy in your riding. I really appreciate the interest on the housing file.

You’re right: We inherited a housing file that was for the most part neglected by the previous government for 15 years. We went at it very quickly with our housing supply action plan. As you know, both in 2020 and 2021, the years following the housing supply action plan, we’ve had significant increases. In Durham alone, in the member’s riding, since we implemented our plan, there have been about 4,200 housing starts, which is about a 58% average from 2019—it’s higher than the average for 10 years.

But regardless of that, your points are well-taken. It only shows the fact that our work is not done. We need all of our partners, including municipalities, to do their share to make sure that long, drawn-out process that’s really causing undue delays needs to stop. So your question is very timely, and I’ll have more to say later on today.

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

Ms. Lindsey Park: I want to specifically thank the minister for his collaboration on the release of the Co-owning a Home guide earlier in the term, one of the potential solutions for those finding themselves priced out of the market.

In February, the average Durham region home reached an all-time high of \$1.2 million. As we near the end of the term of this Parliament, what other solutions can you offer to benefit my constituents?

Hon. Steve Clark: Speaker, again through you to the member for Durham: I want to thank you for your leadership on the co-ownership innovation guide that we’ve done highlighting the Golden Girls in your riding. Thank you for your leadership.

We want to build upon some of the measures that we’ve put forward as a government. Obviously my housing task force report—very bold, visionary—sets out a longer-term plan for the government. But we know; it doesn’t matter what consultations we had. The member knows that the

process takes too long. It literally takes too long to start a process and get shovels in the ground. That's something that we've heard throughout the consultation. We want to put a plan in place, but we want to continue that consultation: multi-generational communities; to ensure that there's a rural and northern lens on the housing file, which I know the member's very, very interested in.

This is a long-term strategy. It's not a one-and-done. And I think you'll see, in the years ahead, that our government, under the leadership of Premier Ford, will have many, many more housing initiatives to deal with the housing supply problem.

NORTHERN ONTARIO DEVELOPMENT

Mr. Randy Pettapiece: My question is for the Minister of Northern Development, Mines, Natural Resources and Forestry. It's long been observed that the gap between northern and southern Ontario is more than just a geographic one. We have known for quite some time that the northern portion of our province has been left wanting for investment. Whether investment in health care, infrastructure or even just the investment of consideration into formulating strategies to improve life for our northern, remote and Indigenous communities, it's clear that the previous administration was uninterested, and instead solely fixated on the southern, urban regions of our province.

Mr. Speaker, through you to the minister: How is our government and his ministry bridging that gap to build a stronger, more inclusive Ontario?

Hon. Greg Rickford: I want to thank the member from Perth–Wellington for his legacy in this place and the incredible work he's done for his constituency and our government over the past couple of years.

Mr. Speaker, up north, we're talking about opportunities. I started out in Cochrane, went to Iroquois Falls, Temiskaming Shores, Sturgeon Falls and Calstock where, on behalf of the Minister of Energy, we announced a biomass strategy, and in Lac des Iles with the Premier, talking about our Critical Minerals Strategy. There's a palpable enthusiasm across northern Ontario that we have an opportunity to serve global demands, that we have an opportunity to be part of an integrated supply chain, from exploration to electric vehicles. That means investing in our businesses, investing in infrastructure for our communities. It's why we modernized the Northern Ontario Heritage Fund Corp.

Northern Ontario is appreciative of the work this government is doing, and we're ready.

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

Mr. Randy Pettapiece: It's clear that the minister's efforts to create a new-and-improved Northern Ontario Heritage Fund Corp. are manifesting into real-world results for people and businesses across the north.

The facts are this: Since June 2018, we have invested more than \$473 million in 4,244 projects in northern Ontario through the NOHFC, leveraging more than \$1.5

billion in investment, and creating or sustaining over 6,600 jobs. What is clear is that many northern communities were forgotten under past Liberal governments, and our government was elected to clean up their mess.

Speaker, through you, how is the minister turning these communities across the north into economic hubs?

Hon. Greg Rickford: I'm sure the Minister of Economic Development, Job Creation and Trade shares my view that we have the most amazing Premier, who is focused on the priorities of the north. He knows, when it comes to agriculture, that the clay belt in Thunder Bay district and in Fort Frances and Rainy River represents three of the largest growth areas for agriculture.

He knows that, with the tariffs President Biden slapped on Russia—and rightly so—for their hardwood plywood birch, it's now going to be demanded from Cochrane. That's why we invested \$3.5 million in a new four-foot lathe up there.

He knows that in mining we have an opportunity to fill the gap, Mr. Speaker, and the global demand and the context of this strife for critical minerals. The European Union has come to the Premier and myself for a meeting to form a strategic alliance. They're now asking us for our timber and our food.

Northern Ontario is busy, and the NDP have voted against all of these important initiatives. We're ready, up north—

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

ASSISTANCE TO PERSONS WITH DISABILITIES

Miss Monique Taylor: My question is for the Premier. The COVID-19 fatality rates for people with disabilities are two and a half times higher than for the general population. They have largely been left out of conversations around supporting Ontarians through this pandemic, especially when discussing the protection of residents in long-term-care facilities and group homes.

One group home here in Ontario had a 95% infection rate during the height of the pandemic. This is shocking. Ontarians with disabilities do not deserve this. They do not deserve to be left on the sidelines of this conversation. This government needs to stop ignoring people with disabilities. The health and well-being of people in Ontario who have a disability needs to be prioritized.

Can the Premier tell us what his government is doing to protect individuals in group homes as the province reopens?

1120

The Speaker (Hon. Ted Arnott): Minister of Children, Community and Social Services.

Hon. Merrilee Fullerton: Thank you to the member opposite. Our government is committed to ensuring the safety of those in our group homes and under children, community and social services' purview. That is why we

have seen unprecedented investments in this area to support our vulnerable populations. Our government has understood the impact of COVID-19, and that's why we've backed up our communities and our group homes with real supports. More than 250,000 recipients and their families received the emergency benefit introduced in March 2020 to help individuals who may have faced additional costs due to COVID-19. To support individuals, we also expanded access to temporary emergency assistance for those in financial crises who have had no access to other supports. ODSP and OW recipients continue to have access to the government's discretionary benefits.

We are working with our other ministries—the Ministry of Labour, Training and Skills Development, the Ministry of Municipal Affairs and Housing, the Associate Minister of Mental Health and Addictions—to allow a plan for renewal and recovery for this sector.

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

Miss Monique Taylor: Prior to this pandemic, there were painfully long wait-lists for supportive housing for people with disabilities, and this has only gotten worse under this government. In many cases, a person has to wait up to 23 years for appropriate supportive housing—23 years, Speaker. Can you imagine anyone in this chamber having to wait over two decades to receive housing and support that they need? I bet not.

Ontarians with disabilities are overrepresented among those living in poverty and in emergency shelters, which is completely unacceptable. They deserve stability and they deserve to have access to appropriate housing options now, not two decades from now.

Can the Premier tell us what his government is doing to expand the appropriate housing and care options for people with disabilities and to protect them from future outbreaks?

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

Hon. Steve Clark: I want to thank the honourable member for the question. One of the things that our government is doing as a result of our supportive housing consultation is to take an all-of-government approach on this issue. We're working collaboratively. Obviously, Minister Fullerton just responded to the first part of the question, but she and I and our ministers in health, Minister Elliott and Minister Tibollo, are taking that all-of-government approach when it comes to supportive housing.

One of the things that we heard from our stakeholders was that there are too many programs. I made an announcement in Durham region with our chief government whip to announce our Homelessness Prevention Program, which basically takes some of our supportive housing programs and rolls them into one to make it easier and more flexible for our service managers. What we've also done, Speaker: We've added more dollars to our municipal partners so that they're able to get that immediate improvement to the system today, not 10 years from now.

FISCAL ACCOUNTABILITY

Ms. Mitzie Hunter: My question is to the Premier. According to the FAO expenditure monitoring report for Q3, the government has reduced planned spending on health, children and social services, and education. Choking off supports to some of Ontario's most important services and programs during a global pandemic and lockdowns is bad enough, but the FAO's Q3 report showed us again that this government is hoarding billions of dollars in contingency and unallocated funds. What are these billions of unallocated funds for? There always seems to be a lack of transparency when it comes to this government.

What we do know is this: It was not to help Ontarians get through this pandemic. Instead, it was set aside for March madness, a \$5.6-billion pre-election spending spree.

Speaker, the Premier, in 2019, called March madness spending a waste of taxpayers' dollars. Why did he choose to waste \$5.6 billion now?

The Speaker (Hon. Ted Arnott): To reply, the President of the Treasury Board.

Hon. Prabmeet Singh Sarkaria: As the member would know, the Minister of Finance updated on his own quarterly reporting where he noted that we are investing an additional \$2.3 billion to support the people of this province. Every step of the way, to support the people of this province, we have invested.

There is no government in the history of this province that has invested more in health care, more in education, more to support the people of Ontario, and we've continued that, just like last week, where we announced one of the first new medical schools in over 100 years in the GTA, in the city of Brampton. That also includes a new medical school in Scarborough that the people of Scarborough will be able to utilize. We've got a commitment to build over 3,000 new beds over 10 years and \$22 billion behind that. We will continue to make record investments to keep the people of this province safe and to build on our progress to date.

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

Ms. Mitzie Hunter: Thank you to the President of the Treasury Board. I worked on that new medical school before you took office, so I appreciate the fact that—

Interjections.

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

Please restart the clock. The member for Scarborough—Guildwood has the floor.

Ms. Mitzie Hunter: Thank you, Mr. Speaker. Yes, I did work on the Scarborough Academy of Medicine before you took office, so I want to see those programs get built.

The fact is, the people of Ontario and of Scarborough are waiting for services that this government has delayed, like the families on autism that are waiting for services, or the ODSP program, which is underspent in the face of rising inflation. Seniors who are on fixed incomes need to hear from this government that there's a plan to ensure that

they can have a dignified retirement. What about the learning gaps? Why are you delaying those important programs and leaving people hanging?

Speaker, does the Premier think that breaking his budget deadline for selfish reasons is the leadership that Ontarians deserve? You've changed that deadline. You should have been reporting this budget this week instead of at the end of April. You are keeping people waiting when they are in need of much-needed programs and services in this province.

Hon. Prabmeet Singh Sarkaria: There is no government in the history of this province that has invested more to support the people of this province than this government.

Mr. Speaker, let's take a look at the record of the members opposite. They voted no to over \$1.5 billion in additional spending to support hospitals. That included 3,100 new surge beds, and those, too, in the member's own community of Scarborough. The members opposite have voted no to historic capital investments to increase the supply of hospital beds in this province. That's 56 new major capital projects over the course of 10 years. The members opposite have voted no towards that.

The members on this side of the House are going to be committed to making life more affordable, building hospital beds, building capacity and building that new medical school in Scarborough.

AUTISM TREATMENT

Mr. Faisal Hassan: My question is for the Premier. Parents of children and young people with autism have long struggled for the financial and structural support they require to get the proper care they deserve. We know the previous Liberal government let parents down, and under this government, the wait-list has doubled.

In York South-Weston, one such parent is Alexis, whom my office has been trying to help. Alexis has been frustrated with the lack of communication from the Ontario Autism Program, and has no funding support for her child and no end in sight to the lengthy wait-list. Why will this government not step up to the plate and address how the Ontario Autism Program is simply not working and the wait-list is clearly unacceptable?

1130

The Speaker (Hon. Ted Arnott): To respond, the Minister of Children, Community and Social Services.

Hon. Merrilee Fullerton: Thank you to the member opposite for that important question. Our government has been committed to making sure that the children and their families get the supports they need. That's exactly why we've been creating a program for the community by the autism community. That's why we have doubled the investment. That's why we have approximately 40,000 children receiving supports right now through the plan, which is a multi-pathway program, providing supports in multiple ways. And that's why we did consultations, listened to the community and understood the needs to

create a new program through the independent intake organization, which has now been announced.

We're moving forward and making very good progress, unlike the previous government that had 75% of children who would never receive any supports, and that was supported by the NDP. What did you do to address this issue? What did you do? There is important progress that is being made. We're on track to getting five times as many children into this program as previously. The data supports that.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Faisal Hassan: This Saturday is World Autism Awareness Day.

My question is back to the Premier. Alexis has met barriers when trying to access the Ontario Autism Program and the Special Services at Home program. In fact, her SSAH application was lost and she had to resubmit it.

Special Services at Home updated Alexis a few days ago, saying she cannot get a client number until funding is approved and that the waiting list for her son is contingent on when and how much the government funds SSAH.

Alexis sent a letter to the Minister of Social Services that I was copied on: "We have been told early intervention is key for supporting kids with ASD and if you haven't figured it out by now, Emmett's early intervention window is quickly passing." Alexis has deep fears of her son's regression without getting the funding she needs and, in fact, is fearful for his well-being. Families deserve so much better.

With a wait-list of 53,000 children, when is this government going to provide the urgent help needed for their children's development?

Hon. Merrilee Fullerton: Thank you for the question. Let me first of all acknowledge the challenges that families have had and the importance of the progress that we're making to bring families into these programs.

I dispute the number that you're suggesting for the 50,000. The actual reality is that we have 40,000 children receiving supports right now: children and youth in the behaviour plans, 3,665; childhood budget funding payments issued, 8,682; 32,000 payments for the one-time interim funding; for the foundational family services, 12,914.

The opposition had the chance to support children and youth with special needs. They said no to the Grandview children's treatment centre in Ajax. They said no to the 1Door4Care in Ottawa. They said no to the Chatham-Kent children's treatment centre. They voted against this funding and these investments not once but twice.

Our government is supporting—

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

The next question.

EARLY CHILDHOOD EDUCATION

Mr. Mike Schreiner: My question is for the Premier. Families in Ontario have paid the price for the Premier's dithering and delay as the last jurisdiction to sign a child

care deal in Canada, and they will pay the price if there are not enough spaces available.

Here's the bottom line: Ontario will not have enough child care spaces if there are not enough early childhood educators to care for our children. There is already a shortage of ECEs because of low pay and poor working conditions. Graduation rates of the Ontario College of Early Childhood Educators have declined by 7% every year since 2014.

Speaker, care providers deserve fair wages, so will the Premier say yes to ECEs and the children and families who need them by offering a \$25-an-hour pay for ECEs?

The Speaker (Hon. Ted Arnott): To respond, the Minister of Education.

Hon. Stephen Lecce: We have delivered what no Liberal Premier could, which is affordable child care for the people of Ontario. Under Premier Ford's leadership, we have announced a plan that will reduce rates by 25% on average, upfront, this spring and an additional 50% by Christmas of this year. We will get to \$10 by 2025, a monumental initiative that will provide relief and stability for families who need it, young families in our province.

Mr. Speaker, we value the work of early childhood educators. It's why in this deal we have a minimum wage of \$18, and \$20 for supervisors. Mr. Speaker, 75% of our workforce is above that. We're trying to create an equilibrium of wages within the sector, to retain them and incentivize 14,000 more to enter our industry. We've landed not any deal but a better deal for the people we serve.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Mike Schreiner: Speaker, we need to have an honest conversation with the people of Ontario about the fact that you need ECEs to be able to staff the spaces to deliver the affordable child care that people want and need. Paying care providers a fair wage is just the right thing to do. It's the right thing to do for nurses, educators and child care workers. It reflects the values of who we are as Ontarians.

But if that doesn't convince the government to do the right thing, maybe basic economics will. You don't have to be a labour economist to understand that low wages in a tight labour market will make it difficult, if not impossible, to hire the workers needed. Manitoba gets it: They're paying \$25 an hour. Yukon gets it: They're paying \$30 an hour. So why doesn't the Ford government get it, at \$18 an hour?

Speaker, will the Premier stand up, do the right thing and pay ECEs the fair wages they deserve?

Hon. Stephen Lecce: In the agreement that was publicized for the people of Ontario, we confirmed to a minimum wage of \$18. Every year thereafter, in this agreement, it rises a dollar, up to \$25 at a maximum. Also, the province of Ontario unilaterally put in \$395 million to ensure that child care workers who work with staff and kids six to 12 years old, which are excluded from this federal deal, also get that wage increase. We didn't have to do that, but we believed it was the right thing to do to stabilize the workforce and encourage 14,700 more ECEs

to step forward to help fill the 86,000 spaces that our Progressive Conservative government is creating. We have put more money in the child care system. We're maintaining the Ontario Child Care Tax Credit, which the members of the Greens, Liberals and New Democrats have opposed systematically in this House. We're going to continue to invest in families, reduce fees and make life more affordable for families in Ontario.

NORTHERN HEALTH SERVICES

Mr. Michael Mantha: My question is to the Minister of Health. Right now in Algoma-Manitoulin, communities are facing many shortages of permanent doctors. In Thessalon, the North Shore Health Network has been searching for a full-time physician at the local hospital for months. They are scrambling. They are relying on locums to fill the urgent need of the hospitals, while primary care, which is the gold seal of our care here in this province, is basically non-existent.

Weeks ago, I presented a plan to the minister from the East Algoma Primary Care Work Team to create an integrated care model to help recruit and retain new physicians in the area. The current model of care is simply not sustainable in the area. This has been going on for years, and this problem, Minister, is not going away. We're looking to you for your help.

Can you let us know: What is the government's plan to train, recruit and retain physicians in northern Ontario?

Hon. Christine Elliott: Thank you to the member for the question. We have had several conversations about the issue that you just described. You did present your plan to me, and we are studying it. We understand the urgency for it. We know that you need to have a solution and we are giving it priority in our office, I can certainly advise you of that.

In the longer term, however, you know that we are expanding medical placements for medical students significantly across Ontario—the biggest increase for the past 10 years: 160 undergrad physicians, 295 postgraduate physicians. I recognize that won't help in the immediate instance that you're speaking about. However, it is going to greatly increase the number of doctors who are going to be available in Ontario, particularly in northern Ontario, because the Northern Ontario School of Medicine is receiving 30 undergraduate physicians and 41 postgraduate physicians.

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

NOTICE OF DISSATISFACTION

The Speaker (Hon. Ted Arnott): Pursuant to standing order 36(a), the member for Ottawa-Vanier has given notice of her dissatisfaction with the answer to her question given by the Minister of Health concerning the availability of sexual assault evidence kits. This matter will be debated today, following private members' public business.

DEFERRED VOTES

PROTECTING ONTARIO'S RELIGIOUS DIVERSITY ACT, 2022 LOI DE 2022 SUR LA PROTECTION DE LA DIVERSITÉ RELIGIEUSE EN ONTARIO

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

Bill 89, An Act to amend the Human Rights Code with respect to religious expression / Projet de loi 89, Loi modifiant le Code des droits de la personne en ce qui concerne l'expression religieuse.

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

The division bells rang from 1140 to 1145.

The Speaker (Hon. Ted Arnott): All those in favour of the motion will please rise and remain standing until recognized by the Clerk.

Ayes

Anand, Deepak	Fullerton, Merrilee	Pettapiece, Randy
Andrew, Jill	Gates, Wayne	Piccini, David
Babikian, Aris	Gélinas, France	Rasheed, Kaleed
Bailey, Robert	Hardeman, Ernie	Rickford, Greg
Barrett, Toby	Hassan, Faisal	Romano, Ross
Bethlenfalvy, Peter	Hogarth, Christine	Sabawy, Sheref
Bouma, Will	Jones, Sylvia	Sandhu, Amarjot
Burch, Jeff	Kanapathi, Logan	Sarkaria, Prabmeet Singh
Calandra, Paul	Ke, Vincent	Scott, Laurie
Cho, Raymond Sung Joon	Kramp, Daryl	Simard, Amanda
Cho, Stan	Kusendova, Natalia	Singh, Gurratan
Clark, Steve	Lecce, Stephen	Skelly, Donna
Coe, Lorne	Mantha, Michael	Smith, Todd
Crawford, Stephen	Martin, Robin	Stevens, Jennifer (Jennie)
Cuzzetto, Rudy	McKenna, Jane	Taylor, Monique
Downey, Doug	McNaughton, Monte	Thanigasalam, Vijay
Dunlop, Jill	Miller, Norman	Thompson, Lisa M.
Elliott, Christine	Mulroney, Caroline	Tibollo, Michael A.
Fedeli, Victor	Oosterhoff, Sam	Triantafilopoulos, Effie J.
Ford, Doug	Pang, Billy	Wai, Daisy
Fraser, John	Park, Lindsey	Yarde, Kevin
French, Jennifer K.	Parsa, Michael	

The Speaker (Hon. Ted Arnott): All those opposed to the motion will please rise and remain standing until recognized by the Clerk.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 65; the nays are 0.

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

Second reading agreed to.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 101(h), the bill is referred to the Committee of the Whole House, unless—

Mr. Sam Oosterhoff: I refer it to the Standing Committee on Regulations and Private Bills.

The Speaker (Hon. Ted Arnott): Shall the bill be referred to the Standing Committee on Regulations and Private Bills? Is the majority in agreement? Agreed?

Agreed. The bill is referred to the Standing Committee on Regulations and Private Bills.

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

The House recessed from 1148 to 1300.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

Mr. Aris Babikian: I beg leave to present a report from the Standing Committee on Regulations and Private Bills and move its adoption.

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

Bill Pr60, An Act to revive 1692783 Ontario Inc.

Bill Pr61, An Act to revive 1712042 Ontario Ltd.

Your committee recommends that Bill Pr63, An Act to revive Superior Corporate Services Limited, be not reported.

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

Report adopted.

INTRODUCTION OF GOVERNMENT BILLS

MORE HOMES FOR EVERYONE ACT, 2022 LOI DE 2022 POUR PLUS DE LOGEMENTS POUR TOUS

Mr. Clark moved first reading of the following bill:

Bill 109, An Act to amend the various statutes with respect to housing, development and various other matters / Projet de loi 109, Loi modifiant diverses lois en ce qui concerne le logement, l'aménagement et diverses autres questions.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the minister briefly explain his bill?

Hon. Steve Clark: Yes, Speaker, thank you. The proposed More Homes for Everyone Act would amend the Planning Act, the City of Toronto Act and the Development Charges Act to make it faster and less expensive to build all types of housing.

The More Homes for Everyone Act would, if passed, also amend the Planning Act and the City of Toronto Act to provide municipalities with more tools to make it faster to build homes and save costs for families.

Finally, if passed, the More Homes for Everyone Act would also amend the New Home Construction Licensing

Act, 2017, and the Ontario New Home Warranties Plan Act to strengthen consumer protection for purchasers of new homes.

PETITIONS

ANTI-RACISM ACTIVITIES

Mr. Faisal Hassan: I want to thank the congregations of the Masjid El Noor for signing this petition.

“Take Action on Islamophobia

“To the Legislative Assembly of Ontario:

“Whereas three generations of a Muslim family were killed in an Islamophobic terror attack in London, Ontario;

“Whereas Islamophobia, white supremacy and hate crimes are on the rise in Ontario;

“Whereas no one should be scared to go for a walk while wearing a hijab, or fear worshipping at their masjid;

“Whereas we must take urgent action to eradicate Islamophobia, white supremacy and hate crimes;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to take urgent action against Islamophobia, white supremacy and organized hate, and unanimously pass the Our London Family Act.”

I support this petition. I'll give it to page Vivian to take to the table.

LAND USE PLANNING

Ms. Effie J. Triantafilopoulos: I have a petition to the Legislative Assembly of Ontario:

“Whereas the Millcroft golf course represents more than 60% of the community's overall green space, is home to many species of wildlife (some endangered), and acts as a flood management system; and

“Whereas there is currently a proposal to rezone the golf course for residential development;

“We, the undersigned, petition the Legislative Assembly to work with the city of Burlington, the region of Halton and the province of Ontario to work together to preserve the Millcroft golf course lands for the people of the community and beyond.”

