

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

No. 58B

**Journal  
des débats  
(Hansard)**

N° 58B

1<sup>st</sup> Session  
44<sup>th</sup> Parliament

Wednesday  
1 April 2026

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

Mercredi  
1<sup>er</sup> avril 2026

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Speaker: Honourable Donna Skelly  
Clerk: Trevor Day

Présidente : L'honorable Donna Skelly  
Greffier : Trevor Day

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

Journal des débats et services linguistiques  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400  
Publié par l'Assemblée législative de l'Ontario

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Wednesday 1 April 2026

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mercredi 1<sup>er</sup> avril 2026

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1800

PRIVATE MEMBERS'  
PUBLIC BUSINESS

MANDATORY BLOOD TESTING  
AMENDMENT ACT, 2026

LOI DE 2026 MODIFIANT  
LA LOI DE 2006 SUR LE DÉPISTAGE  
OBLIGATOIRE PAR TEST SANGUIN

Ms. Smith moved second reading of the following bill:  
Bill 84, An Act to amend the Mandatory Blood Testing  
Act, 2006 / Projet de loi 84, Loi modifiant la Loi de 2006  
sur le dépistage obligatoire par test sanguin.

**The Acting Speaker (MPP Andrea Hazell):** Pursuant  
to standing order 100, the member has 12 minutes for their  
presentation.

**Ms. Laura Smith:** It is with great pleasure that I rise  
today to speak to the second reading of Bill 84, the  
Mandatory Blood Testing Amendment Act, 2025.

In every corner of our province, firefighters, para-  
medics, police officers and other first responders put their  
lives on the line to keep our families and communities  
safe, and those front-line heroes deserve a government that  
values their service and their sacrifice. First responders are  
the first people to show up at the scene of an accident, the  
first to walk into a building filled with fire and the first to  
attend a crime scene, and they do this with an exceptional  
level of service over self. They are members of a life-  
saving community who are trained to walk into situations  
where they face unique challenges.

The Premier has said repeatedly that we have your  
backs, and we mean it each and every day. I'm proud to  
say that our government has made some great strides to  
support programs for our first responders, and this bill will  
further strengthen those efforts.

The best way to describe the work that is put forth  
through Bill 84 is to tell you the story behind it. Not so  
long ago, a first responder attended a call in York region.  
At the scene, the patient was in distress and initially  
showed no signs of life when they arrived. The female  
firefighter officer and her team were able to revive the  
patient and provide vital life-saving treatment, and began  
the task of getting that patient to the hospital.

Unfortunately, this effort to save a life became more  
complicated when the first responder inadvertently be-  
came directly exposed to the patient's bodily fluids. Under

normal circumstances, with consent of the patient, an  
application would be made and a blood test could then  
occur on the patient, allowing that first responder to  
understand if they had been exposed to diseases like  
human immunodeficiency virus, acquired immunodeficiency  
syndrome, hepatitis B or hepatitis C—information that  
could provide a health treatment, a plan forward and a path  
for that first responder.

But in these circumstances, things went awry when,  
sadly, that patient died and there was no next of kin,  
leaving no one to consent to this mandatory blood test  
application, complicating the first responder's rights in  
pursuing this application and, in doing so, her right to  
peace of mind for herself, her family and her co-workers  
and to her health.

The first responder, a mother and a care provider for her  
own family, in this circumstance was now in a situation of  
unknown. The patient had no next of kin to consent to the  
blood test, and an inadvertent gap in this legislation had  
left her completely vulnerable. That left her unable to  
work at her job, concerned for her own health and well-  
being—and, more importantly, worried about the fate of  
her family if she was to become sick. It was no doubt very  
challenging for this dedicated firefighter.

Now, I want to discuss the bill and the amendments  
proposed. This bill is an amendment to the Mandatory  
Blood Testing Act. Currently, under Ontario's MBTA, an  
eligible individual known as the "applicant," such as a first  
responder or health care worker, is allowed to apply to  
have that blood of another person, known as the "respon-  
dent," tested if the applicant comes into contact with the  
respondent's bodily fluids while providing emergency  
health care services. However, there exists a considerable  
legislative gap that, when exposed, puts our first  
responders and health care workers—the very heroes that  
our province depends on—in a very challenging situation.

As described earlier, that female firefighter was unable  
to make an application for this test, because there was no  
consent. That's the impetus of my work here today—the  
need to fill this legislative gap—and the inspiration for this  
amendment. In principle, this bill proposes two  
amendments that operate in two specific scenarios, the  
first being in which the respondent dies during the ap-  
plication process and does not have a next of kin, and the  
second in which the respondent dies before the application  
process begins and also does not have a next of kin.

For the first responder, being a firefighter is not her  
only identity. She's a wife, a daughter, a sister and, most  
importantly, a mother. When she went to work that  
morning, little did she know that her day would be marked  
in a way that would leave a lasting impression, a frighten-

ing experience she wouldn't forget and a moment that would shift her perspective forever. But an amendment to the act would provide clarity and the authority to obtain a sample from a deceased individual, and this necessary provision would allow for timely information about risk.

And for context, medical decisions following an exposure are very time-sensitive. Post exposure prophylaxis for HIV, for instance, is most effective when started quickly and may be discontinued safely if test results from that source are available. When testing is delayed or denied, first responders may take toxic medications unnecessarily or endure long periods of uncertainty while waiting for the follow-up testing.

Madam Speaker, our government wants to protect our first responders, and this is part of it. Our government has made tremendous efforts to equip our first responders with what they need to deal with other risks for safety.

Our province, through the Ministry of Labour, Immigration, Training and Skills Development, has set a true standard for equipping our first responders, including firefighters to be equipped with what's known as bunker gear. Bunker gear, as many of you in the House may know who serve as firefighters, is the helmets, the hood, the boots, the gloves, the coat, the trousers and the overalls. These are all elements of a protective ensemble. They protect the firefighter. But what we're asking for through this bill is a much different form of protection, but completely necessary.

We've also made efforts through the Ministry of Health and the Solicitor General's office, and the Ontario government is expanding access to comprehensive mental health and rehabilitation treatment for first responders affected by work-related stress and trauma—this includes post-traumatic stress injuries—by investing in the construction of Runnymede Healthcare Centre's Post Traumatic Stress Injury Centre of Excellence for First Responders.

So a lot of work has been done, but we can do more. We owe a huge amount of debt to our first responders who make incredible sacrifices every day to keep families and communities across Ontario safe. By investing in mental health and rehabilitation treatment for first responders, we're helping give back to our brave women and men so they can access the critical supports they need.

Let's go back to the first responder who fell into this legislative gap and experienced immense distress and debilitating anxiety. She was scared to go home to her family because her fear went far beyond her own health and safety. She feared for those close to her and for those she loved. Medical uncertainty can truly affect treatment options and decisions. We talked about those earlier. Early detection allows for a more expansive, efficient and effective set of treatment options. It allows for the ability to implement proactive measures and connect the applicant with resources in the event that test results are positive for communicable diseases. Bill 84 simply closes that gap so the system can function in a more efficient manner, as it was intended, to provide answers to first responders and health care providers when they need answers the most.

Let me clarify that this legislation does not create open-ended testing powers or new categories of tests. This amendment does not expand testing beyond occupational exposure scenarios, and the testing remains limited to what is already established in the existing MBTA as medically necessary. All applications will continue to go through a medical officer of health, and they will continue to be made when necessary.

The story of the first responder from York region is the inspiration for these amendments made to the Mandatory Blood Testing Act, but her story is not the only one.

