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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 24 November 2026

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 24 novembre 2026

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OPTOMETRY AMENDMENT ACT, 2026

LOI DE 2026 MODIFIANT LA LOI SUR LES OPTOMÉTRISTES

Mr. Bouma moved second reading of the following bill:

Bill 145, An Act to amend the Optometry Act, 1991 / Projet de loi 145, Loi modifiant la Loi de 1991 sur les optométristes.

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

Mr. Will Bouma: I'm pleased to rise today to speak in support of Bill 145, the Optometry Amendment Act, 2026. This legislation is about something that is a top priority for our government, and that priority is to improve access to health care for the people of Ontario.

Speaker, as both a member of provincial Parliament and as an optometrist, I see the value in making better use of our highly trained eye health care professionals. Optometrists have the education, optometrists have the training, optometrists have the experience and optometrists have the professional expertise that allow them to make a greater contribution to our health care system.

At its heart, this bill is about modernizing the practice of optometry in Ontario and expanding the scope of practice of optometrists across the province.

Before I get into the specifics of the legislation, I want to acknowledge the incredible work being done by the Ministry of Health under the leadership of the honourable minister and Deputy Premier, Sylvia Jones. I know I'm not supposed to mention people's names, but I am going to do that this evening, Speaker. You can cut me off if you've got to.

Our government has made expanding access to health care a central priority, and we are seeing significant progress. One of the most important initiatives is our government's $3.4-billion primary care action plan. This historic investment is designed to connect approximately two million additional Ontarians to a family doctor or a primary care team by 2029.

Ontario already leads the country in access to a regular primary care provider, with nearly 90% of Ontarians having access to a family doctor or a primary care provider. This might seem like an impressive feat, but our government is not prepared to accept that people should continue to struggle in accessing the care that they need. We are taking action to close that gap.

Since launching the primary care action plan in 2025, more than 511,000 additional Ontarians have been connected to a primary care provider. That is meaningful progress for individuals and families who have been waiting for access to a family doctor or primary care team. Our plan is on track to achieve its goal of connecting everyone in Ontario to primary care by 2029.

I also want to recognize our government's broader work to modernize health care by ensuring that regulated health professionals can work to their full scope of practice. This past May, our government announced further scope-of-practice expansions for several regulated health professions, including optometrists. This reflects an important understanding: Our health care system is brimming with highly trained professionals whose skills and expertise can be used more effectively to improve patient access and outcomes. Bill 145 is consistent with that direction.

When we talk about access to health care, we often focus on family doctors, we can often focus on hospitals and we can often focus on emergency departments. These are essential parts of our health care system, but we must also recognize the important role played by optometrists.

Optometrists are highly trained, regulated health care professionals who provide essential eye care services to people in every corner of Ontario. We diagnose and we manage a wide variety of eye conditions, monitor changes in vision, identify signs of serious disease and help patients maintain their eye health throughout their lives. For many Ontarians, their optometrist is the first health care professional they see when they experience a problem with their vision.

In fact, just thinking about it, I remember—it must be 20 years ago—I saw a patient. He didn't have a doctor, didn't see doctors, but had a vision problem. He came in, and I had a look and I said, "What's your blood pressure?" And he looked at me and said, "It's fine." I said, "Well, what does your doctor say?" "I don't have a doctor." So I got out my blood pressure cuff and checked his blood pressure, and let's just say his blood pressure was high enough that I should have called an ambulance, which he refused. Instead, I called the doc up the street, and he happened to have a retired cardiologist helping him out, and I said, "Would you see this patient?" And he went in, got it under control, and a couple of months later his wife came in for an appointment and she said, "Thank you for saving my husband's life, but you'll never see him again." I said, "How come?" She said, "Well, he never had high blood pressure until he came in to see you."

But that's life in a small town, Speaker. That's the service that we provide to the patients that we see. That's

the kind of service that people in my community of St. George expect from their optometrist. And that's why this piece of legislation is so important: so that I can be there for the people that need me most, when they need me.

