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PRIVATE MEMBERS' PUBLIC BUSINESS

HEALTH CARE HONOURS, EMPLOYMENT, RETENTION, OPTIMIZATION AND EMPOWERMENT STRATEGY ACT, 2026

LOI DE 2026 SUR LA STRATÉGIE EN MATIÈRE DE DISTINCTIONS, D'EMPLOI, DE RÉTENTION, D'OPTIMISATION ET DU DÉVELOPPEMENT DE L'AUTONOMIE DANS LE SECTEUR DE LA SANTÉ

Mr. Shamji moved second reading of the following bill:

Bill 133, An Act to provide for the development of a health care worker support strategy respecting honours, employment, retention, optimization and empowerment and to make related amendments / Projet de loi 133, Loi prévoyant l'élaboration d'une stratégie d'appui aux travailleurs de la santé à l'égard des distinctions, de l'emploi, de la rétention, de l'optimisation et du développement de l'autonomie et apportant des modifications connexes.

The Acting Speaker (Mr. John Jordan): Pursuant to standing order 100, the member has 12 minutes for their presentation.

Mr. Adil Shamji: We all have our differences in this House, but I think that we can all agree that our health care workers are genuine heroes. But that word has been overused, so it bears taking a moment to explain exactly what it means to be a hero.

A few years ago, health care workers were at the bedside during COVID, going into dangerous situations against a pathogen they didn't fully understand, far too often without adequate personal protective equipment. They've been there in other epidemics and pandemics as well, here in Ontario and around the world. Here in Ontario, we have contended with SARS and H1N1. We were worried about Ebola—I remember my training for that, but thankfully we didn't encounter it here—the hepatitis C crisis before that; the HIV crisis before that.

And through all of these circumstances and others, health care workers have been asked to—and, in many cases, have—put their lives on the line. They've been injured and assaulted by their patients. They've been emotionally scarred and traumatized for life because of the things that they've been forced to see or confront or to deal with. I can think of injuries in patients in such dire straits that they rival, if not surpass, the worst possible things you can see on television.

Health care workers have literally died on the job in service of Ontario patients. Just last month, a Hamilton-based air ambulance crashed in the Atlantic. An Ornge air helicopter crashed in Moosonee in 2013. During COVID-19, we know that there were at least 17 confirmed occupational deaths related to COVID-19—likely there were many more that simply couldn't be traced definitively back to work—and many others suffered permanent disabilities.

And what do they have to show for it? Well, during COVID, the public stood on porches and banged on pots and pans, and that was meaningful, but it didn't go far enough. Patients and families sometimes deliver coffee and treats. I must admit, I was once gifted a polar bear skull, which I keep in my office and which I'm very proud of. But in the wake of an epidemic of workplace violence, it doesn't strike to the epidemic moral injury and burnout that health care workers are facing right now.

There's a dark side to the work that health care workers do in service of Ontario patients. Many of us have been beaten up or threatened at work. I, for example, was once threatened at knifepoint in an emergency department, and that individual had their knife eventually confiscated. They were not arrested, they suffered no consequences, and I still went ahead and treated them anyway. Others of my colleagues have been beaten up, concussed, assaulted and had to take weeks, months, years off of work or to give up their work all together.

Our health care workers are under-appreciated; they're under-renumerated. They suffered an epidemic of burnout and moral injury. And I'll never forget that at the same time that health care workers were being celebrated with pots and pans and all of that kind of thing during COVID-19, we had a government that implemented unconstitutional wage-capping legislation that limited their wage increases by no more than 1% a year.

During that same time, I knew—and I worked in an emergency department and still do, and I worked in shelters. I had patients that I treated in shelters who worked in health care settings: PSWs, for example, who were working in long-term-care homes and then coming back to sleep at night in a shelter, because they couldn't make ends meet.

Health care workers are placed in unsafe situations, in unpleasant conditions, and the proof is in the pudding now. We see the results. Hallway health care is through the roof, wait times are astronomical, emergency departments are closing, home care appointments are cancelled because we don't have enough people, primary care teams can't keep their staff because they can't pay them enough and their workers are being poached into private settings or private clinics and to hospitals where the pay is better.

The Financial Accountability Office warns us by 2029 we'll lose 2,500 hospital beds and about 2,500 nurses alone. And the government has always insisted that their approach will be through health care worker recruitment, and I admit that work has been done on that. They made many announcements around capital projects, many of which are over budget and years and years behind—like the Ottawa Civic hospital, which has ballooned in cost and timeline—and then privatization. The privatization experiment has very clearly failed, with the recent study in September showing that in settings where diagnostic imaging and procedures have been moved out of public hospitals into private settings, it costs more, and eight out of 12 priority procedures have increased in wait times.

The fundamental reason all of this is happening is because there's been no effort to support our health care workers. My Health Care HEROES Act does exactly this by prescribing a suite of supports to empower workers and optimize their working conditions while introducing new honours and desperately needed employment and retention initiatives. It is the first serious attempt in recent history to address the needs of health care workers and establish a strategy focused on those priorities because the conditions of work are the conditions of care.

The bill has been widely celebrated by health care workers, and I'm proud it has earned support from multiple unions and associations, including Unifor, the Ontario Nurses' Association, the Ontario Public Service Employees Union, the Ontario Council of Hospital Unions/CUPE and WeRPN.

Now, the thing that I'm most proud about in this bill and which bears mentioning and repetition is that this bill recognizes that health care workers don't just wear stethoscopes and they don't just have a long list of letters after their name. They are the people who prepare food, move patients, clean rooms, analyze results, provide care in a variety of health care settings. They're all health care workers. They all deserve and command our respect.

And those settings aren't just hospitals. They're in clinics, they're in homes, they're in ambulances, they're in long-term-care residences, they're on our streets and everywhere. And so this bill is for all of them and for all these settings.

There are five themes that weave through this bill. The themes are honour, employment efforts, retention strategies, optimization of workload and empowering workers to do the best work that they can through a strategy that must be implemented by the Ministry of Health within six months. And that strategy must include a range of measures that fall into nine categories.