I support this petition, affix my signature and pass it on to page Ria.

ANTI-RACISM ACTIVITIES

Ms. Peggy Sattler: I have a petition entitled “Take Action on Islamophobia”—which is extremely important to the people of London West who signed this petition. It reads:

“Whereas white supremacy and hate crimes are on the rise, and we must take urgent action to combat Islamophobia and organized hate; and

“Whereas Ontario should be a province in which families can live without fear, regardless of the religion they practise, their clothes, or the colour of their skin; and

“Whereas the National Council of Canadian Muslims (NCCM) has made recommendations for key ... changes in the way that we challenge Islamophobia in Ontario;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass the Our London Family Act, which will address NCCM's provincial calls to action including:

“—a provincial review of hate crimes and hate-motivated incidents in Ontario;

“—new tools and strategies for Ontario schools to combat all forms of racism;

“—safe zones around religious institutions;

“—empowering the Speaker to ban protests at Queen's Park that incite hate;

“—dismantling white supremacist groups by preventing them from registering as societies, and prevent acts of intimidation; and

“—establishing an Ontario anti-racism advisory and advocacy council, to make sure racialized communities have a say on government policies that impact their lives.”

I fully support this petition, affix my signature and will send it to the table with page Callum.

ABORTION IMAGES

Mr. Terence Kernaghan: The petition I have is entitled “Call on the Legislative Assembly of Ontario to Block Disturbing Anti-Abortion Images.

“To the Legislative Assembly of Ontario:

“Whereas an anti-abortion group, the Canadian Centre for Bio-Ethical Reform, is distributing unwanted flyers to people's homes and displaying placards on major streets in London featuring horrifying and graphic images of aborted fetuses;

“Whereas regularly displaying graphic images on our streets and in our homes is traumatizing, difficult and misleading for women, children, and other vulnerable members of the community;

“Whereas the display of these images at crowded intersections creates a hazard and distraction to drivers, cyclists, and pedestrians;

“Therefore we, the undersigned, petition the Legislative Assembly as follows:

“To support calls for an injunction based on the need to prevent a public nuisance, and should it not be possible to proceed with an injunction, to develop and bring forward legislation to prohibit the use of such graphic and disturbing images on flyers dropped in people's mailboxes or exhibited on placards used in the street.”

I support this petition. I will affix my signature and give it to page Jackson to deliver to the Clerks.

OPTOMETRY SERVICES

Miss Monique Taylor: I have a petition to save eye care in Ontario.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and
1310

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

“Whereas optometrists have never been given a formal negotiation process with the government; and

“Whereas the government’s continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

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

“To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

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

OPTOMETRY SERVICES

Ms. Peggy Sattler: I have a petition to save eye care in Ontario. I want to thank the optometrists at Old South Optometry and Byron Optometry for collecting signatures.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

“Whereas optometrists have never been given a formal negotiation process with the government; and

“Whereas the government’s continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

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

“To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

I agree with this petition. I affix my signature and will send it to the table with page Stanley.

GASOLINE PRICES

Ms. Doly Begum: I have a petition here to the Legislative Assembly of Ontario. The petition is for gas prices.

“Whereas northern Ontario motorists”—and, frankly, all motorists across Ontario—“continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

“Whereas five provinces and many US states already have some sort of gas price regulation; and

“Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices;

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

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I fully support this petition. I will affix my signature to it and give it to page Pallas.

EDUCATION FUNDING

Mr. Terence Kernaghan: The petition I have is entitled “Stop” Premier “Ford’s Education Cuts.”

“To the Legislative Assembly of Ontario:

“Whereas” Premier “Ford’s new education scheme seeks to dramatically increase class sizes starting in grade 4;

“Whereas the changes will mean thousands fewer teachers and education workers and less help for every student;

“Whereas secondary students will now be forced to take ... classes online, with as many as 35 students in each course;

“Whereas Ford’s changes will rip over \$1 billion out of Ontario’s education system by the end of the government’s term...;

“Therefore we, the undersigned, petition the Legislative Assembly” as follows:

“Demand that the government halt the cuts to classrooms and invest to strengthen public education in Ontario.”

I fully support this petition. I will affix my signature and give it to page Vivian to deliver to the Clerks.

ORDERS OF THE DAY

PANDEMIC AND EMERGENCY PREPAREDNESS ACT, 2022

LOI DE 2022

SUR LA PRÉPARATION AUX PANDÉMIES ET AUX SITUATIONS D’URGENCE

Mr. Sarkaria moved second reading of the following bill:

Bill 106, An Act to enact two Acts and amend various other Acts / Projet de loi 106, Loi visant à édicter deux lois et à modifier diverses autres lois.

The Speaker (Hon. Ted Arnott): I look to the minister to lead off the debate.

Hon. Prabmeet Singh Sarkaria: As the President of the Treasury Board and minister responsible for Ontario’s

plan to stay open, it's my honour to rise here in the House today for the second reading of the Pandemic and Emergency Preparedness Act. It is also a pleasure to share my allotted time with the parliamentary assistant to the President of the Treasury Board and MPP for Mississauga-Lakeshore.

Mr. Speaker, I am beyond grateful for the progress our province has made in the fight against COVID-19, and that because of this progress our government has been able to gradually ease public health measures, so that Ontarians can visit their loved ones safely, members can gather in this very Legislature again, and, together, Ontarians in every corner of the province can plan for a brighter and more prosperous future. It is precisely this plan to stay open that I am here to speak about today.

As we all know too well, the COVID-19 pandemic touched each and every one of us. The past two years have been unlike anything any of us have seen or ever experienced. Far too many people have lost their jobs, their businesses and, tragically, their loved ones. One day we were reading about the first positive cases in Canada, and the next day our health care system was on the brink.

Very quickly and early on in this fight against COVID-19, one thing became clear: If previous governments had taken action seriously—their duty to protect the people of Ontario—and seized that opportunity to invest in the province's critical health infrastructure, Ontario would have been better prepared to handle the challenges of the past two years. Instead, in a matter of two weeks, patients in need outnumbered the hospital spaces available to care for them. Crowded hallways greeted incoming patients, leaving families in a state of shock and disorientation, and our front-line workers put themselves at risk because there was no supply of personal protective equipment available.

Despite virus outbreaks in Ontario and around the world during the previous government's leadership, such as SARS, Ontario lacked the capacity, resources and preparedness to adequately respond to pandemic events and emergencies. Our job creators, who sacrificed so much to achieve their dreams, were forced to close their doors for months on end. Ontarians had to scramble for resources just to keep their loved ones safe. From masks to toilet paper, the province faced shortages of basic supplies. Anxiety, angst and unease weighed on everyone as the crisis prevailed across the province.

This is why our government got to work right away. To address the long-standing problems plaguing our system, we made historic and unprecedented investments in our health care sector, among other priority areas. We moved swiftly and safely to protect the people of Ontario, and as Premier Ford has said time and time again, we have not spared a penny to keep the people of our province and the jobs that they hold.

While our government has made significant progress, we know that more needs to be done, and that is why I'm proud to introduce the Pandemic and Emergency Preparedness Act. If passed, this legislation will ensure that Ontario is well equipped to fight any future pandemic or threat to the lives and livelihoods of Ontarians. The

Pandemic and Emergency Preparedness Act includes our government's plan to build on our progress to date. It is the first comprehensive post-COVID-19 pandemic preparedness plan in Canada, and it is our plan to stay open.

1320

Mr. Speaker, the Pandemic and Emergency Preparedness Act is built upon the following three pillars: expanding Ontario's health workforce, shoring up domestic production of critical supplies, and building more hospital beds. In addition, select initiatives and legislative pieces fall beyond these pillars and thus exist in another category of their own. Together, these initiatives that constitute and complement the pillars of our plan are specifically designed to protect our progress by increasing capacity in Ontario's health care system, strengthening government-wide coordination for emergency responses, and streamlining policies that are necessary to safeguard Ontario for the future. All of this will allow our government to continue strengthening Ontario, looking to the future and saying yes to building Ontario into the best place to do business, work and raise a family.

It is my honour to detail the pillars of this omnibus bill here today. However, before we go into these details any further, I would like to take an opportunity to thank the people who demonstrated the Ontario spirit that saw our province of Ontario through some of the worst days of COVID-19 and who will also see us to a brighter and more prosperous future.

I would also like to thank my fellow caucus members, whose many efforts over the past two years have accounted for our government not having to start from scratch when it came time to saying yes and making the decisions that would position Ontario for success.

Most importantly, I want to thank the front-line health care heroes, who were running into hospitals when everyone else was running out; the grocery clerks, who kept shelves stocked; and the truck drivers, who kept those goods moving.

Finally, I especially would like to thank my fellow members who have partnered in this plan.

Ontario's health care human resources represent exceptionally skilled, committed and well-trained professionals. But for decades, Ontario failed to invest in the staffing necessary to make our health care system work as best as possible. That is why the first pillar of the Pandemic and Emergency Preparedness Act pertains to expanding Ontario's health workforce. The COVID-19 pandemic only reinforced what we know is true: that protecting the health and safety of all Ontarians belongs to all of us.

Ontario's health care workers have shown us how tirelessly they work and how much they sacrifice to provide patients with the care and medical attention they need and deserve. While we cannot, once again, thank these heroes enough for their commitment, we can make sure that they are safe, staffed and supported as needed. This is why our government is working to ensure that Ontario's health care workers are well equipped with adequate health resources.

Before elaborating any further, I would like to acknowledge my fellow members the honourable health minister

and the Honourable Minister of Colleges and Universities and their respective offices for the work that they have done and collaborated on together here to meet the needs of Ontarians and our health care heroes. These members will have more to say about their work later on, but I will preface it by sharing some of the ways we are shoring up our health human resources in Ontario for the future.

To retain nurses across the health care sector, earlier this month our government announced an investment of \$763 million to provide Ontario nurses with a lump sum retention incentive of up to \$5,000 per nurse. This support is helping to stabilize the current nursing workforce as we build a stronger, more resilient health system.

Mr. Speaker, the system our government is building will be able to meet new challenges as they emerge. It will ensure Ontarians receive the high-quality patient care that they need, when and where they need it. It will also be our first line of defence in any future emergency or pandemic. None of this is possible without our front-line health care heroes who, simply put, are the beating heart of our system.

Ontario's plan to stay open will also help us to continue bolstering our health human resources by expanding medical schools across the province. This will be done through the addition of 295 postgraduate seats and 160 undergraduate seats over the next five years. It could not come at a better time. This would represent the largest expansion of Ontario's medical schools in more than 10 years. It will be the first time in over 100 years that there is a new medical school being built in the GTA. This expansion will increase access to family and specialty physicians and other health care professionals in every corner of this province.

Mr. Speaker, I am also very pleased to share that our government is reducing red tape across Ontario's health human resources workforce. We are removing unnecessary burden and rethinking regulations to help increase the number of health care workers across this province. We are doing this by assessing the registration barriers that exist for foreign-trained regulated health professionals. As part of this initiative, our government pledges to address barriers for individuals looking to be registered with the health regulatory colleges; more specifically, those internationally trained professionals. Removing these barriers will not only help to address staffing challenges, but it will also enable talented, resourceful individuals to contribute to the workforce and the training and expertise for the benefit of all Ontarians.

Another important component of this pillar is the creation of the new Ontario Learn and Stay grant. The grant is designed to provide vital financial support to post-secondary students who enroll in high-priority programs—programs such as health human resources and other critical care positions. It would also bolster the health care sector in the north through a commitment from graduates to work in underserved communities. Tracking to launch next spring, this program represents the province-wide innovation and resiliency we are working to build.

In addition to the grant, this omnibus legislation seeks to address the gaps in Ontario's health care system through the Community Commitment Program for Nurses. This program is designed to place new nursing graduates in communities of greatest need across our province to ensure that our system meets the needs of communities in every corner of Ontario. Through the program, an investment of \$81 million will go towards offering a full tuition reimbursement to 3,000 nurse graduates over the next four years. In return, these graduates will commit to working in communities in need for a minimum of two years, with 1,500 starting early in 2022-23.

Together, the Ontario Learn and Stay grant and the Community Commitment Program for Nurses will help us to expand Ontario's health workforce. These initiatives will work hand in hand to turn the page on the failed plans and broken promises of previous Liberal governments by undertaking the largest recruitment and retention work in Ontario's history, bolstering Ontario's health human resources, and meeting the needs of all Ontarians through our investments and a stable workforce.

1330

Mr. Speaker, the COVID-19 pandemic also revealed red tape within the health care system that, if reduced, would improve how Ontario's health human resources can work together. This improvement starts with amending the Personal Health Information Protection Act from within this omnibus legislation. Currently, the province has 51 separate, siloed Ontario health teams that organize health care services for patients in every corner of this province. These teams work to maintain the entire health care system centred around patients, families and caregivers across the province. To better integrate Ontario's health teams and the communities they care and provide for, the proposed amendment would ensure that health care providers, including hospitals, doctors and home and community care providers, will finally work as one coordinated team wherever they provide care. This change will strengthen local health care services, making it easier for patients to navigate the system. It will also help them transition between providers without running into red tape. It will also better prepare Ontario's health care providers to respond to any future emergencies by enabling them to access patient information securely, when needed, without facing barriers within the sector. Ultimately, it will ensure Ontarians receive the high-quality patient care they need, when and where they need it.

Mr. Speaker, our government is taking action from the lessons we have learned throughout the COVID-19 pandemic to secure Ontario's preparation and readiness for the future.

After years of facing pressures in the health care system, such as high taxes, limited domestic procurement and a shortage of highly skilled talent, to name a few, many of Ontario's life sciences companies fled this province. For far too long, the sector was not receiving the support and resources they needed to thrive. That is why the second pillar of the Pandemic and Emergency Preparedness Act pertains specifically to shoring up domestic

production of critical supplies. It will help reinvigorate the province's life sciences industry, which is crucial to shoring up that domestic production. This work begins with having expertise we can leverage right here in Ontario.

Our government is building a life sciences sector that improves patient outcomes and positions Ontario as a market leader in the health industry. Ontario is home to innovation that has led to world-changing discoveries—one of the most obvious of the many examples being the discovery of insulin. I firmly believe that there is a lifetime of innovation to come, as long as we can create the right conditions to nurture and foster this innovation, and so do my fellow members in this House, including the Minister of Economic Development, Job Creation and Trade. That is why we are working to establish Ontario as a global biomanufacturing and life sciences hub that leads in the development, commercialization and early adoption of innovative health products and services. This work is helping our government to prepare Ontario for the future through an impressive strategy that my fellow member will detail later on. In the meantime, I will preface it by saying this: Ontario has the largest life sciences sector in Canada, one that provides over 66,000 well-paying jobs. Positioning Ontario to compete and thrive in today's global economy will allow Ontario to leverage its strengths in the health care sector and produce game-changing, life-saving solutions right here at home. This new strategy will ultimately close the gaps that the COVID-19 pandemic exposed in Ontario's ability to procure innovation in the health care sector, and it will also develop solutions to help save lives.

At the start of the pandemic, Ontario did not have any made-in-Ontario personal protective equipment, and our stockpiles were left empty. Policies of the past 15 years hollowed out our production capabilities, weakened our manufacturing sector and left us dependent on foreign supply. That is why the Minister of Government and Consumer Services has worked hard to shore up the production of critical supplies in Ontario. I will highlight a few examples of this work before my fellow member speaks about it later.

To protect Ontario's supply chain and ensure the province always has access to the PPE and goods we need, our government created the made-in-Ontario PPE and CSE program. With this homegrown support, we are now able to stockpile and safeguard resources, and we are better prepared for whatever comes our way.

In addition to this, in April 2020, our government invested \$50 million to launch the Ontario Together Fund in the wake of COVID-19's first wave. This fund continues to support domestic businesses through targeted investments to allow them to develop the ideas and solutions that will help control the spread of COVID-19 while they retool their operations to help produce PPE.

This strategic way of supporting Ontario's businesses is yet another example of how our government's fiscal firepower has helped to meet the needs of Ontarians and how we continuously move forward and prepare for the future.

But our work to enhance PPE production does not end here. Within this omnibus legislation, the new, proposed PPE Supply and Production Act would also ensure a robust supply of PPE and CSE is available in Ontario at all times, ready to be deployed at any time when an emergency hits. This legislation would enable Ontario to withstand any challenge without having to rely on uncertain foreign supply and unstable international supply chains. Our government is leveraging Ontario's extensive manufacturing capabilities wherever possible, which we need to maintain, because unlike previous governments, we recognize that protecting Ontario and ensuring preparedness means that we need to maintain a substantial stockpile of quality PPE and CSE in both emergent and non-emergent times.

Mr. Speaker, to further this work and remain vigilant going forward, our government will be enabling tools to track the level of domestically procured materials that make up these stockpiles. We will also be able to monitor the quality of these stockpiles through ongoing annual reporting. This due diligence will ensure that these critical materials are never found expired and depleted, as they were found under the Liberal government's watch.

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Furthermore, the PPE Supply and Production Act will also protect the people of Ontario's hard-earned money from price gouging. This component of the legislation would make it illegal to resell PPE and CSE that is provided by the government without charge. Therefore, it will ensure that Ontarians will never again have to wait days and weeks on end for products required immediately for their personal safety; nor will they ever have to pay unruly costs to ensure their safety nor think of basic protection as inequitable, exclusive commodities. Never will our government leave the people of Ontario in as precarious a position as the previous government did. This is why our government will continue to take additional steps to build on this domestic production.

Mr. Speaker, I would also like to very quickly touch upon the third, and one of the most important, pillars of this legislation, and that is building more hospitals and hospital beds. Over the past 15 years, we saw the previous government leave the health care sector on life support. Our government is committed to not only retaining the 3,100 beds that we have put online in the past two years, but we are making sure that we have an ambitious plan over the next 10 years to ensure that, with the growing population of Ontario, we are able to continue building hospital infrastructure. That will include over 3,000 new beds over the next 10 years, over 50 major capital projects, and investments of over \$22 billion to keep the people of this province and our health care structure in place.

We will continue to build upon this plan to make sure that what happened in March 2020 never happens again to us as a province—left with so many gaps. This plan will help us move forward as a province, and it is our plan to stay open.

With that, Mr. Speaker, I would ask to pass it over to my parliamentary assistant.

The Speaker (Hon. Ted Arnott): I recognize the member for Mississauga–Lakeshore.

Mr. Rudy Cuzzetto: It's a great honour to rise today in my role as parliamentary assistant to the President of the Treasury Board to speak in support of Bill 106, the Pandemic and Emergency Preparedness Act, introduced yesterday by my good friend the President of the Treasury Board. I would like to thank him for this opportunity. As well, I would like to thank the Minister of Agriculture, Food and Rural Affairs and her team for all their work in crafting the proposed amendments in schedule 2 and schedule 3.

I'd like to begin with these sections and provide a preview of some of the work before my colleagues discuss it in more detail.

The proposed amendments to the Ministry of Agriculture, Food and Rural Affairs Act would make clear that the ministry's mandate includes providing advice and programs to safeguard and stabilize our food supply. This issue is another matter of the two guiding principles of the government of Ontario: transparency and accountability.

Speaker, there should be no grey area when it comes to maintaining a safe and stable supply of food in Ontario. Food is a universal basic need. It feeds our children, parents, grandparents, workers and communities in every corner of Ontario, and Ontarians should never have to worry about putting food on their table. That's why keeping it safe and accessible is clearly the top priority.

The proposed amendments in schedule 2 and schedule 3 would also require the ministry to report on the status of the Ontario food supply. This report process would include regular evaluations of the food supply system and related contingency plans that the ministry has in place to respond to emergency situations. Mandating these regular reports is another essential part of establishing the province-wide preparedness.

In addition, these amendments would authorize the Ministry of Agriculture, Food and Rural Affairs to allow for the creation of a temporary alternative location for the Ontario Food Terminal operation during an emergency. This would build on the flexibility needed to provide the government of Ontario with backup plans and options in the event of any future emergency. This work would not just meet our needs in an emergency, but it would also provide us with two new abilities in future emergencies too.

As I said, our government is once again delivering on the commitment of transparency and accountability for the people of Ontario by making reporting on the status of the Ontario food supply publicly available. Speaker, you have heard the words "transparency" and "accountability" over and over again today, because they run through the body of this proposed law and because they are core values of our government. These public reports would show Ontarians how reliable our agri-food sector is and how we are—for future needs. They would also help guide any requests for surge capacity resources to support a safe and stable food supply, which are exactly the type of requirements that, as we learned, are often made in the event of an emergency.

The Ontario Food Terminal in Etobicoke is Canada's largest wholesale fruit and produce terminal. It ranks among the top four terminal markets in Canada and the US by volume of food distribution. As of March 2019, it distributed 2.1 billion pounds each year. This volume is equal to the average of 5.6 million pounds of food product distributed daily from this 40-acre site. The Ontario Food Terminal is an essential crossroads for Ontario's food supply. During the pandemic, I was able to pick up fruits and vegetables at the terminal many, many times to deliver to our local food banks, including the Compass Food Bank and the Sai Dham Food Bank. The terminal is owned and operated by the Ontario Food Terminal Board, an enterprise operated under the Ontario Ministry of Agriculture, Food and Rural Affairs. Therefore, it is our government's responsibility to ensure that the proper steps are taken to secure its operations and sustainability. That's why the amendments to the Ontario Food Terminal Act within schedule 3 of Bill 106 would require the Ontario Food Terminal Board to maintain and submit to the ministry a contingency plan for emergencies that would impact the operations of the food terminal, along with a description of how the terminal's operations could be temporarily carried out from a different location in the event of an emergency. These amendments would also authorize the Ministry of Agriculture, Food and Rural Affairs to direct the board to implement emergency measures when and if they are needed.

Speaker, these amendments and plans echo many of the other measures described today. They seek to enhance clarity and effectiveness while reducing red tape that only tied the government's hands at the beginning of the COVID-19 pandemic. These amendments would support the province's agri-food sector while ensuring there is no disruption in Ontario's access to high-quality and nutritious food made right here in Ontario.

Our government is committed to positioning the province for domestic production and to keeping Ontario's shelves stocked with critical supplies for the future. However, our commitments preparing Ontario for the future do not end here.

Under the previous government, capital investment in Ontario's hospitals also failed to meet the needs of a growing province. As a result, our government was left with hospitals that were not fully able to address an immediate and urgent need that came with the COVID-19 pandemic. That's why the third pillar of the Pandemic and Emergency Preparedness Act is building more hospital beds.

In my role as parliamentary assistant to the President of the Treasury Board, I have had the great honour to help unleash the province's full fiscal power to protect the health and safety of all Ontarians.

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Since the beginning of this pandemic, our government had made record investments in every area of Ontario's critical health care infrastructure. Let me give you a few examples of that work.

We increased hospital capacity spending to create more hospital beds and to finally end chronic underinvestment.

In March 2021, we provided over \$1.2 billion to help Ontario's public hospitals recover from financial pressures created and worsened by COVID-19, which also ensured that the hospitals could continue to provide the world-class programs and services that Ontarians rely on.

In January 2021, we announced an investment of up to \$125 million to immediately add over 500 critical-care and high-intensity medical beds to address the surge of COVID-19 cases.

This quick action was a key part of our government's work, together with our hospital partners, to build unprecedented new capacity so Ontario will be ready to respond to any scenario.

Hospitals are the single most important aspect of the province's health care infrastructure. But long before the pandemic, capital investment in the province's hospitals did not support Ontarians. The former Liberal Deputy Premier and Minister of Health George Smitherman said, "The Ontario Liberals really starved health care for five years and that is not spoken enough." And earlier this year, the former Premier admitted she would not have done this had she known a pandemic was coming.