We've heard from our partners, who understand how important this legislation is: "First responders are often the first point of contact in critical situations, and their ability to act quickly can be the difference between life and death. When they are exposed to potentially infectious materials, every moment counts." Those are not my words; that's a quote from the chief of Vaughan Fire and Rescue, Chief Andrew Zvanitajs. "By amending the act to streamline the process and allow for quicker access to blood tests, specifically when a patient dies and there is no next of kin, we can ensure that the first responders receive the information they need without ... delay."

We've also heard from Chris Spearen, who's the chief of York Region Paramedic and Seniors Services branch. He advised that "this gap in the MBTA can contribute to delays in first responders accessing vital blood test results, hinder necessary medical interventions and increase the anxiety faced by those who serve on the front lines."

This is important work. We know that our partners are behind it. I'm going to cite one more individual. Mark Baxter, who's president of the police association, has advised that "This change will close a long-standing legislative gap."

#### 1810

This bill has support from key provincial and regional health and safety organizations who represent those who may encounter occupational exposure scenarios. Their strong support and alignment with the goals of this amendment demonstrate the fundamental need to fill these legislative gaps. In the line of duty, our first responders put service over self. It's therefore our duty to support them to the best of our abilities. As a government, we can fill these unintentional legislative gaps to ensure the health and safety of our first responders are met.

This amendment will not only change the existing law; it will also positively change so many lives by protecting Ontario's first responders and the health care workforce.

You know, Madam Speaker, these front-line heroes deserve a government that values service and sacrifice. Our first responders put our communities before themselves. Our first responders provide urgent medical care for us, and they save us. They're there for us when nobody else is. And our first responders keep our streets safer. Where we live, where we work and where our children play, they keep our communities safe for all of us.

I want to dedicate this bill to the first responder, the firefighter, the mother, the woman behind it, because it was her action and it was her initiative that truly brought

this into fruition, and I appreciate her candid moments with me. We had a coffee several months ago, and she told me her story.

I stand before you to defend this legislation and hope this House will support this necessary amendment. Our first responders protect us so we, in turn, should protect them.

**The Acting Speaker (MPP Andrea Hazell):** Further debate?

**M<sup>me</sup> France Gélinas:** I thank the member for bringing this amendment to the bill forward and for sharing the story of that firefighter and what she had to go through. This is a good idea that will make it easier. We hope that nobody needs to go through this, but if they do, they should have the support they need.

In Ontario, we have mandatory blood testing laws, and they were put in place mainly to protect emergency workers and health care workers. They protect police officers, they protect fire fighters, they protect paramedics and they protect health care workers. In health care, it's often through just a needlestick that happens, but it does happen. When you deal with a lot of needles, you'll end up having one going the wrong way.

It is also available to victims of crime. It applies to individuals that have come in contact with bodily fluids through criminal activities. So if you are a victim of crime and you come into contact with bodily fluids, you are allowed to use this law. What the law does is really bring in rapid decision-making. The law streamlines the process to obtain blood samples from what we call the "source individual" and ensure that the person exposed can make informed decisions about any necessary, time-sensitive medical treatment.

We now have treatment for people that have been exposed to hepatitis B or C or people that have been exposed to the HIV virus. The sooner you know you have been exposed through bodily fluids of another person, the sooner you can make a decision as to what plan of treatment, what plan of care you would like, going forward.

So how does this work? First, the person that has been exposed, whether it be a police officer, a firefighter, a paramedic or a health care worker, you have to apply to your medical officer of health. The medical officer of health is the person in charge of public health within your geographical area. You have seven days from the date of the incident to apply. The medical officer of health, the health unit, will assess if the exposure was significant, and they will make a recommendation. If they approve, then it goes to the Consent and Capacity Board, the CCB. They review the case to determine if a mandatory blood sample should be ordered.

I'm going through this, Speaker, so that people fully understand that the changes that the member is trying to make are for a very few, but important to the very few. It's not going to change the law. It's not going to change the way we do things. It's just going to open a door that is currently shut.

When it comes to compliance—it has gone through the health unit. Within seven days, the medical officer of

health does a referral. The Consent and Capacity Board reviews the case to determine if a mandatory blood sample should be ordered. And then there's compliance—the person, the respondent, must comply, or they may seek a court order.

For people that are alive, the law relies on voluntary compliance by the respondent to actually provide the sample and the act does not authorize physical force to draw blood. So once you go through all this, if it's a living person, they still have to voluntarily comply.

Now the changes to this will be if the person is deceased, all of the steps that I have described will still have to be adhered to and then the drawing of the blood will happen.

I have to tell you that in my experience—my husband is a professional firefighter, I also have one of my grandchildren who is a paramedic, and I worked in a hospital for a long time—it does happen, and this law brings reassurance to people when first responders go to a call.

It is the one-year anniversary of the closing of the 10 supervised consumption and treatment sites where 22,000 overdoses that took place in the supervised consumption sites are now taking place in just about anywhere—in parks, in public places and everything.

For all of the first responders, not a shift goes by that they won't have four, five calls for overdose in my city. You ask any firefighter, any paramedic, any police officer, every single shift, they will have at least five overdose calls.

When they get to those calls—because the supervised consumption site in Sudbury is closed; we used to have two people work at the supervised consumption and treatment site. So when there was an overdose, it was the two people that were there that handled it. They handled hundreds of them. At the 22,000 overdoses that were dealt with in supervised consumption sites, they never called the EMS. They handled it themselves. I think out of 22,000 people, two of them needed to be transferred to hospital. The two people there handled them all.

Now, a call is made to 911, and 911 dispatches an ambulance, so there are two paramedics that go to the site. They dispatch the Sudbury fire department—four firefighters and a fire truck. They dispatch a police officer—that's usually one police officer in a car that goes to the site.

Unfortunately, oftentimes, they don't get there in time to prevent either brain damage or to prevent death. But once they get to the site, they will do everything they can to bring this person back. And that means oftentimes, they will kneel, they will push, they will end up with a needle prick because there's often lots of needles around where people have overdosed and that means the exposure to needles is way, way higher than it has ever been.

The closing of the supervised consumption sites—and the consequences are exactly what experts told us would happen: "We are seeing more ambulance calls, more emergency department visits, and more people in crisis across our communities."

But it has also dramatically increased the number of requests under the mandatory blood testing law. I have no

doubt that it will also increase once the new part of the law is made. For people that are deceased, it will increase. In my community, it's at least three people who died of an overdose every single week. Every single week, three people die. The paramedics are there. The firefighters are there. The police are there. They do the best they can—they kneel, walk, crawl on needles and everything else—but often, at least three times a week, they get there too late.

**1820**

The supervised consumption sites save lives. It also helps all of our first responders. The evidence says so, and our first responders know so. Shutting them down did not make substance use disappear; it pushed it into public spaces. It put more pressure on already very strained first responders—paramedics, firefighters, police officers, emergency departments—and the number of exposures to hepatitis B, hepatitis C and HIV have skyrocketed.

One year later, there is no clear timeline for the HART hubs, no plans to replace the life-saving services that were lost and no serious strategy to address the ongoing toxic drug crisis. This is not good policy-making, and people are paying the price. People all throughout the province are paying the price.

I think we are now at 10 deaths from overdose from opioid use every single day in Ontario. Those are awful numbers that could be prevented. It's hard to say that people care about public safety while removing services that prevent death and collect people to care. We need to start acting. The bill that the member has brought forward is becoming more and more important as the opioid epidemic continues to increase throughout Ontario, and especially in northern Ontario.

Do we support expansion of the law? That's not a problem, for sure. But we would like the government to understand that they can decrease the need for mandatory testing by supporting supervised consumption and treatment sites. This is where most of the contact with bodily fluids happens each and every day, on any kind of first responder throughout our province. You can call any of the firefighters, EMS, police officers in your riding; I guarantee you that they will tell you that they get calls for overdoses on each and every shift. They get calls, they get there and are exposed to a lot of possible needle pricks that could be a way for them to get infected with a bodily transmitted disease.