Bill 145 proposes important expansions to the scope of practice of optometrists under the Optometry Act, 1991, and some of these important expansions include authorizing optometrists to provide samples and dispense topical medications, authorizing optometrists to remove foreign bodies from below the surface of the cornea, authorizing optometrists to independently manage open-angle glaucoma and authorizing optometrists to apply diagnostic ultrasounds to perform corneal pachymetry or ocular ultrasonography.

It's an interesting comment, Speaker: Very commonly, when I'll see a patient who has an ocular condition going on that needs referral to an ophthalmologist, I'll send the letter, and then I'll get a response back: "Well, let's see, it's November 24 right now; we will see that patient in August of 2027." This is stuff that an ophthalmologist doesn't want to do because they're really, really busy taking care of surgeries. This is stuff that optometrists are easily trained to do. Making this change by the Ministry of Health will not add cost to the system, but what it will mean is that patients get fast and efficient access to care.

By further streamlining our health care system, the proposed legislation would reduce the burden on ophthalmologists who have limited clinic spaces and surgery availability. This would allow our health care system to better meet the eye care needs of our growing population and would lead to better patient outcomes, as patients can be seen quicker, and without needing to be referred to a separate doctor to perform their glaucoma surgery. This is a perfect example of how we can provide more effective utilization of our highly trained and respected professionals.

Furthermore, Speaker, allowing optometrists to remove foreign bodies from below the surface of the cornea is another critical scope-of-practice expansion that this bill proposes.

I won't speak for every optometrist in the province of Ontario, but I will tell you that most of my patients have my cell phone number. And when they get something stuck in their eye on a Saturday afternoon as they're cleaning up their yard, they'll shoot me a text, and it's a very common thing for me to, on a Saturday evening, walk over to the clinic, because it's just 100 meters from my house, take care of someone who needs it, write them a prescription that they need, and have it taken care of. But our legislation has been limiting on what I can do. But I can take care of that right away. Rather than having them sit for hours and hours and hours in a waiting room at a hospital, they would much rather just go to the person and the professional who they know can take care of them and allow them to do that. Just a tiny little piece of metal, wood or any other material can cause significant discomfort and potentially lead to complications if it is not appropriately treated.

1810

Currently, patients often find themselves needing to visit their local emergency department or seek another health care provider for treatment. Speaker, if I may: You walk in the door of an emergency room in this province and it's $1,500 just like that. We can do better. We should do better. Let's open that up for that better to happen.

Optometrists are trained in the examination and treatment of eye conditions, and the proposed expansion would allow them to remove certain foreign bodies from below the surface of the cornea. This could reduce unnecessary visits to emergency departments, improve convenience for patients and allow hospitals to focus their resources on patients with more urgent and with more complex needs. A simple change like this is just another practical example of how allowing health professionals to work to their full scope of practice could benefit the entire health care system.

It's important to acknowledge the consultation process that took place before these proposed changes. In the fall of 2025, the Ministry of Health posted three separate proposals relating to the expansion of optometrists' scope of practice in the regulatory registry. For the optometry proposal specifically, 492 responses were received. That is an important level of engagement, and it demonstrates that these proposed changes are of real interest to the professionals who deliver eye care and to those who have an interest in patient safety and the delivery of health services.

The feedback included strong support, particularly from optometrists—some of whom are joining us in the gallery today, I understand; good to see you, friends—who recognize the benefits that these changes could bring to patients and the health care system as a whole.

Speaker, patient safety must come first. Any expansion of professional responsibilities must be accompanied by appropriate education, training and standards. But we in this Legislature should also recognize that expanding a professional scope of practice does not mean abandoning safeguards. It means ensuring that those safeguards reflect the professional's training, demonstrated competencies and responsibilities.

We should not prevent qualified optometrists from using their skills simply because a particular procedure or responsibility has been historically assigned elsewhere. Our responsibility is to strike the right balance between patient safety and patient access. I believe that Bill 145 is an important step in that direction.

I see that I am running very quickly very short on time. Speaker, I know every member in this place is here for the right reasons. We're here because we care about our communities. We're here because we care about the public. We sacrifice a ton of time away from those who we love best and who love us best in order to be here. This is a simple piece of legislation that I would love to have everyone's support on today so that we can do right by the people who brought us here. I look forward to seeing everyone's support on this private member's bill.