We can't afford to go into another pandemic or any future emergency unprepared ever again in this province. That's why our government is making this long-overdue investment in new capital projects to get shovels in the ground; to build, modernize and expand our health care system; to add more hospitals and long-term-care beds across the province; to protect communities across Ontario; and to provide the best health care possible. We're investing in communities that have not seen a new significant capital project in decades. These investments will ensure Ontario is never again left with hospital capacity at such vulnerable levels as it was under the previous Liberal government.

I'll give just a few examples of these investments.

Our government is committed to making progress on our \$30.2-billion hospital infrastructure plan to add 3,100 acute and post-acute beds, with over 50 major projects. As I've said before here, this begins with the single largest investment in hospital infrastructure in Canadian history: to completely rebuild the Mississauga Hospital in Mississauga-Lakeshore, in my riding. At 24 storeys and about 2.8 million square feet, the new, state-of-the-art Mississauga Hospital will be the largest and most advanced hospital in Canada, tripling the size of the current hospital, which was built in 1958. As our mayor, Bonnie Crombie, said, this pandemic has brought to light some real limitations of the current hospital. COVID-19 has highlighted the need for major upgrades at this facility that are in many cases long overdue. This is even more critical because over the next two decades demand for hospital services at Trillium Health Partners facilities is expected to grow about seven times more than the average hospital in Ontario.

The truth is, this investment should have been made 15 years ago, but the former Liberal government kept saying no. I couldn't be more proud that this Premier, this minister and this government have said yes to a historic,

game-changing project for Mississauga. With this historic, multi-billion dollar investment, we're adding over 600 more hospital beds, for a total of almost 1,000 beds at the Mississauga Hospital site, and over 80% is in private rooms.

The new hospital will have an expanded emergency department, one of the largest in Canada, with 23 new state-of-the-art surgical operating rooms. It will include a new advanced diagnostic imaging facility, a new pharmacy and clinical laboratory, a new eight-storey parking structure with spaces for almost 1,500 vehicles and a connection to the new Hazel McCallion LRT on Hurontario.

The first phase of this construction, which will begin this year, will build a new parking structure. The project also includes a new in-patient care tower nearby, at the Queensway Health Centre in Etobicoke.

Together, these investments would expand our hospital service, improve access to care, and reduce wait times for patients in both Mississauga and Etobicoke.

Speaker, this is a government that is fully committed to protecting the health and safety of all Ontarians.

As a result of decades of neglect and underfunding by previous governments, no group of Ontarians was impacted more by the devastating effects of the COVID-19 virus than our seniors living in long-term-care homes. That's why another key pillar of Bill 106 is our government's progress on fixing the long-term-care sector.

At this point, I have to acknowledge the great work of the government House leader and his team at the Ministry of Long-Term Care for their ongoing work on this strategy. To date, we have committed \$4.9 billion to hire more than 27,000 long-term-care staff over four years and to ensure that the residents receive an average of four hours of direct care per day by 2024-25. Hiring more staff is part of our government's plan to fix long-term care to improve the quality of life for our seniors. These long-term-care staff include registered nurses, registered practical nurses, and personal support workers. They will help to fulfill our government's promise to Ontario's seniors that they will be able to live in the dignity and comfort they deserve.

Our government is not in the business of breaking promises. We will take every action to ensure that Ontario's most vulnerable population is never again left in the difficult position as it was under the former Liberal government.

That's why we have also committed to investing \$6.4 billion to build 30,000 new long-term-care beds and to upgrade 28,000 current beds to modern design standards. This includes 877 new beds and 275 upgraded beds in Mississauga-Lakeshore, more than any other riding in Ontario. This includes 632 beds at two new long-term-care homes on Speakman Drive in Sheridan Park, in Mississauga-Lakeshore. Partners Community Health, a new non-profit organization, will operate these beds, which will be ready later this year as part of the government's accelerated build pilot program. This project will include a new health service building and the first residential hospice in Mississauga, operated by Heart House Hospice. There are projects like this in various stages of

planning and development in communities right across Ontario.

In addition to the pillars I've already outlined, there are a few other initiatives that are part of the plan to stay open that I would like to discuss now.

When it came time to reference emergency protocols in response to the COVID-19 pandemic, our government found that despite the previous Liberal government's 15 years in office, there were no updated emergency protocols to clearly outline roles and responsibilities within and outside the government. The challenges that marked the early days of this pandemic were more difficult than they had to be because of the tangles upon tangles of red tape.

It comes as no surprise that in her 2017 report, the Auditor General found that under the Liberal government, Ontario's emergency plans had not been updated since 2006. This lack of modern emergency protocols cost Ontario dearly through the darkest days of the COVID-19 pandemic, and as we all know too well, the lives and livelihoods of Ontarians hung in the balance as a result. That's why our government worked to implement plans like the Ontario Roadmap to Reopen and the Ontario Onwards Action Plan—to respond to the most urgent needs of this pandemic, and to move our province forward during a time of unprecedented uncertainty.

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While we are very proud of this work, we know that we need to build on it. We know that more needs to be done to ensure Ontario is prepared in years to come. That's why we are stepping up to the plate and doing what the Liberal government failed to do. We are creating a sound emergency preparedness plan. Establishing this plan is a key component of Bill 106. I want to thank the Solicitor General and her team for all their work in developing the emergency preparedness plan. Again, my colleagues will provide more details later on, but I can give you a quick overview now.

Schedule 1 of Bill 106 includes much-needed amendments to the Emergency Management and Civil Protection Act. These amendments are designed to strengthen our overall resilience and capacity to plan, prepare, respond and recover for our economy. These amendments would enhance this by:

—firstly, providing the province with the tools we need to constantly and aggressively monitor for new viruses and threats from around the globe;

—secondly, enhancing the support and guidance our government provides to the communities; and

—lastly, protecting and safeguarding Ontarians in the event of any future emergency.

These amendments would support a coordinated and whole-of-government approach to future emergency planning. They would also modernize how each level of government plans for an emergency and shares information with each other. Under this approach, each provincial ministry responsible for aspects of emergency response would be required to monitor the hazards and risks within our own areas, while providing information to the chief of emergency management either every year or upon request.

If passed, the ministries would be required to identify the resources they need to respond to any potential threat or emergency that may arise.

By developing comprehensive, detailed plans on a ministry-by-ministry basis, the government of Ontario will be more prepared for future emergencies than ever before. This whole plan would undergo a mandatory review at least every five years, and it will be updated as necessary. Taking advantage of the full expertise of each ministry through their own emergency preparedness plan would ensure they are consistent with the provincial plans and ensure that every detail is accounted for.

Speaker, the pandemic revealed that it is critical for the government to have every possible resource at its disposal to respond to any emergency or threat that comes our way. Gathering this information and developing comprehensive plans will ensure Ontario can stay open, without ever having to close again.

On that note, our government recognizes that along with gathering this information comes the need for transparency and accountability to continue delivering on our commitment of transparency and accountability for the people of Ontario. The proposed amendments to the Emergency Management and Civil Protection Act will require annual reporting. This isn't about creating another pile of paper to be filed away, or just ticking off boxes from a checklist. Instead, it's about maintaining the progress that has already been made towards the objectives of the province's emergency management plan, and it's about holding our government accountable. Every year, the report will highlight the achievements and identify any gaps in each ministry's plan, making the province aware of where we stand, where more resources need to be directed, and what areas need future action. Equally important is the fact that the people of Ontario will also know Ontario's emergency plans and will be able to hold our government accountable. That report would be publicly available for all Ontarians to access, meaning there will be no surprises. It would give Ontarians the confidence and the security that they expect and deserve, knowing that our government will be ready for any new emergency or threat that comes our way.

Another important part of this proposed bill is positioning the province to detect and prevent threats. That's why the Minister of the Environment, Conservation and Parks has developed the Wastewater Surveillance Initiative. Again, my colleagues will speak more about this later, but, very briefly, this program began in 2020 as a response to the COVID-19 pandemic in order to detect the virus that causes COVID-19 in Ontario's waste water. This initiative used waste water samples, together with clinical and public health data, to help local public health units identify potential outbreaks and to help public health officials make more timely decisions.

This is another initiative that relies on gathering the most relevant information as quickly as possible. Monitoring waste water gives us a nearly real-time way of tracking the spread of this virus, even before people begin to show symptoms. Currently, waste water sampling is

taking place in more than 170 locations across the province, covering over 75% of Ontario's population. Some examples of these locations include municipal waste water treatment plants; long-term-care facilities; university campuses; correctional facilities; hospitals; and retirement homes.

To develop and maintain our government's Wastewater Surveillance Initiative and to continue detecting COVID-19 through waste water over the coming year, we will invest an additional \$24.7 million into this program.

This impressive program isn't just about COVID-19. The same technology can be used to detect other diseases of concern. Therefore, it will help us to monitor many potential threats and prepare accordingly. It will position Ontario to respond with flexibility instead of falling victim to an emergency without protocols in place. It will secure the progress we've made today and ensure that we remain prepared for tomorrow.

Together, these initiatives and the amendments in this plan are designed to build our resilience and ensure Ontario stays open.

Speaker, we've outlined the three pillars of this proposed Pandemic and Emergency Preparedness Act: expanding Ontario's health workforce; shoring up domestic production of critical supplies; and building more hospital beds, as well as some other initiatives that build on these points.

The Pandemic and Emergency Preparedness Act represents both our government's unwavering commitment to protecting the health and safety of Ontarians and our plan to stay open. It reflects the many ways that we're responding to the neglect by previous governments and applying the hard lessons learned after years of inaction that left Ontario on the brink.

As we continue to make progress in the fight against COVID-19, cautiously and gradually easing public health measures and eventually returning to normal, we must never forget the neglect and mismanagement that our government has had to act to fix. We must never allow Ontario to become so vulnerable to future enemies or diseases ever again.

This is more than just a hope or an aspiration; it is a commitment to the people of Ontario. We will never go back to the failures of past governments. This is a pledge to create accountability and to give the people of Ontario the confidence and security of knowing that when a future pandemic or threat emerges, Ontario will be ready. Ontario must be ready. There is no challenge too big to overcome and no goal too great for us to achieve. Team Ontario is up for it. Together, we will ensure that Ontario is always prepared. We will turn the page on this chapter in Ontario's history and we will build a future in which Ontario is always ready for the challenges of tomorrow, because we can never go back to the way things were. Ontario is open, and this is a plan for the people of Ontario to make sure we stay open.

Once again, I want to thank the President of the Treasury Board and his team for all their work on this bill and throughout this pandemic. It's a great honour to serve

as the parliamentary assistant to my good friend the President of the Treasury Board—for all his work that he continues to do day in and day out at the Treasury Board.

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The Speaker (Hon. Ted Arnott): We'll now have questions to the President of the Treasury Board or the parliamentary assistant.

Ms. Doly Begum: I've got quite a few questions, actually, but I'll start with this one. In 2017, the Auditor General released a report on emergency preparedness, the emergency management system, and it was found that for years, in fact, the previous Liberal government did not meet at all when it came to preparing for any emergencies within our province. I'm sure the government members and the President of the Treasury Board are quite aware of that. November 2019 is when the first meeting took place.

What took the government so long to even come up with a plan and understand that if there was an emergency in this province, we needed to be prepared?

Hon. Prabmeet Singh Sarkaria: In March 2020, the world turned upside down. In the weeks before, as we were getting briefed on this, we kicked into high gear as a province, as a country to ensure that we could respond to this.

It was unfortunate to see—we all remember March 2020, when the stockpiles of PPE that we were supposed to have were expired. There was no domestic production of the personal protective equipment that was so critical to making sure that we could get the people of this province through this pandemic. That is why, through this piece of legislation, we are building in accountability, transparency to not only report on our domestic production of PPE and the quantities that we're procuring, but to make sure that we're never in a position like this ever again.

The destructive policies of the previous Liberal government drove away manufacturing, drove away those who wanted to produce equipment in this province, but we're changing that. We put forward a \$50-million Ontario Together portal to ensure that we had the support for those innovators as they continue to support the people of this province in their greatest time of need. But we want to make sure that that never, ever happens again.

The Speaker (Hon. Ted Arnott): The member for Aurora–Oak Ridges–Richmond Hill.

Mr. Michael Parsa: I want to thank the President of the Treasury Board and the parliamentary assistant for their presentation. It's a very, very good bill, a very important bill to ensure the province is ready and prepared for any future emergencies.

Both the President of the Treasury Board and the parliamentary assistant talked about the food terminal. I'd like to ask a couple of specific questions—just examples of what types of emergency circumstances would require the terminal to be located to a safer location and how those circumstances would be defined. Last, how would a safe location be identified? Could that location be anywhere in the province?

Hon. Prabmeet Singh Sarkaria: Thank you very much to the member for that question.

Again, when we look back to March 2020, we recognized how important it was for us to have a plan with respect to our food supply, our food supply chains. We can all remember when there were hundreds of people lined up outside of a Walmart grocery store because they were worried, they were panicked.

When we have something as significant as the Ontario Food Terminal, we need to make sure that there are contingency plans in the case that the terminal cannot operate. Many of Ontario's farmers rely on the food terminal.

So to the member's question, when we're looking at where contingencies can be located—they can be located within the city of Toronto, the regional municipality of York. Those are the two locations we're looking at. It can only be for up to a maximum of 30 days, with the ability to reassess, but it's more so to make sure that this consistent supply of food never gets interrupted, because we know how important it is. We saw the empty shelves and we saw how hard—whether it was our processors, some of our other—they worked to ensure that those shelves remained stocked and that we were able to keep food on the shelves for people. That is what we're going to continue to build upon. There were many gaps in the system in previous years. We're fixing those gaps, and we're going to lay out a plan for this province to stay open.

The Speaker (Hon. Ted Arnott): The member for London North Centre.

Mr. Terence Kernaghan: I'd like to thank the President of the Treasury Board and his parliamentary assistant, the member from Mississauga–Lakeshore.

I'm pleased that you have implemented the MPP for Sudbury's recommendation to permanently increase PSW wages. If memory serves me, I believe I recall that the government voted down this legislation, so I'm quite glad that you've heeded good counsel. My questions, though, are, will this include all PSWs, DSWs and other important employees in the sector, and also, will they receive a much-needed travel premium?

Hon. Prabmeet Singh Sarkaria: Thank you to the member from London North Centre for that question.

We can't underscore how appreciative we are of our PSWs and DSWs across this province for the sacrifices they have made. It wasn't until Premier Ford recognized and understood the systemic nature of how these individuals have put so much into protecting the health and safety of all Ontarians across this province, which was shown through the pandemic, that we assured them that that \$3 temporary pay increase would remain permanent.

It's the leadership of Premier Ford and our government that's committed to fixing those issues within our health care system, especially with respect to health human resources. We need to continue to build upon that. That's why, in this piece of legislation and the plan to stay open, we're doing that by implementing the Learn and Stay programs, where you will see tuition being reimbursed for those in communities where there aren't as many health care practitioners available. We will incentivize and make sure that there are enough health care workers in those areas.

The Speaker (Hon. Ted Arnott): The Minister of the Environment, Conservation and Parks.

Hon. David Piccini: To the member: He alluded to supply chain shortages. Certainly, we have seen and experienced this at a time when we're seeing escalating, rising prices, and you add a pandemic into the mix. If I could echo the voice of the folks I've heard in rural Ontario who didn't have access to PPE in a timely manner when we needed it, when this pandemic hit, I think it's unacceptable that this province hasn't heeded lessons learned.

Can you tell us what this means specifically—if I may, to the President of the Treasury Board—with a rural lens?

Hon. Prabmeet Singh Sarkaria: That's a great question.

We need to make sure, from a health care perspective, that everywhere in this province has the access to health human resources, nurses, doctors and the ability to respond to a pandemic like this. So whether we talk about shoring up our domestic production of PPE—we are making sure that across this province, we have the ability to have manufacturing facilities that can make and produce critical supplies, whether it be gloves, masks or other equipment.

Also, more importantly, those rural areas sometimes struggle to retain a health care workforce. So our government is going to be reimbursing full tuition if they commit to living in those areas and serving in those areas for two years, whether it's nurses or—the Minister of Colleges and Universities will develop the Learn and Stay program. This is to make sure that we have equitable health care all across the province, and that is exactly what we want to deliver on with this plan.

The Speaker (Hon. Ted Arnott): The member for York South–Weston.

Mr. Faisal Hassan: It's an honour to rise on behalf of the decent and hard-working people of York South–Weston.

We are debating—and I want to also thank the minister of the Treasury Board—this government bill, Bill 106, Pandemic and Emergency Preparedness Act. We know that the front-line workers have been essential workers and have been termed, on many occasions here, champions and heroes.

We know that the PSWs, the cleaners, the nurses have been doing a fantastic job, and still it doesn't address the concerns that they have raised—the repealing of Bill 124. Does this bill include that, and are there any plans to expand that to actually respect workers that we termed “heroes” and “champions” in the middle of the pandemic?

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Hon. Prabmeet Singh Sarkaria: Thank you to the member opposite for that question.

We know that the previous Liberal government left our health care system on life support. We didn't have enough hospital beds, we didn't have enough hospital capacity, and we didn't have the health human resources to support that.

Our government has added over 3,100 new beds into the system. Our government is going to commit to building over 3,000 new beds in the next 10 years, over 50 capital projects, and we're going to do that by having the supports—

The Acting Speaker (Mr. Norman Miller): Further debate?

M^{me} France Gélinas: It is my pleasure to put a few words on the record about the Pandemic and Emergency Preparedness Act, 2022, Bill 106. I will look at the very nice Clerks sitting at the table and ask for a copy of the bill, if they happen to come my way, because I forgot my copy on my desk.

The bill has a number of schedules. I will try to go through some of them in the time allocated to me.

Schedule 1 of the bill deals with the Emergency Management and Civil Protection Act. Basically, we will all know, after March 2020 the government enacted the emergency measures act, and through the emergency measures act, they were able to force and enforce changes on the health care system that were deemed to be needed at the time. I can tell you, for people who worked in hospitals, that meant that from one day to the next—they might have been a dialysis nurse for the last 12 years, and they would get to their next shift and they were reassigned to working in the medical ward. They could have been working really hard to get a full-time job that was Monday to Friday, and their next shift, they were told that they had to work weekends and statutory holidays and start working night shifts, or they would come in and be told, “You don’t even work at this site anymore. We will reassign you to a long-term-care home that’s in need of help.” Our heroes in our health care system rose to the challenge. Wherever they were needed, they were there. They did what needed to be done to keep us safe and to help us move through this pandemic.

The changes in schedule 1 that talk about the Emergency Management and Civil Protection Act will require the reporting requirement on emergency preparedness by emergency program management. I was there in 2017 when the Auditor General released her report.

I will have to bring you back to 2003, Speaker. In 2003-04, we had the SARS, severe acute respiratory syndrome, pandemic that hit Ontario. We lost three health care workers. We lost people who got sick with the disease through this. We did a report. We looked and we learned as to what we should do. One of the big recommendations that came from that was that we needed to have a safe supply of personal protective equipment, and the government listened—I’ll say this. By the time 2006 rolled around, they had rented warehouses at a cost of \$3 million a year. They had procured PPE that they had stored in those warehouses, including tens of thousands of N95 masks, the respirator mask that can be fitted so that it protects you. We had learned many things.

But come to 2017: The Auditor General tabled her report, and in the report, she said clearly that—you know all that PPE we bought way back in 2006 to prepare for the next pandemic that could hit our province? Well, they are

now expired. We continue to pay the \$3 million a year to rent the warehouses, but the stockpiles are expired. If we are serious that we believe that the government of Ontario should have a stockpile of personal protective equipment in case of the next pandemic, then this has to be brought up to date. Why it was never used as inventory to make sure that, as they neared the expiry date, we sent them to our long-term-care homes and to our hospitals and to different parts of our public system that use different PPE and brought in new ones—none of this was done. We bought a whole bunch, put them in warehouses, and we left them there. In 2017, the Auditor General tabled her report and said that this has to change. We have to be better prepared.

Fast-forward to March 2020, when the COVID-19 pandemic was declared, and nothing had changed. We still had the old past-their-expiry-date protective equipment in the \$3-million-a-year warehouses that we had. We had now entered into a contract for that PPE to actually be destroyed.

In April 2020, that contract was put on hold. They looked at the expired PPE and said, “Well, I think it’s better to have expired PPE than not have it at all, so we’re not going to have it destroyed after all. We’re going to use them.” Really? This is Ontario. We had many, many years to see this coming. We had many, many years to do better, but we did not.

So in schedule 1—I sure hope that the chief of Emergency Management Ontario will make sure that we do better. I must say, from what is going on now through the pandemic—that the Ministry of Government and Consumer Services now has weekly updates as to how much PPE the 74 sectors of the public sector report back as to how many they have in stock and how many they’ve used during the week, so we have a much better idea now than we did before. Will schedule 1 make sure that continues? I’m not so sure. It doesn’t go into as much detail as I would like to see. I would say that it goes in the right direction, so we’ll say yea to that. But will we make sure that we have a system in place that not only looks at how much we have in every single one of our hospitals and long-term-care homes and group homes and public health and schools and everybody else who uses PPE and the burn rate—how much do they use—but, also, let’s have a stock of it on backup just in case something happens and all of a sudden the demand shoots through the roof and the amount of the regular supplies is not enough.

When you look at the recommendations that were made by the Auditor General way back in 2017, we see that only 11% of the recommendations she made had been implemented. Had we implemented what the Auditor General told us we should do in 2017, 2018 and 2019, life would have been very different.

1430

I can never get out of my mind that picture of hard-working PSWs who put garbage bags on top of their scrubs because they had no access to PPE. I’m sorry, Speaker, a garbage bag is not PPE. It’s not going to protect you from an airborne disease. They did the best they could

with what they had. But this is Ontario, where we had learned from SARS, we had learned from H1N1, we had learned from the Ebola crisis that went on in West Africa. I'm really proud of the role that Canada and Ontario played in that pandemic in West Africa and how we shared the lessons that we learned with them during the Ebola crisis in West Africa. But when it came to our own preparedness, I'm not as proud. We had warnings. We did not heed those warnings. We had a mandatory review of that PPE. It was in the law. It was in the regulations. They were supposed to be reviewed every year, but they were not. So we ended up in the mess that we were in, in the middle of a pandemic, when everybody was saying, "We have to use the precautionary principle"—although we didn't know 100% about how COVID-19 was transmitted. Is it airborne? Is it droplets? Is it through surfaces? We did not know a whole lot. But we knew from SARS that when you don't know a whole lot, apply the precautionary principle. We were not able to do that because we did not follow our own regulations and rules that we had put in place.

At the time, the provincial government did the best it could with what it had. The Ministry of Health, Ontario Health, the University Health Network contracted with two shared service organizations—I think it was Plexxus and Mohawk Medbuy—to try to gather PPE as much as they could. They quickly brought in the Ministry of Government and Consumer Services, again to help with the procurement of PPE, and they put forward a document called the ethical allocation framework. The ethical allocation framework was basically a document that distribution centres, the Ministry of Health, Ontario Health etc. would use to decide who gained access to the limited PPE that we had. Stage 1 was to confirm supply and risk. At that point, the control table confirmed joint understanding and assessment of system-level risk and available supply in stockpiles and within institutions.

In the rules that we had in Ontario already, every health care organization was supposed to have at least a month's supply on hand of PPE. Let's be honest, Speaker: Most of the PPE is used in our hospital system, a bit in our long-term-care system when the flu pandemics come—not pandemics, but when the flu hits the different long-term-care homes. But the bigger users are hospitals. They're supposed to have four-week supplies on hand at all times. The government is supposed to check on this, but none of that checking was ever done. So some hospitals had the four-week supplies on hand; some did not. I would say the smaller the health service provider was, the least chance that they were meeting those minimum requirements of four weeks of PPE online.