So yes, we support the member's bill—it is becoming more important all the time—but I sure wish we would do better to protect our first responders, our police officers, our firefighters, our paramedics, to make sure that they don't have to go to five, six, seven overdose calls on every shift, by opening supervised consumption sites.

**The Acting Speaker (MPP Andrea Hazell):** Further debate?

**Mr. Adil Shamji:** It's a pleasure to rise in the House today to discuss the member of Thornhill's proposed private member's bill to amend the Mandatory Blood Testing Act. I'm pleased to do it for a number of reasons. I think it is an important measure that can help to protect

health care workers. It is also an acknowledgement of the important work done by one of my Ontario Liberal predecessors, who introduced the Mandatory Blood Testing Act in the first place, back in 2006—another example in which Ontario Liberals have led the way and the Conservatives have been happy to follow, but we're happy when they do that.

I want to take a moment just to underscore the importance of this kind of legislation. When I was going through medical school, one of my teachers gave me a warning. The warning was intended to encourage me to be more careful around needles and sharp objects. The warning was as follows: In all likelihood, if I didn't get a needle-stick injury, it would have been because I hadn't practised for long enough. That's how common these are. As I listened to her, I thought to myself, "I'm going to take note of this, but I'm sure it won't happen to me." Well, it turns out I have practised medicine for long enough, because it has happened to me.

I was working in an emergency department, performing a procedure on an urgent basis on a combative patient, and they moved, and when they moved, the needle pierced my glove and went through my skin. On this occasion, I was fortunate for a number of reasons. First of all, I was able to obtain consent at the time—not from the patient, but from their family—and we were able to conduct the testing. And in fact, they did not have any blood-borne pathogens that could put me at risk. So that was obviously a good thing. But we don't always know that. We don't always have a family or a patient who's able to provide consent, who's accessible, who ultimately makes the decision in order to provide this. In fact, if someone has a blood-borne pathogen, sometimes, paradoxically, it can mean that they are less likely to provide that permission because of the stigma that they fear they may face from allowing that information to become common knowledge.

So I sincerely appreciate the effort to protect health care workers. And although I haven't had to take advantage of this kind of legislation, I know that other colleagues of mine have.

One of the reasons that it is so important that we bring this kind of legislation forward and ensure that it is accessible to health care workers and first responders is that the risk of being exposed to such blood-borne pathogens is greater than ever. As our ERs are overwhelmed and we're asking our health care workers to do more with less, as they're facing unprecedented wait times in emergency departments, the risk of needle-stick injuries goes up as they rush, as they try to do more with less. Additionally, the number of people who have blood-borne pathogens is at increased risk of being up. If you don't have a family doctor—which is the truth and the reality for well over two million people in Ontario—the likelihood that you are immunized against certain blood-borne viral pathogens, such as hepatitis B, goes down.

Another reason that this is more important than ever before is—the member from Thornhill mentioned a few of the blood-borne pathogens that this legislation allows to

be tested for. Well, one of those is hepatitis C. In today's Ontario, the primary way in which hepatitis C is transmitted is by shared needle use with intravenous drugs. And under this government, we've seen harm reduction strategies severely curtailed. One of the benefits of needle exchange is that people don't share needles, reducing the risk of one person who might have hepatitis B, hepatitis C or HIV from transmitting it to another person. The decision to severely restrict access to harm reduction and therefore to close so many needle exchange sites means that the first responders this government hopes to protect are actually being placed at a greater risk because there are more people they will be exposed to who have these blood-borne pathogens.

If I were a government that was serious about protecting health care workers, I would reflect very carefully on some of the very regrettable decisions that they have made. If I wanted to take further steps to protect health care workers, I wouldn't just introduce this legislation—and again, I applaud you for doing so—but I would reflect on this government's history of working against health care workers.

For example, if I respected health care workers and wanted to protect them, I wouldn't put them down the way the Minister of Health did to my colleague the member for Nepean, who is a registered nurse, just earlier today.

**1830**

If I was a government that wanted to protect health care workers, I would pay them well. I wouldn't implement unconstitutional legislation such as Bill 124.

If I wanted to protect health care workers, I would ensure that they had safe working conditions and not be forced to work in an environment where they are routinely verbally, emotionally and physically abused.

If I wanted to protect health care workers, I would do all of those things and so many more, including ensuring that they have safe environmental conditions.

So you'll forgive me for being skeptical about this government's genuine interest in actually protecting health care workers.

Finally, I will point out that while this legislation does expand the criteria that allow people to petition a medical officer of health to get mandatory blood testing, our public health units in which most of our medical officers of health work are more strapped, more underfunded, more overwhelmed than ever before. So this legislation, while our public health units are struggling as much as they are, cannot alone solve the problem. That being said, we'll take even minor, incremental steps if that's what it takes to show that we're ready to stand up for front-line health care workers and first responders.

If we can ascertain that someone has been exposed to a blood-borne pathogen, then we can do things like ensure that their post-exposure prophylaxis is started in a timely manner, or stopped in a timely manner. For example, many of the antiretroviral drugs that are used for HIV, which may be initiated well before mandatory blood testing results are made available, can in many cases be quite toxic. So in some cases, it's quite reasonable to start

post-exposure prophylaxis medications before the results are available, but we seek to get patients off those drugs as quickly as we can—assuming that it is possible that we can—if the source does not have any blood-borne pathogens. So this is a good thing.

In other cases, having this kind of information available also allows a patient who has been exposed to a needle-stick injury to be able to access WSIB protections in a more reliable manner—again, another good reason to expand access to this kind of protection.

I will begin to wrap up my remarks now by acknowledging—

*Interjections.*

**Mr. Adil Shamji:** I hope the members across have been listening and have learned. And I will, as always, encourage them to continue copying and stealing as many of our ideas as they can.

Mandatory blood testing is a coercive measure. It's never an option that we want to choose as a first option. I've been lucky that I haven't had to use this kind of an option when I have had a needle-stick injury in the past. But on the rare occasions that it is required, we do want to make sure that it is available. However, I will underscore that a government that's serious about protecting health care workers needs to do much, much, much more, and I sincerely hope that the members across will think sincerely about how they can do that.

**The Acting Speaker (MPP Andrea Hazell):** Further debate?

**Hon. Laurie Scott:** I'm honoured to speak in support of Bill 84, the Mandatory Blood Testing Amendment Act, and to support, again, the member from Thornhill's great ideas and legislative changes that benefit everyone.

She mentioned a story to start off with—the first responder from York region who is a firefighter, who came to her with a very real story that front-line EMS people, people in hospitals encounter. Sometimes you just don't think of the actions that go on and how easily you can be pricked by a needle that could be contaminated, and the unknown time that occurs is very hard on not only the first responder but also the family—and what could go forward if it is a positive test.

This bill addresses a critical legislative gap and ensures our government supports Ontario's first responders and health care workers who serve our communities daily.

As was mentioned—but I will go through it again—currently, the province's Mandatory Blood Testing Act legislates that eligible applicants who are exposed to blood and/or bodily fluids are permitted to apply to a medical officer of health to have the blood from the person they were exposed to tested. Under current legislation, however, if the individual whose blood is being tested passes away before the application process is completed, the results of the blood test cannot be shared with the applicant unless the next of kin provides consent—and we know sometimes there is no next of kin, as the member from Thornhill has said. This gap places first responders and health care workers in difficult and stressful situations when exposed to blood or bodily fluids while performing

their duties. Victims of crime also face significant barriers in accessing critical information that affects their health and well-being. Applicants have limited options if the respondent passes away before the blood test application is submitted to the medical officer of health. So it's essential that our government closes this gap to ensure victims of crime, first responders and health care workers can access the information they need to protect themselves and those they serve.