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

Mme France Gélinas: It is my pleasure to say a few words about Bill 145, from the MPP from Brantford–

Brant. I will start by saying that on March 30 this year, I had the pleasure of meeting with some optometrists who were at Queen's Park for their "vision care starts with optometrists" day. I had the pleasure to meet with Dr. Karine Briand, who is from northern Ontario. Janelle King; their consultant, Parth Panwala; and Josh Smith also took part in the meeting.

I know very little about eye care, but they made it really clear that the optometrists in Ontario have the knowledge. They have the skills. They needed a change to their scope of practice to be able to provide care that they are trained to do, that they know how to do but, because of an outdated piece of legislation, were not allowed to provide.

To me, that resonated very loudly. I represent a huge riding in northern Ontario. I represent 33 small northern rural communities, and 40% of the people that I represent do not have access to primary care. They do not have a primary care physician. They do not have access to a nurse practitioner.

But in many of those communities, we do have optometrists who provide care. In Lively, there are two of them—yay—but in many of the communities I represent, we have access to optometrists. So for me, it was really easy to make the link that a change in the scope of practice of optometrists would mean easier access for the people I represent in rural and northern Ontario.

When the government tabled Bill 148, I was interested to see that schedule 1 changes the scope of practice of audiology and speech-language pathology; schedule 3 changes the scope of practice of chiropractors; schedule 4, dental hygienists; schedule 5, denturists; schedule 7, healing arts radiation; and then schedule 15, optometry. Wow, there was a government bill that was looking at changing the scope of practice of optometrists. But although I know very little about optometry, what they had shared with me kind of was not in the bill. When I started to read the changes that were in Bill 148 that was tabled by the Minister of Children, Community and Social Services that made changes to the scope of practice of optometrists, it was not there.

But then I read Bill 145, and in Bill 145, the changes the optometrists had come to Queen's Park to tell us needed to happen were there:

—provide samples and dispense topical medications;

—independently manage open-angle glaucoma—I have no idea what open-angle glaucoma is, but they do, and they know how to deal with this. I do know how dangerous glaucoma is, though;

—apply diagnostic ultrasound to perform corneal pachymetry or ocular ultrasonography; as well as

—remove foreign bodies from the surface of the cornea.

Number 4—I fully understand what that means because, right now, if you have something stuck in your eye, you will go to the emergency room of Health Sciences North, which is the hospital in Sudbury, and you will be labelled as a category 4, which means that you are not at risk of dying. So be ready to be there, if you're lucky, about 18 hours but more than likely a day and a half before you get to be seen—or you could go down the street to the optometrist, who will be now allowed to do this.

I can't tell you how fast I would like this bill to go through. I'm a little bit concerned that private members' bills tend to go slowly through this House. We are talking about second reading right now. Second reading debate will end, we will vote and then it will go committee and all of this, when we have a minister's bill right now that opens up the same part of the law, section 4 of the Optometry Act, 1991. I'm kind of open to, how about we put an amendment to the minister's bill—it will become law way faster than a private member's bill—and put those suggestions for change to section 4 of the Optometry Act into government Bill 148, which will probably go for third reading and receive royal assent way faster than the other?

But one way or another, what's in the bill are things that we support, are things that will help the people of Ontario, are things that the optometrists—did you know, Speaker, we have over 2,000 optometrists in Ontario? The member was talking about making a referral to ophthalmologists. We only have about 450 ophthalmologists in Ontario. They are all very busy with very long wait-lists.

1820

Optometrists are often a whole lot easier. They're well located in different communities and could help a lot of Ontarians not only with acute problems but also making sure that they are able to see that a person is developing diabetes or, as the member mentioned, high blood pressure, helping keep people healthy, preventing chronic diseases. Those are all steps in the right direction, if you ask me.

The member talked quite a bit about the improved access to primary care. Don't get me wrong: The two million Ontarians that do not have access to primary care—I want everybody in Ontario to have access to primary care. Members of the Association of Family Health Teams of Ontario are at Queen's Park today sharing with us some of the issues.