The first is ensuring that no health care workers are left behind. That requires having a comprehensive definition of what a health care worker is, and I've already outlined what that looks like—not just with a stethoscope, not just with letters after your name and not just in hospitals; it's everyone.

It recognizes that you cannot manage something unless you measure it, and so it calls for a new data strategy to understand recruitment and attrition and vacancies so we can understand where we are right now and prepare for where we need to be. And it has measures to ensure that our health care workforce looks like all of us, that it respects diversity and inclusion, and will work towards ensuring we've got people in underserved and rural communities.

The next category is delivering respect that is real. It proclaims the third week of June Health Professionals' Week to capture the fact that we can't name and title and have a day of recognition for every health care worker, so we'll try and capture all of them in a single week in addition to our efforts to recognize them individually.

And it introduces for the first time two new provincial honours: an exemplary service award for health care workers who have served in a health care setting for more than 20 years and a distinguished conduct medal, just like many other front-line workers have, to recognize courage and heroism above the call of duty.

There are fairness and compensation measures here, like reaffirming a commitment to collective bargaining with unrestricted access, working towards achieving wage parity across multiple health care sectors, because we can't just focus on hospitals and the acute care setting alone. We must include home care and community care and long-term care and primary care, where care is dignified, where it's more financially efficient and where it takes the load off the most expensive care in hospitals.

It ensures things like safe, secure and accessible free parking for health care workers, because the costs of practising in health care are as much a detriment to the challenges that health care workers face once they walk through the doors. I've already mentioned how Bill 124 was profoundly demoralizing, and there are measures here to reverse that, including completing all outstanding Bill 124 negotiations and retroactive payments which are not complete. It prescribes a formal apology for the unconstitutional breach of worker rights. And it calls for the publication of a sector-wide report on how far along we are with that retroactive compensation.

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There are measures to promote health and well-being here, like OHIP-funded crisis lines and therapy options, in recognition of the moral injury and mental challenges that health care workers uniquely face.

There's an expansion of presumptive coverage under WSIB for certain categories of illness that are uniquely acquired in health care settings, and a study to understand how COVID-19 has forever transformed health care and health care work.

There are novel approaches to employment and staffing, including versatile employment models such as phased retirement programs, so that we can keep health care workers in their roles for longer as opposed to offering them no choice but to suddenly and abruptly and

completely retire, and they can stay on to mentor the next generation of health care workers.

We ask our health care workers to do far too much with not enough resources, so this legislation calls for a thorough exploration of how adequate patient-provider ratios could profoundly improve the state of our health care delivery.

There are measures to enhance workplace safety, recognizing that we face an epidemic of workplace violence, and measures such as ensuring that there are peace officers in certain health care settings, as well as basic standards which it's hard to believe have to be said out loud—establishment of certain minimum standards for temperature, for heating, for safety, for personal protective equipment, and for access to things like water and food and safe places to rest and sleep on your breaks while you're on shift, when you're, for example, serving for 24 hours.

There are measures to reduce red tape. Do you know how often people across multiple health care settings have to repeat the same onboarding and credentialing requirements, the same orientation things, which just add to frustration and take away from what matters most, which is bedside care?

Finally, there needs to be accountability, and so this legislation and this strategy have multiple elements to ensure that there's public reporting on progress to support health care workers, as well as accountability measures even for the minister, so that we can ensure that she delivers on the four-year reviews that are required by this strategy.

At the end of the day, if we truly mean that our health care workers are health care heroes, then it means that we have to step up for them, that we have to heal the system that heals Ontario and recognize that the conditions of work are the conditions of care. By serving our health care workers, we can ensure that we—

The Acting Speaker (Mr. John Jordan): Further debate?

Ms. Natalie Pierre: I'm pleased to rise today to speak to Bill 133, the Health Care Honours, Employment, Retention, Optimization and Empowerment Strategy Act, 2026.

Let me begin by saying that every member of this House values the dedication of Ontario's health care workers. Our nurses, physicians, personal support workers, paramedics and so many other professionals continue to earn our gratitude and respect. We all share the goal of ensuring that they have the support they need to provide high-quality care to patients across our province.

While the member opposite has brought forward a bill that focuses heavily on producing reports, conducting reviews and creating new administrative requirements, our government remains focused on delivering tangible improvements that directly benefit both patients and health care workers. At a time when our government is addressing wait times and improving access to diagnostic services and surgeries, patients need action, not additional bureaucracy.

The reality is that Bill 133 does not add a single new MRI machine.

Since forming government in 2018, we have added funding for more MRIs than the entire province of BC has in operation. And when fully implemented, we are looking at an expansion of 50 additional MRI machines in the province of Ontario.

Bill 133 does not put a single additional health care professional at a patient's bedside. Instead, it creates a framework requiring governments to undertake studies, reports, surveys, consultations and reviews. While planning has its place, Ontarians expect more than plans; they expect results, and that's what our government is focusing on delivering.

Since coming to office, we've added 20,000 doctors to Ontario's health care system, including a 14% increase in family doctors, and we're not stopping there. We're expanding medical seats in Ontario by 340 undergraduate seats and 551 residency spots. Across Ontario, we're making significant investments to expand capacity and improve patient access to care.

Recently, the Ministry of Health approved up to $81 million in one-time funding to support an additional 324,000 CT scan hours at 86 hospitals across the province. This investment is helping patients receive diagnoses sooner and begin treatment faster.

These investments are not theoretical. They're being felt in communities across the province, including in my community in Burlington and Halton region. Through this initiative, Joseph Brant Hospital received over $900,000 to expand CT scan capacity. Halton Healthcare Services received over $2.2 million for additional diagnostic imaging capacity.

To further reduce surgical backlogs, our government also provided incremental surgical recovery funding, including over $200,000 for Joseph Brant Hospital and nearly $1.7 million for Halton Healthcare. Together, these investments total nearly $4.9 million for patients in Halton region. These dollars are supporting more surgeries, more diagnostic imaging, reducing wait times and providing better access to care closer to home.