My colleague from Thornhill is proposing two new sections. Section 2.1 states that if an application is submitted and the respondent passes away, the application will be handled according to any modifications to the Mandatory Blood Testing Act outlined in the regulations. Section 2.2 allows an application to be submitted on behalf of a deceased person. These amendments ensure that our government listens to first responders and health care workers and takes decisive action to address their concerns.

We have received letters of support—the member from Thornhill has done the work on this—for the amendment from the Police Association of Ontario, and I believe Mark Baxter is the president there; York region's commissioner of community and health services; York region's chief of paramedic services; and the Vaughan Fire and Rescue Service—all front-line EMS workers who protect us.

I want to do a big shout-out to all our first responders, health care workers—to know that we're supporting them, we're listening to them, and we're making their changes. Thank you.

I want to bring up some other initiatives that our government has introduced—important measures to support first responders, including a \$32-million investment in specialized mental health services and a commitment to build Canada's first dedicated post-traumatic stress injury treatment centre for first responders, I believe the member mentioned, in Runnymede.

I have met, of course, with a lot of first responders. I think of the Ontario police association—Rob Jamieson, who was formerly with the OPPA. He brought forward his story of PTSD and the changes, and worked with different initiatives to build the right model to help our first responders.

When you go into professions that see traumatic events, it's hard to really be prepared. I think there's better screening that goes on now so that people maybe understand as they enter a profession that they can see very sad things that happen in life, so that they're vetted and they're prepared—and then also, when they get exposed to these traumatic events, that there's a place to go, there is support that is there who can understand the horrific things they've seen and help them process and heal. I think we hear a lot of that from a lot of our first responders—that we need that built in so that we can retain the people who work as first responders in our communities, but that we can also then help them get back into their jobs. And of course, support is in the community.

It's essential that we address the needs of the first responders.

The member from Thornhill has brought forward this piece of legislation to ensure the concerns of first respon-

ders, health care workers and crime victims are addressed, so they can access the information needed to protect themselves and others while serving our communities.

**The Acting Speaker (MPP Andrea Hazell):** Further debate?

**1840**

**Mr. Anthony Leardi:** I want to congratulate my colleague from Thornhill for bringing forward this suggestion. She comes up with some great ideas. She has a good track record of doing this.

For example, she was one of the champions of Bill 121, which was the Improving Dementia Care in Ontario Act, legislation designed to better equip health care providers, care partners and families to care for individuals living with dementia. She was one of the champions of that act.

Together with the member from Haliburton–Kawartha Lakes–Brock, the member from Thornhill was one of the champions of Bill 138, the change of name act, which was incorporated into the Safer Streets, Stronger Communities Act. She worked closely with the member from Haliburton–Kawartha Lakes–Brock on that to strengthen the provisions of Christopher's Law by ensuring that sex offenders are ineligible to apply for a legal name change, further enhancing public safety and accountability. The member from Thornhill was part of that movement.

Finally, the member from Thornhill was also one of the champions behind motion 90, protecting our students from hate, which aims to hold colleges and universities accountable for ensuring student safety on campus, particularly in response to incidents of hate and discrimination. She was one of the champions of that motion.

And now, continuing on her excellent track record of success, she has brought this very good idea before the House, this very good bill.

I'm proud to say that the member from Thornhill and I are both from the class of 2022; we both got elected in the same election. I remember when she and I were in this chamber as rookies, just learning the ropes and learning how this chamber works, and now she's demonstrated yet again that she has become a master of this chamber and a master of legislation. I'm very happy to be serving with the member from Thornhill and supporting this piece of legislation.

The final thing that I'll say is, in addition to all of those accomplishments, she is also a great soccer mom and a director of the Thornhill Thunder Soccer Club.

**Ms. Laura Smith:** I am.

**Mr. Anthony Leardi:** Go, Thornhill Thunder! Congratulations to the member from Thornhill.

**The Acting Speaker (MPP Andrea Hazell):** Further debate?

**Mr. Will Bouma:** It's an honour to be able to rise and support my colleague from Thornhill on this private member's bill. Speaker, I love private members' business. It's usually an opportunity for all of us to set aside our partisan differences and work on something for the benefit of all Ontarians. The trick is to find an issue that can gather enough support to actually get done. Actually, I think the member sitting in front of me, from Sarnia–Lambton, is

probably the most successful bringer of private members' bills in the history of this Legislature and watching how he has done it has shown me the way.

I've been a volunteer firefighter in the county of Brant for 18 years this year and I can tell you, we've had an incredible team at fire administration that, for the last number of years, has really fought really, really hard at budget time with council in order to keep firefighters safe. We've had too many firefighter deaths over the years, usually as a result of cancer from long-term exposure to things. I've been to those funerals.

That means that we have two sets of bunker gear and that means that we have washing equipment for our bunker gear inside of our halls. That means that we are working towards having rooms separate with the air handling equipment necessary so that dirty gear stays dirty, so that we're not inhaling any of those things.

We put so much effort into that and the exposures that we receive at the fire hall in the work that we do, and we just assume that we're safe when we go to a medical call, and we can be covered with bodily fluids. I've come back to the fire hall before with my bunker gear covered in blood and I've been on scenes before where you're holding someone to keep their airway open and they are covered in blood from a head-on collision. As I say those things, I can't help but have those pictures all running through my mind at the same time.

We assume that the regulations and the legislation will be there to keep us safe. And I had no idea that there was this hole in the system, that there were times where you could not have mandatory blood testing because of a situation that could arise like this.

Speaker, I believe that maybe 95% of what we do here in this place is to fix the unintended consequences of well-intended legislation. There is very little new that we actually do here. We just try to fix things. This is a great opportunity for all of us to fix something so that this will never have to be a problem again for the people that run toward things that the rest of us run away from. And so I commend the member from Thornhill for bringing just a simple thing forward, but something that we can all join together here in this place, regardless of party affiliation, regardless of ideology, regardless of what we said to each other this morning or how angry we got—that we can join together, that we can do something right, that we can make something right so that these issues of blood testing don't have to happen again. So again, I thank the member for keeping her eyes open, for finding a real thing that we can do here, and making it right.

**The Acting Speaker (MPP Andrea Hazell):** Further debate? The member now has two minutes.

**Ms. Laura Smith:** First, I want to begin by thanking all of the people in this chamber for their support, specifically those that are first responders, the nurses, the doctors, the firefighters.

The member for Brantford–Brant made it very clear, and he talked about the countless risks that they perform on a daily job. These risks should not be associated with the inability to access critical life-changing medical tests.

Just like the member from Brantford–Brant talked about, she went in that morning and did very little to comprehend what she would possibly face. She didn't think about that when she went into the face of that moment to help that individual in distress. She went to work that day; she responded to an emergency call—something she'd done every day. She put her uniform on. She did her job, and she did not deserve the unknown that she faced. By sharing her story, we hopefully fix this unintentional legislative gap, and she will ultimately have helped so many first responders who, through no fault of their own, have fallen into this legislative gap.

I want to thank her again, as well as Chief Zvanitajs for his steadfast service; Mark Baxter, once again; and I didn't mention Lisa Gonsalves, who's the commissioner of community and health services for York. Her organization employs more than 500 paramedics.

I want to thank the members of the Legislature. These front-line heroes deserve a government that values their service and sacrifice, and this is solid work. We need to have our first responders back. That's the reason why I'm here before you. Our first responders protect us, so we will protect them.