Right now, the government has been able to fund expanded attachment to a primary care team, whether it be a community health centre, family health team, nurse practitioner-led clinic, Aboriginal Health Access Centre etc., which is all good. But attachment is not enough, Speaker; we also need access. To know that you have a physician and that the next available appointment for this physician is in three months is not that useful. The people will continue to go to the emergency room and continue to wait for very long periods of time.

So it's good to measure attachment. Do I want everybody to have a primary care provider? Yes, absolutely, but attachment is not enough. You have to make sure that you look at access. Everybody should be able to have same-day urgent care access to their primary care provider, or next-day access. For the more routine, then I have no problem having to wait two or three weeks, but if the next available appointment is in three months' time, that is a no-go for me.

The bill that the member has brought forward would take a huge number of people—and I have the number

written down someplace. There are 200,000 eye-related emergency room visits that occur every year in Ontario, and 85% of those 200,000 visits could be managed by an optometrist in the community. Those are significant numbers—think about it, Speaker: 200,000 emergency room visits that would not need to happen because 85% of them could be managed by optometrists in the community.

I think this is something that is worth doing. I think this is something that should have happened, but it is happening now—yay. I want to let the member know that if there's a way to move that quicker through the use of Bill 148 that opens up the same section of the Optometry Act, we are more than willing to put an amendment forward to get that done.

At the end of the day, this bill goes in the right direction. It improves access to people, even in northern and rural Ontario, which are the people that I represent. The expansion of our primary care attachment has really been focused on areas where there are thousands of people without access, and I get that. There are thousands of people. You put in an extension of a community health centre or a family health team, and it's 3,000 people. But when you live in a community like Gogama, where you are two hours' drive from the nearest access to care and there is zero access, I would say those 300 people deserve access—same thing with Biscotasing, Westree, Shining Tree. I can name pretty much all of the communities in my riding.

So I say this to say, when we have an opportunity to do the right thing, when we have an opportunity to improve access to care to people, let's not miss it. Some 200,000 eye-related ER visits each year would make a huge difference also on the wait times in our emergency rooms. Those are all steps in the right direction when we know that the optometrists in Ontario—they have the knowledge, they have the skills to provide that care safely.

Thank you for what they do. If we can get that through the finish line as fast as we can, the better for it.

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

Mr. Adil Shamji: Thank you very much, Mr. Speaker, for allowing me this opportunity to rise and speak to Bill 145, An Act to amend the Optometry Act, 1991. It addresses a matter of paramount importance, which is that patients should be able to get the right care at the right time and in the right place. No one can mistake the fact that we need to make sure that all of our health care workers are empowered to the maximum degree possible.

I'm proud of the work that nurses, respiratory therapists, paramedics, pharmacists and, yes, most certainly optometrists do as well. So I'm very grateful at this opportunity to speak to how we can make sure that our optometrists are empowered and able to maximally contribute to our health care system to the best of their ability.

Over the course of my 12 minutes here, I thought that I might share my reflections on this legislation in the following way: First, I'll speak on a few broad principles about maximizing scope of practice. Next, I wanted to discuss some of the details that are present in the bill. I wanted to address some of my suggestions on how, if passed, and if it were to go to public hearings and clause-by-clause review—share some of my reflections on what I think we could do to make it even stronger. And then, finally, to distinguish it from Bill 148, which has very similar but not identical provisions.

Speaking on the first subject, which is why I think it's so important to maximize the scope of practice of all health care professionals and specifically optometrists in particular: I have great admiration for the exceptional work that optometrists do. Far too many people just think that an optometrist is the kind of person that you go to when you want to get a prescription for your glasses, but the reality is that optometrists are far more educated and qualified than that. They're able to make diagnoses. They're able to help manage a variety of conditions. And quite frankly, I believe they're doing the best that they can within the regulations that exist and have far more to offer.

That's one of the things that I particularly like about this legislation. It has the potential to allow them, if passed, to be able to prescribe more topical medications, expand the list of clinical conditions that they're able to treat, allow them access to more diagnostic modalities and then ultimately even allow them to engage in some procedural interventions.

From everything that I know about my colleagues who are optometrists, from everything that I've learned about the education that they participate in, it strikes me as, at face value, entirely suitable and, in fact, appropriate for us to do this at a time when emergency department wait times are increasing. Oftentimes, it can be difficult to get to an ophthalmologist, or at this stage in the game, far too many people don't have a family doctor to get referred to an ophthalmologist in the first place.