We didn't need a committee to note that these investments were needed. We took action. It's not about announcing another strategy; it's about ensuring that a patient waiting for a CT scan or an MRI receives that scan sooner. It's about a senior waiting for a hip replacement getting that surgery faster. Ontario now has the shortest hip surgery wait times in all of Canada. It's about ensuring a family can access care in their own community rather than travelling farther.

The leaders of our local hospitals understand the values of these investments. Eric Vandewall, president and CEO of Joseph Brant Hospital, stated that our funding will support timely access to high-quality diagnostic imaging close to home for the people of Burlington and surrounding communities. He emphasized the hospital is grateful for the provincial support and that it will help continue with delivering excellent patient care.

Melissa Farrell, president and CEO of Halton Healthcare, noted that additional CT scan hours mean faster diagnoses, reduced wait times and improved access to essential services, helping ensure patients receive the right care at the right time.

These are the voices of people delivering care on the front lines every day. They recognize that investments in capacity produce real results for patients and communities.

Bill 133 takes a different approach. It creates expensive obligations without identifying how they will be funded and commits government to a wide range of new initiatives while providing little clarity regarding costs, implementation timelines or operational impacts.

Ontarians deserve transparency when new expenditures are being proposed, particularly when they could involve substantial ongoing costs to taxpayers.

Equally important, Bill 133 risks focusing permanent attention on administration instead of patient care. Every hour spent producing a report is not spent implementing solutions. Every dollar directed towards additional layers of administration is a dollar that cannot be invested in expanding services, increasing capacity or supporting front-line care.

Our government will continue investing in hospitals. We will continue expanding diagnostic imaging and we will continue to reduce surgical backlogs. Through our investments in expanding medical school spots, we will continue recruiting and retaining health care professionals, and we will continue making the targeted investments that deliver measurable results for patients.

The Acting Speaker (Mr. John Jordan): I recognize the member from Hamilton Mountain.

MPP Monica Ciriello: Good evening, everyone. As part of our plan to protect Ontario, our government is taking historic action to recruit, retain and strengthen our health care workforce.

Since taking office, we have registered over 100,000 new nurses and 20,000 new physicians across this province. In fact, this past year, the College of Nurses of Ontario reported the largest increase in nurses in Ontario's history, with over 18,000 new nurses registering in the province in 2025.

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But, Speaker, we are not stopping there. As part of our $3.4-billion primary care action plan, which is on track to connect everyone in Ontario to a family doctor or nurse practitioner by 2029, we are making record investments in recruitment and retention of family doctors, nurses and all other health care staff.

I was able to see this work first-hand in my own community this past summer, when I had the pleasure of visiting the Hamilton Family Health Team with our Deputy Premier and Minister of Health, the Honourable Sylvia Jones. The Hamilton FHT was able to use over $800,000 that we invested in 2025-26 to connect over 2,200 Hamiltonians to ongoing care. This has exceeded their original attachment target by over 120%.

To build on this success, I was pleased to announce this summer that our government is investing $5 million this year in Hamilton FHT. This investment will connect more than 10,000 more people to primary care in Hamilton and ensure that the team has the resources it needs to recruit and retain its staff.

As Kathy Peters, the executive director of the Greater Hamilton Health Network, put it, "More patients will now be able to experience a comprehensive care approach, delivered by primary care physicians, and supported by an interprofessional team that can meet the diverse and growing needs of the patient population."

To build on this historic progress, our government has made growing our health care workforce a priority, and it has launched the largest medical school expansion in over a decade. Our government has added 340 undergraduate medical seats and 551 postgraduate medical residency positions, and we have delivered two new medical schools. Speaker, that is worth repeating: two new medical schools in the province of Ontario. This includes the Toronto Metropolitan University School of Medicine in Brampton, which opened in fall 2025 and has now welcomed its second cohort of future doctors right here in Ontario, and the York University School of Medicine in Vaughan, which will open its doors in 2028 and focus on training family doctors, ensuring that Ontarians have stable access to primary care not for today, but for generations to come.

Additionally, our government is expanding our world-class nursing workforce. Our government is investing approximately $225 million to support clinical education for nurses in Ontario's world-class universities and colleges. This will increase enrolment by 2,000 registered nurses, 1,000 registered practical nurses and 150 nurse practitioner seats.

Speaker, celebrating excellence in our health care workforce is something that our government takes very much pride in. Last year, we recognized a number of trail-blazing doctors with the Order of Ontario. This is Ontario's highest honour. This includes:

—retired Major-General Dr. Jean-Robert Bernier from Manotick, for his influence in the development of medical defences against weaponized and natural health threats, innovative mental health strategies and global health research partnerships;

—Dr. Jamaica Cass, for her leadership in Indigenous health and medical education and guidance in systemic change through governance and curriculum reform;

—Dr. Robert James Cusimano from Toronto, for his groundbreaking and internationally recognized work in cardiac surgery that has redefined care for cardiac tumours;

—Dr. Phil Devereaux from Hamilton, for his landmark trials that have influenced international guidelines on cardiovascular risk management, bleeding prevention and post-operative monitoring;

—Dr. Morris Freedman from North York, for his—

The Acting Speaker (Mr. John Jordan): Thank you. Further debate?

M^me^ France Gélinas: It is my pleasure to talk to the bill introduced for second reading debate today. It is an important bill. Our health care system is in crisis. The wait times to gain access to care, to be seen in an emergency room, then you get admitted into a hospital—you are so sick that you have to be admitted, but there are no hospital beds for you. You're in a hallway, you're in a TV room or just about a bathroom.

All of this has an impact on the people who provide the care. Right now, if you look in our health care system, the number of people who are on sick leave because of the pressure, because of the burnout, because of the violence at work is just through the roof. So to bring about a health care worker support strategy respecting honours, employment, retention, optimization and empowerment makes sense. They need our help, and this is a step to help.

The bill talks about many different aspects. They talked about keeping stats about recruitment and attrition, something very important. If you look on the College of Nurses of Ontario right now, one in five nurses is registered—she wants to continue to work as a nurse, but she's not practising. This is 20% of the workforce of nurses that are registered here in Ontario, that are part of the college, that don't work in nursing anymore. Many of them want to go back. They want to go back once we start to treat them with respect, once we give them a workplace where they can provide the quality care that they know how to provide.