**The Acting Speaker (MPP Andrea Hazell):** The time provided for private members' public business has expired.

Ms. Smith has moved second reading of Bill 84, An Act to Amend the Mandatory Blood Testing Act, 2026.

Is that the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion, please say "aye".

All those opposed to the motion will please say "nay".

The ayes have it.

A recorded vote being required, it will be deferred until the next instance of deferred votes.

*Second reading vote deferred.*

## ADJOURNMENT DEBATE

### ENTRETIEN HIVERNAL DES ROUTES

**The Acting Speaker (MPP Andrea Hazell):** Pursuant to standing order 36, the question that this House do now adjourn is deemed to have been made.

The member for Mushkegowuk–James Bay has given notice of dissatisfaction with the answer to a question given by the Minister of Finance. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

**1850**

**M. Guy Bourgouin:** Ce matin, j'ai posé une question en français, qui est une langue officielle dans cette province. J'ai demandé des informations sur le manque de réserve de sel et d'entretien hivernal. Malgré les conversations, les lettres et les courriels de suivi, il refuse toujours de répondre aux préoccupations que nous entendons partout des citoyens dans le Nord.

J'ai demandé au ministre, pourquoi refuse-t-il de répondre ou de nous forcer à passer par l'accès à

l'information? Due à l'absence du ministre des Transports, son adjoint parlementaire n'a pas été en mesure de me répondre. Il a dit qu'il n'entendait pas bien parce que la traduction était trop faible, mais quand j'ai demandé à la table des greffiers, ils m'ont dit qu'ils entendaient très bien la traduction. Il me semble qu'il y avait quelques conservateurs qui avaient des problèmes. Par conséquent, il n'a pas répondu à ma question ni à ma question complémentaire.

J'espère que je vais avoir une réponse ce soir qui ne m'obligerait pas à passer à l'accès à l'information. Je doute fort que j'aurais une réponse à ma question. Mais ce gouvernement est en procédure de restreindre l'accès à l'information. Sans cet accès, nous n'aurons peut-être plus jamais une réponse avec du contenu.

Madame la Présidente, je comprends qu'il peut y avoir des problèmes techniques. Je comprends que pas tout le monde parle français. Mais ce n'est pas la première fois que ce gouvernement refuse de répondre. La semaine dernière, j'ai posé une question : combien de fermetures de la route 11 en 2025? J'ai posé une question supplémentaire : combien de décès sur la route 11 en 2026? Nous avons obtenu une réponse qui n'était même pas liée à la question—même quand la question est posée en anglais.

Aujourd'hui, ils blâment un problème technique—après vérification, aucun problème technique. Peut-être que la vraie raison c'est qu'il n'était pas prêt à répondre.

Après des mois de silence, des lettres ignorées et des questions restées sans réponse—ou des problèmes techniques—la vraie raison c'est qu'ils ne veulent pas répondre à nos questions.

Alors, Madame la Présidente, ma vraie question demeure toujours, le ministre a quoi à cacher?

**The Acting Speaker (MPP Andrea Hazell):** I recognize the member for Glengarry–Prescott–Russell.

**M. Stéphane Sarrazin:** Permettez-moi d'être très clair : la sécurité des familles en Ontario, ça va au-delà de la partisanerie, puis c'est notre priorité absolue.

Chaque jour, nous prenons des mesures pour rendre les routes du Nord plus sécuritaires. Pendant que les députés de l'opposition se lèvent en Chambre pour lancer des accusations, notre gouvernement, lui, est sur le terrain et livre des véritables résultats, en investissant, en construisant, en appliquant la loi et en améliorant la sécurité routière partout dans la province, et particulièrement dans le Nord.

Madame la Présidente, nous investissons 650 millions de dollars dans la construction et la remise en état des autoroutes, des routes et des ponts du Nord. De plus, 350 millions de dollars sont consacrés à l'amélioration de la sécurité et la fiabilité des autoroutes 11 et 17 ainsi que les corridors qui se rattachent aux routes 11 et 17.

Depuis 2024, notre gouvernement a attribué plus de 40 contrats de construction le long de ce corridor essentiel afin de fournir l'infrastructure nécessaire pour permettre aux conducteurs de se rendre à destination de façon sécuritaire et fiable. Nous procédons également à l'élargissement du corridor de 107 kilomètres de

l'autoroute 11/17 entre Thunder Bay et Nipigon, un lien essentiel du réseau de la route Transcanadienne. À ce jour, 80 kilomètres sont déjà ouverts aux familles et aux conducteurs du Nord.

En parallèle, nous faisons progresser des solutions novatrices comme les projets pilotes 2+1 sur l'autoroute 11, pour laquelle les travaux de conception et d'évaluation environnementale sont bien avancés.

Madame la Présidente, nous doublons le nombre d'agents chargés de l'application des règles en matière de transport dans le nord de l'Ontario, nous élargissons les inspections surprises et nous déployons des unités d'inspection mobiles afin de sévir contre les véhicules dangereux et les exploitants irresponsables.

Nous reconstruisons les postes d'inspection de camions de Hearst et remplaçons les balances—les stations de pesée—qui sont désuètes, car des autoroutes plus sécuritaires exigent des infrastructures modernes et une application rigoureuse de la loi.

Tout cela s'inscrit dans le plan global de 30 milliards de dollars de notre gouvernement visant à élargir et à remettre en état les autoroutes partout en Ontario.

Le député de l'opposition a soulevé la question de l'entretien hivernal. On peut en parler. Notre gouvernement investit plus de 100 millions de dollars chaque année pour maintenir les autoroutes sécuritaires dégagées durant l'hiver. Les opérations sont menées 24 heures sur 24, sept jours par semaine, y compris pendant les tempêtes. De plus, nous appliquons l'une des normes de déneigement les plus élevées du pays. Au cours de la plus récente saison hivernale, nous avons atteint un taux de conformité de plus de près de 98 % à l'échelle de la province. Voilà un système qui donne des résultats aux Ontariens.

Mais Madame la Présidente, ce n'est pas tout. Chacune de ces mesures, les investissements, l'application de la loi et la législation ont été rejetés par les députés de l'opposition. Ils ont voté contre notre plan d'immobilisations; ils ont voté contre les lois renforçant la sécurité routière; ils ont voté contre les investissements mêmes qui assurent la sécurité des autoroutes du Nord.

Pendant qu'ils posent des questions, nous procédons au dédoublement de l'autoroute 11/17, un projet promis depuis plusieurs années—plus de 10 ans—sans jamais avoir été réalisé sous le gouvernement précédent libéral. Nous, nous passons à l'action. Nous construisons la première route 2+1 en Amérique du Nord, améliorant la sécurité et la fluidité de la circulation dans le nord de l'Ontario.

Madame la Présidente, nous continuerons d'investir, nous continuerons de construire, nous continuerons d'exécuter et nous placerons toujours la sécurité des familles de l'Ontario en premier plan.

#### HOSPITAL FUNDING

**The Acting Speaker (MPP Andrea Hazell):** The member for Kingston and the Islands has given notice of dissatisfaction with the answer to a question given by the

Minister of Finance. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

I recognize the member for Kingston and the Islands.

**Mr. Ted Hsu:** First, I want to start out—I bet they're not expecting this across the floor—by thanking the government House leader who inspired this question. He said in this House, while he was in opposition, “My constituents have a very simple question when they are told there is no money for health care. They want to know, if funds are so scarce and their access to care is in fact suffering, why have millions of dollars been wasted?”

The government House leader, who is the PC member for Leeds–Grenville–Thousand Islands and Rideau Lakes—I would like to think he is asking this same question to his government behind closed doors, of course, for funding for Kingston's new hospital, which serves his constituents.

The parliamentary assistant for transportation, the PC member for Hastings–Lennox and Addington, should also be pleading with his government for a new hospital in Kingston. The new site, which is already chosen and ready to go is almost in his riding.