Any patient who's been to an ophthalmologist's office will tell you they get exceptional care, but usually the waiting room is jam-packed, and they end up waiting literally hours before they can get seen. So, of course, it's entirely appropriate for people to be, where appropriate, referred to other locations.

I see many patients in the emergency departments who come in with ocular conditions and, in fact, engage in some of the proposed interventions here. I, too, am able to prescribe topical medications and have removed my fair share of foreign bodies from various locations around and just potentially below the surface of the eye. I'll tell you this: Number one, Many of these people can be competently and expertly cared for by optometrists; and, two, in many cases, they would receive better care from the optometrist than they can receive from me.

On any given emergency department shift, I may only see one or two patients requiring an ocular assessment, requiring me to get behind a slit lamp. Optometrists are doing that all of the time. Their entire education has been devoted to this. So it makes sense: If there is an opportunity for them to have to avoid seeing me in the emergency department and seeing someone with far more experience and who is far more competent, I wholeheartedly endorse that.

1830

When I actually get into the details of this legislation, I note a few things. It is proposed that they be able to provide samples and dispense topical medications. I think at face value that makes sense, although I would say that paragraph 4, in which that is enumerated, is a little bit vague. I don't know if it is intended for them to be able to prescribe all topical medications or just a prescribed list.

When I look at paragraph 5, it makes sense to me that optometrists should be able to independently manage open-angle glaucoma within the skill and experience that they have. That's always a line that is appended when there are expansions to scope of practice. Even on my medical licence, it says I can do X, Y and Z so long as it is within my level of training and experience, and everyone has different levels of training and experience.

Paragraph 6 allows for the application of diagnostic ultrasound to perform corneal pachymetry and ocular ultrasonography. I don't personally have experience with corneal pachymetry, but I do have a reasonable amount of experience with ocular ultrasonography. Number one, it is remarkably simple to do if you've had a little bit of training and know your way around an ultrasound machine and can provide very helpful diagnostic information.

What I don't yet have enough knowledge to say is exactly what ocular ultrasonography might be used for in the optometric setting. Actually, I guess it could be used to diagnose retinal detachment or vitreous detachment, or to potentially diagnose an ocular rupture or something like that. I certainly think that could potentially make sense. I will add, though, that an ultrasound machine is extremely, extremely expensive, so I don't know if an optometrist would have enough patient volume requiring ocular ultrasonography to make it worth their while, but I defer to the individual optometrist to make that decision for themselves.

Paragraph 7 enumerates that they would be allowed to remove foreign bodies from below the surface of the cornea. On this one I do have a few suggestions. The first is that I might humbly put forward that optometrists should be able to do that not just from the surface of the cornea but the surrounding conjunctiva. I don't see any reason why they would be allowed to do it from the cornea, which is the part that overlies the iris, but the part of your eyes that goes red when you've got pink eye—that's called the conjunctiva. You can think of it as the mucous membrane of the eye. I don't see a reason why an optometrist shouldn't be able to remove a foreign body from that, and, unfortunately, it doesn't say this in this legislation.

The other thing that I think could be a little bit clearer in paragraph 7 is, number one, that they are able to remove foreign bodies from the surface of the conjunctiva in addition to potentially below the surface, and I think it would be reasonable to specify how far below the surface, which, again, is not here. Therefore, if passed and if this were to go to second reading, I would recommend the addition of some additional language, potentially some clarification and potentially, to make it easier, just add "as prescribed by the regulations" or something along those lines.

I've discussed some of the items that are enumerated in the bill, and I've highlighted a few of the things that I think are missing. Next, I wanted to take a few moments—sorry, there's one major issue that I do think is missing from this legislation. That is the fact that if you see an ophthalmologist and you're being assessed for some sort of condition that may require topical medications, or if you're being seen by an ophthalmologist—let's say you go to the emergency department and the emerg doc isn't able to remove a foreign body. They ask the ophthalmologist to come in. When the ophthalmologist sees you for that condition, that is covered under OHIP. The challenge with this—not in all cases but in many cases—is that if you see an optometrist, you are paying out of pocket for that.