Schedule 4 of the bill talks about the Personal Health Information Protection Act. It amends the act to make various types of electronic personal health data—and broadens the definition of those who can access electronic health data as part of Ontario health teams.

There have been many structural changes to our health care system. One of the biggest ones was to put in place Ontario Health. Ontario Health is now an agency in charge

of a huge part of our health care system. They are in charge of hospitals, of long-term care, of palliative care, of mental health and addictions, of primary care and—one more that I always forget—home and community care. Those are big parts of our health care system that are now under the auspices of Ontario Health.

They took over many, many what I consider to be really good health care agencies. One of my favourite ones—you will remember that yesterday I introduced a bill on organ donation, to change to assumed consent for organ donation—was Trillium Gift of Life. Trillium Gift of Life doesn't exist anymore. It is under Ontario Health.

Another one of my very admired health agencies was Cancer Care Ontario. That brought us one of the most strong and robust cancer care systems in all of Canada—in all of the world, if you ask me. It doesn't exist anymore. It is now under Ontario Health.

Ontario Health is putting together Ontario health teams that can be responsible for any one of those six health care sectors that I just mentioned. They could become responsible for hospitals, for long-term care, for primary care—so think about community health centres, Aboriginal health access centres, nurse practitioner-led clinics, family health teams, family health organizations or fee-for-service physicians.

Mental health: Whether we talk about mental health or we talk about addictions, it also falls under the new Ontario health teams.

Palliative care: We have a few hospices with palliative care; we should have way more. We also have a visiting palliative care program in Ontario—they could fall under this—and, of course, our home and community care sector, which looks at everything from Meals on Wheels to friendly visiting to volunteer transportation to home care, whether it be for people who need it for an extended period of time or home care for people who have just been discharged from hospital and need help with their stitches, with changing their bandages or whatever else.

So different health teams are being put into place. I think we are at about 52 health teams now that are being set up.

Schedule 4 will change the Personal Health Information Protection Act so that if people from palliative care start to work with your primary care provider, who starts to work with your home care provider, who starts to work with mental health, they would all be in a position to gain access to your personal health information.

There is always a reluctance when it comes to that kind of sharing. Some people see the benefit of not having to repeat their health information when they're referred—their family physician sends them to a mental health clinic and they have to repeat all of their information, or you're being sent to home care, and again, you have to repeat all of your health information. So some people see the benefits of people having access to your personal health information, and some people are not willing to share that information and want to continue to gain control as to who will have access to personal health information and who won't.

So schedule 4 will really have to drill down to make sure that, yes, the system is able to have access to the minimum information necessary to be able to do their work, which means providing care, but at the same time, that personal health information that you don't feel comfortable sharing with all of the members of the team, you should still be able to keep for yourself.

1440

Then we come to schedule 5. Schedule 5 is dedicated to personal protective equipment supply and production. The aim behind schedule 5, again, goes in the right direction: Create new personal protective equipment supply and production that confers power to the ministry to regulate the supply chain of personal protective equipment. It is in response to the problem with the personal protective equipment supply that I talked about at the beginning of my talk.

You have to realize, Speaker, that we all want the same thing. When the pandemic started, we saw how difficult it was to gain access to personal protective equipment. N95s were really, really hard to come by. I will take this opportunity to say thank you to Vale, to Glencore, to a whole list of big mining companies in Sudbury and Nickel Belt that had stockpiles of respirators and that made them available to long-term care, to home care, to group homes and to other health providers at the beginning of the pandemic, because it was impossible to get any. All of our supply of N95s were coming from international sources. I'm proud to say that this has shifted and we now supply 43% of the demand for medical personal protective equipment here in Ontario—actually, most of it in Ontario, but the rest of it in Canada, 43%, and we're aiming to do way better than that.

But the path has not been smooth at all. I want to give the example of Dent-X. Dent-X is a manufacturer of PPE. They are located in Vaughan, not far from here. They had 900 contracts with dentists forever on end to supply them with surgical masks. We've all gone to the dentist. We all know that dentists wear their masks. They come very close. They do procedures that they need to protect themselves from. They've had those contracts for a long time. They are a well-recognized company. They meet all of the criteria from Health Canada, from procurement. We know that they make good products that protect our health care system and have been very successful in having 900 contracts with different dentists throughout Ontario.

Well, when it comes to the new group, made up of the Ministry of Health, Ontario Health, University Health Network, Plexxus and Medbuy, who got together because they have the brain power and the expertise and the warehouses to get PPE and supply PPE to dentists, because the demand shot through the roof—Dent-X was never allowed to bid. It doesn't matter how many times they went to Medbuy and told them, "Hey, we've always supplied. We're able to ramp up. We are Ontario-based, Ontario-owned. We have always been there, have always supplied medical PPE to the dentists. We have 900 contracts." They now have zero contracts. How could that be? We have a government that talks about the need to

secure our supply chain for PPE and for many other health-related supply chains. We have a company that receives all of Health Canada—it meets all of their standards, has been in existence for a long time, and has secured contracts for a long time. And rather than continue with them, they are not allowed to move forward.

You will remember, Speaker, that, two weeks ago, I introduced a bill called transparency and accountability in the health care system. Why did I bring that forward? Because we know full well that when the money leaves the hospital, chances are that it goes to a group purchasing organization or a shared purchasing organization. Those organizations have no oversight, no accountability, but they are the ones who sign the contracts. They are the ones who will decide if you will be able to sell your products in Ontario or not. I got a wee bit of a glimpse as to how they work when—again, you'll remember the diluted chemo drugs. Do you remember this? A group purchasing organization contracted a company that had never made injectable chemo drugs before and they got the contract. They brought forward the chemotherapy, and we had over 1,300 people who were treated with the wrong dosage of chemotherapy treatment, with the consequences that came with that. I was lucky enough to be the one who sat through the committee that looked into what happened there. And it was so obvious to all of us—after we had to fight and fight and fight to gain access to their books and gain access to the money side of things—that the decisions they made, 90% of it was based on how many kickbacks they were going to get. They are in charge of buying hundreds of millions of dollars of procurement for our hospitals. Ontario-based companies don't get to sell their product to Ontario hospitals. They'll sell to BC and they'll sell to Quebec and they'll sell to Manitoba, but they cannot sell to Ontario because the group purchasing organizations don't find that they give them enough of a kickback.

I'm allowed to use "kickback" in here. When I'm outside of the House, I use—what do they call this? I'll find the word. They get money for doing business with that particular agency, and they find—

Interjection.

M^{me} France Gélinas: Commission. Thank you. She came to my rescue.

They find that if they go with international companies, they will often get way bigger commissions than if they deal with Ontario companies.

I can give the example of Biolyse. Biolyse is one of the only injectable chemo drug manufacturers in Ontario. They have been there for a very long time. Whenever we run out of chemo drugs, we go to Biolyse and they are the ones who save the situation. They sell to Ontario. They're based in Ontario. They sell to BC, they sell to—anyway. The group purchasing organization that handles most of the chemo drugs is HealthPRO. Now HealthPRO won't buy from them. We are about to lose the only injectable chemotherapy producer in Ontario that has an impeccable record, that has helped us year after year when we run into shortages. HealthPRO won't allow them to bid.

When I look at some of the schedules in the bill, including schedule 5 that says the right thing, that says

they want to follow the act and they want to have a strong Ontario-based supply chain that will build the manufacturing sector in Ontario—by the way, the government has invested in many of those manufacturing plants. I want to point out the one in Sagamok First Nation, the one in Wiikwemkoong First Nation—the government was there. My colleague is not there; I thought Michael was there. Anyway, the government came, they gave them money to help put on First Nations Ontario-based manufacturing of PPE, and, so far, they have sold zero—not one mask, not one pair of gloves, not one pair of glasses, not one face shield, not one apron. They have not been able to get the provincial government to purchase locally.

1450

So we have schedule 5, Personal Protective Equipment Supply and Production Act, that confers power to the ministry to regulate the supply chain of personal protective equipment. I'm all for this. I think that Ontario manufacturers should be supported and should have at least the right to bid. But in the system, the way it is right now—the government does not have in its schedule 5 any transparency, any oversight, any accountability for those group purchasing organizations and shared service organizations. They will continue to behave in the same way they have always behaved.

Remember, through the diluted chemo drugs, we actually got the salaries of the people who worked there—let's put that in perspective. They work in purchasing departments. Every hospital has a purchasing department. If you look at somebody who works in purchasing in a hospital, if they make \$56,000, \$60,000 a year, they consider that they have a good job. They are there to make sure that the purchasing needs of the hospitals are always there—and they have a director of purchasing and people who work in purchasing. At \$60,000 a year, the hospitals have no problem recruiting and retaining staff to work in those purchasing departments. When we look at the diluted chemo drugs, at the group purchasing organizations, 90% of their staff made more than \$100,000 a year. I'm going by memory now; I think the highest paid one was paid close to \$350,000 a year to do the exact same thing that the people working in the purchasing department in our hospitals do for \$60,000 a year. The big difference was the commissions coming in. That is all taxpayer money that is transferred to our hospitals. Our hospitals tell the group purchasing organizations, "We need 10,000 N95s, we need so many gowns, we need so many needles"—they need all sorts of stuff to run a hospital. Once the money leaves, it becomes opaque; nobody knows what's going on. All we know is, the final product came and here's how much it cost the hospital, but how many people got paid in between? All of this is behind closed doors, because they are not a transfer-payment agency of the Ministry of Health, therefore the Auditor General cannot audit, people cannot put in complaints with government and consumer services—none of that applies.

So we have a schedule 5 that aims to do the right thing, that says that they want to do the right thing, but in which

you don't see the oversight, you don't see the transparency, you don't see the tools that we know right now need to be applied in order for this to happen. There is wishful thinking, and then there are bills that have the right language in them to make sure that the goals that we want to achieve will actually be achieved. Right now, I still have some doubts.

I'm now on schedule 6, talking about the Regulated Health Professions Act. In schedule 6, they will make changes to the Regulated Health Professions Act—remember, that's the act that regulates the 27 regulated health professions. You're all aware of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. They were supposed to be abolished in Bill 88. Thousands of people pushed back. They were heard, and the government said that. So this is who we're talking about here. We're talking about those colleges. To comply with regulations that have to do with French- and English-language requirements, that have to do with requiring Canadian experience as a qualification for a registration requirement—they also have to do with recognizing what they call foreign health professional credentials.

I'm really proud of my colleague who brought forward Bill 98, Fairness for Ontario's Internationally Trained Workers Act, for all the hard work that she has done. She has taken the time to sit down with internationally trained physicians, with internationally trained nurses and with other health care workers to listen to their struggles. She has met with the different colleges that represent them, as well as their associations, to really try to see how we change this. How could it be that northern Ontario is short over 300 physicians, yet we have over 1,200 internationally trained physicians right here, right now in Ontario who are not able to practise medicine, who have to go back to the countries where they have their original medical degrees, to keep their skills up to date to come in? It's the same thing with nurses—with nurses, it is in the thousands. We have 150 hospitals in Ontario. I bet you there are 150 hospitals looking for nurses. And that does not include long-term care. That does not include home and community care. That does not include every other sector of our health care system that needs more nurses. We have them here in Ontario, but they are not able to gain accreditations with their college.

I'm really proud of MPP Doly Begum—and I know that I'm supposed to say Scarborough Southwest—for all of the work that she has done to try to change this. I think her bill would be a good addition to schedule 6, to make sure that we are able to take advantage, in a good sense, and to allow those internationally trained health professionals the right to practise in Ontario. We need them. We need their skills. They're here now. They want to live in Ontario. They want to be part of our community. Let's help them make that transition.

I've talked about internationally trained physicians and nurses—but it goes for physiotherapists, it goes for dentists, it goes for midwives, it goes for every one of the other 27 health care professions presently regulated by the Regulated Health Professions Act.

There are changes in the act that, again, go in the right direction. But you know, Speaker, as well as I do that legislation is not an incremental process. It's not something that you can say, "Oh, we've done a few steps now, and we will do a few steps later"—that's not how it works. Most of the time, a new piece of legislation is done and won't be looked at again for over a decade. So if we are serious that we want to help the internationally trained health professionals gain right of practice into our province, then we have to go beyond that. We have to take into account what the member from Scarborough Southwest has brought forward and make real steps towards gaining access to those internationally trained health care professionals.

1500

I know that in Ontario right now—my colleague Sol Mamakwa was talking about Red Lake, which had zero access to physicians for an entire weekend. It was horrible to see. There was this sign coming into Red Lake, and they had put a piece of cardboard on top of the big H that directs you to a hospital because if you were on the highway and you needed help, you could not pull in to Red Lake—keep right on going; in another six hours you will be in the next town that has a hospital, because Red Lake had no physician whatsoever.

My colleague from Algoma–Manitoulin asked a question this morning—same thing—with the North Shore. We're not talking about very far here—between Sault Ste. Marie and Sudbury.

Again, there are hospitals that are not able to have enough complements of physicians to be able to keep their emergency room open, to be able to function as a hospital. To gain access to those thousands of internationally trained health care professionals who live here in our province right now, I can tell you, would be a game changer.

Bill 106, the Pandemic and Emergency Preparedness Act: I would say, look at some of the early learnings of the pandemic. We know now that we could have been better prepared. We know now that there are certain actions that could have been taken that would have made the pandemic a whole lot easier. The two years of hell that we all went through did not need to be that difficult on all of us, on our families, on kids in schools, on small businesses, and the list goes on and on—not to mention how difficult it was for the workers in our health care system. There are some early learnings.

Some of what they have put in the bill talks to those early learnings and aims in the right direction. But are there sufficient details in the bill to assure us that we will not only go in the right direction but actually make it to our destination of better preparedness? For many of these, I am not convinced.

I wanted to talk about the Personal Protective Equipment Supply and Production Act, schedule 5, a little bit more. The report from the Auditor General on personal protective equipment supply was focused mainly on wearable equipment, such as gowns, gloves, masks and, in part, on the hierarchy of infection prevention and control

for reducing the spread of infectious diseases such as COVID-19. They initiated that report to assess the preparedness and the response of the province in procuring, managing and distributing PPE for both the health care sector and the non-health sector as a result of the COVID-19 pandemic. Why did they do this? Well, they did this because the COVID-19 pandemic presented a challenge to health experts and government decision-makers and has tested the effectiveness of the plan and system put in place to prepare for infectious disease emergencies. This audit was an opportunity to inform us, certainly as legislators, but Ontarians in general, about lessons learned and to recommend actions to help the province better respond and to recover and to better prepare for any such future events.

It also mattered because ensuring employees use appropriate PPE is one of the areas in which provincial laws and regulations hold health care employers such as hospitals, long-term-care homes and retirement homes responsible for the safety of their employees. We have seen, through the pandemic, exponential increases in the number of complaints by employees who could not gain access to the PPE that was recommended.

We talk about the lessons learned from SARS, from H1N1, from Ebola about using the precautionary principle. The precautionary principle tells you that when the science, the data is not complete, protect the workers. It's as simple as that. What the Auditor General found regarding the PPE stockpile was that Ontario was unprepared to respond to the COVID-19 pandemic with sufficient PPE as a result of long-standing issues identified but not addressed by the Ministry of Health, dating back as early as the SARS outbreak of the early 2000s: "The ministry had not maintained a sufficient centralized emergency PPE stockpile, leaving the province with minimal usable PPE inventory (for example, all N95 masks had passed their expiry date) to distribute in a time of crisis...."

The audit that they did back in 2017 of the emergency management of Ontario found and publicly reported that more than 80% of the pallets of stockpiled PPE supplies had already expired and the ministry had begun destroying PPE without ever replacing them. The Auditor General made specific recommendations regarding that. Some of those recommendations are being acted upon, and I'm really proud of that, but some of them are not. The schedule in Bill 106 does not go far enough to make sure that those recommendations are taken into account.

When we talk more specifically about health care PPE stockpiles, there was no legislated requirement for the province to monitor whether individual health care providers maintained sufficient supplies of PPE as recommended under the Ontario Health Plan for an Influenza Pandemic. Again, if you look at schedule 1 of the Pandemic and Emergency Preparedness Act, Bill 106, it makes reference to this, but it does not go as far as mandating a legislated requirement for the province to monitor whether the individual health care provider is maintaining—and what has been recommended is a

month's supply. So every health care provider should maintain health supplies. This is in the bill, the recommendations are there, but the requirements to monitor are not in the bill, so it leads me to believe that the same thing that happened in 2017 could happen again.

Then she talked about the lack of centralized procurement systems. Although provincial plans were under way to centralize provincial procurement, central procurement was not in place when the pandemic emergency was declared in our province. Instead, the province's procurement of PPE was decentralized and fragmented. As a result, the province had to develop new ways of procuring PPE and obtaining province-wide information on PPE consumption rates, needs and availability during the pandemic. The ministry, with Ontario Health, developed a new procurement process, partnering informally with the University Health Network to help procure PPE for the provincial emergency stockpile. We had a chance to talk to the Ministry of Government and Consumer Services as well as the Deputy Minister of Health and the Deputy Minister of Government and Consumer Services today, actually, at public accounts, where they were able to shed some light as to how the bill would help move the province of Ontario in the direction of making sure that this is there. The Ministry of Government and Consumer Services talked about the distribution of PPE that is now made from a series of warehouses. The Ministry of Health now has nine warehouses where they keep PPE. They have in stock, on the health care side, \$600 million worth of PPE; on the government and consumer services side, we're talking about \$400 million worth of PPE that are here in Ontario. I am proud to say that 43% of those come from Ontario or Canada, and they have a goal of bringing us to 93% within the next 18 months.

1510

As I said, schedule 1 and schedule 5 aim in that direction but do not go as far as mandating the requirement for the government. So it's aiming in the right direction—but take the next step of making it mandatory.

Then the Auditor General's report talked about transparency: "The SARS commission recommendation on transparent communication about PPE allocation was not followed. PPE was allocated in accordance with a newly developed ethical allocation framework. However, the province did not publicly communicate how it was allocating the scarce PPE stocks and did not make public how and whether the newly developed ethical allocation framework was used to guide its PPE allocation."

MPP Barrett, myself and a number of MPPs all brought forward examples of what had happened in our own ridings during the pandemic. I can talk about St. Joseph's Health Centre. St. Joseph's Health Centre runs two long-term-care homes, St. Joe's and St. Gabriel's. They also have a complex continuing care hospital that they run. Jo-Anne Palkovits, the executive director of St. Joe's, had to come to me to say, "You have to help me." They had an outbreak at the time and they were not able to get PPE to keep their hospital and their two long-term-care homes' staff safe. How could it be that they had to come to me? I

did my best. I went and saw the Minister of Health. I went and talked to the Chief Medical Officer of Health. I asked questions in this House. I did what every MPP—I remember MPP Barrett doing the same thing. MPP Hardeman ran into similar issues as well.

But then again, here we have the ethical allocation framework that was written and approved way back on April 10, 2020. Remember when the pandemic had just started, when we were running out of PPE and all of this? Well, the ethical allocation framework was written, but it was never made available. To this day, it has not been made available publicly. The Auditor General has it in her report, but most people don't look for that kind of information in the Auditor General's report. They look for that kind of information under the Ministry of Health, under public health, under Ontario Health—because it was really hard to understand what had happened.

Then she talked about training and supplying health care workers with PPE: "Health care workers were not always properly protected with PPE. There was a tenfold increase in violation orders issued by the Ministry of Labour, Training and Skills Development in 2020 for PPE violations compared with 2019"—in the first year of the pandemic. "Violations resulted from employers' lack of access to PPE and employees' lack of sufficient training on the use of PPE." Unfortunately, I am sad to say that there are still a whole lot of violations from employees against their employers regarding access to PPE.

The conclusions from the Auditor General talk about this:

"The Ministry of Health did not have the supply of personal protective equipment stockpile required under the Ontario Health Plan for an Influenza Pandemic (Health Pandemic Plan) at the time the COVID-19 pandemic hit, nor did it have the information, or procurement processes in place to sufficiently address the issue.

"Many health care providers did not maintained the recommended emergency local supplies of PPE. As well, many employers did not provide PPE required by staff, or provide sufficient training to staff on the proper use of PPE.

"The ministry was not transparent about how it allocated scarce supplies of PPE."

I wanted to share that because whether we talk about schedule 1, the Emergency Management and Civil Protection Act; schedule 4, Personal Health Information Protection Act; schedule 5, Personal Protective Equipment Supply and Production Act; schedule 6, Regulated Health Professions Act—I haven't had a chance yet to talk about schedule 7, Supporting Retention in Public Services Act, which I will do right now—it often goes in the right direction, it often acknowledges what we have learned from the beginning of the pandemic to now, but it often falls short of clear, transparent changes that would give reassurance to Ontarians that we will be better prepared next time. Don't get me wrong; we don't want a next time. We want this to end, the sooner the better. But we have to be adults and look at all of the changes and the chance of another pandemic because, yes, we will have another pandemic; we just don't know when.

Coming back to schedule 7, it was described by the government as giving PSWs the \$3 pay increase and making this permanent. Unfortunately, again, the way that this is written in the bill is that you don't see this as a pay grid that describes what a PSW or a DSW does—and making sure that it is there. We talk about “temporary or permanent compensation enhancements and may include different eligibility rules for different classes of employee.”

We all know how to fix the problems in long-term care. We all know that the quality of care in long-term care is directly linked to the person who provides this care. If there is one thing that we should all know after over 4,000 deaths in our long-term-care system, it's that we need to make PSW jobs permanent, full-time, well-paid, with benefits, with sick days, with pension plans and with a manageable workload. The minute we do this, the thousands of PSWs who love what they do, who are good at what they do, who live in Ontario right now, would be so happy to go back to a job where they are able to pay their rent and feed their kids. But we don't see that in the bill.

Under the Supporting Retention in Public Services Act, we see the direction. The goal is there. I share the direction. I share the goal. I want PSWs to be respected in their jobs. I want personal support work to be a career that people are proud of—to look after the most vulnerable in our communities. I want them to be respected. How do you do this? Permanent, full-time, well-paid, benefits, pension plan, sick days, and a workload that a human being can handle. None of that is in the bill.

1520

It's a bill that has touched on many points that needed to be touched on after the learnings that we've had from early in the pandemic, that aims in directions that are good, that should be supported, but that often falls short of giving us guarantees that things will change for the better.

That concludes my remarks for today.

The Speaker (Hon. Ted Arnott): Questions to the member for Nickel Belt.

Mr. Lorne Coe: Thank you to the member for Nickel Belt her presentation.

One of the aspects that Minister Sarkaria covered in his presentation earlier today was about our government ensuring that Ontario maintains a healthy and robust stockpile of personal protective equipment and critical supplies and equipment at all times, and the reason for that, the context of that was, what we found when we assumed government was that there wasn't any. It was all out of date. Imagine that.

What this bill speaks about is the development of a robust centralized supply chain of PPE. A CSC is key in ensuring the future health and safety of the province's front-line workers and others you have the privilege of representing—and I do as well, and many others here in the Legislative Assembly.

Can the government count on you, given the length of time that you've served here and your knowledgeability of health care and its impacts, to support this aspect of this

important bill to ensure that what we experienced a few years ago never happens here again in the province of Ontario?

M^{me} France Gélinas: I agree with what the member said. We were ill-prepared. In 2017, the stockpile of PPE—that we were paying \$3 million a year to rent warehouses full of PPE that was expired was a failure of government.

When they came into power in 2018, I would tell you, Speaker, that they had two years to work on this. It did not happen, but now they intend to work on it.

I fully support the direction that you are taking. Unfortunately, I did not have time to read the entire bill, because it was just tabled yesterday and I had to do my hour lead today. I guarantee you, though, that I will read the entire bill—and if the direction that you have taken and there are guarantees that will bring us there, yes, this is something we will support. We want to make sure that there are guarantees in place so that what happened in 2017 never happens again. I cannot guarantee you that it's in there, because I did not have enough time to read it all.