The bill goes through many things that could be done. They talk about the Ministry of Health giving retroactive payment for Bill 124. There are still many parts of the health care system where retroactive payment has not taken place.

The bill talks about progress toward wage parity for health care workers. I have tabled two bills about this. Respecting Workers in Health Care and in Related Fields Act, the bill that I tabled in 2025, would make sure that 70% of the health care workers, whether you work in long-term care or in home care, get full-time permanent jobs, and having minimum compensation for people who work in health care like PSWs at a minimum of $8 above minimum wage. That bill was brought forward here supported by the people who work.

The bill talks about the violence that many, many health care workers are facing. I have a bill called Speaking Out About, and Reporting On, Workplace Violence and Harassment Act that I have been tabling at every Parliament since 2017. The level of violence in our health care system is through the roof. The member shared some episode of violence that he himself had faced. We have to do better.

The bill also talks about bringing an incentive program designed to retain health care workers in underserved regions, such as northern and rural communities. I fully agree. I had brought a bill about doing away with staffing agencies with the view that in some of the hospitals the number of staff coming from staffing agencies is through the roof. It makes it really uncomfortable when you have a health care worker that has been there for a long time, that knows the patient, that knows how the hospital works, and then you have a nurse coming from a staffing agency who makes more money than you, gets to pick the shift that she wants to work and doesn't want to work but knows nothing about how the hospital runs or how the long-term-care home—you end up having to help somebody who makes more money than you and has better conditions. This has to be dealt with.

1830

The bill talks about it. I have tabled bills also that talk about that. There is one part about the "Exemplary Service Award, which is to be presented to health care workers who have completed 20 or more years of service and have performed their duties in a manner that exemplifies good conduct," then it says, "industry and efficiency." I'm not too sure what "industry" means.

Mr. Adil Shamji: Working hard.

M^me^ France Gélinas: It means working hard? Okay.

"Good conduct," working hard and "efficiency"—it would be really good to have many other professions recognize and give awards to their workers. It would be really good to have one of those brought to Ontario.

I'll continue with the bill. The bill talks about "maximum patient-provider ratios to address unsafe, inconsistent and suboptimal" service "levels in health care settings."

As you know, Speaker, I have tabled the bill about nurse-to-patient ratios. That's a bill that will be debated in this House next Wednesday.

This is something that makes a huge, huge difference. It was implemented in British Columbia, and already, you start to see a difference in the quality of care, in the number of readmissions and even in the number of deaths. This is something that exists in 20 different states in the United States. When it was brought forward in Australia, there was lots of data and evidence that shows not only is it better for the workers—who are able to provide quality care, who know that if somebody needs them, they will be there, who are by the side of the patient so that they can see if something is changing and if the patient's condition is getting worse or needs to be addressed—but also, the patients get way better care and safer care.

This is something that we completely support. Nurse-to-patient ratios is something—as I said, that bill that I had brought forward that we will be debating.

There are many other parts that deal directly with the violence in our health care system. The bill talks about "requiring mandatory reporting on prescribed classes of criminal acts," "advocating to establish" an interprovincial workforce that deals directly with the violence that we see—this is another bill that I had brought forward—violence against health care workers.

There are solutions that exist. There are changes that have taken place in other provinces that have made a huge difference on the amount of violence that our health care workers face, some of them on every shift. The member has mentioned: In some units, you should have guards that are there to help. In many other workforces—if you look at police officers or if you look at firefighters, they have put in ratios to make sure that the workers stay safe. The same thing needs to be done in our health care system, whether we talk about any setting: in primary care, in hospital care, in long-term care, in home and community care. There are risks of violence that have been identified, and we need to take steps to keep people safe.

I had tabled a bill called Speaking Out About, and Reporting On, Workplace Violence and Harassment. Again,

this is something that we support. This is something that we know: Steps could be taken right now that would make it a whole lot safer for workers in our broad health care system—to feel a whole lot safer.

The bill then goes into how, every four years, the strategy would have to be reviewed. It would go to the Standing Committee on Social Policy, to hold public hearings.

All of this is steps in the right direction to make sure that we continue to have a strong and robust health care system.

Medicare is a program that defines us as Canadians, as Ontarians. We get the care we need based on our needs, not on our ability to pay. This is something that makes us Canadian, that makes us Ontarian, and that's worth protecting—and making sure that it's there for generations to come.

I have tabled many bills: Transparent and Accountable Health Care Act, to talk against privatization; Time to Care Act—this is something that I tabled in 2016, to bring in four hours of hands-on care in long-term care. In 2016, it made sense to go to four hours of care. By the way, Ontario used to have a minimum of 3.5 hours of hands-on care. I used to file freedom-of-access-to-information requests every three months to see how the different long-term-care homes were doing. Unfortunately, under the Liberal government, they took away the 3.5 so that it—nobody kept track anymore, so I was not able to keep track. We now aim for four hours. I would tell you that in 2016, four hours made sense—in 2026, more than four hours. But Ontario is nowhere near the average of four hours.

So, lots of good ideas in the bill, lots of ideas that have been talked about in this Legislature—and something that we will support.

The Acting Speaker (Mr. John Jordan): Further debate?

Mr. John Fraser: It's a pleasure to speak to my colleague from Don Valley East's Health Care HEROES Act. I think this bill is really about retention and respect, if you wanted to bring it down to two things. If you take a look at all the measures—I'll go through them in a bit—that's what it's all about.

I wish we had six and a half hours to debate this bill because there's a lot in here. But I want to start with the stories.

My mom was a nurse at the National Defence Medical Centre for 33 years. She was always a nurse on the floor. She couldn't become a head nurse; she couldn't advance because she was what they call "civilian personnel." It would always be somebody in the forces who took that lead. One of the things that's in this bill is something that helped her. Later in her career, when her hips were bad and she was getting into her late fifties and sixties, she got a posting that had to do with a short-stay unit. Her employer recognized that she was valuable to the organization and that they should make it attractive for her to stay on so that she could bring that value, that experience, that caring to the employer and to the patients there. And I know that the member has put this in the bill.