The parliamentary assistant to the Minister of Economic Development, the PC member for Bay of Quinte, should be doing the same. Patients get sent from the Bay of Quinte region to Kingston all the time.

And then finally, the wonderful parliamentary assistant to the Minister of Health, the PC member for Lanark–Frontenac–Kingston—I hope he is pleading with the Ford government all the time, because the new hospital site is at the boundary between our two ridings and many people in his riding use the hospital in Kingston.

This old hospital is bursting at the seams. In the hallways, you walk around labelled beds—sometimes there are screens around them, sometimes not, but they're formally labelled so the computer system can track hallway patients. Everybody knows that it is not possible anymore to rebuild and restore this 188-year-old hospital—Ontario's oldest; and it's even a national historic site.

David Pichora, the CEO of Kingston Health Sciences Centre, says that these historical “sites are costly to maintain ... that the expense is increasing year over year and is”—and I quote here—“a distraction from patient care.”

### 1900

Now, a site has been chosen for a new hospital, and they've designed a phased plan that won't break the budget or overwhelm management. Each phase steadily improves care for patients. It will cost less to build this hospital now instead of waiting.

I want to talk about this government's big budget deficits and why my constituents are worried and they need hope. After eight years, this tired government has developed a scary habit: future surpluses melt away into deficits as their spending meets the reality of their misplaced priorities like the fantasy tunnel under the 401, casinos, spas, online gaming and alcohol. Let's look at the 2025-26 fiscal year. Three years ago, this government's

budget said there would be a surplus in 2025-26. In the next budget, the 2025-26 surplus became a \$5-billion deficit, and then last year, it slipped further into a \$15-billion budget deficit, nearly as big as during COVID.

Let's look at another case; this is not isolated. Look at the 2026-27 fiscal year: Two years ago, the budget predicted a surplus for the coming fiscal year. Last year, the 2026-27 surplus turned into a projected \$8-billion deficit. And in this year's budget, the 2026-27 deficit has ballooned to \$14 billion—again, nearly as big as during COVID.

Now, people between Ottawa and Toronto—and Kingston is the only tertiary hospital between Ottawa and Toronto. People who depend on Kingston's hospital, in many ridings, many ridings held by the government, they look at budget surpluses slipping through the fingers of this government and turning into very large budget deficits. People are worried, and they want to know, can this government offer us any hope? Can they answer the question: Did they leave any money to build the urgently needed new Kingston hospital?

**The Acting Speaker (MPP Andrea Hazell):** I recognize the member for Peterborough–Kawartha.

**Mr. Dave Smith:** I'm pleased today to rise to address the member of Kingston and the Islands to speak about our government's continued commitment to Kingston Health Sciences Centre and to hospital funding all across Ontario.

Let me begin by saying this clearly: Since taking office, our government has increased our health care budget by over 50%. Our government has been making record investments to ensure that Ontarians receive the high-quality care they deserve while supporting long-term hospital financial sustainability: nearly \$64 billion for major hospital infrastructure, \$500 million for smaller projects and \$228 million annually through the hospital infrastructure renewal fund. That commitment extends to every region of this province, including Kingston.

Over the past year, Kingston Health Sciences Centre has received significant new provincial funding across capital, operations and clinical services—funding that's making a real and measurable impact for the patients in the member's riding. First, on capital infrastructure, we have provided over \$24 million in capital support to Kingston health centres this year alone. That includes \$4.5 million through the Health Infrastructure Renewal Fund, supporting important upgrades to maintain safe, modern facilities, and \$20.1 million for critical infrastructure renewal projects that were not selected for the standard Health Infrastructure Renewal Fund. These investments ensure that Kingston's hospitals have modern, safe, reliable facilities so clinicians can focus on delivering exceptional care and patients receive it in environments that meet today's standard.

Second, we continue to strengthen the hospital's operational foundation. This past year, Kingston Health Sciences Centre is receiving \$9.8 million in annual base operational funding. This funding helps strengthen hospital operations, supporting staff and maintaining the services that families depend on every single day.

On top of that, we have made two important permanent adjustments to ensure key programs are funded at levels that reflect the real cost of providing care. We're providing an additional \$345,000 per year to right-size funding for Kingston's neonatal intensive care unit. This brings the NIC unit funding in line with the actual cost of operating those highly specialized beds. I want to note that this change has been very well received across the hospital sector.

We're also providing over a million dollars per year to right-size the hospital's cancer procedure rates, ensuring that funding appropriately reflects the cost of delivering life-saving cancer care. This adjustment, too, has been strongly supported by the sector.

These are permanent, annual investment increases. They strengthen clinical programs, improve capacity and support financial sustainability for the long term.

These investments reflect a broader commitment by our government to supporting hospitals across Ontario as they recover from unprecedented pressures and work to meet growing demand. This includes targeted investments to reduce wait-times, expanding diagnostic imaging, supporting emergency departments, strengthening mental

health services and ensuring that hospitals have the staff and the resources they need to deliver timely, high-quality care.

The member opposite expressed concerns earlier today about Kingston hospital funding, but the record is very clear: Our government is not only maintaining support; we're increasing it strategically and substantially. The more than \$20 million in capital funding; the significant, annual operating increases; and the permanent increase to NICU and cancer program funding—all demonstrate our commitment to Kingston patients, staff and their families.

Speaker, our focus remains on building a stronger, more resilient health care system, one that works for patients for today and for years to come. We'll continue to invest, we'll continue to modernize and we'll continue to ensure that hospitals, like Kingston Health Sciences Centre, have the support they need to deliver that exceptional care to the people of Ontario.

**The Acting Speaker (MPP Andrea Hazell):** There being no further matters to debate, pursuant to standing order 36(c), I deem the motion to adjourn to be carried.

This House stands adjourned until 9 a.m. tomorrow.

*The House adjourned at 1907.*





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**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