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

Ms. Peggy Sattler: I want to congratulate my colleague the member for Nickel Belt on her extensive presentation and her obvious knowledge of the issues in this sector.

I wanted to ask my colleague if she was as surprised as I was by schedule 7, a schedule that purports to be focused on the Supporting Retention in Public Services Act but offers a workaround to Bill 124, the government's low-wage policy that limits compensation for public sector workers, instead of repealing Bill 124. Certainly, we have heard consistently and strongly from everyone who is involved in front-line health care service that what really needs to happen to support retention is to repeal Bill 124.

M^{me} France Gélinas: I couldn't agree more. Bill 124 is discriminatory. It is unconstitutional. It is a way for the government to basically take away the rights of workers to fair negotiation. Our health care workers, our front-line workers, whether they are people who teach our young, who look after our elderly, who look after the vulnerable in our communities, who answer dispatch—they all went through two years of hell. How does the government pay them back? They pay them back by taking away their right to negotiate.

You cannot do this. You have to get rid of Bill 124. Bill 124 has got to go. It is as simple as that. If you want nurses to stay in their jobs and you want teachers, dispatchers, PSWs and DSWs to stay in their jobs—you can. You have the power to change this. Get rid of Bill 124—not this workaround in schedule 7.

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

Mr. Michael Parsa: I thank my honourable colleague from Nickel Belt. It's always good to participate when she makes a presentation here in the House.

Speaker, the hospital association said yesterday in their announcement that “the 3,100 hospital beds created during the pandemic that are made to be permanent represents the largest one-time increase in Ontario hospital capacity since the late 1990s.”

Ontario had the same number of hospital beds at the start of the pandemic as it did 20 years ago. This is all because of the previous government's mismanagement and, of course, the underinvestment in the sector. As a result, every single Ontarian was forced to make massive sacrifices over the last two years as a result of, again, their mismanagement and their underinvestment.

I appreciate the fact that she hasn't seen the bill, but I'm wondering if my colleague would agree that what the previous government left the sector with—Ontarians were left to deal with all the pain.

I'm wondering, when you do see it and if you see the merit in it, will you be supporting the bill?

M^{me} France Gélinas: The problem with being old is that you can remember way back, eh? I can remember when Mike Harris was in power and brought about the hospital restructuring. This is when Ontario went from being one of the leaders in the number of hospital beds to having the lowest beds per capita, to the lowest number of nurses per capita. We were number 10 in every single part of our health care system thanks to Mike Harris's hospital restructuring, followed by 15 years of Liberals.

I agree with you; the Liberals went for seven years in a row where there were zero base budget increases to our hospitals. For two years, they got below-inflation-rate base budget increases to our hospitals. They were supposed to find efficiencies during all this time, and then you guys were in power for two years, and then the pandemic hit. We all know that if we had had more ICU capacity, if we had had more hospital bed capacity, the response to the pandemic would have been really different and a whole lot easier on all of us.

Do I support maintaining a strong and robust hospital system? Yes, but it has to come with a strong health care system. That includes home care. That includes mental health. That includes other parts of health that also have been neglected.

The Speaker (Hon. Ted Arnott): Next, we have the member for Brampton North.

Mr. Kevin Yarde: I want to thank the member for Nickel Belt for her amazing speech, as always, talking about Bill 106, the Pandemic and Emergency Preparedness Act.

I want to talk a little bit about PSWs. Of course, before the pandemic, PSWs were working in many different locations. They were going from home to home, hospital to hospital, and they were duly underpaid. Once the pandemic hit, many of the individuals who contracted COVID-19 were PSWs, because they were vulnerable. Many of them were BIPOC individuals, going from home to home in situations where they didn't know who had COVID-19, who didn't have COVID-19. Many of them died as a result of this, as well. And many of them have left the profession because of the inadequate pay.

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I know some PSWs who recently graduated from school, and they love their jobs. However, the pay they're getting for what they're doing, in their minds, is not worth

what they're doing. They will definitely continue to do the job, but they would like to get an increase in pay.

My question to you: How will an increase in pay and benefits help not only the PSWs, but also the health care professionals?

M^{me} France Gélinas: PSWs are the backbone of our home care system, of our long-term-care system. They both cannot recruit and retain a stable workforce. Without a stable workforce, you cannot guarantee quality care. How do you change this? It's very easy: You make PSW jobs a career. Give them permanent, full-time jobs, well-paid, with benefits, with a pension plan, with sick days and a workload that a human being can handle, and the thousands of good-hearted, talented PSWs will come back to care for us.

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

Hon. Paul Calandra: Speaker, pursuant to standing order 9(f), I wish to inform the House that no business will be called during orders of the day during tomorrow's morning meeting.

Interjections.

The Speaker (Hon. Ted Arnott): Thank you very much. We'll take it.

Further debate? The member for Brantford–Brant.

Mr. Will Bouma: Speaker, through you: I appreciate being in the House this afternoon and having this debate. I was just curious—and I also realize that the member hadn't had a chance to read the full wording of the bill yet—

Interjection: This is debate now.

Mr. Will Bouma: Oh, this is debate? I thought we were still in questions. My apologies.

I will share my time with the Minister of Agriculture.

The Speaker (Hon. Ted Arnott): Thank you very much. Then we'll recognize the Minister of Agriculture, Food and Rural Affairs.

Hon. Lisa M. Thompson: I appreciate the enthusiasm from the member for Brantford–Brant. I know he has strong roots in the agricultural community, and he's always proud to stand in this House to speak on their behalf.

I'm also proud to stand today and speak in support of Bill 106, the Pandemic and Emergency Preparedness Act. This bill demonstrates how we're building on the lived experience during the COVID-19 pandemic that nobody around the world ever anticipated. More importantly, this bill demonstrates that in the spirit of preparedness in Ontario, under the leadership of Premier Ford and our entire government, we're getting it done and we'll be prepared for next time.

Specifically, I'm pleased to speak today to the elements in this forward-looking bill that relate directly to the role of the government in support of the continued supply of safe, quality food from farm to fork. If passed, this proposal would amend the Ministry of Agriculture, Food and Rural Affairs Act and clarify that the ministry's mandate includes providing leadership in Ontario with regard to a safe and stable food supply. It would also

require the ministry to regularly report on the safety and stability of Ontario's food supply system.

I would like to remind everyone listening today that the Ontario Food Terminal is the third-largest food hub in North America, after Los Angeles and New York. I'm very pleased that this bill would amend the Ontario Food Terminal Act to help ensure that the terminal board has a contingency plan in place to help continue its operations during emergency situations. This plan would show how the terminal would operate at a temporary location for a period of no longer than 30 days and during an emergency situation that may put continuity of the food terminal's operation at risk.

I'd also like to take this moment to recognize our agri-food heroes right here in Ontario. Ontario is fortunate to have a strong and robust food supply chain that, quite frankly, was tested during the pandemic. We rely on hundreds of thousands of people who work in diverse jobs, from on-farm and in primary production through to food processing and over to distribution and, ultimately, food retail. We have a very strong supply chain.

Throughout the pandemic, grocery store workers put in extra hours to stock shelves and make food available for the long lines of patient shoppers. We had truck and delivery drivers responding to the increase in demand by working evenings, weekends and overnights to make sure the products got to where they needed to be. There was a surge in demand for home deliveries, and they worked very hard to make sure those orders were delivered as well.

Many restaurants altered their service options to include takeout, home delivery or pickup options that allowed customers to order meal packages in advance and keep their favourite local restaurants in business. I know that our closest restaurant, Hometown Pizza, got a lot of support from our family, and it's going to continue. I have to tell you, one thing that I think we've all realized is how important our restaurants are to our communities. This was an opportunity that will have legs, and I know and I trust people will continue to support our local restaurants in the manner that they enabled us to work through the pandemic.

And then, of course, we have farmers throughout this province who continued to work each and every day, 365 days a year, to produce food in a safe manner that we can have confidence in.

Speaker, these everyday heroes were everywhere, and we would not have been able to get through the pandemic without them, which is why our government consistently stands with them and recognizes the importance of making these amendments today. We all recognize that the demand for good-quality food produced close to home has increased. These amendments ensure that when the next emergency happens the resources are there and the government support that is needed to succeed is there as well. This bill and these amendments are a testament to our agri-food heroes. We stand on their shoulders.

As I mentioned at the beginning of my remarks, the pandemic has highlighted the importance of food security and food safety.

On March 1, I met with over 160 leaders in the province's food supply chain during the Ontario Food Summit. You would think at this point people would be tired of an online meeting, but I have to tell you, those 160 people stayed with us for—when I say “us,” I want to thank my parliamentary assistant Randy Pettapiece, the amazing MPP from Perth–Wellington, and my parliamentary assistant Toby Barrett from Norfolk. Honest to goodness, we make an amazing team. Beside them, I feel even taller because of their heart and the manner in which they are dedicated to Ontario's agri-food system. We had the help of our colleagues as well. For four hours, everyone was engaged in a dialogue that matters and has informed some of these amendments that we're introducing today.

I want to talk about those 160 people because, again, we're recognizing the heroes who work 365 days a year to ensure everyone in this province can have access to safe, high-quality and nutritious food grown right here at home. Some of those leaders that participated for four hours were agri-food businesses, farmers, transportation companies, Indigenous communities, restaurant and beverage associations, representatives of the Ontario Food Terminal, retail and consumer groups, agri-food workforce groups, education and research institutions, and foodservice organizations. They were there because there were important things that we needed to discuss. For instance, we wanted to discuss the vulnerabilities in the agri-food sector. We talked about how we can increase food supply in the spirit of resilience against future disruptions so we can help to ensure an efficient, safe, secure and responsive food supply in the years ahead. We had great discussions on how we can collaborate on the strategies that will help Ontario's food supply chain remain one of the strongest, safest and most stable in the world.

The Ontario Food Summit was the latest in our long list of provincial actions to support the agri-food sector through investments in processing capacity, labour initiatives, innovation, research and pandemic supports. This initiative demonstrates a sincere commitment to bring everyone together so we can work together and collaborate.

Actually, Speaker, upon reflecting upon that summit—and I'm sure MPP Pettapiece would agree with me—the thread that brought everyone through those four hours was the sincere desire to collaborate. Everyone knows our food supply chain in Ontario is only as strong as its weakest link. I can tell you it's so reassuring to share with you today that everyone wants to do their part to make sure that that supply chain is as strong and robust as possible.

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Some of the challenges that we discussed in the spirit of needing to be strong were complex. Some of the things were challenges that are requiring and testing our need to collaborate across government as well as industry. It takes a lot of communication, a really strong network and the willingness to have, sometimes, those tough discussions so we can get through to the other side with a really good resolution.

The challenges include attracting and retaining skilled labour to the agri-food sector and workforce. We know that an increase in the production of food in Ontario requires that skilled workforce. We know we need to engage young people, to interest them in joining this absolutely dynamic sector with exciting careers. More and more it's not about the hands-on labour; it's about innovation and the adoption of technology and the data analytics that go hand in hand with food production today, in 2022, and beyond.

We also need to continue to attract investment that can boost our capacity to produce the amazing food that we should never, ever take for granted right here at home.

I appreciated hearing the participants' valuable insights and their perspectives on the actions needed to, indeed, support a safe and stable food supply. Discussions from the summit helped to inform the proposed amendments that we're seeing here today to the Ministry of Agriculture, Food and Rural Affairs Act. It is important that we encourage consumers to be aware of the food produced right here at home.

Ultimately, we also need to be encouraging consumption of local foods in order to support modern and innovative production as well as a talent pool, because we need to continue to build Ontario and the supports around it for food security for all of Ontario.

It's important that in building a road map to the future we hear the concerns and perspectives of all the partners in our entire chain. Sincerely, I would like to thank everyone we have reached out to who has taken the time to provide submissions and, most importantly, work collaboratively to inform this particular piece of legislation. That includes a whole host of people who led with their heart, but I want to touch on Chris Conway, from Food and Beverage Ontario. He particularly said that this legislation "reinforces the essential nature of the industry and will ensure we can continue to deliver quality food to people in Ontario during emergencies."

In that spirit, I want to talk about the Ontario Food Terminal a little bit more because it plays a key role in our provincial food supply system. As I mentioned earlier, located right here in Toronto, it is Canada's largest wholesale fruit and produce market, the third-largest, as I said, in North America, behind Los Angeles and New York. Approximately 5,000 registered buyers purchase from 20 produce wholesalers and more than 300 farmers and dealers from the terminal. They use that terminal as their place of doing business and let me tell you, it's a busy place.

When I was in class 6 of the Advanced Agricultural Leadership Program, we got up in the wee hours of the morning to be there by 4 o'clock to witness first-hand the hustle and bustle that happens around that terminal. Almost all of the 1,500 people employed by the Ontario Food Terminal do start the day at 4 a.m., six days a week. They are all working hard to ensure that Ontarians have access to fresh food every single day. They're helping to move nearly one billion kilograms of produce and horticultural products through the terminal every single

year. I want to repeat that: 1,500 people work hard six days a week to ensure that nearly one billion kilograms of produce and horticultural products move through the Ontario Food Terminal every single year.

They're also supplying independent grocers from Windsor to Thunder Bay, from Muskoka to Ottawa, right into my own Foodland in Wingham, Ontario. The Ontario Food Terminal is a piece of critical infrastructure that Ontarians can never take for granted, because we rely on them, whether it's apparent or not, every single day.

I'd also like to touch on the Canadian Federation of Independent Grocers, because we're working and developing a really good relationship, and I appreciate the response that Gary Sands shared with regard to this legislation. He said, "The Canadian Federation of Independent Grocers is in full support of those industry related measures announced by the Ontario government, pertaining to keep shelves stocked with essentials and recognizing the critical role the Ontario Food Terminal plays in the supply chain."

Speaker, I hope I've shared with you just a couple of reasons why it is important now more than ever to ensure we have appropriate contingency plans in place when the worst may happen. In the early days of the pandemic, we saw vulnerabilities associated with the Ontario Food Terminal and our overall food system. I'm sure everyone remembers in those beginning months that there was mass buying by consumers. People were stocking up on toilet paper, and the list could go on and on, but independent grocers were acutely impacted. They struggled to get some of the necessities out to their members throughout Ontario because there was so much demand. That's why our government has made a change to the Ontario Food Terminal Act to expand the definition of products available at the Ontario Food Terminal from just fruits and vegetables to, say, agricultural products. This will provide some flexibility to the terminal going forward to be able to sell other items and supplies that may be difficult to source from other locations across this province.

Consumer confidence in Ontario food, products and a stable supply chain, and access to it, is paramount. I am sure everyone listening today would agree when I say that the first few months of this pandemic saw another experience that we all wondered how we were going to move through it. Mother's Day is the example that I'm speaking of. Mother's Day, as you know, is one of the days that sees people buy flowers. It's a huge day for our horticultural industry. Another day would be Easter. Unfortunately, in 2020, that year, hundreds of thousands of flowers that are typically delivered to loved ones did not happen at the same scale. To address this, one of the options considered was temporarily opening a second site, but unfortunately, back then, we couldn't do it because there were legal concerns.

If this bill should pass, we will have eliminated those concerns. It's so important, and, again, it's demonstrating that our government has listened, we're taking action and we're getting it done. We need to build consumer confidence in everything we do associated with the supply

chain in this province, because there are more than 170,000 people either directly or indirectly employed as a result of the food terminal's operations. That includes farmers, retailers, supply chain logistic professionals, distributors, grocers, and the list goes on and on. We need to ensure the continuity of operations at our food terminal continues. It's critically important.

I also want to note that we need to keep those 1,500 people associated with the terminal healthy and safe during the pandemic as well, and I'm really pleased that the terminal partnered with our government, because we saw over 3,000 doses of the vaccine administered on site, and our government introduced two regulations to support health and safety measures for the Ontario Food Terminal early in the pandemic.

I have to share, the long-term viability of the food terminal is crucial in safeguarding North America's third-largest food hub, as Ontarians continue to access to fresh produce and other agricultural products at grocery stores, restaurants and other food establishments. So we're ready. If and when another emergency should happen, we're ready and we're poised to take action and ensure that stability in our food supply chain.

Just last week, when we recognized Canadian Agriculture Literacy Month, my friend across the aisle, the NDP critic for agriculture, food and rural affairs, the member from Timiskaming–Cochrane, mentioned that food production and access to it in Ontario should not be a partisan issue. Speaker, I totally agree with that. As minister, I take this very seriously and I'm proud of the work that we're doing to support Ontario's food supply chain, and, most importantly, to ensure people across this province have access to the great quality food produced by incredibly hard-working farmers and by people throughout our food supply chain. That's why our government has introduced these amendments to the Ontario Food Terminal Act.

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Collectively, these legislative changes would require the food terminal board to maintain a contingency plan for emergencies that may impact operations. This would include a plan to temporarily carry out all or part of those food terminal operations from a location other than its current location during an emergency situation. To be clear: I want to stress that this bill does not propose to move the location of the Ontario Food Terminal, but rather to give the board the flexibility to ensure that they have temporary options to consider when an emergency occurs. The amendments I am proposing today will direct the Ontario Food Terminal Board to implement this contingency plan if the minister is of the opinion that an emergency situation exists.

Through the pandemic, agriculture and agri-food stakeholders have been engaged. We have had so many working groups. I appreciate everybody's gift of their time, and the pride that goes into making sure we have that robust supply chain. The consultations and the round tables that have been participated in have given people an opportunity to share lessons learned and to suggest how we might mitigate the impact of future emergencies.

I've been pleased to have had this opportunity to speak today on the importance of our province's agri-food system and how our government is building towards a resilient, robust supply chain. This proposed legislation is important because we need to be prepared. It will help maintain the stability and security of our food supply in the event that we face any other challenges.

I just want to thank all of our Ontario agri-food stakeholders for helping us get to this point today. Thank you very much.

The Speaker (Hon. Ted Arnott): Questions?

Mrs. Jennifer (Jennie) Stevens: I'd like to thank the member across, from Huron–Bruce, for her remarks this afternoon on this bill. However, I could not help but hear about how wonderful it was for her and her colleagues to be able to have four hours to have a robust conversation. Imagine if our PSWs and our RPNs had four hours to be able to care for their patients across the board. That would be wonderful. They'd be able to say, "I had such a robust conversation and got so much done on my job."

However—

Interjections.

Mrs. Jennifer (Jennie) Stevens: May I get to the question? You also mentioned about supply chain issues. In Niagara, we have a company right there in St. Catharines that supplies injectables for cancer patients, and we have several companies that make masks and certainly can help with the supply chain issue that we experienced throughout this whole pandemic. But the commitment has to be more than a tag line of "Buy Ontario" for all the residents here in St. Catharines, and that's what I'm hearing across the aisle.

My question to you is, will your government commit to helping a company that is definitely right here in Ontario, right in Niagara, that supplies injectables for cancer patients—the only one in Ontario. Will you help make sure that they can supply Ontario with that drug?

Hon. Lisa M. Thompson: I appreciate the essence of the question, but I think it's really important that we recognize that we have a Minister of Health and an amazing caucus that is absolutely dedicated to our health care in this province. The member from Mississauga Centre is just leading by example. She's working in emergency rooms when she has the opportunity. She's collaborating and working with the Minister of Health to conduct round tables so that we can, indeed, be listening, opening the door so people have their voices heard and, most importantly, ensuring the services that are needed are accessible. I want to thank her for the amazing effort that she gives, day in and day out.

You know what? That's my segue to talking about Ontario farmers. Day in and day out, they're working hard to ensure that they are producing quality food close to home right here at home in Ontario.

The Speaker (Hon. Ted Arnott): The member for Mississauga Centre.

Ms. Natalia Kusendova: I just wanted to add to what the minister had said. I am so proud of the work that our government is doing by raising the minimum hours of care to four hours a day per resident per day. We are leading

the entire country. This is unprecedented. We're spending millions upon millions of dollars to hire 27,000 more PSWs, RPNs and nurses into the system. So I'm extremely proud of that commitment, and we are leading the country.

But my question to the minister is—I want to thank her for her leadership on this file, because I think after health, food security is probably one of the top issues that Ontarians are concerned about. I saw scary images of some of our stores having empty shelves as a result of some of the activity happening early on in January, and I remember the minister saying that Ontario does not have a food shortage problem, but we did have a supply chain problem at that time. That's why it's so important that, in this legislation, we are putting in regulatory reporting regarding Ontario's food supply system and contingency plan. Can the minister elaborate on this new mandate, which includes leadership on a safe and stable food supply, and what else will the ministry be doing within this new and evolving mandate?

Hon. Lisa M. Thompson: I appreciate that thoughtful question from the member from Mississauga Centre. Because, really and truly, a number one priority for me as Minister of Agriculture, Food and Rural Affairs is to make sure that Ontarians are aware of the incredible production of food that happens right here in the province that we call home.

Furthermore, I hope no one ever takes it for granted, because Ontario farmers are out there working in the sleet like we have in downtown Toronto today, in the snowstorms. Milk transporters are driving to pick up milk to make sure it can get to the processor. The list goes on and on, right down to where we get to the Ontario Food Terminal.

The fact is, in terms of making sure that we're reporting back on a regular basis, one of my goals to everyone listening in the House today is that we're talking more about the amazing food that we grow right here at home so that people are aware of the tremendous jobs and careers that are associated with the agri-food sector, and, most importantly, they can be proud of and be confident in the food supply that's right here at home.

The Speaker (Hon. Ted Arnott): Questions?

Miss Monique Taylor: I'm happy to be able to ask the minister a question and to have the opportunity to ask her specifically on this question. She has definitely spoken quite a lot about the importance of produce and the food terminal, and yet we are hearing from the Ontario Federation of Agriculture that they're estimating that 175 acres of farmland every single day is being turned into urban development. Less than 5% of Ontario's land can support agriculture production. It is absolutely shameful to read those numbers, and quite shocking, when I just heard the minister talk about all this wonderful farmland in Ontario. And yet they're paving over it to build parking lots. Can the minister talk about the loss of 175 acres per day? Can the minister speak on that? And how does she plan to grow produce in a parking lot?

Hon. Lisa M. Thompson: Speaker, all I can say to that is, talk about drama and fearmongering. If that member had—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Hon. Lisa M. Thompson:—taken time to talk to the critic for agriculture, food and rural affairs, and if the members opposite would take time—instead of sensationalizing and fearmongering and actually get to know what's happening in Ontario's agri-food sector, they would know that—

Interjections.

The Speaker (Hon. Ted Arnott): So the way it works is, whoever has the floor gives their speech and then we have questions and comments and allow whoever asked the question the courtesy of asking the question, and then we have to allow the same courtesy to be extended to whoever's answering the question. So let's see if we can do that.

The Minister of Agriculture, Food and Rural Affairs.

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Hon. Lisa M. Thompson: Again, I would encourage all the members across the aisle to take time to get out of their bubble and talk to an Ontario farmer and understand that like never before are we producing more with less. The yields that we're realizing throughout this province are just phenomenal, and we're opening up so much opportunity in northwestern and eastern Ontario. The work that Minister Rickford and Minister Fedeli are doing to support their farmers in northern Ontario is absolutely phenomenal. It's a frontier that we're excited to pursue.

The Speaker (Hon. Ted Arnott): The member for Brantford—Brant with a question.

Mr. Will Bouma: I appreciate the opportunity and the reminder on how things are supposed to work here, Mr. Speaker, because we all need that once in a while, I have to say, speaking personally. But I was just—

The Speaker (Hon. Ted Arnott): The member for Brantford—Brant, I apologize. You were one of the principal speakers, so you can't ask a question in this round. I'm sorry; I apologize for any inconvenience.