One of the other things that I think is really important is the recognition—an honour, an award. It is incredibly important to people when their service to either the province or their institution is recognized. My mom received a Canada 125 medal. It really meant a lot to her. Sometimes we think with these medals—we don't recognize how important they are to people. And I'm glad that the member put this into the bill.

The other piece that I think is really important is the extent my colleague has gone to, to do this detailed bill but then to speak to Unifor, ONA, OPSEU, CUPE, Ontario Council of Hospital Unions, WeRPN and all sorts of other supporters—to talk about the bill. It's not just about writing a bill and throwing it out; it's about socializing it and making sure that people can have their input into the bill, understand what it is you're doing.

1840

My colleague really works hard to make sure what he does is done thoroughly, and I really respect him and envy him for that. Sometimes it's a bit of a challenge for me.

The other piece is, when I hear the government's response to what the government is doing—and my colleague from Orléans has talked about this. We have a $10-billion hospital now that's gone up four times in costs and the government touts, "We're building hospitals all over the place. There's all this infrastructure going up. There are hospitals that we keep building. There are all these things that we're doing."

Here's the thing: If the thing that happens inside the thing you're building, like a hospital, isn't working, what's the point? If you're not respecting and valuing the people who are working in there that make it work—the reason you're building the building—then what's the point?

I think the point here tonight is exactly what the member from Don Valley East is saying: We need to retain and respect the people who work inside the things we build.

The Acting Speaker (Mr. John Jordan): Further debate?

Ms. Lee Fairclough: I want to start by acknowledging the effort of my colleague the MPP for Don Valley East for this comprehensive Bill 133, the Health Care Honours, Employment, Retention, Optimization and Empowerment Strategy Act, 2026. Like most actions that I have witnessed from my colleague, both in this Legislature and out of it, this bill shows his unwavering commitment to high-quality health care in this province and also the care for the people that are responsible for the delivery of that care, and that they deserve the respect and support that they deserve.

In my four minutes, I'm going to focus on a few themes in the bill that I think are critical to ensuring that we support, invest and develop health care for all in this province. To achieve that we must consider the caring people that deliver care every day and that they go the distance.

One thing I like is the definition of "health care worker" that includes both those who interact directly with patients, or may not, but whose work makes the difference in their

care. I think about the team I worked with at the hospital that would include physicians, nurses, PSWs, social workers, pharmacists and all the clinical disciplines, but it also would include those who ensure the instruments are sterilized before surgery or that the rooms are cleaned well to meet infection control practices. I know first-hand, without all members of a team working together in a hospital or in a long-term-care home or in the community, the quality of care can be impacted.

I'm going to highlight three other things in this bill. One I like is that it is proactive in saying, "Let's have a framework, data and plan to ensure that we can actively keep people practising and working in health care." Speaker, we need every one of them—every new graduate, every person who has worked for 20, 30 or 40-plus years—so that we can meet the growing need for care in this province. We need to be proactive to ensure we don't lose people. We heard recently that one in 10 emergency physicians is leaving the profession. I also know we are running our system on the backs and goodwill of hard-working health care workers today.

I recently had the opportunity to meet with a group of PSWs and RPNs from SEIU Healthcare. They shared with me the stories of providing care in the community and in long-term care—the frequent requests after finishing a 12-hour shift to stay just another three hours until somebody could arrive. Of course they stayed. They wouldn't leave patients in the lurch, but it was at a personal sacrifice to them and their families. This framework, I believe, will help ensure that we stop relying on that practice.

The bill includes a plan to ensure we understand the experiences of health care workers and assess their well-being, their mental health and burnout risk done as a sample across all health care workers in Ontario. To some degree, surveys such as this are being done at individual organizations, but the goal here is to understand the experience for the whole system. Sharing a summary of this data publicly will help ensure that we can, where appropriate, celebrate the positive ways that health care workers are experiencing their work and where opportunity for improvement exists.

Any responsible minister would know that people are the most important resource in the health care system, and this data can inform how to ensure we retain them.

I am so glad that my colleague has included Bill 124. This is an example of a law that had devastating impacts in this province. Certainly, as a hospital president through the pandemic, I felt like I had one hand tied behind my back in that period, given what was allowed to happen with private agencies, while we could pay nobody more than 1%. It was appalling, and it should never have happened. And I'm glad that he's asking for an apology in it too.

Lastly, let's celebrate our workers through awards and distinguished conduct medals and exemplary service—I love this idea. I recall a time when this happened regularly in our health system, and I've seen it stop under this government. These new awards should ensure that we celebrate the people who keep our system going every day.

This bill offers so many other ideas that I would love to talk about, but at its core is a commitment to the people of Ontario that care will be there for them.

The Acting Speaker (Mr. John Jordan): Further debate?

MPP Tyler Watt: It's so great to be here. This is such an important bill, and I'm so proud of my colleague the member from Don Valley East for putting forward such an important piece of legislation.

I'm a registered nurse who ran because I couldn't stand what this government has been doing to health care. Their absolute disrespect and disdain for health care workers is evident—it's evident by that atrocious response from the government with this. Seriously, you're going to stand there and brag about the state of hospitals right now? Nurses are being fired across this province. Health care workers are being laid off. They are fleeing the professions right now. I feel bad for all those student nurses in the Learn and Stay grant program right now, because there are no jobs for them when they graduate. All the nurses who are being laid off right now are competing for those limited jobs. "Give your head a shake"—honestly.

This is a fantastic piece of legislation. Health care workers have been disrespected for nearly a decade by this government. They could actually do something and vote for a piece of legislation that actually shows that they are listening to health care workers. That's what this bill is—it is listening to health care workers.

We are sick and tired of working in unsafe work environments where violence is accepted and the norm. We're tired of being disrespected by this government, who are on planet Mars when they're talking about the state of health care in this province. We are sick and tired of not being compensated right, not being supported, and not having the ability to actually provide quality care to our patients because the provincial government continues to get in the way. They are pretending like everything is just rainbows and daisies in our health care system. It is collapsing before our very eyes. Before you is a comprehensive piece of legislation that aims to actually start addressing that, and healing our health care workers and their distrust with this government.

Today, you could vote in favour of finally telling health care workers thank you, with action backed up behind it, and not just a bunch of empty words and facts and figures that are totally misrepresented.

Congratulations on your $10-billion hole in the ground in Ottawa, with the Civic campus. There are no nurses right now to staff it. So continue bragging about that—continue that being a point of pride for you all.

You have a piece of legislation right now that would actually start that healing. Nurses deserve it. Health care workers deserve it. Environmental specialists deserve it. Doctors deserve it. Speech-language pathologists deserve it. Nutritionists deserve it.

There are so many awesome people who work in health care because they believe in helping out their neighbour. They believe in helping out those vulnerable people who desperately need others to take care of them. We don't have the ability right now as health care workers to do that. This would be a great starting step forward in saying a

proper thank you and atoning for some incredibly hard years by this government. I'll never forget that they called us heroes, banged their pots and pans and slapped us in the face with Bill 124.

Here's your chance to start atoning and actually apologizing. Vote yes.

The Acting Speaker (Mr. John Jordan): The member from Don Valley East now has two minutes to reply.

Mr. Adil Shamji: I want to begin by thanking my colleagues from Nickel Belt, Ottawa South, Etobicoke–Lakeshore, Nepean and, yes, even Hamilton Mountain and Burlington.

Today I'm proud to have introduced a proposal for Ontario's first health care worker retention plan in recent history. As I listened to the responses and the remarks from some of my colleagues across the aisle, I realized that perhaps in my remarks I should have started a little bit more simply. I should have started by actually defining what recruitment and retention actually means, because their remarks belied a fundamental misunderstanding, so allow me to try to clarify that now.

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Recruitment is the process of finding, screening, training and qualifying new people to a role. Retention is the strategies, policies and workplace culture an organization uses to prevent staff turnover and keep talented workers long-term.

In the remarks that I heard from the government members across, I heard nothing about retention. I heard about MRI machines, which run on people that we don't have enough of, and I heard about recruiting physicians and nurses—nothing about retaining any health care workers and nothing even about recruiting anyone apart from doctors and nurses.

If the government members don't vote for this, I must admit that I'll be disappointed. I won't be disappointed for myself; I'll be disappointed for the health care workers that are getting ready for their shift right now, the ones that are tired from working overnight last night, the ones who are trying to figure out what their schedule is going to be like over these upcoming Christmas holidays, because while many of the people in this chamber will be spending their days and evenings with their families, health care workers will be trudging to a variety of health care settings to keep people alive and to keep people healthy.

Today the members in this House had an opportunity to stand up for all of them, to say thanks in more than words. If all members don't rise in this House to support this legislation, then Ontario's health care workers will know that they do not have a government that stands up for them.

The Acting Speaker (Mr. John Jordan): The time provided for private members' public business has expired.

Mr. Shamji has moved second reading of Bill 133, An Act to provide for the development of a health care worker support strategy respecting honours, employment, retention, optimization and empowerment and to make related amendments.

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

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

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

In my opinion, the nays have it.

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

Second reading vote deferred.

The Acting Speaker (Mr. John Jordan): Pursuant to standing order 36, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

HIGHWAY SAFETY

The Acting Speaker (Mr. John Jordan): The member for Nickel Belt has given notice of dissatisfaction with the answer to a question given by the Minister of Transportation. The member has up to five minutes to debate the matter, and a minister or parliamentary assistant may reply for up to five minutes.

I recognize the member for Nickel Belt.

M^me^ France Gélinas: Yesterday, Jamie West, the MPP for Sudbury, and I asked questions to the Minister of Transportation. As I've mentioned in this House many times, there is a stretch of Highway 69—Highway 69 is the highway that goes from Toronto to Sudbury. There is a stretch of 68 kilometres of Highway 69 that is not a highway; it is a two-lane road that is very, very dangerous.

When the Conservative government was elected in 2018, in 2022, re-elected in 2025, they always promised to four-lane that 68 kilometres of Highway 69 that are so dangerous. Unfortunately, none of this has been done, and on November 5, right after we left Queen's Park to go back to our constituencies for Remembrance Day, there was another fatal accident on Highway 69. A healthy, young mom, Celeste, was killed with her nine-month-old son, Gabriel. She is from my riding. Her parents are really involved. Her parents, Pierre and Linda Robillard, from Chelmsford in my riding are very involved. He has been a part of Café Heritage for a very long time. Everybody knows them. Everybody loves them.

I went to the church, Saint-Joseph in Chelmsford, on Saturday for her funeral. The church was packed. I would say the hundreds of people who were there—all of us cried for the full service. It was just so, so tough to see. She was bringing her baby to her parents. She was coming home on Highway 69. And she was one of 12 people who have died on that stretch of Highway 69 since January 1 of this year.

So I said to the minister, "Give us hope. Show that there is movement, that you understand that this has to be done."

The 68 kilometres have been divided into six sections; four of them are supposed to go to tender. Tell us, when will they go to tender? How long before you award a contract? How long before the contract starts? How much money have you put aside? How long would those contracts go? If you divide it in six—there are 68 kilo-

metres; that's about 11.3 kilometres. How long does it take to four-lane 11.3 kilometres? Give people hope.

Unfortunately, his answer was a political answer: "I hope that the member from Sudbury and the member for Nickel Belt will vote for a bill" that has one section—section 4 of Bill 140—out of 23 schedules, that talks about Highway 69.

When people are stressed, when people are anxious, we have a responsibility to help.

The member for Sudbury talked about the 13th person who died in a pickup truck while we were in church for the funeral of Celeste and her son. I would say every single one of us in this church was wondering, "Is the OPP going to come to my house to tell me that one of my loved ones died on Highway 69?" All we knew was that somebody had died and that he was driving a pickup truck. And as the member from Sudbury said, everybody in my riding has a pickup truck.

The Acting Speaker (Mr. John Jordan): The member for Lambton–Kent–Middlesex.

Mr. Steve Pinsonneault: Our government's thoughts are with the families and friends who have been affected by tragedy on Highway 69.

For the people of northern Ontario, Highway 69 is an important route for families, workers and communities. Our government understands how important getting the work done to widen the highway is to protect the people of northern Ontario. That's why our government is widening the highway from Parry Sound to Sudbury. With this project, we're improving road safety, strengthening northern communities, driving economic growth, and it will keep people and goods moving safely across the region for years to come. Widening Highway 69 is a priority for our government, and we're eager to see this project through to completion. To date, we've widened 84 kilometres of the highway from two lanes to four lanes of the 152-kilometre corridor. But we still have 68 kilometres to go, and we have a plan to finish this work as quickly as possible.

That's why we tabled the Building Ontario Faster Act. That legislation, if passed, would allow us to accelerate construction of Highway 69 by up to five years, by creating a streamlined environmental assessment process to get shovels in the ground faster and deliver results for Ontarians sooner. It would establish a project-specific environmental framework, allowing early works on the remaining sections of the highway to begin sooner by including environmental work already completed to support continued oversight of the project.

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Further, if passed, the Building Ontario Faster Act would not affect the crown's ongoing duty to consult, and our government remains committed to working with Indigenous communities every step of the way—because this isn't about cutting corners. It's about delivering results. It's about supporting the families and businesses that rely on Highway 69 each day.

That's why our government is taking bold, decisive action to complete this project, by splitting this overall project into six sections, four of which will be under heavy construction by the end of next year.

And in August, we marked a milestone in our efforts to widen Highway 69, by investing in the relocation of a CN rail line. CN will soon begin work to support the construction of a new interchange at Highway 69 and Highway 522, by relocating a portion of the CN rail line within the township of Mowat and the municipality of Killarney. This work will include grading, laying new track, installing signals and connecting the new track to the rest of the rail line. Once that's complete, the old track will be removed, paving the way forward to build the new interchange at Highway 522 and continue widening a 20-kilometre section of Highway 69.

Speaker, as we continue working towards the completion of widening the corridor, our government is acting to make Highway 69 safer in the short term. This includes investing over $40 million in winter maintenance over the next seven years. This is in addition to providing $600 million this year through the northern highways program to improve safety, mobility and economic growth across the north.

By tabling this legislation, alongside these existing commitments, we're demonstrating our focus on keeping drivers safe, creating good-paying jobs for construction workers and Indigenous businesses, and how we're ramping up our efforts to get this project across the finish line once and for all.

Highway 69 is an important gateway to northern Ontario. It's a key corridor supporting Canadian economic sovereignty and interprovincial trade. As we continue our work to topple interprovincial trade barriers that cost Canada's economy $200 billion annually, investing in the expansion of northern highways has never been more important, and the government of Canada must agree that now is not the time to bury this project in red tape. Widening Highway 69 will not only drive economic growth across the region, but it will enhance road safety.

That's why our government is making historic investments to improve road safety in the north by expanding the province's rest area network, investing in new and improved truck inspection stations, adding new passing lanes and—

The Acting Speaker (Mr. John Jordan): Thank you.

GOVERNMENT ACCOUNTABILITY

The Acting Speaker (Mr. John Jordan): The member for Ottawa South has given notice of dissatisfaction with the answer to a question given by the Minister of Colleges, Universities, Research Excellence and Security. The member has up to five minutes to debate the matter, and the parliamentary assistant may reply for up to five minutes.

The member for Ottawa South.

Mr. John Fraser: I just want, before I get started explaining my dissatisfaction, to talk about the extreme amount of respect that I have for the member from Whitby, who is here on a regular basis to join me, and he's very

good-humoured about it most of the time. I figure I will owe him a visit to the Christmas buffet sometime before Christmas, in the next week or so before we rise—sorry, two weeks; oh, it's supposed to be three, actually. That's a commitment that I'll make to you.

Speaker, it's déjà vu all over again. Today, I was asking the same questions I was asking the day before, when I expressed my dissatisfaction. And that's the government's response to the OSAP scandal. Its response, after creating the problem, creating this colossal mess, is it penalized honest, hard-working Ontarians who were just trying to get ahead, to whom the government said, "We've got your back. We'll give you a loan." We're talking about loans here, folks. We're not talking about grants; we're talking about loans, loans that people would have to pay back, loans that people counted on not just to go back to school—that was part of the deal—but it was to pay for the groceries, pay the rent, pay the gas.

And seven weeks into their course, whether they were trying to be a med tech or a farm tech, a lab tech, a paramedic, a paralegal, the government said, "Money is not coming"—that's a big problem—"You're going to have to wait." And then the government says, "We're introducing a bill, and if we pass that bill"—which is somewhere here—"if we pass that Bill 148, maybe we'll open up your loans in January." So let's go: October, November, December. I guess all those bills can wait—not government bills; grocery bills, rent, property taxes, gas bills, kids' clothes.

That's the problem with this. Governments mess up. They make big mistakes—although I will say this is a pretty colossal mistake and pretty evident, and it should have been stopped and totally avoidable. But I have never seen a mistake of this size hurt so many people, hurt so many families across the province—thousands and thousands of people. And here's the thing: Ontario is a big place. We're all in this one little room. We can't see those people. We see them in our communities; we might get an email. But you have to listen to what's happening in the lives of those people to understand the urgency of solving the problem at hand, which is making sure that they're made whole, which is making sure that they can go forward with the thing they've tried to do to better their lives.

There's a fundamental lack of understanding on the other side as to the importance of our schools, whether they're elementary, secondary, colleges, universities or career colleges. They are the foundation of our economy. That's what we build our economy on: people—highly trained, highly skilled, healthy people. The government doesn't get it. Otherwise, you wouldn't be doing what you've done, which is starve the public colleges and then cut off all these folks.

Here's the thing: We won't see it next month or the month after or the month after that, but in about eight months' time, there won't be enough PSWs to care for your mom. That lab test you're waiting for, you're going to wait longer for it. That cardiology test that you need, the cardiology tech is not going to be there. You're going to wait longer. That paralegal, if you want access to justice, is not going to be there. You're going to wait longer. The effects of what the government has done here are going to affect our economy and people's daily lives. When your mom doesn't have a PSW and she needs one for home care, or needs one in a retirement home, or needs one in long-term care, that's not good.

That's why this government needs to move to do the right thing, and make those people whole.

The Acting Speaker (Mr. John Jordan): The member for Whitby.

Mr. Lorne Coe: I'm pleased to rise in the House tonight to speak on the Ontario Student Assistance Program.

OSAP is a program that is there for students pursuing a real education, not those, Speaker, looking to exploit the system. Students who work hard and follow the rules should have confidence in Ontario's post-secondary system, and taxpayers who fund that system should have the same confidence.

Speaker, over the past two years, our government has carried out inspections and investigations into OSAP usage at private post-secondary institutions. What investigators have found is deeply concerning, and I'm sure the leader of the third party would agree. We're talking about allegations of third parties completing coursework for students, final exams finished in as little as six minutes and students who could not name their school or program. These are serious concerns that we could not simply ignore, which is why we brought in KPMG, a third-party auditor, to conduct a sector-wide audit. While the audit continues, we have paused OSAP payments to students at private institutions, referred the matter to the Ontario Provincial Police and informed the Auditor General, and now we've introduced legislation to strengthen oversight and hold institutions accountable.

Our plan would strengthen student verification, place caps on OSAP-funded enrolment and crack down on inappropriate relationships between career colleges and recruitment and immigration firms. It would give the province stronger tools to enforce the rules and take action when institutions fail to meet their obligations.

When anyone tries to take advantage of students and taxpayers, our government will do everything in our power to hold them accountable and punish them to the fullest extent of the law.

Speaker, I've heard the member opposite talk about accountability, and this new legislation will be his chance to support it. The members opposite can vote alongside our government for stronger protections for students and taxpayers, or they can explain why they chose not to—because no matter what political games that side of the House plays, our government will continue to protect students and taxpayer dollars, because that's why the people of Ontario voted for us, and we're getting the job done.

Part of that job is making sure students have opportunities to build their futures, as they should. That is why, earlier this year, our government invested $6.4 billion into Ontario's post-secondary system, and that includes $1.7 billion for more than 70,000 new seats in high-demand programs like STEM, health care, teaching and the trades.

These programs will prepare the people our province needs—the nurses who care for our families, the teachers in our classrooms and the skilled workers who keep our economy forward.

These investments are about giving students the chance to build a good life and giving communities like the town of Whitby the skilled people they need, but we also have a responsibility to make sure public dollars are being used for their intended purpose, and that means supporting students, strengthening the rules and holding bad actors accountable.

I urge all members in this Legislative Assembly to support this legislation.

Thank you very much for the opportunity to speak this evening, Speaker.

The Acting Speaker (Mr. John Jordan): This House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1913.

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Bowman, Stephanie (LIB)	Don Valley West / Don Valley-Ouest	Deputy Third Party House Leader / Leader parlementaire adjointe du troisième parti
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Coe, Lorne (PC)	Whitby	
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Crawford, Hon. / L'hon. Stephen (PC)	Oakville	Minister of Public and Business Service Delivery and Procurement / Ministre des Services au public et aux entreprises et de l'Approvisionnement
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Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
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Jordan, John (PC)	Lanark—Frontenac—Kingston	Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Président du Comité plénier de l'Assemblée législative
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Leardi, Anthony (PC)	Essex	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Energy and Mines / Ministre de l'Énergie et des Mines
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Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
McCarthy, Hon. / L'hon. Todd J. (PC)	Durham	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
McCrimmon, Karen (LIB)	Kanata—Carleton	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
McGregor, Hon. / L'hon. Graham (PC)	Brampton North / Brampton-Nord	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme
McKenney, Catherine (NDP)	Ottawa Centre / Ottawa-Centre	
McMahon, Mary-Margaret (LIB)	Beaches—East York	
Oosterhoff, Hon. / L'hon. Sam (PC)	Niagara West / Niagara-Ouest	Minister of Agriculture, Food and Agribusiness / Ministre de l'Agriculture, de l'Alimentation et de l'Agroentreprise
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	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
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of Infrastructure / Ministre de l'Infrastructure
Pierre, Natalie (PC)	Burlington	
Pinsonneault, Steve (PC)	Lambton—Kent—Middlesex	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Northern Economic Development and Growth / Ministre du Développement et de la croissance économique du Nord
Quinn, Hon. / L'hon. Nolan (PC)	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, Hon. / L'hon. Matthew (PC)	Perth—Wellington	Associate Minister of Energy-Intensive Industries / Ministre associé des Industries à forte consommation d'énergie
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rickford, Hon. / L'hon. Greg (PC)	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 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	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Minister of Transportation / Ministre des Transports
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Hon. / L'hon. Brian (PC)	Simcoe—Grey	Minister of Sport / Ministre du Sport
Schreiner, Mike (GRN)	Guelph	
Scott, Chris (IND)	Sault Ste. Marie	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shaban, Fatima (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Skelly, Hon. / L'hon. Donna (PC)	Flamborough—Glanbrook	Speaker / Présidente de l'Assemblée législative
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
Smith, Hon. / L'hon. Graydon (PC)	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 Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	President of the Treasury Board / Présidente du Conseil du Trésor
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée des Petites Entreprises

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Thanigasalam, Hon. / L'hon. Vijay (PC)	Scarborough—Rouge Park	Associate Minister of Artificial Intelligence Adoption / Ministre associé de l'Adoption de l'intelligence artificielle
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Rural Affairs / Ministre des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Attorney General / Procureur général associé
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
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 / Thunder Bay—Supérieur-Nord	
Vickers, Paul (PC)	Bruce—Grey—Owen Sound	
Wai, Daisy (PC)	Richmond Hill	
Watt, Tyler (LIB)	Nepean	
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	