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| Member and Party /<br>Député(e) et parti         | Constituency /<br>Circonscription  | Other responsibilities /<br>Autres responsabilités   |
|--|--|--|
| Allsopp, Tyler (PC)                              | Bay of Quinte / Baie de Quinte   |  |
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| Armstrong, Teresa J. (NDP)                       | London—Fanshawe  |  |
| Babikian, Aris (PC)                              | Scarborough—Agincourt  |  |
| Bailey, Robert (PC)                              | Sarnia—Lambton   |  |
| Bell, Jessica (NDP)                              | University—Rosedale  |  |
| <b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>    | Pickering—Uxbridge   | Minister of Finance / Ministre des Finances  |
| Blais, Stephen (LIB)                             | Orléans  |  |
| Bouma, Will (PC)                                 | Brantford—Brant  |  |
| Bourgouin, Guy (NDP)                             | Mushkegowuk—James Bay /<br>Mushkegowuk—Baie James  |  |
| Bowman, Stephanie (LIB)                          | Don Valley West / Don Valley-Ouest   | Deputy Third Party House Leader / Leader parlementaire adjointe de parti reconnu   |
| Brady, Bobbi Ann (IND)                           | Haldimand—Norfolk  |  |
| <b>Bresee, Ric (PC)</b>                          | Hastings—Lennox and Addington  | Second Deputy Chair of the Committee of the Whole House /<br>Deuxième Vice-Président du Comité plénier de l'Assemblée législative  |
| Burch, Jeff (NDP)                                | Niagara Centre / Niagara-Centre  |  |
| <b>Calandra, Hon. / L'hon. Paul (PC)</b>         | Markham—Stouffville  | Minister of Education / Ministre de l'Éducation  |
| Cerjanec, Rob (LIB)                              | Ajax   |  |
| <b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b> | Scarborough North / Scarborough-Nord   | Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité   |
| <b>Cho, Hon. / L'hon. Stan (PC)</b>              | Willowdale   | Minister of Tourism, Culture and Gaming / Ministre du Tourisme, de la Culture et des Jeux  |
| Ciriello, Monica (PC)                            | Hamilton Mountain / Hamilton-Mountain  |  |
| Clancy, Aislinn (GRN)                            | Kitchener Centre / Kitchener-Centre  |  |
| Clark, Hon. / L'hon. Steve (PC)                  | Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes | Government House Leader / Leader parlementaire du gouvernement   |
| Coe, Lorne (PC)                                  | Whitby   |  |
| Collard, Lucille (LIB)                           | Ottawa—Vanier  | Third Party House Leader / Leader parlementaire de parti reconnu   |
| Cooper, Michelle (PC)                            | Eglinton—Lawrence  |  |
| <b>Crawford, Hon. / L'hon. Stephen (PC)</b>      | Oakville   | Minister of Public and Business Service Delivery and Procurement /<br>Ministre des Services au public et aux entreprises et de l'Approvisionnement   |
| Cuzzetto, Rudy (PC)                              | Mississauga—Lakeshore  |  |
| Darouze, George (PC)                             | Carleton   |  |
| Denault, Billy (PC)                              | Renfrew—Nipissing—Pembroke   |  |
| Dixon, Jess (PC)                                 | Kitchener South—Hespeler /<br>Kitchener-Sud—Hespeler   |  |
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| <b>Dunlop, Hon. / L'hon. Jill (PC)</b>           | Simcoe North / Simcoe-Nord   | Minister of Emergency Preparedness and Response / Ministre de la Protection civile et de l'Intervention en cas d'urgence   |
| Fairclough, Lee (LIB)                            | Etobicoke—Lakeshore  |  |
| <b>Fedeli, Hon. / L'hon. Victor (PC)</b>         | Nipissing  | Chair of Cabinet / Président du Conseil des ministres<br>Minister of Economic Development, Job Creation and Trade /<br>Ministre du Développement économique, de la Création d'emplois et du Commerce |

| <b>Member and Party /<br/>Député(e) et parti</b>    | <b>Constituency /<br/>Circonscription</b>                   | <b>Other responsibilities /<br/>Autres responsabilités</b>  |
|---|---|---|
| Fife, Catherine (NDP)                               | Waterloo  |   |
| Firin, Mohamed (PC)                                 | York South—Weston / York-Sud—<br>Weston                     |   |
| <b>Flack, Hon. / L'hon. Rob (PC)</b>                | Elgin—Middlesex—London                                      | Minister of Municipal Affairs and Housing / Ministre des Affaires<br>municipales et du Logement   |
| <b>Ford, Hon. / L'hon. Doug (PC)</b>                | Etobicoke North / Etobicoke-Nord                            | Premier / Premier ministre<br>Minister of Intergovernmental Affairs / Ministre des Affaires<br>intergouvernementales<br>Leader, Progressive Conservative Party of Ontario / Chef du Parti<br>progressiste-conservateur de l'Ontario |
| Fraser, John (LIB)                                  | Ottawa South / Ottawa-Sud                                   | Leader, Third Party / Chef du troisième parti   |
| <b>French, Jennifer K. (NDP)</b>                    | Oshawa  | First Deputy Chair of the Committee of the Whole House / Première<br>Vice-Présidente du Comité plénier de l'Assemblée législative   |
| Gallagher Murphy, Dawn (PC)                         | Newmarket—Aurora  |   |
| Gates, Wayne (NDP)                                  | Niagara Falls   |   |
| Gélinas, France (NDP)                               | Nickel Belt   |   |
| Gilmour, Alexa (NDP)                                | Parkdale—High Park  |   |
| Glover, Chris (NDP)                                 | Spadina—Fort York   |   |
| Gretzky, Lisa (NDP)                                 | Windsor West / Windsor-Ouest                                |   |
| Grewal, Hardeep Singh (PC)                          | Brampton East / Brampton-Est                                |   |
| Gualtieri, Silvia (PC)                              | Mississauga East—Cooksville /<br>Mississauga-Est—Cooksville |   |
| <b>Hamid, Hon. / L'hon. Zee (PC)</b>                | Milton  | Associate Solicitor General for Auto Theft and Bail Reform /<br>Solliciteur général associé responsable de la Lutte contre le vol<br>d'automobiles et de la Réforme relative aux mises en liberté sous<br>caution                   |
| Hardeman, Hon. / L'hon. Ernie (PC)                  | Oxford  |   |
| <b>Harris, Hon. / L'hon. Mike (PC)</b>              | Kitchener—Conestoga   | Minister of Natural Resources / Ministre des Richesses naturelles   |
| <b>Hazell, Andrea (LIB)</b>                         | Scarborough—Guildwood                                       | Third Deputy Chair of the Committee of the Whole House /<br>Troisième Vice-Présidente du Comité plénier de l'Assemblée<br>législative   |
| <b>Holland, Hon. / L'hon. Kevin (PC)</b>            | Thunder Bay—Atikokan  | Associate Minister of Forestry and Forest Products / Ministre associé<br>des Forêts et des Produits forestiers  |
| Hsu, Ted (LIB)                                      | Kingston and the Islands / Kingston et<br>les Îles          |   |
| <b>Jones, Hon. / L'hon. Sylvia (PC)</b>             | Dufferin—Caledon  | Deputy Premier / Vice-première ministre<br>Minister of Health / Ministre de la Santé  |
| <b>Jones, Hon. / L'hon. Trevor (PC)</b>             | Chatham-Kent—Leamington                                     | Minister of Agriculture, Food and Agribusiness / Ministre de<br>l'Agriculture, de l'Alimentation et de l'Agroentreprise   |
| Jordan, John (PC)                                   | Lanark—Frontenac—Kingston                                   |   |
| Kanapathi, Logan (PC)                               | Markham—Thornhill   |   |
| Kernaghan, Terence (NDP)                            | London North Centre / London-<br>Centre-Nord                |   |
| <b>Kerzner, Hon. / L'hon. Michael S. (PC)</b>       | York Centre / York-Centre                                   | Solicitor General / Solliciteur général   |
| <b>Khanjin, Hon. / L'hon. Andrea (PC)</b>           | Barrie—Innisfil   | Minister of Red Tape Reduction / Ministre de la Réduction des<br>formalités administratives   |
| <b>Kusendova-Bashta, Hon. / L'hon. Natalia (PC)</b> | Mississauga Centre / Mississauga-<br>Centre                 | Minister of Long-Term Care / Ministre des Soins de longue durée   |
| Leardi, Anthony (PC)                                | Essex   | Deputy Government House Leader / Leader parlementaire adjoint du<br>gouvernement  |
| <b>Lecce, Hon. / L'hon. Stephen (PC)</b>            | King—Vaughan  | Minister of Energy and Mines / Ministre de l'Énergie et des Mines   |
| Lennox, Robin (NDP)                                 | Hamilton Centre / Hamilton-Centre                           |   |
| <b>Lumsden, Hon. / L'hon. Neil (PC)</b>             | Hamilton East—Stoney Creek /<br>Hamilton-Est—Stoney Creek   | Minister of Sport / Ministre du Sport   |
| Mamakwa, Sol (NDP)                                  | Kiiwetinoong  | Deputy Leader, Official Opposition / Chef adjoint de l'opposition<br>officielle   |
| <b>McCarthy, Hon. / L'hon. Todd J. (PC)</b>         | Durham  | Minister of the Environment, Conservation and Parks / Ministre de<br>l'Environnement, de la Protection de la nature et des Parcs  |
| McCrimmon, Karen (LIB)                              | Kanata—Carleton   |   |
| <b>McGregor, Hon. / L'hon. Graham (PC)</b>          | Brampton North / Brampton-Nord                              | Minister of Citizenship and Multiculturalism / Ministre des Affaires<br>civiques et du Multiculturalisme  |
| McKenney, Catherine (NDP)                           | Ottawa Centre / Ottawa-Centre                               |   |
| McMahon, Mary-Margaret (LIB)                        | Beaches—East York   |   |

| <b>Member and Party /<br/>Député(e) et parti</b>   | <b>Constituency /<br/>Circonscription</b>                           | <b>Other responsibilities /<br/>Autres responsabilités</b>   |
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| <b>Mulroney, Hon. / L'hon. Caroline (PC)</b>       | York—Simcoe   | President of the Treasury Board / Présidente du Conseil du Trésor<br>Minister of Francophone Affairs / Ministre des Affaires francophones  |
| <b>Oosterhoff, Hon. / L'hon. Sam (PC)</b>          | Niagara West / Niagara-Ouest  | Associate Minister of Energy-Intensive Industries / Ministre associé des Industries à forte consommation d'énergie   |
| Pang, Billy (PC)                                   | Markham—Unionville  |  |
| <b>Parsa, Hon. / L'hon. Michael (PC)</b>           | Aurora—Oak Ridges—Richmond Hill                                     | Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires  |
| Pasma, Chandra (NDP)                               | Ottawa West—Nepean / Ottawa-Ouest—Nepean                            | Deputy House Leader / Leader parlementaire adjointe de l'opposition officielle   |
| <b>Piccini, Hon. / L'hon. David (PC)</b>           | Northumberland—Peterborough South / Northumberland—Peterborough-Sud | Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences  |
| Pierre, Natalie (PC)                               | Burlington  |  |
| Pinsonneault, Steve (PC)                           | Lambton—Kent—Middlesex  |  |
| <b>Pirie, Hon. / L'hon. George (PC)</b>            | Timmins   | Minister of Northern Economic Development and Growth / Ministre du Développement et de la croissance économique du Nord  |
| <b>Quinn, Hon. / L'hon. Nolan (PC)</b>             | Stormont—Dundas—South Glengarry                                     | Minister of Colleges, Universities, Research Excellence and Security / Ministre des Collèges et Universités, de l'Excellence en recherche et de la Sécurité  |
| Racinsky, Joseph (PC)                              | Wellington—Halton Hills   |  |
| Rae, Matthew (PC)                                  | Perth—Wellington  |  |
| Rakocevic, Tom (NDP)                               | Humber River—Black Creek  |  |
| <b>Rickford, Hon. / L'hon. Greg (PC)</b>           | Kenora—Rainy River  | Minister of Indigenous Affairs and First Nations Economic Reconciliation / Ministre des Affaires autochtones et de la Réconciliation économique avec les Premières Nations<br>Minister Responsible for Ring of Fire Economic and Community Partnerships / Ministre responsable des Partenariats économiques et communautaires pour le développement du Cercle de feu |
| Riddell, Brian (PC)                                | Cambridge   |  |
| Rosenberg, Bill (PC)                               | Algoma—Manitoulin   |  |
| Sabawy, Sheref (PC)                                | Mississauga—Erin Mills  |  |
| Sandhu, Amarjot (PC)                               | Brampton West / Brampton-Ouest                                      |  |
| <b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b> | Brampton South / Brampton-Sud                                       | Minister of Transportation / Ministre des Transports   |
| Sarrazin, Stéphane (PC)                            | Glengarry—Prescott—Russell  |  |
| Sattler, Peggy (NDP)                               | London West / London-Ouest  |  |
| Saunderson, Brian (PC)                             | Simcoe—Grey   |  |
| Schreiner, Mike (GRN)                              | Guelph  |  |
| Scott, Chris (IND)                                 | Sault Ste. Marie  |  |
| Scott, Hon. / L'hon. Laurie (PC)                   | Haliburton—Kawartha Lakes—Brock                                     |  |
| Shamji, Adil (LIB)                                 | Don Valley East / Don Valley-Est                                    |  |
| Shaw, Sandy (NDP)                                  | Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas      |  |
| <b>Skelly, Hon. / L'hon. Donna (PC)</b>            | Flamborough—Glanbrook   | Speaker / Présidente de l'Assemblée législative  |
| Smith, Dave (PC)                                   | Peterborough—Kawartha   |  |
| Smith, David (PC)                                  | Scarborough Centre / Scarborough-Centre                             |  |
| <b>Smith, Hon. / L'hon. Graydon (PC)</b>           | Parry Sound—Muskoka   | Associate Minister of Municipal Affairs and Housing / Ministre associé des Affaires municipales et du Logement   |
| Smith, Laura (PC)                                  | Thornhill   |  |
| Smyth, Stephanie (LIB)                             | Toronto—St. Paul's  |  |
| Stevens, Jennifer (Jennie) (NDP)                   | St. Catharines  |  |
| Stiles, Marit (NDP)                                | Davenport   | Leader, Official Opposition / Chef de l'opposition officielle<br>Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario   |
| <b>Surma, Hon. / L'hon. Kinga (PC)</b>             | Etobicoke Centre / Etobicoke-Centre                                 | Minister of Infrastructure / Ministre de l'Infrastructure  |
| Tabuns, Peter (NDP)                                | Toronto—Danforth  |  |
| <b>Tangri, Hon. / L'hon. Nina (PC)</b>             | Mississauga—Streetsville  | Associate Minister of Small Business / Ministre associée des Petites Entreprises   |
| <b>Thanigasalam, Hon. / L'hon. Vijay (PC)</b>      | Scarborough—Rouge Park  | Associate Minister of Mental Health and Addictions / Ministre associé délégué à la Santé mentale et à la Lutte contre les dépendances  |
| <b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>        | Huron—Bruce   | Minister of Rural Affairs / Ministre des Affaires rurales  |

| <b>Member and Party /<br/>Député(e) et parti</b> | <b>Constituency /<br/>Circonscription</b>                  | <b>Other responsibilities /<br/>Autres responsabilités</b>  |
|--|--|---|
| <b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>    | Vaughan—Woodbridge   | Associate Attorney General / Procureur général associé  |
| <b>Triantafilopoulos, Effie J. (PC)</b>          | Oakville North—Burlington /<br>Oakville-Nord—Burlington    | Deputy Speaker / Vice-Présidente<br>Chair of the Committee of the Whole House / Présidente du Comité plénier de l'Assemblée législative       |
| Tsao, Jonathan (LIB)                             | Don Valley North / Don Valley-Nord                         |   |
| Vanthof, John (NDP)                              | Timiskaming—Cochrane                                       | Opposition House Leader / Leader parlementaire de l'opposition officielle   |
| Vaugeois, Lise (NDP)                             | Thunder Bay—Superior North /<br>Thunder Bay—Supérieur-Nord |   |
| Vickers, Paul (PC)                               | Bruce—Grey—Owen Sound                                      |   |
| Wai, Daisy (PC)                                  | Richmond Hill  |   |
| Watt, Tyler (LIB)                                | Nepean   |   |
| West, Jamie (NDP)                                | Sudbury  |   |
| <b>Williams, Hon. / L'hon. Charmaine A. (PC)</b> | Brampton Centre / Brampton-Centre                          | Associate Minister of Women's Social and Economic Opportunity /<br>Ministre associée des Perspectives sociales et économiques pour les femmes |
| Wong-Tam, Kristyn (NDP)                          | Toronto Centre / Toronto-Centre                            |   |
| Vacant   | Scarborough Southwest / Scarborough-<br>Sud-Ouest          |   |