Now I will allow a question from Perth—Wellington.

Mr. Randy Pettapiece: It's interesting. I spoke to the member from Timiskaming—Cochrane a number of years ago about how he was trying to educate the NDP on agriculture. Apparently he hasn't succeeded.

I like food. I think even the opposition likes food. The "no" party likes food.

I wonder, in my question here—you talked about supply chain issues and stuff like that. I think if we look all around us—I know I did; I gained a bit of weight. I didn't see supply chains to be an issue through this whole pandemic. There were a few blips, but the farmers, the truckers, the processors, we got through this. So I'm just wondering, what types of emergency circumstances would require the food terminal to be located to a safer location, how would those circumstances be defined, and how would a safe location be identified?

The Speaker (Hon. Ted Arnott): Very briefly, the Minister of Agriculture and Food.

Hon. Lisa M. Thompson: An example of the Ontario Food Terminal needing to relocate in an emergency situation would be hypothetically if there was a flood and

all of those 1,500 employees couldn't get to work and/or the farmers could not get their produce to that terminal. It's important that we have that temporary relocation so people can continue to access that great-quality food that we've come to absolutely appreciate throughout this province of Ontario.

The Speaker (Hon. Ted Arnott): We'll be clear: Further debate?

Mr. Kevin Yarde: It's an honour to rise to speak on Bill 106, the Pandemic and Emergency Preparedness Act, on behalf of the fine folks of Brampton North.

The pandemic, we saw when it hit—as we all know, we weren't prepared. We had been left vulnerable in a large-scale emergency. It was horrifying to see the state that some of our long-term-care homes were in. We saw a crisis that devastated the long-term-care homes, residents, their families and even PSWs. This crisis, Mr. Speaker, wasn't strictly due to COVID. This was due to cuts and neglect.

We saw far worse outcomes in the for-profit homes during the pandemic. COVID outbreaks and deaths were nearly twice as common than the not-for-profit homes. These for-profit homes put their profits above the basic necessities of our seniors, they cut corners, and our seniors living in these homes paid the price. And they are still paying the price. Building more for-profit homes will once again leave us vulnerable against the next large-scale emergency.

We know that our health care system had flaws, and they were further highlighted by this pandemic. The system failed the people of Brampton. We were treated like third-class citizens. Our case positivity rates were over 20% at some times, our essential workers didn't have any paid sick days and our health care workers didn't receive adequate PPE resources.

I'd like to share a story, an experience of a constituent in Brampton North that relates to schedule 5, the Personal Protective Equipment Supply and Production Act.

Over the course of the pandemic, my office has heard from people who had been desperately trying to source COVID-19 PPE for their businesses, to keep their employees and their clients safe and to stop the spread of the virus in the community. I heard from people like Aparna, who's the executive director of Convergency, a Brampton-based service that provides ABA and IBI therapy, respite educational advocacy and coaching and support to families facing raising a child with autism. This is a sad story.

In December 2021, Aparna applied to Ontario Health to receive rapid tests and N95 masks for staff to use to help keep their vulnerable clients, the children and the families safe while they provided their in-house services. After going through the screening process, her business was classified as a child welfare service and/or a service for children with special needs, making her eligible to get free rapid-test kits. Of course, this was great news, as COVID-19 had shut down her business and had disrupted the livelihoods of her employees and her clients.

After waiting nearly a month from the initial approval, Aparna then received a message stating that she suddenly

wasn't eligible to receive rapid tests. There was an email address to reach out for questions but no support on what her next steps should be. She reached out to my constituency office for assistance. She needed tests so that her clients could continue to get the help and services they desperately needed during this time. She was receiving desperate appeals from her clients, some who called her in tears, telling Aparna they had felt their family had been abandoned.

In early February, Aparna applied for rapid tests again. Her ticket order confirmation came with messages stating that the province was currently experiencing a high volume of orders for PPE, COVID-19 testing products, and there may be temporary delays. "Orders will be processed in sequence and based on criticality (organizations facing emergency situations). The demand is high, and our supply is temporarily limited."

She was seeking answers and not getting them. She was seeking essential PPE to keep her employees and her clients safe and was not getting it. She expressed that it was unfair to put these families in weeks of a situation, hoping and praying to have their services continue, with no clear understanding of when that would be and with a lack of PPE to assure them that their services would be conducted safely.

In the second week of February, Aparna received a message from Ontario Health saying that there had been a duplication of rapid-test orders and that the solution was to cancel both orders. This left Aparna again with nothing to help reopen her business and get back to her clients. While continuing this song and dance, Aparna had families offer to go stand in line to get rapid tests from the very limited locations giving them out so that they could have services resume. It was hard for Aparna to then reassure them that the government was not putting the needs of these families of autistic children last when she personally did not feel this was the truth.

On February 14, Ontario Health finally got back to Aparna with another link requesting that she apply for her PPE once again. So after months of stress, confusion, mixed messages, cancelled orders and long waits for responses, Aparna had the PPE she needed to start supporting her clients once more.

When you look at the story, you have to ask yourself: How many people in Ontario like Aparna had to jump through these hoops and be kept in the dark while trying to do the right thing?

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As we know, Mr. Speaker, local businesses, communities and public health units have stepped up to the challenge. We saw in Brampton the Indus Community Services, the Punjabi Community Health Services, the Ahmadiyya mosque and many more tremendous local organizations step up to the plate and help get the people of Brampton vaccinated. We were lagging far behind our neighbours in vaccine pop-up clinics, and folks were struggling to get their hands on PPE.

I'd like to give a real-time example of this, Mr. Speaker. Recently I had the pleasure of meeting a gentleman named

Dean Edwards. He is the president of Avocet Aerospace. Mr. Edwards started his business in the Lester B. Pearson Airport area in 1987, later relocating to Brampton in 2011. Avocet supplies aircraft parts worldwide and has an aircraft components repair shop in Ottawa.

When the pandemic hit Canada, Avocet, being considered an essential service, continued their work through the lockdowns and restrictions, unable, like many businesses, to shut down and ineligible for government financial assistance. Unfortunately, a large reduction in airplane activity and airplane travel, as we all know, left his business operationally grounded. However, he didn't give up. Mr. Edwards was determined to see his business continue and rise to the challenge of providing essential service during these trying times. So what he did, Mr. Speaker, is he pivoted his business to supplying PPE to airlines, to film sets, to the medical sector. He has even opened an e-commerce website to supply PPE to the general public.

The PPE Avocet supplies includes items made by Dent-X Canada, a company with PPE manufacturing facilities in Vaughan. Dent-X also works with First Nations Procurement, and we heard some of our northern members talk about this, as well. This company acquires goods and services for clients across Ontario and northern Ontario, a partnership that led to the creation of two manufacturing facilities—one on Manitoulin Island and one around Sudbury—that provide full-time jobs and benefits to the local Indigenous community.

However, instead of prioritizing PPE suppliers like Avocet, ministries are looking outside the province and even outside the country. Our education and health care sectors could be receiving locally sourced supplies. Companies like Avocet and Dent-X could be serving the province with large orders of products, but they see their business opportunities pushed aside in the name of cheaper foreign products. Ontario companies that are providing Ontario jobs, supporting Ontario's economy and protecting Ontario's health and safety need the support of the Ontario government.

It is worth noting, Mr. Speaker, that Dean wanted to help increase PPE supplies to the government. He tried reaching out to the school boards. He kept hearing statements from the province encouraging us all to shop local, to support local-made products, yet he was never engaged or reached out to for his essential products. PPE was getting outsourced to countries across the oceans, causing delays in supplies, as we all know, while PPE supplies were readily available right here in the GTA. The delays and shortages that affected people like Aparna could have been relieved through people like Dean, yet both now feel they had been passed over, ignored and not made a priority.

Another way we can be prepared for an emergency of a pandemic is by addressing the health care worker shortage. We've heard many speakers talk about this today. There are a few ways the government can go about this, but they can start by repealing Bill 124, which is a cap to our health care workers' wages.

Mr. Speaker, it's an insult to our health care workers that we must work on retaining during a staffing crisis in our health care system. We should be working on other things besides trying to retain our health care workers. These folks, as we hear all the time, are our heroes who have put themselves on the line time and time again throughout the pandemic. They've faced hate and insults from anti-vaccine protesters. These folks are exhausted and burnt out, and they deserve better.

Many of these folks, unfortunately, are leaving the profession, or the province, because of the lack of support. I've heard from a few health care workers from my riding and they've described how helpless they felt at their jobs. They've witnessed some of the horrors on the front lines, seeing people struggling to breathe, people suffering in the hallways due to our chronic hallway medicine in Brampton. At one point, they had to turn people away to other cities because they literally did not have the space to treat more patients. These health care workers were going through all of this, witnessing such horrors.

If we want Brampton to be prepared for an emergency, we need a lot more funding into our health care system. We've been seeing chronic hallway medicine and health care emergencies since before the pandemic. Brampton needs at least three fully functioning hospitals if we want to be prepared. We must repeal Bill 124—it's as simple as that—and start recognizing foreign health credentials so we can address the staffing crisis.

I know many PSWs, some that have just graduated, and they love their job, and they want to continue doing their job. However, at the wages they're getting paid, it is very difficult for them to do so. They're either leaving the profession to find other careers, or they are staying in the hope that their wages will be increased and they'll get benefits. I'm hoping that this government will step up and provide the supports for these PSWs.

To get back to the people of Brampton, they shouldn't have to drive past Brampton Civic Hospital during an emergency because they know that going to Georgetown or Etobicoke will get their loved ones seen faster. They shouldn't have to waste valuable time driving to another city during a health emergency while a loved one is suffering, all because they know they can get a bed in another city.

Speaker, even one of our own city councillors—listen to this—had to drive their wife up to Georgetown to be seen, after the absurd wait times at Brampton Civic Hospital. So if a city councillor cannot get health care in their own city, then we know there is a problem.

Our health care system couldn't function properly since before the pandemic, as the city announced a health care emergency in January 2020. The pandemic has taken things from bad to worse. So if this bill is about being prepared for a pandemic, where's the investment in our health care system that Brampton needs to be prepared? We saw, 15 years before, the Liberal government make promises for investing in our health care system and it never happened. We're continuing to see promises after promises that we're going to get those supports in Brampton, but we're still not seeing them.

We see this in more than just health care, Mr. Speaker. The people of Brampton are also being price-gouged in auto insurance premiums, all because of where they live and because of postal code discrimination. Folks with perfect driving records in Brampton are paying thousands of dollars because of their postal code: no accidents, no tickets, perfect driving records. It's all because of where they live. This, Mr. Speaker, has to change, especially when these folks weren't even driving their vehicles during the pandemic. They were told to leave their vehicles at home, and many of them did because they couldn't afford, for one, the high insurance rates, and because they were doing the right thing by not going out, because they were told to stay home.

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However, insurance premiums continued to rise, even during the pandemic. At a time when you would think that insurance premiums would be going down, they were going the opposite way. We repeatedly called for relief through a 50% auto insurance reduction, as accidents were down by more than half. We saw other provinces provide meaningful reductions. We saw them step up to the plate and provide those reductions. In fact, I heard from many constituents that their auto insurance premiums continued to increase while their cars were just sitting in their driveways.

As I see I only have about a minute and a half left, I just wanted to say, being prepared for an emergency means supporting the people as well, and we didn't see that in Brampton. Speaker, I would like to see the people of Brampton get real support, and that starts with providing three fully functioning hospitals—not a hospital with an additional wing, which is what is being asked for by the government at Peel Memorial. This is not a full-fledged hospital; it's an additional wing to that hospital.

Ending postal code discrimination is a necessity because people driving with perfect driving records—no accidents, no tickets—should not be penalized solely because of where they live. That's something we're going to continue to fight.

In the end, Mr. Speaker, these are our asks. I'm hoping that the government will listen and step up and work with us, as we'll work with you, to ensure that we get the changes that are needed.

The Speaker (Hon. Ted Arnott): Questions?

Mr. Lorne Coe: You'll know that the Ontario Hospital Association said, of yesterday's announcement, "That the 3,100 temporary hospital beds created during the pandemic are to be made permanent represents the largest one-time increase in Ontario hospital capacity since the late-1990s."

Speaker, let me take you back to the 1990s. For the record, there was much discussion in the presentation from the member from Brampton North about hospitals. Well, under Bob Rae, they closed 9,600 hospital beds, 24% of acute care beds across the province.

They've also voted against \$18 billion in capital grants over 10 years to build new and expanded hospital infrastructure—voted against. They voted no to \$5.1 billion to

support hospitals since the pandemic began. Will the member from Brampton North have me understand, given his presentation, why he voted against expanding the health care system, along with critical mental health investments? One—

The Speaker (Hon. Ted Arnott): Thank you. The member for Brampton North can reply.

Mr. Kevin Yarde: Thank you to the member for the question. In Brampton, we have been allocated only 250 beds at Peel Memorial. What we require, full disclosure, is 850 beds. So we are short. We talked about beds. Yes, beds are very important. We are short the number of beds that we need in Brampton, and I'm hoping that this government will step up and provide those additional beds that we so desperately need, especially with a population close to 700,000 people. The shortage of beds is a critical piece, and it would be great if we could see that in this bill.

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

Mr. Gurratan Singh: We once again hear this very familiar messaging from the Conservative government, which is, "Do as I say, not as I do." If we did as they did, it means cutting health care at a time that people need it the most. It means leaving Brampton behind throughout this pandemic. It means making a city of 700,000 people rely on only one hospital. This Conservative government has failed Brampton time and again.

I know the member from Brampton North has been a tireless advocate for Brampton and has fought incredibly hard on issues from health care to auto insurance and more. Can you just really describe how badly the Conservative government has left Brampton behind, how much they have failed our community, and what the NDP is doing to fight against it?

Interjection.

The Speaker (Hon. Ted Arnott): Order.

Mr. Kevin Yarde: I want to thank the member for Brampton East for the question. There's a litany of areas we can talk about. You mentioned, of course, health care and auto insurance. Health care was a problem before the pandemic. Health care was a problem when the Liberals were in power for 15 years and didn't rectify the problem in Brampton. I assumed when the Conservatives took power that they would address the hallway medicine situation. Unfortunately, we still see hallway medicine in Brampton. We have code red, and Peel Memorial had to be shut down because of a lack of beds and the lack of services available.

When we see that nothing has changed, then you have to ask yourself, why are we treated like second-class or third-class citizens in Brampton? With auto insurance, we pay some of the highest auto insurance in the province. We've had, over the years, members like Gurratan Singh from Brampton East, as well as Tom Rakocevic, the member from—

Mr. Will Bouma: Humber River–Black Creek.

Mr. Kevin Yarde: —thanks—Humber River–Black Creek who advocated with trying to get lower auto insurance, and it still hasn't happened. When I go door-knocking, all the time, Mr. Speaker, that's all I hear: They

don't trust politicians, because there are promises after promises. The government needs to step up and provide lower auto insurance and better health care in Brampton. That's something that the people of Brampton are asking for.

The Speaker (Hon. Ted Arnott): The member for Brantford–Brant.

Mr. Will Bouma: Third time's the charm, Mr. Speaker.

I appreciate being given an opportunity. I was just curious of the member from Brampton: Yesterday, the Registered Nurses' Association of Ontario said they welcomed the expansion of nursing programs to attract and retain nurses in remote and underserved communities. Nursing is central to the health of Ontarians and our health system, and so I was just wondering if the member could explain how the RNAO got this wrong, because of what he's saying, that we're not doing anything for health care in the province of Ontario. Is the RNAO wrong in that comment, that they welcome our expansion of nursing?

Mr. Kevin Yarde: I want to thank the member for the question. I think what they are saying is (1) it's too little, too late and (2) if you're going to expand, you also have to provide the salaries with it. Saying one thing and doing another are two completely different things. We all agree expansion of RNs and health care is important, but you really have to put your money where your mouth is, and that's what they're saying to you. Unfortunately, that hasn't happened in the last four years, or the last 19 years, as a matter of fact.

The Speaker (Hon. Ted Arnott): Question?

M^{me} France Gélinas: I would like to ask my colleague, when you started your talk, you talked about the need for Ontario-made personal protective equipment. You gave the example that right now Ontario has four suppliers of masks. Only one of them supplies N95 masks, and that's 3M. 3M is not an Ontario company. It is a US company that has a manufacturing plant in Ontario. But you did mention that Dent-X from Vaughan has been manufacturing N95 masks for a very long time and had 900 contracts with dentists that they lost because Medbuy went to the 3M plant.

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Do you see anything in this bill that will reassure a producer such as Dent-X, such as the one you name on Manitoulin Island in Wiikwemkoong and other First Nations that they will be able to sell their N95s and their masks to the government of Ontario? Is there anything in that bill that will guarantee that?

Mr. Kevin Yarde: I want to thank the member for her question. Yes, I do have a business. It's actually in Brampton West. It's not in Brampton North, but he is in Brampton. He came to me because he was concerned, because he's seeing the government tout all the time, "Support local, buy local," and he's had difficulty procuring his PPE.

It should be like that. We shouldn't be procuring business from multinational companies. As you mentioned, 3M is a US-based company. We should be supporting businesses here in Ontario. And it's surprising that it's

happening, and it would be great to see it in the bill, saying, "Yes, indeed, we're going to procure PPE from Ontario businesses." That is something that, if they say they're going to do it, they should actually have to do it—not just put it in words, but actually have to procure the business.

The Speaker (Hon. Ted Arnott): We have time for one quick question.

Hon. Jane McKenna: I'm glad just to be part of this today. I just want to say first and foremost after listening to you that never in history has a Premier ever experienced such unprecedented times.

I want to be clear today that we're talking about Bill 106, the Pandemic and Emergency Preparedness Act, 2022, so I'm just curious why we're talking about insurance and you continue to talk about it. It's not in the bill.

Mr. Kevin Yarde: I'm talking about this because it all ties in to emergency preparedness. The concerns with health care, the concerns with auto insurance, the concerns—anything having to do with the citizens of Brampton, I'm going to talk about it.

Obviously what's happening in Brampton has been going on for 15 years under the Liberals and now under the Conservatives. So definitely during the emergency, people were told to stay home. They left their cars at home. It is all part and parcel. However, their insurance rates continue to rise. That's why I'm tying in auto insurance with the emergency.

The Speaker (Hon. Ted Arnott): So just to be clear, we are debating Bill 106, An Act to enact two Acts and amend various other Acts, and I'll remind members and ask them to make their comments relevant to the bill.

The next speaker we have is the member for Ottawa South.

Mr. John Fraser: It's great to be here this afternoon, and I'm really glad, because sometimes when I come in the afternoon, everybody is buried in their phones and their computers.

Hon. Stan Cho: Hey, John.

Mr. John Fraser: I'm not picking on you. It's just the truth; I do it, too.

So I'm going to start off with a joke my grandson told me the other day. What do you call a fish with no eyes? Fsh!

Laughter.

Mr. John Fraser: You can use that on your grandkids. I just do that to make sure you're listening.

It's a pleasure to speak to Bill 106, and I see the minister has brought it forward. When I look at this bill—we're going at it a bit fast—it looks to me like these things are important.

Interjection.

Mr. John Fraser: No, it is. We are. We've got it this day. We're going to be debating to midnight. I don't know what's going to happen in committee. I'm looking forward to the minister coming to committee and some depositions, because there are some things in the bill that I want to better understand.

But on the surface, the first three sections, the Emergency Management and Civil Protection Act—I do have a question around the appointment of the commissioner and the chief, and the reporting. I haven't quite had a chance to go through that, so maybe I'll talk to the minister about it later. I'm not overly worried about it; I just need to understand it a little bit better in terms of how that reporting works for the legislative body in here.

The Ministry of Agriculture, Food and Rural Affairs Act—again, schedule 3, food security. I think the member from Hamilton Mountain mentioned something about Highway 413 and supporting farmers. I know it doesn't directly relate to that, but I thought I'd just throw that in there while I was here.

I am concerned about the Personal Health Information Protection Act and what that piece in this bill does. Is it simply adapting the current legislation to Ontario health teams or is it doing something else? I'd like to know what the consequences of that changing are. I think we all need to know that here. Personal health information is very important to be kept private, and I'd like to know what the privacy commissioner's comments would be on that.

Now, the Personal Protective Equipment Supply and Production Act—again, on the surface, that looks good. I do believe that we have to become whole and self-sufficient as much as we can. I know it's going to be hard to get there, but at least in the sense that in this kind of situation we don't have to rely heavily on other places to deliver the things that we need.

I would say, though, that when we're talking about supply management and securing protective equipment, we actually have to think about drugs. If you look at the generic industry right now, some of the challenge is around where stuff comes from—other countries—actually, China and India are the biggest suppliers right now of the ingredients, the chemicals, the materials that we use in generic drugs, and I think that's a situation that, if we don't fix that, may put us at risk when having to access drugs in a pandemic like this. So I think that's something the government has to look at.

The Regulated Health Professions Act—again, it seems very straight up to me. There's a lot of regulation-making power in it, and again I'm looking forward to committee to hear from some of the colleges as to what they think about this change. I think it's important that we listen to people about these changes and make any amendments that we need to.

Now, Supporting Retention in Public Services Act is kind of a—you've got Bill 124, and then you're talking about compensating health professionals to retain them just to give you the power to do the thing that you did in this pandemic, which is to add money to people's pay and some other things. It was a good thing. But the challenge becomes—what happened is you had Bill 124, you stopped paying that extra money, and you didn't allow nurses to bargain. Going forward, I think the government has to take a look at their relationship with health care professionals, like nurses and like RPNs.

I'd like to talk about PSWs right now because the government has finally made the PSW pay raise permanent after five or six attempts—not attempts; extensions to that. Here's the thing: I know it's not in this bill, but it's in your reopening act, and when I look at that, that was a solution that was March 2020. We are now in March 2022, and what we see is it's not working, and why is it not working? Because what's happening to home care is it's getting orphaned. What happened is, we don't treat a PSW the same way in all settings. We know that's a problem, and the government's not addressing that. Right now, they're gravitating towards hospitals and long-term care and retirement homes, and that's because that's where the wages are the highest.

So just simply staying you're extending a temporary pay raise to make it permanent isn't going to solve the problem. It's more complex than that. A PSW is a PSW is a PSW. No matter where they work, they should be paid the same; they're not. The government's not addressing that.

Then what happens with this pay raise is, you have RPNs and all of a sudden the wages for PSWs push up against RPNs because they're not treated the same in home care especially and in long-term care. For some RPNs, they'd be better off working as a PSW than as an RPN. They don't do that because they're nurses and they care and they want to use their skills, but they take on a lot more responsibility as a nurse. So the government actually has to move to a \$25-an-hour wage for a PSW and \$35 an hour for an RPN. That's how you're going to retain people: Give people full-time jobs; give them benefits; give them pensions. How else are we going to get there?

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There's one thing that's missing from the government's reopening act, and it's the single most important thing that we can be doing right now. The government's reopening act is a cut-and-paste of things they've been doing—some of them good; some of them not as effective—that talk about what we've just come through and what we need to do to be ready and prepared. But the government is not doing the single most important thing. What we need to be doing is encouraging people to get vaccinated. That's what needs to be there. It's not there. Right now, our vaccination rates have stalled. We're at 55% for five-to-11-year-olds, somewhere around eighth place in Canada, and we are just around 50% for booster doses, which we know we need with this sixth wave, and it's not moving. And we can't let public health units do this on their own. Do you know why we can't do that? Because anti-vaxxers are working night and day, 24/7, every day, on the Internet, from inside this country and outside this country, to sabotage our vaccination plans. They don't quit; we all know that.