So one of the concerns that I have with this legislation is that this does to some element create an added cost to patients. On the one hand, we are expanding the scope of practice for optometrists and making sure that people get high-quality, competent care by the person who's most appropriate to provide that care. However, it does create a financial barrier in that people can only access that exceptional care when they see the optometrist and, in many cases, they have to pay or have to rely on supplemental health benefits.

This is one of the reasons I have mixed feelings about—so, number one, I don't have mixed feelings about supporting the premise of this legislation. But I have mixed feelings about whether I want to support this legislation either independently as a private member's bill or as section 15 in Bill 148.

On the one hand, if I support it in Bill 148, we have the opportunity to add in additional provisions because it can now be a money bill. We can actually specify that, yes, optometrists can perform ocular ultrasonography, and we can even write in that they can request funding to have an ultrasound machine in their practice through the government. But we can also say that we can expand the Health Insurance Act in order to allow them to avail themselves of these new-found expanded powers and scope of optometrists. That's an argument to support this legislation in Bill 148.

The reason to support this legislation in Bill 145 is that, as the members in the House will know, I could not support Bill 148 on the basis of many of the other provisions that I found were not in the best interests of Ontario—for example, the indemnity clauses that were worked into the sections on putting public health units under supervision and under the section around the changes to career colleges, if I recall correctly.

So I want to find a way to support the premise of this legislation, and I will tell you, for those who are eager to know what my answer is, I want to support the premise of this legislation. I do want to make sure that we expand the scope of practice for optometrists. But I'm torn between whether to do so through Bill 148 and have to swallow and have to stomach supporting the other parts of the legislation, or to do it here but not be able to incorporate any

provisions for these expanded elements of scope of practice to be covered under the Health Insurance Act.

At the end of the day, we don't know what Bill 148 will look like after it goes through public hearings and clause-by-clause review, so I won't presume passage or what it looks like. But in case I have to vote against Bill 148, I do want it on record that I support my colleagues who are optometrists and do intend to support this legislation in the hope that the good member across will take some of my feedback under consideration.

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

Mr. Anthony Leardi: I'm very, very pleased to be speaking tonight to my colleague's private member's bill.

When I first met the member for Brantford–Brant, I was wishing him well in the 2022 election and encouraging him to do a very good job and win by a huge margin over his opponents. He's been elected thrice now by the people of Brantford–Brant. The people of Brantford–Brant have made the right decision three times in a row, and I want to congratulate those people for sending this fine gentleman to Toronto to work with us.

He's a thoughtful man. He's an intelligent man. He's a prayerful man. He tells bad Dutch jokes. He always has an excellent supply of chocolate to share with his colleagues, and I want to thank him for those things.

I want to say that the bill before us would expand the scope of practice for optometrists in the province of Ontario. That is a great thing to do. It means you'll get treatment that you need faster, the type of treatment that you need when and where you need it, and closer to home.

It will help people avoid unnecessary pain. It will help people avoid unnecessary delay. It will particularly help people in rural communities, which do not have as much access to treatment as urban communities. It will alleviate demand at emergency departments. It will help people of all ages. Regardless of what age you are or what demographic you fall in, you will be able to get better eye treatment.

Part of what this government has been doing for several years now, and in several professions, is expanding scope of practice. I want to say it is a great idea. I'm glad my very fine colleague from Brantford–Brant has brought this forward. It will be the best possible use of our health care resources.

Finally, I want to commend all of the optometrists in the province of Ontario but especially my former optometrist, Tony DiPasquale. Tony DiPasquale was a fantastic optometrist. He's been my optometrist literally for most of my life. He's been a fantastic guy. I wish him well in his retirement and congratulate his family on the ongoing success of that optometry practice.

1840

Thank you, Mr. Speaker, and congratulations to my colleague.

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

MPP Monica Ciriello: I am equally as pleased to rise today in support of Bill 145. Not only is the member a colleague, a friend, a seatmate, but he's also an incredible champion of his riding of Brantford–Brant. This is another example of the hard work he has done over the past couple of years, bringing meaningful change to our province.

Speaker, you may not be surprised, but as someone who wears glasses, I am a regular at my local optometrist and, for many of us, visiting an optometrist is simply just part of our routine. We rely on their expertise to help us see, quite literally, the world in front of us.

But I think today we are having a better appreciation of the incredible work that optometrists do in our province. They are highly trained health care professionals with the knowledge and expertise to provide a broader range of eye care services, and that is exactly what this legislation recognizes.

Bill 145 is about modernizing the scope of practice for optometrists and making better use of the skilled professionals we already have in our health care system. The bill would authorize optometrists to provide and dispense topical medications, independently manage open-angle glaucoma, use diagnostic ultrasound for certain eye examinations and remove foreign bodies from below the surface of the cornea. I know my colleague has already mentioned how he does that almost on call. A neighbour or a resident, someone in the riding might have an accident and he rushes to his clinic on a Saturday to open up to make sure he takes care of the members in his community.

To the changes before us: They are meaningful changes. They recognize that the training and expertise of optometrists create the opportunities for patients to access more care directly from the professionals within our communities.

Speaker, I want to bring it a little closer to home as the member of provincial Parliament for Hamilton Mountain. Hamilton has a proud history as a manufacturing and steel community, but we know that generations of Hamilton workers have built their careers and supported their families in our manufacturing facilities, industrial workplaces and through our skilled trades.

For those workers, eye injuries are a real occupational risk of the job. Something as small as a piece of metal or another foreign object entering the eye can cause significant pain, discomfort and potentially serious injury if not addressed. It can mean time away from work, an emergency room visit and an unnecessary disruption for the individual and their family. The ability for a qualified optometrist to remove these objects from below the surface of a cornea is an important addition to the care already available to patients in Ontario. It means another trained professional may be able to provide that treatment closer to where people live and where they work.

Our government, under the leadership of Premier Ford, has made improving access to care a priority, and this private member's bill continues with that work.

I want to end by thanking my colleague, my seatmate, my friend, my neighbouring riding, for bringing this legislation forward and recognizing the important role that optometrists play in our health care system.

I am pleased to support Bill 145. I look forward to seeing it move forward, and I look forward to seeing all members in this House supporting it as well.

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

Ms. Jess Dixon: I'm delighted to rise in support of Bill 145, the Optometry Amendment Act, brought forward, as we've said, by the amazing member for Brantford–Brant.

I wanted to wax lyrical for a second about what a great example this is of what private members' business is really for. Most of what passes through this House is government legislation. It's drafted by ministries. It moves through a very well-worn process that handles big things but sometimes can miss the small gaps that people that are inside a profession and have the expertise live with every day and that those that are outside of it just might not notice.

Very few people in this chamber could tell you—I certainly was not one of them—that an Ontario optometrist could prescribe a drop but not be able to hand out a sample of it or, as I agree with the member across the aisle, diagnose and treat primary open-angle glaucoma. I also do not know what that is, but again, the whole point of this is that I am delighted that people like my colleague from Brantford–Brant do know what it is.

When we think about private members' business and private members' bills, it's meant to bring in these little pieces of knowledge that the executive might not have. Ministries can know their programs, but they don't always catch the small things that a nurse or an optometrist or a crown or a police officer encounters every single day and realizes what a barrier it is. As an MPP, I start a lot of my meetings with people with, "Okay, tell me the top three things that irritate you, that make you think, 'Why can't this just be different?'" I think that private members' business is an excellent way to deal with some of those things. It's also an ability to put something on the agenda that again might get overshadowed.

I agree; I think that absolutely I want to see this bill pass through. I want to see it come into law because, again, having learned so much more about what optometry can do and listening to my northern colleagues explain about how they may not have that access to an ER but do have access to an optometrist in order to have this type of care, we've realized how essential this is.

The member for Brantford–Brant knows these things because he practised and continues to practise optometry for years, I believe, in Michigan and now in his own office in St. George. I know that he has had the experience of sitting across from a patient who now has to drive to yet another appointment for a procedure that could be done right then and there in the chair and the office that they are already sitting in. That's what's so wonderful about this bill.

This is really, I think, the value that members can bring from their working life. Before I was elected, I was a crown. I know so many people—everyone in this room—had this prior life and prior experience before coming here. There are so many things that people with expertise know about a profession or an issue not because they've read a briefing note about it but because they've actually lived it, practised it and experienced the barriers that it creates. I know that every member here has a version of that, whether they were a nurse or a farmer or a doctor or a small business owner. Private members' bills are really where that knowledge can get used, where a member sees a problem that hasn't been flagged by other people in the House, works out the fix and ultimately brings it here.

Of course, this is a great, specific fix brought to us by somebody with a huge amount of expertise in his area: four small lines to the Optometry Act and yet finally bringing the law into matching what optometrists were already trained to do. This means so much for patients.

So again, it will be my honour to support this bill. This is really, I think, legislating and private members' bills at their best, which is a member that knows something that most of us don't bringing a specific problem and a specific fix, and ultimately, at the end of the day, so many patients will benefit.

So my sincere thanks to the member from Brantford–Brant for bringing his expertise to this House and getting rid of some of those small, pesky things that only expertise can ever inform us about.

The Acting Speaker (Mr. John Jordan): The member now has two minutes, in addition to the time remaining for his party, to reply.

Mr. Will Bouma: Thank you, colleagues. The member from Kitchener South–Hespeler, I think, said it best, that private members' business is a very special time in this House when we get to do really good things together for our communities, where partisan divides can fall away. So to the member from Nickel Belt, to the member from Don Valley East, to the member from Essex, to the member from Hamilton Mountain and to the member from Kitchener South–Hespeler: Thank you. Thank you for your kind words. It's more than I deserve.

You get older, Speaker, and you wonder why you're doing certain things. We all do that. You wonder why you're here and what you're doing.

I can remember Saginaw Valley Special Needs Vision Clinic. There was a little girl, and she'd been seen a few months before by another intern, and I was in my final year of school. Mom brought her back in—she was non-verbal, had some delays—and said, "I just don't feel like she's seeing."

I remember doing my thing and shining some lights in her eyes and realizing that she was nearsighted to, like, here—three years old, non-verbal. And to Dr. Dolores Kowalski—thank you, Dr. Kowalski, for putting up with me so many years ago, if you ever see this—I said, "Dr. Kowalski, could you have a look, because this is what I see." She said, "Yes." I got lucky.

I remember she had this little baby trial frame, and she put little lenses into it, and she put the lenses in front of this little girl. This little girl was playing with something right here and she dropped it and she just looked around the room, and you just knew that she was seeing it for the first time. Speaker, that's never gotten old.

Every time that I get to serve my community, every time that I get to help a patient see better, every time that I get to help a constituent do a little better, it means the world to me. I appreciate the opportunity this evening to do that.

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

Mr. Bouma has moved second reading of Bill 145, An Act to amend the Optometry Act, 1991.

Is it the pleasure of the House that the motion carry? I declare the motion carried.

Second reading agreed to.

The Acting Speaker (Mr. John Jordan): Pursuant to standing order 100(h), the bill is referred to the Committee of the Whole House.

Mr. Will Bouma: I think you can put it to social policy.

The Acting Speaker (Mr. John Jordan): Is the majority in favour of this bill being referred to the Standing Committee on Social Policy? Agreed. The bill is referred to the Standing Committee on Social Policy.

All matters relating to private members' public business having been completed, this House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1853.

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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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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Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
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Firin, Mohamed (PC)	York South—Weston / York-Sud—Weston	
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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 / Mississauga-Est—Cooksville	
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Hardeman, Hon. / L'hon. Ernie (PC)	Oxford	
Harris, Hon. / L'hon. Mike (PC)	Kitchener—Conestoga	Minister of Natural Resources / Ministre des Richesses naturelles
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Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
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Jones, Hon. / L'hon. Trevor (PC)	Chatham-Kent—Leamington	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
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Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Hon. / L'hon. Andrea (PC)	Barrie—Innisfil	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Kusendova-Bashta, Hon. / L'hon. Natalia (PC)	Mississauga Centre / Mississauga-Centre	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Long-Term Care / Ministre des Soins de longue durée
Lahey, Susan (PC)	York—Simcoe	
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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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	
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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

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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	