What we need from government is a plan: How do we actually get to first place in Canada for vaccinating our five-to-11-year-olds? How do we get to parents and say, "Vaccinations are safe and effective, and they're going to protect your children. Here's where you can get information"? How are we going to say to the people of Ontario who need to get their third doses, "You need to get it. Vaccines are safe and effective"?

The government is spending millions and millions of dollars on a really nice ad just before the election. Do you know what would be really nice? Don't make the ad about how good things are and how things are opening up and how you're great—because that's what it's all about. Spend millions and millions of dollars to tell people, "Vaccines are safe and effective. Here's where you can get information. Here's where you can go to get vaccinated. Moms and dads, vaccines are safe and effective. Your children should be vaccinated. Here's where you can go to get information to make an informed decision." But there's silence. What I don't understand from this government with relation to vaccines is that—Ontarians have been great, but they need some help. We've stalled. There should have been somebody on the other side of the House whose job it was to get up every day and say, "How am I going to get vaccination rates up in this province? How am I going to help people keep themselves safe?" Every morning, that should have been somebody's job. But do you know what? I know it's people's jobs, but it's people's jobs who have other jobs.

So if I sound frustrated about this—it's an opportunity for us to keep ourselves safe. What we've done so far has helped, but we're not there yet—not even close with kids, and halfway on booster doses. That is a totally missed opportunity to actually make us more ready to reopen. On top of that, we know we're in this thing for the long run. Hopefully, in the next successive waves, we'll be able to manage. No one likes to think about that. Do you know how we're going to manage them? We're going to manage them by actually talking to people about vaccinations and why they're important. And do you know why that's important? Because it's not just COVID-19 vaccinations—that's not all we have to worry about. There are other vaccinations that are critical to child development, that are critical to keeping seniors safe and healthy: flu vaccines, pneumococcal vaccines. The more that people degrade vaccines and provide misinformation—because there is a lot of misinformation, and there are some people working really hard on spreading that misinformation, and in this place and in this government, we need to work harder than they are, and the government is not.

That's the thing that's missing from this bill, from the government's plan that they put forward, that should be there. It should be there. There is nothing. That's not right.

The Speaker (Hon. Ted Arnott): Questions to the member for Ottawa South about his speech?

Mr. Will Bouma: I always appreciate having conversations with the member from Ottawa South.

The Ontario Hospital Association said, of yesterday's announcement, "That the 3,100 temporary hospital beds created during the pandemic are to be made permanent represents the largest one-time increase in Ontario hospital capacity since the late 1990s"—a Conservative government back then, too. "Ontario's hospitals are very proud of their high levels of efficiency, but Ontario had the same number of hospital beds at the start of the pandemic as it did 20 years ago—with a population that has grown by 2.8 million people. The Ontario Hospital Association thanks

the government of Ontario for this investment as it provides hospitals across Ontario with additional funded beds to better meet the needs of patients in their communities."

I know the member was wandering a little bit far afield from the bill, but does he support the comments of the Ontario Hospital Association—that it is a good thing that we are keeping those 3,100 beds open? Will he support the bill for that reason?

Mr. John Fraser: I'm not sure that's in the bill, and that wouldn't be, if it was in the bill, a reason to support it. Yes, it's a good thing—but a little bit of history: Somebody here mentioned that the NDP government closed 9,000 beds. The PC government closed 26 hospitals. You closed 26 hospitals. So if you want to talk about closing hospital beds, I just think we've got to put it out there, folks. That's what you did.

Interjections.

The Speaker (Hon. Ted Arnott): The Minister of Government and Consumer Services will come to order. The Minister of Economic Development, Job Creation and Trade will come to order.

The member for Ottawa South will answer the question.

Mr. John Fraser: It's good. You guys closed 26 hospitals in the late 1990s.

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

Ms. Peggy Sattler: Thank you to the member for Ottawa South for his remarks on this bill. Given his knowledge that the Liberal government he was a part of did not exactly have a stellar reputation on pay equity, I wonder if he was concerned by the provisions in schedule 7 on the possibility of compensation increases to support retention, where it says that if there are compensation increases under this program, then the increase will be "deemed to be made for the purposes of achieving pay equity" or "maintaining pay equity." In other words, the government is trying to take credit for pay equity without actually meeting its pay equity obligations and is using any compensation increases as a way to pretend that it is achieving pay equity.

Mr. John Fraser: That just doesn't sound right. Maybe somebody on the other side could say that that's not what you're going to do.

The Speaker (Hon. Ted Arnott): The member for Mississauga Centre has a question.

Ms. Natalia Kusendova: The Del Duca-Wynne Liberals that you were a part of froze hospital spending for years and eliminated 50 medical residency positions from Ontario. Our government is doing the opposite. We are expanding medical school seats in Ontario, adding about 300 postgraduate seats and 160 undergraduate seats over the next five years. We're also opening new medical schools, like in Brampton and Scarborough.

Can you please explain why your government, the Wynne-Del Duca-Fraser government, failed to protect our health care system by ensuring that there were enough spots to train our doctors for the future?

Mr. John Fraser: Number one: Northern Ontario School of Medicine; a nursing graduate guarantee—

Hon. Ross Romano: You're welcome.

Mr. John Fraser: No, we did it; not you.

Hon. Ross Romano: But we made it a university.

Mr. John Fraser: Oh. Thank you. You changed the name. That's fantastic. I know they're happy. But you didn't actually build it. Honest to God, really?

The Speaker (Hon. Ted Arnott): If the Minister of Government and Consumer Services would like to ask the member for Ottawa South a question, he can stand up in his place and ask it next time around.

The member for Ottawa South has the floor.

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Mr. John Fraser: The government passes a bill about the northern school of medicine—doesn't give them any more money, doesn't build it, and they want to take credit for it. It sounds like the Mackenzie hospital that got built, and then Doug Ford said, "Look at this, We got this hospital built in three years. Isn't that great?" It takes 12 years to build a hospital. Everybody thinks that you start at zero—

Interjections.

Mr. John Fraser: No, no, there's a reason it takes 12 years: because you're spending a lot of money and you've got to get it right. That's why hospitals have to start early.

So we don't start at zero. You didn't start at zero, as a government. and then, all of a sudden, the Premier came in and spread his pixie dust and everything happened. We all take over the work that somebody else began—like the Royal Ottawa Hospital. This government committed to it; they did some things. They take some credit for it. They shouldn't have been doing a P3, so we did something different. I don't have a problem saying that. Each successive government picks up from the last government. It's not like you start at zero—although the Premier did cut a lot of stuff, so he could try to get it down to zero. Like the environmental commissioner—

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

M^{me} France Gélinas: It was interesting listening to the member talk about Bill 106, the Pandemic and Emergency Preparedness Act, which talks about the Emergency Management and Civil Protection Act, the Ministry of Agriculture, about personal health information, personal protective equipment, regulated health professions, supporting retention in public services.

The member spent quite a bit of time talking about vaccinations and the big role vaccinations play in pandemics.

Did you expect a bill by the name of "Pandemic and Emergency Preparedness Act" to talk about some of the challenges of vaccination, and would you like some solutions to be in that bill?

Mr. John Fraser: Yes, it's what's missing that's most important. We can't be satisfied with where we're at right now. It's not going to protect us in this wave that's coming, and it's not going to protect us when we go ahead. We have to be in the real world.

In the real world, right now, people spreading misinformation about vaccines are working night and day, 24/7, on

the Internet. They're actually trying to disrupt our economy. Even worse, they're going to make people sick by doing that.

So there should have been something in this bill. The government should have someone on that side whose job is, every day, to say to themselves, "How am I going to get these rates up? How am I going to help Ontarians? How am I going to help public health units?"

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

Mr. Michael Parsa: I thank my colleague for the presentation.

I've got to tell you, Speaker, that I understand the role of the opposition, but when it comes to certain bills—it should be a pretty easy one for you, on this one here.

At the beginning of this pandemic—and I referenced this earlier—the province of Ontario had the same hospital beds it had 20 years ago. That's a fact. That's something that the previous government has to realize. Members who were part of that government have to accept the fact and have to accept responsibility. So when there is a solution on the table, when you have a government that has created more beds, that is investing in health care—your government didn't. You left our health care system on life support. This is a fact.

This should be an easy one for you to support. I'm wondering if my colleague would look at supporting this bill.

Mr. John Fraser: Well, to my colleague opposite: It takes a while to build the 26 hospitals that you closed. You guys tore it down, and we had to build it up again.

I keep on hearing that there was no investment. I come from Ottawa. In 15 years, there was a new Royal Ottawa hospital, a new cancer centre, a new University of Ottawa Heart Institute, wings at CHEO and the Queensway Carleton. There was a crane at every hospital—sometimes two—in Ottawa. So when I hear, "You didn't make any investments," that's just simply not true.

Mackenzie Health—I know you cut the ribbon, because the Premier spread the pixie dust and it appeared three years later. But that's not the way it works. We all invest—

Interjection.

Mr. John Fraser: Don't talk about golf courses. There may be some sensitivity over there.

The Speaker (Hon. Ted Arnott): I don't think we have enough time for another question.

Further debate? I'll recognize the Solicitor General.

Hon. Sylvia Jones: Thank you, Speaker. It's a joy to see you in the Chair this afternoon. As you know, the Solicitor General's office is responsible for emergency management in Ontario, and so I am pleased to rise in the Legislature today to contribute to the debate on the Pandemic and Emergency Preparedness Act, or Bill 106.

Protecting the public during a historic period of an emergency has been a central theme of recent years. In every action Premier Ford and our government have taken, the safety and well-being of Ontarians has been our guiding principle. As the Solicitor General of Ontario, public safety has been my focus each and every day.

Together, we should all be proud that we have achieved record-breaking rates of vaccination here in Ontario—

because of the excellent leadership of 34 public health units, hundreds of pharmacies that chose to participate in the vaccine rollout and continue to do so, and primary care providers.

We have adopted new technologies to deliver digital governmental services in a way that would not have been possible in any other time in our history. We have mobilized and rolled out billions of dollars in support to families and businesses that were forced to close in order to protect our communities and keep each other safe. And we have shown Ontario spirit in my riding of Dufferin–Caledon and in every other corner of the province.

Ontario has led Canada and the world on many of these fronts. Looking back, we have much to be proud of. We must now ensure that we are never again operating without the expertise we have gained through this experience. In March 2019, as every ministry and every public servant threw themselves into adapting and standing up new procedures, that expertise would have been incredibly valuable. If the previous government, considering the experience of SARS in 2003 and H1N1 in 2009, had taken the time to prepare a pandemic road map, we would have been able to respond even faster than we did. Instead, they undertook the last major update of the legislation governing emergency management in Ontario in 2006. Their lack of preparedness cost Ontario so much—and it is not that they didn't know what they were risking.

I want to remind this Legislature of something that Glen Murray said in March 2017: “We have had ... AIDS, Lyme disease—now going north—West Nile and SARS. The possibility of a health crisis that could bring on a different type of context in the next 10 years is at least as likely ... and we may yet again confront in the not-too-distant future another health crisis that is hard to imagine right now.”

I remind you: That was from Glen Murray in March 2017. This was a full decade after the independent SARS commission was completed and told the Wynne-Del Duca Liberals that “SARS showed that Ontario's public health system is broken and needs to be fixed.” It is unfortunate that previous governments did not act on that warning.

To our government, the need for a future plan for Ontario is obvious. Now is the time to write the handbook on emergency preparedness in Ontario and to improve and modernize the province's statutes, including our legislative framework and procedures for emergency response.

What we are proposing today will directly improve the province's ability to anticipate, prepare for and respond to unforeseen emergencies. This legislation is part of our government's comprehensive strategy to stay open, because, as our Roadmap to Reopen showed clearly, having a plan and following it works. It saved lives. It keeps our children in schools, it keeps people employed, and it keeps our province open for business.

We've learned what it takes to protect our hospitals, long-term-care homes and schools. Now is the time to put that expertise down in legislation so that it can be relied on for generations to come, because this is not the last emergency Ontario will face.

Today, we are proposing amendments to the Emergency Management and Civil Protection Act to increase

awareness and confidence in Ontario's ability to plan for and respond to provincial emergencies.

1700

My ministry proposes to implement a new legislative requirement in the Emergency Management and Civil Protection Act that mandates the province to establish an accountability and governance framework that sets out the roles and responsibilities of provincial ministries. We are proposing to formalize in legislation that the chief of Emergency Management Ontario reports to the Commissioner of Emergency Management who is appointed by the Lieutenant Governor in Council. The chief currently reports to the Solicitor General, and the EMCPA, Emergency Management and Civil Protection Act, is silent on the commissioner's reporting relationships. This proposed change will clarify reporting relationships and support clear lines of accountability for all, especially during an emergency.

We propose to require that all provincial ministries identify emerging risks and hazards, monitor those risks and hazards, and provide information to Ontario's chief of Emergency Management Ontario annually and upon request. Additionally, all ministries would be required under this legislation to identify the resources and necessary goods and services they require to respond to those hazards and the availability as well as the readiness of those resources.

We would require the formulation and publication of a provincial emergency management plan that describes how Ontario will coordinate the response to any emergency that requires coordination at the provincial level, and require that this plan is reviewed and revised at least every five years.

It will be important to also require that ministry emergency plans align with the new provincial emergency management plan and that an annual report be developed that details the progress that has been made on achieving the objectives of the provincial emergency management plan.

Emergency Management Ontario is a fantastic resource for these efforts and will work with partner ministries to support the implementation and compliance with the proposed changes.

On governance and accountability: We are also proposing updates to enable greater clarity on governance structures, roles and responsibilities between ministries. The Ministry of the Solicitor General has developed and published the Provincial Emergency Response Plan. The plan describes roles and responsibilities, including an incident management system. An incident management system gives organizations a common framework to communicate and coordinate their response during an emergency, but there is no province-wide risk assessment process that collects, analyzes, assesses and coordinates intelligence on provincial hazards and risks.

Coordination and information-sharing is always needed in an emergency. Last summer's wildfire evacuations required the response of seven provincial ministries, including of course the Ministry of Forestry and Natural Resources, the Ministry of Aboriginal Affairs and the

Ministry of Health. Ministries need to be on the same page in the planning process and, frankly, speaking the same language when it comes to our response.

To clarify accountability and governance, we are proposing a requirement for the government to develop and publish an accountability and governance framework for emergencies. As already noted, ministries are required to identify hazards and risks to public safety as part of their emergency management programs. We are proposing that this information be assessed and reported by ministries to the chief of Emergency Management Ontario annually or upon request, along with an identification of resources required to address those hazards and the readiness of those resources. This enhanced accountability will support an up-to-date, province-wide risk assessment and help us to be better-equipped to monitor and address emerging risks. A ministry-by-ministry inventory of resources will enable us to pull together urgent equipment faster and address the need for additional resources quicker.

On transparency: To improve transparency, we're also proposing requirements for more proactive information-sharing with stakeholders and the public in three ways. First, this bill will require the Solicitor General to work with the commissioner and chief of Emergency Management Ontario to develop and release a provincial emergency management plan. Second, it would require this emergency management plan to be made publicly available and that it be reviewed and updated at least once every five years. Third, we would require the development and publication of an annual report on the progress made toward achieving the plan's goals and priorities.

From the start of the pandemic when changes were minute to minute, to the long months when public health updates meant new protocols month to month, to our cautious and safe reopening, we've learned that more proactive information-sharing with stakeholders and the public is critical. Each stage of COVID-19 has necessitated clear and ongoing public communication about the provincial emergency management structure in Ontario and the approaches we have taken to coordinate the province-wide emergency response. If passed, this bill will put into legislation the kind of open and transparent public communication that has been essential to public confidence in recent years.

Since the time the Emergency Management and Civil Protection Act was last updated by the previous government back in 2006, climate change and the frequency and severity of natural emergencies have increased dramatically. Severe storms that were previously thought of as once in a century are now once in a decade or less. Last year proved to be one of the province's most challenging wildland fire seasons on record, with approximately 1,200 fires across northern Ontario, burning 793,325 hectares of land and setting a record in Ontario since 1960. The threat of these fires and smoke resulted in the evacuation of over 3,700 community members from six First Nations communities.

As the severity, frequency and nature of emergencies and disasters change, the need for this type of whole-of-government planning has never been greater.

Earlier this month, I had the opportunity to meet with federal, provincial and territorial ministers responsible for emergency management from across the country to discuss how we could foster co-operation and discussion concerning emergency management. We exchanged lessons learned from COVID-19, flooding and wildfire response, capability gaps, and priorities to consider moving forward.

A common thread across all parts of Canada was that when there is a risk to human safety, it is essential to invest in preparedness and make timely decisions. "Preparedness" is the keyword for all emergency management response. It saves lives and speeds up the recovery. We have a tremendous opportunity ahead of us to improve emergency preparedness, strengthen our ability to act quickly, and safeguard Ontarians in the event of major emergencies.

We may not know what's on the horizon, but I know and this government knows that we must be ready for whatever comes. That is why this legislation is so important, and that is why beyond it, our government has wasted no time in non-legislative measures to strengthen Ontario's ability to respond to emergencies.

We have expanded and strengthened urban search and rescue, hazardous materials, and chemical, biological, radiological and explosives teams across the province as part of our emergency management action plan. These teams are the backbone of specialized disaster response in the province of Ontario and a lifeline to those in danger. We have provided the funding and flexibility necessary so these critical teams can be deployed when and where they are needed.

We have also added resources to the Provincial Emergency Operations Centre, a 24/7 operation that is particularly active during flood and fire seasons. Staff coordinate evacuations as required and connect impacted communities with on-the-ground organizations, such as the Canadian Red Cross, local medical staff and municipal services to support the care and well-being of the evacuees.

1710

My ministry has also initiated a comprehensive review of the Emergency Management and Civil Protection Act that will complement the more immediate amendments being proposed today. The act and its supporting regulations require that all Ontario government ministries have plans that address assigned emergencies and the delivery of necessary services during an emergency.

Some ministries have additional emergency planning assigned to them through order-in-council 1157/2009. This order-in-council requires that specified ministers design emergency plans for the specific types of emergencies assigned to their ministry. As an example, the Ministry of Health is the lead on formulating emergency plans for human health, disease and epidemics and health services during an emergency.

Given that the act hasn't been updated since 2006, my ministry is working to identify additional legislative opportunities for improvement and modernization to

prepare the province for future emergencies, and assess the overall effectiveness of the Emergency Management and Civil Protection Act, including powers in relation to provincial planning, different levels of emergencies and connections to other legislation. While the comprehensive review is ongoing, the legislative changes that are proposed today are those that can be made right now to increase awareness and confidence in Ontario's ability to plan for, and respond to, future provincial emergencies.

In addition to what my ministry is contributing to this critical bill, it includes targeted measures to strengthen the health care system through the remainder of the pandemic and well into the future.

I applaud the contributions of other ministries, including the Ministry of Health, working with the Ministry of Colleges and Universities, which has of course included a series of proposed legislative amendments and other targeted actions as part of the pandemic preparedness bill to ensure the health system has the necessary capacity to respond to future pandemics. Initiatives include: the medical school expansion; registration barriers for regulated health professionals; Community Commitment Program for Nurses; Ontario Learn and Stay Grant; health sector capacity; Ontario health teams; High Priority Communities Strategy; improving electronic access to health records; amending the Chief Medical Officer of Health authorities; Infection Prevention and Control Hub Program; and, to enhance system capacity, we are proposing to add 3,000 new beds over the next 10 years, improve access to medical supplies, support emergency preparedness and further improve system coordination to deliver integrated care centred on the needs of patients.

The measures discussed would help bolster health human resources and build a stronger and more resilient health care system that is better-prepared to respond to crisis as Ontario begins its post-pandemic recovery. They fit together with other critical elements in this legislation to present a robust and sustainable path forward for emergency management in Ontario.

Before I close, I want to note that emergency management is a shared responsibility. There are a lot of moving pieces. Multiple levels of government, government departments, first responders, hospitals, community organizations and non-governmental organizations, such as the Canadian Red Cross, need to work together during an emergency. There is no place for silos in an emergency.

At the onset of an emergency, a lot of decisions have to be made in a short period of time and in coordination with a multitude of groups and communities. In some cases, a lot of specialized machinery related to urban search and rescue and human resources must be pulled together.

The world was dealt a very challenging hand with COVID-19, and I want to say thank you to all of the experts in their fields who have pulled together to work with our government in incredible coordination over the last two years—to the team at Emergency Management Ontario, to our first responders and front-line health providers, to municipalities and volunteers who gave their time to support neighbours, and to my colleagues across

ministries who mobilized quickly and well to serve the people of Ontario when they needed it most.

Thank you to Minister Sarkaria for creating this bill and providing me with the opportunity to contribute to it. These reforms that previous governments didn't put in place will enable the province to enhance the leadership, support and guidance that it provides to communities.

The Speaker (Hon. Ted Arnott): Questions to the Solicitor General with respect to her remarks?

Mr. Gurratan Singh: We know that right now one of the biggest issues facing our health care system is the dramatic departure of nurses from the health care sector. We know that that is being spurred by really regressive legislation like Bill 124, which doesn't give nurses the fair wages that they deserve.

Will the government consider repealing this anti-nurse, anti-health-care, anti-front-line-health-care legislation, so we can truly prepare for this future situation with respect to our pandemic and future pandemics as well?

Hon. Sylvia Jones: I'm happy to share what we are doing to shore up the health human resources that are, frankly, at risk in Ontario and across Canada. Included in this legislation is medical school expansion, registration barriers for regulated health professionals, a Community Commitment Program for Nurses, the Ontario Learn and Stay grant, health sector capacity, Ontario health teams, High Priority Communities Strategy, improving electronic access to health records. I'm wondering which of those initiatives the member opposite does not want to support.

The Speaker (Hon. Ted Arnott): Questions?

Mr. Will Bouma: It was very good to hear the Solicitor General speak this afternoon regarding this bill.

It seems to me, listening to debate this afternoon, that this bill is entirely just an exercise in lessons learned and how we need to move forward in order to be better.

The Solicitor General has such a unique perspective, having been so intimately involved in our response to COVID-19 from the emergency management side, working closely with the Minister of Health, and so I was just wondering if she could comment—even bigger, it seems like this goes into non-governmental organizations and everything else. I was wondering if she could comment on the magnitude of the work to bring something like this together, to get a cross-government and NGO approach to make sure that we are ready in the province of Ontario for anything that might come in the future.

Hon. Sylvia Jones: Thank you for the question.

It's really valuable to look at lessons learned from the last few years. Frankly, one of the things that we learned was that there was an overwhelming desire for people to step up and assist in any way they could. Under the leadership of Premier Ford, having the Ontario volunteer corps be part of that initiative, so that people are ready, willing and essentially waiting to assist, when and if they are called upon—it will be a really nice program that can expand upon the excellent work that is already happening within communities, within many non-governmental agencies, of course including, but not limited to, the Canadian Red Cross.

The Speaker (Hon. Ted Arnott): Questions?

Mr. Kevin Yarde: I want to thank the Solicitor General for her speech.

Of course, when the pandemic hit, we were all shocked. We were all surprised, and we were rushing to get PPE and provide it to businesses, to health care workers and, basically, to everyone in Ontario.

The recent Auditor General report as well as the opposition stated that stockpiling PPE is probably a good thing to do and a good way to go.

I'd like to get your comments on whether you think stockpiling PPE is a great thing to do, and whether the government will be doing that in the future.

Hon. Sylvia Jones: Well, the reality is that even without a pandemic, without an emergency, the province of Ontario and many of our agencies—health care systems, firefighters, police—use PPE regularly. So the ability to have some prepared and ready is an important piece of the preparedness. But to be clear, this is personal protective equipment that is used on a regular basis and therefore can be cycled in, so that we don't have a situation where we have, literally, personal protective equipment that is expiring in storage facilities.

1720

We will use PPE. We do over the course of every year in the province of Ontario. Having the ability to source it locally—companies like 3M; my mask that I'm holding today actually was purchased from a company on Manitoulin Island. We've been using them for four-plus months. There is going to be a need for PPE, emergency or not, and having those supplies locally sourced and in stock, ready to be used, when and if needed, is an important piece of the pandemic preparedness.

The Speaker (Hon. Ted Arnott): The member for Whitby.

Mr. Lorne Coe: I want to thank the Solicitor General for her presentation and for her leadership, over the last two years, on this particular file. It has been outstanding.

Through you, Speaker: I'd like the Solicitor General to take a little bit of time and talk about what steps are being taken to better establish clear accountability in governance frameworks during provincial emergencies, just so that everyone's clear—not only in the assembly, but those who might be watching tonight.

Hon. Sylvia Jones: There were a lot of organizations and agencies that really stepped up and assisted at the beginning and throughout the pandemic. There were 34 public health units that the Minister of Health and I spoke to pretty much twice a week, getting feedback from them on what they were hearing in their communities.

I'm sure many of you will remember those almost-daily press conferences, where the Premier spoke directly to Ontario residents, told them exactly what was happening, what we were hearing from the Chief Medical Officer of Health and the public health units, from the heads of hospitals. Giving that information directly to Ontario citizens, I think, was a very important piece in making people understand the value of vaccinations, making people understand the value of masking when we didn't

know how the virus was spreading. Those public, transparent communications really led the way and allowed us, frankly, to reach over 90% double-vaccinated in the province of Ontario, something that we all should be very proud of.

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

Ms. Peggy Sattler: I listened to the Solicitor General's speech and I noted—although I was not surprised by it—the absence of any reference to paid sick days as an emergency preparedness measure. I'm sure the Solicitor General recalls, in those early days of 2020, there was the study out of Peel Public Health that showed one in four—2,000 out of 8,000—workers who were surveyed said they went to work sick. These were workers who were concentrated in lower-income communities around Brampton and other areas of Peel—racialized workers, low-income workers, workers who work in crowded facilities in warehousing and logistics. They had no access to any kind of financial support if they were unable to go to work because they had symptoms of COVID-19.

How does the minister think that the province is going to be able to actually be prepared for a future emergency if they are not prepared to provide paid sick days to enable workers to stay home if they are sick and avoid infecting their co-workers?

Hon. Sylvia Jones: The member opposite has given me an opportunity to speak about one of the initiatives that I am probably most proud of in the vaccine rollout, and that is the use of the GO-VAXX bus system, a coordination between Metrolinx and public health where we were able to bring vaccines directly to employees where they were, in their place of work. It was an initiative that, frankly, is still paying dividends—as recently as on Monday, when we received another update: 50% of one GO-VAXX bus tour in a day had first doses only. So it speaks to, when you bring the vaccine to where people work, where people live, it actually works and they take the time to have the conversation with those primary care practitioners, get their questions answered, and ultimately get a vaccine.

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

Mrs. Jennifer (Jennie) Stevens: I rise today to debate Bill 106 on behalf of the official opposition and as part of the Ontario NDP caucus. This is a bill which is euphemistically called Pandemic and Emergency Preparedness Act. I have to say that this government has certainly set a low bar in terms of its support for working people, especially the front-line health care workers—for supporting our hospitals and its workers to be prepared for a pandemic. Maybe this is about as good as it gets in terms of PC-style protections for finally supporting PSWs with a pay bump.

But before anybody gets too excited about what is in this bill, I just want to recap for a minute what has happened since this government was elected in 2018 that has brought us here to this debate today.

Everyone will recall that one of the very first moves of the Ford government, shortly after it was elected in 2018, was to cancel the planned increase to minimum wage, to cancel the \$15 minimum wage. Since the floor of the PSW

wage is slightly above this amount—any time you reduce the wages of workers who are getting the least, it has an effect on wage depression across all the sectors. This includes PSWs. One just has to reflect for a moment, frankly, on how low their wages were, and that in some cases PSWs were making only a dollar and change more than that cancelled increase, especially at a time when we were seeing unprecedented increases in the consumer price index and the rate of inflation.

It is positive, and we will all agree that making the PSW increase permanent is important, but it did not have to be political. It certainly did not have to get dragged out for years, extended time and again, leaving PSWs questioning if this will stick, just so the government can make it permanent right before an election. That sort of “will they or won’t they” binary destabilizes the sector, and I can tell you, this is not what is needed when all sectors need to attract and recruit more workers.

At the same time that they decided to cancel the minimum wage increase, they also cancelled comprehensive inspections for nursing homes across this province. That, I can say without a doubt, was a troubling decision before the pandemic and catastrophic throughout it. Still, to this day, it has not been a fully reversed policy decision. To talk about pandemic preparedness without talking about keeping nursing homes safe with inspections is doing the matter an injustice.

At the same time, this government also scrapped the two paid sick days that workers, allies, health care professionals and small businesses that recognized the importance of paid sick days to their workforce and the health and well-being of all their employees—this government decided to scrap the two paid sick days that were already inadequate; however, it was something. Yes, it was something that working people in this province had fought so hard to achieve, and this government turned their backs on them.

Speaker, I want to point out that throughout the pandemic, we had a hard time keeping workplaces safe, especially ones in the health sector. Too many workers were faced with decisions to go to work sick or not be able to put food on the kitchen table. This is because it was clear throughout this pandemic that some people need help to make the right decisions, and they could not afford to make the right decisions.

1730

It is disheartening to know that this government could, with this legislation, bring forward 10 paid sick days—like the policies that my colleagues in the NDP have proposed—and this PC government has said no, time in and time out, and decided to not do as my colleagues have often suggested in this House. In fact, this legislation that leads with the pandemic and emergency preparedness does not speak to this matter at all. It is concerning that some of these lessons from this pandemic—this government committed to refusing to learn from them.

Speaker, if there is some skepticism about this bill and whether it really will work for workers on the front line of health care in this province, it is well-founded based on

past experience. This is because activists, advocates and front-line workers have been calling for a PSW wage increase for over a decade. In fact, even as recently as last year, my colleague the MPP from Sudbury put forward a bill that would have increased the pandemic pay for PSWs and DSWs permanently. This bill included a pay travel premium, and at the time it directed the minister to establish a retention strategy. The government voted against these wage increases for support workers. The PC government, again, did not listen to the official opposition’s solution. That, for me, puts in doubt the intent of these raises.

Earlier this week, I put a question forward—we still have low staffing across this province for not just PSWs, but RPNs, nurses, dietary aides, and so on within the health system. It needs to be clearly observed pay rates—retention and recruitment is needed for all workers across the sector, and fairly distributed. Of course, when you are talking about staffing, and if the conversation is about the pandemic, then we have to talk about long-term care. Getting to four hours of care is critical, and I am deeply concerned that the government’s plan is going to take much too long. In fact, this is the question I brought forward this week, when a local labour leader from Niagara offered to have Premier Ford come to visit and speak with front-line workers who can describe to him why nursing homes are still struggling with quality of care and staffing—not much different than when the pandemic started, may I say. That is something that should be expedited if we are serious about pandemic preparedness. That is a lesson from the pandemic that we should be putting first and foremost in our minds and actions.

In fact, it is not only workers who are concerned about this matter; so are the councils on aging across Ontario. They question the current plan and would like to see better, faster ones expressed in the upcoming budget. We’ll wait and see. These are matters that should be included in legislation like this bill. They wrote a letter to all parties, including the Premier, expressing this point. I will read a little from their letter to make sure it gets into the Hansard today:

“We recognize, as we know you do, the complexity of transforming long-term care. The identified goal of an average of four hours of resident care per day is the single most important pillar on which to transform the LTC home system and must be implemented up-front in any multi-year plan.

“The residents of LTC homes cannot wait until 2025.

“Ontario’s older adults need the commitment now of every Ontario political party leader and every MPP to help ensure they can feel safe and well cared for in an LTC home and their families can trust the system to protect their loved ones.

“The transformation must proceed on an urgent basis as outlined to foster the best possible quality of life for residents that addresses the necessary social, emotional, mental, physical and spiritual aspects of life. We hope we have your commitment.”

They have our commitment in the NDP caucus.

And I am still hopeful that the government will take the lessons of the pandemic seriously and table a better plan for long-term care and health care in their 2022 budget—because I don't see it in this legislation, unfortunately.

For the remainder of the time I have to speak to this bill, I would like to walk members through this legislation, look at the difference schedules, talk about some of the shortcomings of this bill and, in particular, highlight what a bill that really is taking the lessons of a pandemic should look like in Ontario.

This is what I call an omnibus bill. We are very familiar with omnibus bills in this place—bills that bring together a number of different statutes and amendments on sometimes very diverse areas of policy.

I'm going to begin with schedule 1. It creates reporting requirements on emergency preparedness by emergency management programs, including ministries, agencies etc. This information must be provided to the chief of Emergency Management Ontario annually, or as requested. Section 6.0.1 requires the Solicitor General to develop an emergency management plan and to report on that plan annually to the public.

I recognize that when we are talking about being prepared for a pandemic—some of the problems Ontario faced were inherited from past governments. When it comes to preparedness, I have to say, there were a lot of issues kicked down the road by the past Liberal government.

In 2017, the Auditor General released their audit into the province's emergency management system and warned then that the state of government oversight and coordination of those programs left the province vulnerable in a large-scale emergency. The Auditor General found that the emergency management committee had not met for several years under the Liberals—until 2019. When we were in the pandemic, we heard the Auditor General report time and time again about the inadequate preparation on the part of the province's emergency management system in the face of a pandemic. Some of that was clearly inherited, while some of it was earned, and that's unfortunate all the way around. It is a positive step to see changes here, however.

I would like to jump to schedule 5. Schedule 5 creates the new Personal Protective Equipment Supply and Production Act, 2022, and confers powers to the minister to regulate the supply chains of personal protective equipment, or PPE. I want to bring members' minds back to the start of the pandemic, and I can speak to local issues we had around procuring PPE effectively. In fact, one long-term-care home—after I helped them, they made me promise to not name them publicly—was forced to go to Dollarama in Niagara to buy extra PPE. It is certainly something in Ontario that was handled poorly and needs to be reviewed and fixed.

Again, there are elements of an inherited issue. In an article this month on toronto.com, they described how the previous government destroyed 55 million face masks by 2013, having disposed of almost 80% of them, according to the Auditor General's report.

The additional plug is that the value of buying local and supporting these local small businesses that manufacture medicine equipment, like masks and vaccines, is pivotal. In Niagara, we have several companies that make masks, and they certainly can help with the supply chain issue we are experiencing throughout this pandemic. But the commitment has to be more than a tagline for "Buy Ontario." It has to be substantive.

I have a local company, Biolyse, that creates medicine and has come to this government for support on a system that is unfair to them. They are Ontario's last company that creates injectable cancer drugs, and they have only heard crickets from this PC government. It is too bad the scope of this legislation does not change how buying groups operate in Ontario—that use billions of dollars of taxpayers' money and operate without much oversight. It's quite shameful, may I say, Speaker.

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Another lesson from the pandemic is that we need to manufacture more vaccines and medicine right here in Ontario. Come on, let's get it right this time. We used to do it, but that requires supporting the ones that we already have and not turning our backs on them.

Mr. Speaker, I have to be judicious with my time since I only have a little time left for this debate, but I would like to spend the remainder of my time talking about schedule 7 and then affordability issues that we are facing from this pandemic.

Schedule 7 enacts the Supporting Retention in Public Services Act, 2022, an intriguing title, that the government's summary suggests permits the government "to enhance the compensation paid to employees of the employer for the purpose of supporting the provision of public services." The curious and notable piece here is that this creates a workaround for Bill 124, which is legislation that restricts what public sector health care workers can receive as a raise. The legislation should address the health sector staffing crisis by providing wider wage enhancements, however—specifically RPNs that have now seen their wages compressed with these wage increases to PSWs. It would be helpful to add sectorial bargaining and repeal Bill 124.

Now, Bill 124 was bad legislation before the pandemic, and catastrophic during one. When we are faced with a staffing crisis, why would we handcuff a hospital or nursing homes' ability to offer higher wages to attract people to this work? And yet here we are. Again, seeing the absence of that repeal language in this legislation, it is a de facto doubling down on this government's ideological position and prioritizing cuts ahead of health care and common sense.

Finally, I would be remiss if I did not mention the inflation that has hit everyone hard. Seeing the high prices of gas and utilities right now, being prepared for the pandemic has to include quality-of-life measures. We see housing rising and food rising, and we see not enough support coming from this government. There is nothing to lower the price of hydro bills right now. Think about it. There's nothing to lower the price of gas right now. Think about that.

Bottom line: My caucus called on the Ford government to develop a COVID emergency plan and made repeated calls for a public inquiry into the government's response to this pandemic. It is good to see that some of this is happening, kind of, here, but there is still a lot of work to do. I will continue to advocate for the issues that we know are needed to fix and fund our public health care system and the workers who do that heroic work and the seniors who deserve real dignity. That means learning from the lessons from the pandemic—all of them, not picking some and ignoring others.

People in Ontario deserve a government that is going to act on health care and proper wages. They deserve a government that is not just doing knee-jerk reactions and putting an omnibus bill in front of this House to debate the day after it was tabled.

Mr. Speaker, I would like to conclude, most of all, that this side of the House would repeal Bill 124 when we become government. I also want to express that I was just on a phone call this afternoon to seniors in St. Catharines and they want me to express that they are scared for when they have to be put in a long-term-care home because of the deep cuts that this government has done in the past. Thank you, Speaker.

The Speaker (Hon. Ted Arnott): Now we'll have questions to the member for St. Catharines based on the speech that she just gave. I'll recognize the Minister of the Environment, Conservation and Parks.

Hon. David Piccini: I listened to the member's speech intently and thank her for her remarks. I, too, had similar stories in my riding, with health care professionals scrambling for PPE. They turned on the TV and saw empty planeloads from the Communist Party of China.

My question, simply put, to the member is, does she support Premier Ford's incredible efforts to stand up a domestic supply chain of PPE, virtually overnight, so that we're not dependent on the Communist Party of China: yes or no?

Mrs. Jennifer (Jennie) Stevens: Thank you to the member opposite for that great question. In Niagara, we have several companies that make masks. We have one of the only companies that produced, as I said, injectables for cancer drugs, and they have heard crickets from the Ford government, from Premier Ford's office. They want to know why this government will not include them in the supply chain and procurement.

I want to also let you know that when you commit to "Buy Ontario" and you use it as a tag line, you have to make sure you look within Ontario, that companies, right there in Niagara—an Armenian company that I spoke to the other night, they make PPE. And then we've got long-term-care homes in St. Catharines going to the Dollarama, scrambling for PPE, when this government did not even look at having them supply the long-term-care homes with what was made in Ontario.

The Speaker (Hon. Ted Arnott): Next we have the member for Nickel Belt.

M^{me} France Gélinas: Thank you to the member for her very wise remarks. She talked about Biolyse. Biolyse is

the only injectable oncology drug maker in Ontario. They have been in Ontario helping us. Whenever there was a shortage of injectable oncology drugs, we could count on Biolyse. They came to our rescue. With the procurement process as it is, HealthPRO is the one that gets the contract. They won't even allow Biolyse to bid on the contract to supply injectable oncology drugs to Ontario hospitals.

Do you see anything in Bill 106 that would change this, that would make sure that when we have a resource here in Ontario as precious as making sure that the injectable oncology drugs are available, we would have no supply chain issue? The manufacturing plant is actually in the member's riding. Do you see anything in this bill that would change the way that Ontario procures important health resources, that would make it feasible for Biolyse to continue to sell injectable chemotherapy drugs to Ontario hospitals?

Mrs. Jennifer (Jennie) Stevens: Thank you to my colleague from Nickel Belt. That is a wonderful question, and I want to thank the member from Nickel Belt for speaking with Biolyse and helping me see through the procurement process that this government has not done.

Within this bill, it's too bad the scope of the legislation does not change how buying groups operate in Ontario, that the use of billions—let me repeat that, billions—of dollars of taxpayer monies and operate with hardly any oversight. It's quite shameful. I do not see it in here.

Biolyse, as you mentioned, is the one and only, last company that creates injectable cancer drugs, and we have it right here in Ontario. It's shameful that this government will not look at and let them come to the table and endure in the procurement process because of larger buying groups that will not let them even come to the table.

So thank you for that question. As I said, it's shameful that we don't see it in this, and it's shameful that this government has not even contacted the company Biolyse, when it's right here—imagine that—right here in Ontario. Nowhere else in Canada, Speaker, do we have a company that creates injectables for cancer drugs.

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

Mr. Will Bouma: Speaker, through you, I really appreciate hearing the member from St. Catharines advocating for businesses in her community, as we all do here in the House. But I was wondering: Rather than speaking about some of the things that she's disappointed aren't in the bill, I was wondering what she thinks about the fact that Bill 106 will allow foreign-credentialed health workers to begin practising sooner in Ontario by reducing barriers to registering with and being recognized by health regulatory colleges. The bill would also require regulatory colleges to certify potential applicants in a timely manner so that internationally trained health care workers can start as soon as possible. Removing undue barriers will help to address health and human resource challenges while continuing to ensure proper standards are in place to support high-quality care.

Does the member have a problem with that, or would she say that that's a good thing, that we're getting more

people into the health care field more quickly in the province of Ontario?

Mrs. Jennifer (Jennie) Stevens: I would like to thank my colleague from this side of the House that brought that motion forward—from Scarborough Southwest; she brought it forward about a month ago. It's wonderful to know that the workers that come in from out of country would be looked at in getting a good-paying job. It's about time.

But it's disheartening to know that this government, with this legislation, could have brought forward 10 paid sick days, like the policy that my colleague in the NDP had proposed. The PC government: No, you ignored it. You said no and decided to not go with what my colleague suggested—what my colleague from Scarborough Southwest did.

It's unfair that my colleague from Sudbury asked for an increase in PSW wages. The government said, "No, we don't want to listen to your suggestions."

And it's shameful. It's shameful that we don't see in this legislation the repeal of Bill 124 that our nurses were handcuffed to and not seeing that they can go to the bargaining table. You took that away—this government, the Ford government; not the past government. It's the past four years of this government.

I don't take the excuse that it's a pandemic. This side of the House had asked that government to look into a prepared strategy for this pandemic right at the beginning. Now we're looking at the COVID-19 sixth wave—and what have you done?

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

Mr. Kevin Yarde: I want to thank the member from St. Catharines for her speech. You talked about PSWs near the end of your speech there, or at least your response to the other member. As we all know, prior to the pandemic, PSWs were going from home to home and were underpaid. When the pandemic hit, we realized that this wasn't the way to go. They were some of the first people who were contracting COVID, getting sick. We even had some PSWs who died.

Now that we look at this bill and we're talking about emergency preparedness—we need to protect PSWs. I'd like to get your comments on the wages and benefits, and we should have—regardless of where they're working, through public or not-for-profit locations, should all PSWs be paid the same? Or at least—

The Acting Speaker (Mr. Randy Pettapiece): The member from St. Catharines for your response.

Mrs. Jennifer (Jennie) Stevens: Thank you to my colleague for that question. It's a wonderful question.

Do you know how you reward and you keep people in a job? You pay them permanent full-time wages—or give them permanent, full-time jobs, give them pensions, give them benefits, and then they don't have to have precarious work, they don't have to flip from job to job to put food on the table. This is what we saw through this whole pandemic.

Permanent, \$4-an-hour increase—

The Acting Speaker (Mr. Randy Pettapiece): Thank you.

Further debate? The Minister of Economic Development, Job Creation and Trade.

Hon. Victor Fedeli: Thank you very much, Speaker. You look great in that chair by the way, Speaker.

So in the four or so minutes that I have before 6 o'clock, I am going to speak a bit about life sciences because part of this bill is shoring up domestic production of critical supplies, and after 6:45 or 6:55—whenever we come back to this—I'll be talking for 15 more minutes about PPE production, Speaker.

Quite frankly, a big part of this includes initiatives that offer a robust, life sciences sector that improve patient outcomes ensuring a long-term, transparent stockpile of PPE and keeping the shelves stocked with essentials. Tomorrow, we will be announcing the details of our life sciences strategy for the people of Ontario. It's going to be an absolutely excellent day of good news, Speaker. Over the last year and a half global biomanufacturers including Sanofi, Resilience and Roche have announced almost \$2 billion in investments here in the province of Ontario, and the best way that we can strengthen this industry is to continue cutting red tape and reducing the cost of doing business in Ontario.

Before the pandemic, we met with Sanofi in France to discuss their potential, at that time, investment in Ontario, and we told them how we were reducing the cost of doing business in Ontario by \$7 billion a year, and they literally sat up and took note of that. We competed globally with all of their offices worldwide for this remarkable investment in life sciences in Ontario and, lo and behold, Speaker, we were successful in landing Sanofi's \$1-billion investment followed very quickly by Roche's \$500-million investment where they're hiring 500 people in the city of Mississauga.

Speaker, the life sciences sector is the largest in Canada, with leading life sciences companies that employ 66,000 people here in Ontario. It's about 54% of all of Canadian life sciences jobs, and it's almost \$60 billion—almost 60% of Canada's total revenue happens right here in the province of Ontario.

As we continue to look at the critical supplies that we have here in Ontario, we're leveraging Invest Ontario which is our investment-attraction agency. They're making game-changing investments in life sciences and in biomanufacturing, and as mentioned, we will be announcing our life sciences strategy tomorrow morning just after question period. So we're very excited about the changes and the improvements and the investment that we're going to be making in Ontario in the life sciences sector.

We can talk a bit about the life sciences venture fund that we have which is about \$65 million that is dedicated to the life sciences sector, and so far that has leveraged about a half a billion dollars in partner investments throughout Ontario. We have partnered with MaRS and other major private sector investors, including OMERS, to

launch the Graphite Investment Accelerator Fund IV, and that will inject another \$100 million into Ontario's early stage venture capital ecosystem, and that is going to help support domestic talent and domestic businesses, including in the life sciences sector, as they all—

The Acting Speaker (Mr. Randy Pettapiece): Excuse me, Minister. You will have time to complete your message later.

Second reading debate deemed adjourned.

Report continues in volume B.

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permanent de l'Assemblée législative**

Chair / Présidente: Laurie Scott
Vice-Chair / Vice-présidente: France Gélinas
Rima Berns-McGown, France Gélinas
Goldie Ghamari, Mike Harris
Faisal Hassan, Jim McDonell
Sam Oosterhoff, Laurie Scott
Vijay Thanigasalam
Committee Clerk / Greffière: Tanzima Khan

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Président: Taras Natyshak
Vice-Chair / Vice-présidente: Christine Hogarth
Deepak Anand, Toby Barrett
Jessica Bell, Stephen Blais
Stephen Crawford, Rudy Cuzzetto
Christine Hogarth, Michael Mantha
Taras Natyshak, Michael Parsa
Amarjot Sandhu
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Aris Babikian
Vice-Chair / Vice-président: John Fraser
Aris Babikian, Lorne Coe
John Fraser, Vincent Ke
Laura Mae Lindo, Paul Miller
Billy Pang, Jeremy Roberts
Dave Smith, Daisy Wai
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Présidente: Natalia Kusendova
Vice-Chair / Vice-présidente: Bhutila Karpoche
Aris Babikian, Jeff Burch
Amy Fee, Michael Gravelle
Joel Harden, Mike Harris
Bhutila Karpoche, Natalia Kusendova
Robin Martin, Jim McDonell
Effie J. Triantafilopoulos
Committee Clerk / Greffière: Vanessa Kattar

**Select Committee on Emergency Management Oversight /
Comité spécial de la surveillance de la gestion des situations
d'urgence**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Tom Rakocevic
Sara Singh, Donna Skelly
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell