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PRIVATE MEMBERS' PUBLIC BUSINESS

ACCESS (ASSISTANCE FOR CARE, COMMUTING AND ESSENTIAL SPECIALIZED SERVICES) ACT, 2026

LOI «ACCESS» DE 2026 (AIDE AU TITRE DES SOINS, DES DÉPLACEMENTS ET DES SERVICES SPÉCIALISÉS ESSENTIELS)

MPP Gretzky moved second reading of the following bill:

Bill 117, An Act to enact the Access (Assistance for Care, Commuting and Essential Specialized Services) Act, 2026 / Projet de loi 117, Loi édictant la Loi «Access» de 2026 (aide au titre des soins, des déplacements et des services spécialisés essentiels).

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

MPP Lisa Gretzky: Thank you, Speaker. I'm impressed you recognize me after this very, very long break from the Legislature. I appreciate that.

I'm honoured to rise and debate my Bill 117, and I'm thankful to my colleagues from Nickel Belt, Ottawa Centre and Hamilton Centre, who have co-sponsored this bill. Bill 117, the Assistance for Care, Commuting and Essential Specialized Services Act—or the Access Act, for short—2026, requires the Ontario Minister of Health to examine and design a grant program to help defray travel-related expenses for eligible residents who must travel at least 100 kilometres one way outside of their local communities for necessary medical specialist services, procedures or treatments such as cancer or cardiac care, pediatric care, mental health support or simply to access a family doctor.

I think every member in this House knows someone—whether a family member, neighbour, constituent or colleague—who has received a devastating diagnosis, and the only available specialized health care is hundreds of kilometres away from home. Whether it is a cancer diagnosis, a rare heart condition, a newborn requiring intensive care, complex pediatric care for children and youth, or many other health care scenarios, Ontario families are having to travel hundreds of kilometres outside of their local communities to access essential specialized care.

Speaker, I just want to take a moment to recognize a family that was impacted today in Amherstburg, whose three-year-old was hit by a car in the driveway and had to be airlifted to London. I think everyone in this chamber would agree with me that we hope that the child recovers and that everything is okay.

Not only are people at times facing devastating diagnoses, but they are also having to leave their local communities, step away from their jobs and family responsibilities, and travel to other regions that have specialized health care that's needed to treat them. In these cases, families lose income and time with family, and incur substantial costs for hotels, gas, food, train or plane tickets and so forth.

There are already so many barriers to accessing public health care due to chronic underfunding and cuts, and without opportunities or concrete action to bring more specialized care into communities, more people will continue having to travel hundreds of kilometres, often many, many hours from home, to access life-saving and life-changing health care.

Access to health care should never depend on your postal code or your income. Every Ontarian deserves a health care system that is accessible and supports them when they need it most. It's unfair and, frankly, unjust that Ontarians face high financial costs to access essential specialized health care services. For some, the financial cost is too high and they go without life-saving treatment.

This legislation was inspired by families in my community of Windsor-Essex who have had to travel with their loved ones—often with children—to London, Hamilton, Toronto, Ottawa to access specialized health care.

The cost of a basic hotel room in downtown Toronto, close to your child who needs to see a specialist at SickKids hospital, is astronomical and not manageable for many families. That's on top of lost work income, gas, train tickets or airfare and meals. It is this government's job to improve the lives of Ontarians, to improve access to health care, and it's failing. But today, they can begin to change that.

While dealing with the emotional hardship that comes with a devastating diagnosis, families should be focused on caring for themselves and their loved ones during a difficult time, instead of having to worry about financial costs or setting up GoFundMe pages and hosting pasta fundraisers to be able to access care for themselves or their loved ones.

I'm proud to offer a simple and realistic solution to one of Ontario's health care problems. People in the north rely on the existing Ontario Northern Health Travel Grant, but

it has issues like making people wait months for reimbursements or denying people who clearly qualify. And the current geographical boundaries exclude people from qualifying even if they live one inch—or directly across the street from a neighbour—beyond the boundary. They get disqualified, and yet they have to travel hundreds of kilometres or hours from home to receive care. This is the government's chance to fix the Ontario Northern Health Travel Grant and extend it across the entire province. It's a simple solution to a problem that's impacting thousands upon thousands of Ontarians every single year.

The Trillium reported that internal documents show that the Ontario government ministries spent $117 million on advertising last year, surpassing the $111.9-million record set the year before. They spent $117 million on self-promotional ads instead of investing in the health care that Ontarians desperately need. I want you to think about how many families would benefit and feel less financially stressed if $117 million went to a travel grant for essential specialized health care travel in Ontario. An average hotel right here in downtown Toronto near hospital row can run upwards of $400 per night per room.

MPP Jamie West: Just ask Stan Cho.

MPP Lisa Gretzky: Yes.

I am grateful to organizations like Ronald McDonald House for helping provide families with a place to stay, but demand is growing and they have to keep turning families away.

I am grateful for advocates from my community like Kait Lowe, a resident in Amherstburg who has had to travel to London and Hamilton to access specialized pediatric care for her five-year-old son, Sullivan. Thanks to Kait's advocacy, town councils in LaSalle, Amherstburg, Essex and Leamington have all supported the creation of this health travel grant program. This health travel grant would offer meaningful and fair supports.

Kait said, "For many families across Windsor-Essex, a medical diagnosis for their child means crossing an international border or leaving community boundaries to access life-saving, specialist care and treatment facilities that we do not have available to us locally. For my family and many others, frequent out-of-region hospital trips create significant emotional, financial and logistical challenges while we are already facing a devastating diagnosis.

"Access Bill 117 would be life-changing for us. It would alleviate many of the financial burdens that we face when leaving for hospital care and would help immensely during very difficult times."

Ali, another parent from Windsor said, "This bill will be life-changing for so many families like mine who must travel away from home to access essential health care for our children. As parents, we will do whatever it takes to get our kids the care they need, no matter the cost or sacrifice.

"Thank you to you and your team for your leadership, compassion, and for recognizing the emotional and financial burden families carry during these difficult times. This groundbreaking legislation will ease so much stress and allow parents to focus on what truly matters: caring for their children."

Speaker, I want to be clear: This bill isn't designed to let Ontarians shop around for health care. That's not the point of the bill, and it doesn't cover people receiving medical treatment in other countries, like we often have to do in Windsor, travelling over the border. The Access Act simply calls on this government to draft and implement a health travel grant program to help cover travel-related costs for Ontarians who have no choice but to travel 100 kilometres or more, one way, to access necessary medical care.

Speaker, Windsor-Essex is getting a new acute care hospital, thanks to many, many years of advocacy from community members. However, this hospital will not eliminate the need of Windsor-Essex residents to leave our community for essential specialized health care that is not available in our community.

I want members to think about those living in rural communities in Ontario who have no choice but to travel hundreds of kilometres to access health care. Shouldn't we have a truly universal health care system that gives all Ontarians access to health care without going into debt? What about an elderly person with a complex cardiac issue, the cancer patient needing specialized care, children with complex medical needs, or burn victims?

One doctor said he has patients who can't begin treatment because they can't afford the travel costs. Some of those patients die, Speaker, never receiving the care that could have saved their lives. An Ontario-wide health travel grant, as I'm proposing, could change that.

We are in a cost-of-living crisis. The added financial burden of health-related travel costs on families and individuals is too much. My proposal through Bill 117, the Access Act, would alleviate some financial pressure for those facing extremely difficult health-related situations.

Speaker, I want to share a quote from Riaz Kara, EVP advocacy and policy with the Canadian Cancer Society, who said, "People facing cancer should be able to focus on their care, not on whether they can afford the travel required to receive it. Bill 117 recognizes that when specialized care is not available close to home, transportation and related costs can become another barrier for people with cancer and their caregivers. The Canadian Cancer Society supports examining a province-wide, adequately funded travel grant that complements existing programs, and helps eligible Ontarians access the care they need when they need it the most."

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Speaker, I'm going to use my last two minutes to talk about something that was actually a personal experience of mine. When my daughter was born, many years ago, she was born with a neurological disorder. While they were trying to figure out what was going on, she spent some time in the NICU in London. I remember going to be with my daughter and at times having to miss work. I was also in school, finishing a program at that time. There were five other infants in the room with her. Not once—not once—did a parent come to visit any of those children.

One was a set of triplets, and one, sadly, died without the parents there. And the reason the parents weren't there is because they had come to London from far away, from outside of town, and couldn't afford to come and stay in London to be with their sick children.

One of them, Jade, was 16 months old and had cancer. I remember how devastating that was for me as a parent with a sick child in hospital, to be there and think that these children had no one but the very caring nurses to look after them, because their families simply could not afford the cost of travelling to come be with their children. They had to work. They had responsibilities with other children and couldn't afford child care. They couldn't afford a hotel stay. They couldn't afford the transportation.

This bill would change that for so many families. I can only imagine, if it was difficult for me to be in the NICU with my daughter and feel that way about somebody else's child who didn't have the opportunity to have the parent there because of travel-related costs, how devastating that must have been for the parents of those children who couldn't be there. In some cases, those children were getting surgery, and their parents couldn't afford to come and stay while their child recovered.

So my hope is that the government side of this House will pass this legislation—and not just pass it at second reading and send it to committee, where it's never called, but to actually pass it through third reading to enact the bill and to get to work implementing a health care travel grant for every person in the province of Ontario, so that nobody has to go without the care that they need.

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

MPP Bill Rosenberg: I'll be sharing my time with MPP Darouze.

Our government knows that patients in northern Ontario experience unique geographic challenges. Whether it be access to pediatric critical care at SickKids right here in Toronto or a multi-organ transplant at the London Health Sciences Centre, medical travel is a reality for many northerners. However, our government refuses to leave the north behind, and the northern Ontario travel grant is one of the many ways we are doing just that.

For people living in southern Ontario, accessing special health care often means driving across town. In northern Ontario, it can mean travelling thousands of kilometres—sometimes through difficult weather conditions—simply to attend a medical appointment. That is why the Ontario Northern Health Travel Grant remains such an important program for families and patients across the north.

Northern Ontario is home to approximately 790,000 people, spread across nearly 90% of Ontario's land mass. Many northern residents must travel significant distances to access specialist appointments, diagnostic imaging, cancer treatments, dialysis and other essential health services. The northern Ontario travel grant reduces the financial burden associated with that travel. It provides support for transportation costs, so that patients can access the care they need closer to when they need it, without facing unnecessary financial hardships.

Madam Speaker, our government recognizes that geography should never be a barrier to high-quality health care. That is why, while continuing to support programs like the Ontario Northern Health Travel Grant, we are also making historic investments to bring more care closer to home for people living in northern Ontario. We are investing in new and expanded hospital infrastructure across all of the north, including projects in communities such as Moosonee, Timmins, Thunder Bay, Kenora, Dryden and Sudbury. We are expanding access to primary care and special services, recruiting more doctors and nurses to northern communities, and increasing opportunities for patients to connect with providers through virtual care when appropriate. We have expanded medical education and training opportunities in northern Ontario to help build a stronger local workforce, to ensure more health professionals choose to live and work in northern communities.

Our government is also making it easier for patients to access surgeries and diagnostic procedures by reducing wait times and expanding capacity across the health system. These investments are helping to ensure that northern residents can receive more services closer to home, while programs like the Northern Health Travel Grant continue to provide support when travel remains necessary.

The people of northern Ontario have unique needs and our government remains committed to ensuring they have access to the care they deserve, no matter where they live. The grant offers financial assistance to northern Ontario residents who need to travel at least 100 kilometres one way for specialized medical services or procedures at ministry-funded health care facilities and have been referred by a northern health care provider to do so.

In 2024, we expanded the program to support more northerners. This includes enhanced financial supports, such as removing the 100-kilometre deductible and reimbursing every kilometre travelled to help offset gas prices. We have increased the accommodation allowance from $100 to $175 per night, as well as increasing the total allowance for eight or more nights from $550 to $1,150. We are reducing the travel distance requirement to be eligible for overnight accommodation allowance from 200 kilometres to 100 kilometres.

Through this expansion, we also added more eligible health care providers under the travel grant program, such as fertility services. This builds on the other work we have done to improve access to fertility services, such as introducing the Ontario Fertility Treatment Tax Credit. This credit covers 25% of eligible expenses up to $20,000, putting up to $5,000 back into the pockets of Ontarians every year. We have also entered the next phase of our fertility care expansion, investing $100 million in 2026 to support 27 clinics across Ontario, including two new IVF clinics, to help shorten the wait times and connect thousands of families to fertility services.

The Ontario Northern Health Travel Grant has been a massive success for people in my community and across the north. Last year, over 218,000 applications were approved under the program and over $60 million was

invested to support these patients. That's thousands of northerners getting the care they need. And we're not stopping there: To make the application process faster, more convenient and easier to navigate, this past December, we launched a new Northern Health Travel Grant online application with digital reception. This new service allows eligible clients to submit their applications electronically through the government's website, with the option to continue using the paper application.

Speaker, we are working to protect Ontario during our historic third mandate. Our government is going to continue supporting northern Ontarians in accessing our world-class health system.

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

Mr. Adil Shamji: I am proud to rise in the chamber and speak to this important bill, which seeks to accomplish something which is very important: that is, specifically to increase access to health care in Ontario. I intend to support the bill, so I will dispense with all of the compliments about the legislation and instead just focus on one opportunity where I think it could be improved.

I notice that this bill specifically seeks to defray the "travel-related expenses of eligible Ontarians seeking access to necessary medical specialist services or procedures." As the excellent member who introduced this bill will know—and the government members will know as well—we face a primary care crisis in our province. Yesterday there was an announcement by the Minister of Health in which she said that 88.5% of people are connected to primary care, which is not the celebration that she thinks it is, because she essentially admitted that 11.5%, or over 1.8 million Ontarians, don't have access to a family doctor.

1820

Moreover, of the people that do, many of those individuals are travelling extended distances to get to their family doctor. In fact, data that I have from the Ministry of Health indicates that approximately half of all municipalities in Ontario do not have a single family doctor who is signing up patients. Therefore, not only do we need to have a program that will increase accessibility to specialist appointments when you have to drive further than 100 kilometres, but we need that same program to provide coverage for people who are travelling more than 100 kilometres—or probably a smaller number than that, probably more than 30 kilometres or something like that—to access primary care services.

I hope the members of the House will allow me to provide an illustration of how this could benefit the people in this very chamber. I listened very carefully to the comments that my friend the member from Algoma–Manitoulin, made—and I emphasize, he is a friend. We play hockey together. I want nothing but the best for him and for his constituents. In Algoma–Manitoulin, 46.9% of the population doesn't have a family doctor. That's astonishing, and that is not acceptable in the great province like our own. I know he doesn't accept it, and I hope I will hear him say that to the Minister of Health in this chamber one of these days.

Some 46.9% in his own riding don't have a family doctor, and the widest dimension of his riding is—you'll correct me if I'm wrong—approximately 300 kilometres. So if one of his thousands of constituents who don't have a family doctor wants to find one, and wants to travel to a neighbouring riding such as Sault Ste. Marie, Thunder Bay–Superior North, Timmins, Nickel Belt, Parry Sound–Muskoka, they could sure use some help from a program like this that is expanded not just for specialist care, but for primary care as well.

The members on this side of the House, including my phenomenal health squad members here—the member for Nepean, the member for Etobicoke–Lakeshore—will always stand up for people in Ontario getting exceptional, high-quality, universal and, above all, accessible health care.

This bill is an important step towards beginning to achieve that. I hope that all members in this House can vote in favour of this bill, can vote to support this bill, and then, when we take this to public hearings and clause-by-clause review, we can further amend it to make it even better, to make sure that it covers the wasteland in our province of people who don't have access to primary care and we can amend it to make sure that those people can also receive the accessible, high-quality health care that they deserve.

With that, I will pause my remarks because the members for Nepean and Etobicoke–Lakeshore—when it comes around to them—will have much more to say and are far more eloquent than I am.

With that, I surrender the rest of my time to this House.

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

Mme France Gélinas: I am really proud of my colleague for bringing forward the ideas behind Bill 117, and I'm happy to co-sponsor it with her.

You have to realize, Speaker, that the number one responsibility of the Ministry of Health—the number one responsibility of a provincial government—is our health care system. This is where most of the budget goes. This is the number one responsibility.

The number one responsibility of the Minister of Health is to make sure that our health care system is equitably available to all. We have an excellent health care system in Ontario. We do surgeries that are only done in certain specialty hospitals, but everybody has access to them—or is supposed to.

But for a lot of people, the travelling, the cost of travelling—and if you have a look at the cost of gas right now, you will know that if you have to travel 100 or 150 kilometres to get to the care you need, you are talking hundreds of dollars to get to your appointment, to pay for parking, to come back home, if you have an early appointment where you have to rent a hotel room to make sure you make your appointment early the next morning. What we want to do is to make sure that people, especially low-income patients, don't delay or skip care because they

can't afford to get to the specialist, to get to the routine check-up, to the consultations that they need.

For reasons unknown, the Ministry of Health has decided to really limit what is available in our small rural hospitals. So if a small rural hospital doesn't do at least 50 hip or knee orthopaedic surgeries, they don't get funded for those anymore. You will send people to big specialist hospitals that can do thousands of hip and knee surgeries. They do them faster, and they do them cheaper. I get that—nothing against big hospitals doing hundreds and thousands of the same surgery—but you have to think about equity of access. If your small hospital doesn't do hip and knee surgeries anymore because they could not maintain 50 hip and knee surgeries and they lost their funding, then that means you have to travel.

For an elderly person who needs a hip replacement, the cost of going over there to get your first visit with a specialist, the orthopaedic surgeon who will be doing your knee or hip surgery; doing the following visit; going for your surgery—it doesn't take long that they start to do the math in their head and say, "Well, I can't really go right now. I haven't got the money to go. I'm going to wait a little bit longer. I'm going to wait before I seek that treatment."

Waiting and postponing the need for a hip or knee surgery always leads to the same thing: They lose range of motion, they lose strength in that leg, they lose balance. I don't wish harm upon anybody, but many, many elderly people will end up falling and have a hip fracture for something that they knew needed to be done but the cost of getting there made them say, "Oh, we'll wait a little bit longer. We'll wait a little bit longer." Now they have a hip fracture. Now the health care system will pay to pick them up wherever they happen to have fallen and bring them all the way to a specialty hospital that will do the hip surgery. It will be way more expensive to our health care system to do all of this.

All of this could be prevented. All of this would have been prevented if the bill we're pushing forward was in place. Just help people gain access to the care they need. This is what that bill does. I hope everybody will understand.

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

Ms. Lee Fairclough: Thank you to the member from Windsor West for this bill and for your advocacy for patients and their care. I appreciate it.

Bill 117 requests that the government examine a program to cover travel costs for people travelling more than 100 kilometres for care. Travel like that is very typical, as we've been hearing, both in the north and, as somebody who grew up in a small rural town, I also know it happens in many areas of rural Ontario as well.

I understand that cost of travel is a barrier to people receiving specialized care. It was a theme that I heard consistently these past few months since I've travelled to all northern and rural ridings, and whether it was in Dryden, Sioux Lookout, New Liskeard, Owen Sound or Barry's Bay, people in these areas feel this government has forgotten them on health care and on many other issues.

And while I appreciate some of the comments from my colleague, actually, on the northern travel grant, there was one example, Speaker, that really stuck with me, and that is that when I was touring in Hearst—pregnant women in Hearst now need to travel to Timmins, three hours away, at 37 weeks, and they need to pay for their own hotel so that they can stay there, because the risks of going into labour are too high. That hospital has not been able to recruit an obstetrician for two years. The staff there are worried that they'll lose the skills. The facility is able to do it, but the big barrier is actually having access to the human resources. To put that cost burden on young women, to be away from their families at such an important time, I think is an unacceptable situation.

Like many other things with this government, even the existing Northern Health Travel Grant has not kept up with population growth and aging, and any new program I think is going to need to factor that in as this is being examined.

1830

There are other issues, too, that we need to address in these areas. One of the most urgent issues in the north is unsafe roads and badly outdated transportation infrastructure. Fatalities and road closures on Highways 11 and 17 have soared. When I visited emergency departments in the northeast and I asked, "What we can do to help on health care?" they said, "Fix the roads." Patients depend on these roads to get the life-saving medical care they need.

Now, when people arrive for the care, people wait. This government made a commitment in 2018 to end hallway health care. Then, after several years of it getting worse, they decided to stop measuring it, hoping it would go away. Today, though, we saw data in the media that shows us that not only has it increased by 52% since 2018, but over 2,000 patients a day are waiting in hallways.

Bill 117 helps us examine how we are doing and look for opportunities to alleviate the costs downloaded on patients and families for services not being available more locally. But solving these issues, in my view, requires prevention too, not only responding when there is a crisis.

My Health Care For All plan for rebuilding Ontario's health system would invest in a workforce and proactively bring needed services to rural and northern Ontario, like that example that I just gave in Hearst. Ontario needs a regional workforce plan where the government works with providers, the northern Ontario medical school and training institutions to recruit and retain local talent and expand satellite campuses and training, so people can study and they can practise close to home.

We need to stop the price-gouging that's occurring for agency nursing and health care disciplines in the north. And I would make mental health care a universal service, starting with expanded mental health coverage for young people.

One prevention policy that has strong support everywhere in Ontario, and it would stop the need to travel for service, is stopping online gambling advertising. Every week, there's a new statistic on why. This week, we

learned that gambling-related suicides have tripled since 2022, when this government privatized it. The government could end advertising today and protect young lives.

I support this Bill 117, so that we can have a look at the options for covering out-of-pocket costs for people travelling long distances for care. Cost of travel should never be a barrier. However, I feel very strongly there's so much more that we should be doing to address health care, especially in northern and rural Ontario, and ensure that care is going to be available to people in Ontario.

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

MPP George Darouze: Southern Ontario has different challenges than northern Ontario. Northern Ontario has 5% of the province's residents across nearly 90% of Ontario's landmass. This means there are special challenges that every northern Ontarian faces that are different from southern Ontario.

One of our government's top priorities is ensuring all Ontarians have access to world-class health care. We recognize that every community has unique health care needs. That's why we are working to ensure that people can access the care they need, close to home, no matter where they are and where they live.

The health care needs of a growing suburban community differ from those of a rural township, just as the realities of a northern community are different from those of a major urban centre. Our responsibility as a government is to understand those differences and respond with targeted investments that strengthen care for our local residents.

As the member for Carleton, I am particularly proud of the work our government is doing to strengthen health care across Ontario. Eastern Ontario is home to rapidly growing communities, vibrant rural municipalities and some of the province's leading health care institutions. It is a region where people value the ability to receive care close to home, whether that is through a family doctor, a community hospital, a long-term-care home or specialized regional health care.

That's why our government continues to make significant investments to expand health care services, modernize infrastructure and improve access to care throughout the region. These investments are part of our larger plan being led by our Premier and Minister of Health to build a stronger, more connected health care system that is focused on patients and prepared for the future.

Speaker, one of the most significant health care projects under way in Canada is the construction of the new Ottawa Civic Hospital campus. This transformational project will serve not only Ottawa residents, but patients from across eastern Ontario and beyond. It will provide state-of-the-art facilities, cutting-edge technology, expanded capacity and world-class specialized services. It represents a once-in-a-generation investment in health care infrastructure that will benefit families for decades to come.

At the same time, our government continues to support hospitals and health care providers throughout the region. Queensway Carleton Hospital plays a key role in serving Ottawa's west end and many surrounding rural communities. Investments in hospital capacity and patient care are helping ensure residents can access high-quality services closer to home. Montfort Hospital remains a leader in delivering exceptional care in both official languages and continues to provide specialized services that benefit patients from across eastern Ontario.

Kingston Health Sciences Centre plays a critical role in eastern Ontario, delivering specialized services including cancer care, cardiac care, trauma treatment and advanced surgeries.

Cornwall Community Hospital continues to provide critical health care services to residents in Stormont, Dundas and Glengarry, while benefiting from provincial investments that strengthen local care.

Brockville General Hospital serves communities throughout Leeds and Grenville and plays an essential role in maintaining health care access closer to home for thousands of residents.

Across smaller communities, hospitals such as Winchester—which serves many constituents in my riding of Carleton—Kemptville, Perth and Smiths Falls, and Deep River deliver high-quality care every day, backed by provincial investment in local health care services.

Speaker, health care is about more than just buildings. It's about ensuring people can access care when they need it and where they need it. That's why our government has made connecting more Ontarians to primary care a key priority.

Across eastern Ontario, we are supporting new and expanded primary care teams, so that more people can access family physicians, nurse practitioners and other health care professionals closer to home. Strong primary care is the foundation of a strong health care system. It helps people stay healthy, receive preventive care and avoid unnecessary visits to emergency departments.

We are also continuing to invest in the health care workforce that makes our system possible. Doctors, nurses, personal support workers, paramedics and other health care professionals have carried major responsibilities in recent years. Our government is expanding training opportunities, supporting health care recruitment and investing in workforce retention, so that hospitals and health care organizations have the staff they need to provide high-quality care.

These efforts are especially important in rural communities throughout eastern Ontario, where recruitment and retention remain ongoing challenges. We know that local health care services depend on having the right professionals in place, and we will continue supporting those efforts.

From the new Ottawa Hospital Civic Campus to expanded primary care and community hospital investments, these initiatives are improving access to care across the region. This isn't about comparing regions; this is about ensuring health care investments reflect the unique needs of each community. In eastern Ontario, those investments are helping build a health care system that's stronger, more accessible and better prepared for the future.

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

Ms. Sandy Shaw: I just want to start by saying I don't believe that the government members understand what is proposed in this bill. This is about an Ontario-wide health travel grant. It's not about pitting north and south; it's about making sure every Ontarian in the province has access to health care and that travel costs are not a barrier.

We have been away for 21 weeks. You could have read this bill, because I don't think you're doing this bill any justice by not understanding the intent of it.

Let me say that this is an important bill. It's a good bill. This is what the government should be doing. They should be making sure that people, when they are going through the worst times of their lives, are supported by this government. We know that this currently is not the case when it comes to health care.

So let me start by quoting. There are many quotes, but let me just talk about what the CUPE union had to say about health care in the province: "Many complex medical treatments are not available in the home communities of people living in rural and small-town Ontario. As a result of this government's ongoing hospital cutbacks, this situation worsens every year. This initiative to provide travel subsidies of patients and their caregivers is long overdue and welcome."

1840

So let's be clear about what we're talking about here today. I want to say that for many of you in the House, I have shared with you that I had a sister—her name was Nancy Rose—who was sick and died of leukemia when she was a young girl. I watched my family, also as a young girl—I watched my mom and dad struggle with that ailment. My dad had to go to work. My mother had to, often, go to treatments by herself and still look after my four other brothers and sisters. It was a burden on my family. They didn't have to travel that far because her treatments were at SickKids hospital, but I saw what a burden this places on families, financial and otherwise.

When I came to this House, I was shocked to learn that pediatric palliative care in this province hasn't evolved much since the time when my sister was sick. It's a disgrace. In fact, we need to have a pediatric palliative care strategy in Ontario, so there's equity of access for families all across Ontario. It's kids—kids—who are experiencing life-ending or life-limiting diseases, and their families, and this is something that should be our highest priority in this House: sick kids.

So I just want to make sure that everyone understands that in the province of Ontario, as rich as we are, there are only a few centres of excellence when it comes to hospitals. There's SickKids in Toronto, there's CHEO in Ottawa, there's London Children's Hospital and there's McMaster in Hamilton. So you can imagine how many communities live outside that 100-kilometre range to access care in these centres of excellence: First Nations communities, rural communities. This is what we're talking about.

And when it comes to pediatric palliative care, there are only three homes currently: Emily's House in Toronto; Roger Neilson house in Ottawa, part of CHEO; and Darling Home in Milton. In Hamilton, our community is working hard to open the doors to a pediatric palliative care hospice called Keaton's House. I am so proud to play a role and to support them at every chance I get.

What I want the government to know, though, is this financial burden to make sure that this regional pediatric palliative care program in Hamilton that will serve people outside of the community, the financial struggle to make that a reality, is borne by donors in our community: $25 million will be raised by donors in the community to build this hospice.

Now, what we're talking about is that families who will seek treatment there or care there are financially carrying the burden of having to travel, having to pay hospital bills, to pay gas, to pay restaurants to be with their children at this time when it's end-of-life care. And kids are different than adults. Their palliative care journey is much different. They go in and out; they go through different stages. Their palliative care could last many, many years, which is very different than adults. So the financial burden on families could last 10 years, 15 years, 20 years, the duration of a child's lifetime.

This is just a fair thing to do. It's the kind of moral obligation that governments should readily understand, that this is what we should be spending our money on. This government spends lots and lots of money, but they don't spend it on the things that people need in this province, like care and help when they are sick and seeking treatment. The dissonance between what this government spends money on and the fact that families are struggling to get access to care is shocking.

It has to be mentioned: I don't want to show any disrespect for the importance of this bill, but when families can't seek treatment, don't have treatment, delay treatment because they can't afford to stay in hotels, but we see government members spending tens of thousands of dollars on overnight stays because they might have had to stay up late one night, it's awful. It really is disgraceful that that's where we are in this province.

I hope the government will stand up and support this bill. It's a good bill. We need this in the province, and, honestly, it's the least that you can do when people are struggling so terribly with health care in this province.

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

MPP Tyler Watt: Access to health care should never be based on someone's postal code or their income, whatever their situation is. Here in Ontario, the rich province that we are, everyone should have access to health care. The earlier that they get access and treatment, the better their outcome is and, ultimately, the less expensive the treatment is.

I want to take the few minutes that I have here to talk about Samy. Samy is nearly three years old, and he was diagnosed with an incredibly rare and progressive neuromuscular disease called limb-girdle muscular dystrophy type 2C. This devastating disease progressively weakens the muscles children need to walk, to breathe and to survive. There are currently no approved treatments available in Canada.

But there is hope. Researchers at Virginia Commonwealth University in the United States are working

towards a gene-therapy clinical trial that could offer Samy a chance at treatment in real life.

His parents, Azeddine and Wisal, have been doing absolutely everything they can to give their son that chance. They have connected with researchers, medical specialists, patient advocacy organizations and launched the Hope for Samy Foundation. I have had the privilege of getting to know this incredible family and advocating on their behalf with the Ministry of Health. Their determination, love and unwavering advocacy for their little boy have been incredibly inspiring.

But Speaker, despite all their efforts, they have encountered barrier after barrier. Ontario's existing programs do not provide a clear pathway to support families like Samy's seeking access to international experimental treatments and clinical trials. The family has written to the Ministry of Health and I have advocated directly on their behalf, and the responses have largely focused on why existing programs cannot help.

Imagine being a parent knowing there may be a treatment on the horizon that could change your child's life, but being told that the system has no pathway to help you access it. No parent should have to become a full-time fundraiser just to give their child a chance at treatment.

Speaker, Samy's circumstances highlight a broader issue that this bill seeks to address, but we also need to address the financial barriers that prevent people from reaching the care that they need. While this legislation may not resolve every challenge facing families like Samy's, it is an opportunity to have a much-needed conversation about how Ontario supports patients who must travel for care.

I want to thank Samy's parents, Azeddine and Wisal, for sharing their story and for the extraordinary work they're doing for their son and other children living with rare diseases. Their story reminds us that behind every health care policy, every funding decision and every government program, there are real people whose lives depend on the decisions we make in this chamber.

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

Mr. Sol Mamakwa: I support this Bill 177, because no matter where you are in Ontario, you should have access to travel for access to health care.

I say that because back in May 2026, Miranda Mamakwa from Fort Severn had an open-heart surgery in Ottawa. She went back home a few weeks later. She missed six appointments, Speaker—six appointments—and she had no way to travel there. About last month, on September 10, she passed away because of the complications to do follow-up for the care that she needed in Thunder Bay.

This is really important. I hope the government supports it. I hope everyone in the House supports it. We don't need to have unnecessary suffering. We don't need needless deaths. Meegwetch.

The Acting Speaker (MPP Andrea Hazell): The member has two minutes to reply.

MPP Lisa Gretzky: Speaker, I want to thank my colleagues from Hamilton West–Ancaster–Dundas, Kiiwetinoong, Nickel Belt, Don Valley East, Etobicoke–Lakeshore and Nepean for their very thoughtful and educated remarks around the bill.

1850

I do want to explain to all members in this House, because it does seem like the government members do not understand the bill. The bill would push the government to develop a health travel grant for everyone in this province. This is not about north versus south. I shared many stories. I read you Kait's story. I'm sure she would love for me to share her phone number with you, so you can talk to her—to my colleague from Algoma–Manitoulin—so she can tell you how it is for her to travel frequently with her young son to London or Toronto or Ottawa for health care, or Ali who I also quoted about his son.

This is not about north versus south. I know that in northern Ontario, there are very different challenges to accessing health care than there are in my region, and we are the most southern region of this province. This is not about anybody getting something that somebody else isn't going to get. This is about strengthening the access to health care for every single person in this province, because no matter where you live, you should have access to health care. It should not depend on your postal code. It should not depend on your income.

To my colleague from Etobicoke–Lakeshore: When you started talking about pregnant women having to travel three hours for care, we fought that fight in my region, when they were looking at removing that care from Leamington hospital, and we won, because we didn't want pregnant women to travel one hour on a highway, let alone three.

So I ask the government members: Read the bill, consider it, pass the legislation and support every person in this province.

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

MPP Gretzky has moved second reading of Bill 117, an Act to enact the Access (Assistance for Care, Commuting and Essential Specialized Services) Act, 2026.

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

ADJOURNMENT DEBATE

ASSISTANCE TO FLOOD VICTIMS

The Acting Speaker (MPP Andrea Hazell): The member for Ottawa West–Nepean has given notice of dissatisfaction with the answer to a question given by the Minister of Municipal Affairs and Housing. The member

has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

I recognize the member for Ottawa West–Nepean.

Ms. Chandra Pasma: When more than 7,500 homes in Ottawa flooded on Canada Day, people rightfully expected their provincial government to be there for them. Instead, we were left on our own to deal with weeks and weeks of cleanup alone, without provincial help, even though we have a multi-million-dollar agency that's supposed to help with exactly this kind of scenario.

Then, this Conservative government excluded the vast majority of flood-affected households from receiving any financial assistance from the province. The minister keeps saying, "private insurance, private insurance," but let's be clear, Speaker: Private insurance has proved to be a completely inadequate safety net. Nearly 100% of my constituents have homeowner or tenant insurance, but more than a quarter were denied compensation because the insurance company said they didn't cover the type of flooding those homes experienced. Close to 40% say they expect less than half, or none at all, of their expenses to be covered by insurance.

When I door-knocked, residents would tell me that they had the exact same policy as their neighbour; one would be approved, the other denied. Kevin and Sandy in Crystal Beach said their insurer denied their claim because groundwater was present, and the province then said they didn't qualify for DRAO because they didn't cover sewer backup. So Kevin and Sandy had multiple types of flooding and are still in this nightmare gap where insurance and the provincial government are pointing elsewhere, leaving Kevin and Sandy with no help.

Let's be clear, Speaker: We are talking about long-term financial consequences here. Amy, whose family had to remortgage their home just to pay for the cleanup, told me, "This flood will affect us financially for the rest of our lives."

Kira, who has a one-year-old with special needs and a disability, has to choose between paying more than $100,000 out of pocket or living in an unsafe home.

Another constituent is going to leave their damaged furnace in place because they can't afford the cost of replacing it.

A senior in Britannia Heights had this to share: "We have spent out of savings over $13,000 in addition to living expenses and we are running out of funds to keep going.... My wife and myself are seniors with no earnings power and have gone through hell. The stress of not receiving financial help is weighing on us, wondering when help will come or if it will be enough to cover what we're spending to restore our home."

Why does this Conservative government think that none of these people deserve any help?

The long-term impacts of this flood will not just be financial, Speaker. The Rashidpour family in Qualicum-Graham Park has a one-year-old son with a chronic lung condition. Their home isn't safe for him to live in, but their insurance was capped well below the threshold needed to make it safe.

Nathan in Crystal Beach, who has multiple serious health conditions and uses a wheelchair, was saving money to make his home accessible. He has lost his savings paying for the cleanup. He may have to sell his house now and leave Ottawa altogether because of this flood.

James, a 62-year-old renter with significant health conditions, had three and a half feet of water in his basement. His health prevented him from clearing out his belongings, and he is now unhoused and couch surfing with friends.

Another renter, also a senior, is homeless while she waits for her apartment to be completely rebuilt. These are all people that the government doesn't think are worthy of financial assistance, Speaker.

This whole situation has been made so much worse by the feeling that the province has completely abandoned Ottawa once again. When St. Catharines flooded this summer, the Premier and the Ministry of Emergency Preparedness and Response were there within two days. Ottawa residents are still waiting for our visit from the Premier and his ministers four months later.

As one Ottawa resident said, this government "only seems to care about people in the GTA and southern Ontario." Another constituent told me, "It is shameful. The province didn't even talk about it, completely ignored it—then the offer that came ignored areas that were also hit. It should not matter the cause; your basement is your home."

I think what my constituent Scott shared really sums it up: "This is life-altering and we feel completely alone." No one should be left alone to deal with the consequences of a serious natural disaster by themselves.

Ottawa residents deserve the support of their government. We deserve a government that will show up, listen to us and help us through hard times. I hope this Conservative government will finally do the right thing and expand disaster recovery assistance to everyone affected by the flooding in Ottawa: one flood, one recovery, Speaker.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for Renfrew–Nipissing–Pembroke.

MPP Billy Denault: Speaker, as the member opposite knows, we all share a deep desire to help our constituents. The safety and well-being of the people of Ontario informs all that we do. When natural disasters strike, we are there to support residents.

That is why our government has two financial assistance programs to help communities recover: the Municipal Disaster Recovery Assistance Program, which helps municipalities cover eligible emergency response costs and repair damage to essential infrastructure, alongside the Disaster Recovery Assistance for Ontarians Program, which provides support for those impacted by uninsurable events.

Let me be clear once again: DRAO is not a replacement for private insurance. In Ottawa, private insurance has paid out millions in claims, because the vast majority of damage was insurable. DRAO does not replace insurance; it supplements coverage that is unavailable in the private

market, as it has since 2017 under Premier Wynne, when the program was developed in its current form.

We know that the member opposite knows this. On July 28, 2026, officials from the ministry and members of the minister's team briefed opposition Ottawa-area MPPs, including the member for Ottawa West–Nepean. The ministry public servants explained that the activation zone was a direct result of working with the municipality to determine the source of flooding.

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In the case of Ottawa, the vast majority of flooding was caused by sewer backup, which is fully coverable by private insurance and not covered by DRAO. The areas in the activation zone were determined by the ministry, using municipally supplied information, to be partially caused by uninsurable overland river flooding.

GOVERNMENT ACCOUNTABILITY

The Acting Speaker (MPP Andrea Hazell): Next, 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 a minister or parliamentary assistant may reply for up to five minutes.

I recognize the member for Ottawa South.

Mr. John Fraser: I'd like to thank, obviously, the table. Is everybody here?

Another late show—but I thought it was important that we go over what I had a chance to talk about this morning. What I was talking about this morning is what has happened with OSAP loans, which I didn't make clear. The government said to people, a lot of people with families, "You can borrow this money so you can go back to school to get a better job, or to get a job."

Those people took the government at their word. They went out, they enrolled, they signed a contract, they quit a job, and then the government said, seven weeks in, "That loan is not coming. It's paused." And it is turning their lives upside down. Good, hard-working people who are just trying to make things better have been abandoned by the government. They've been abandoned by the government saying, "You're not going to get this loan." We're not talking about grants; we're talking about money that they have to pay back, that the government said, "We've got your back."

I read two stories this morning. One was from the Premier's riding. Here's Genevie. She said, "I have a PSW certification and am paying $12,000 on OSAP right now"—she's paying back another loan. "I wanted to continue to a registered practical nurse pathway program but I can't pursue it right now because there is no OSAP. Please help students like us who are really in need."

Now here, the other part of what we talked about this morning is, "How did we get here?" I want to focus, really, on one thing: In 2021, the Auditor General warned there were serious vulnerabilities in the OSAP, in career colleges and the OSAP program. Here are some of the things that the Auditor General had to say:

"Ministry staff have limited guidance for assessing whether new applicants will operate in accordance with the law and with integrity and honesty....

"The ministry does not inspect program delivery to confirm that programs are delivered as approved."

The ministry has—get this—"limited guidance for assessing whether new applicants will operate in accordance with the law and with integrity and honesty....

"The ministry does not inspect program delivery to confirm that programs are delivered as approved."

In the interest of time, I'll give you some of their overall conclusion: "Our audit concluded that the Ministry of Colleges and Universities ... does not effectively administer, oversee and enforce the legislation and ministry policies that are in place to protect the interests of existing and prospective students of private career colleges in Ontario.

"The ministry does not have effective systems and processes in place to ensure that private career colleges are operating in accordance with the Private Career Colleges Act ... and that students' best interests are protected."

Now the government is doing a number on the students. That's 2021. It's 2026. That was 2021. We all know what happened after that: Career colleges, two years later, said, "There's suspicious activity. You should do something." The government didn't do anything. Then the next year they said, in 2024, "Call the police. The burglar has broken in." Nobody called the police. I know the minister is saying, "We called the OPP." It's not whether they called the OPP; it's when they did, and they did it two months ago, when they should have done it three years ago.

And now what they've done is said to all these thousands and thousands of students—you've got to read the stories; they're heartbreaking—"We said we would back you for a loan, but none of you are getting it." Hard-working, honest people just trying to get ahead in the middle of an affordability crisis, when things are already tough, and the government is abandoning them. They're cutting them off at the knees.

It's all because the minister, the government, the Premier failed to act, and they knew. They knew in 2021. They knew in 2022. They knew in 2023, 2024, 2025. And more than halfway through 2026, they're not punishing the colleges. In fact, they gave one they were supposed to inspect money for another year because they got there late. They're penalizing hard-working, honest people just trying to get ahead, trying to get a better job, trying to make things better for their family.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for Whitby.

Mr. Lorne Coe: I'm pleased to be able to participate in tonight's debate and outline the actions our government is taking to strengthen oversight and accountability related to OSAP and private post-secondary institutions.

Speaker, at its core, OSAP exists to ensure students can access education and training they need to build a better future. It is one of the most important investments we

make in learners across this province, and any misuse of OSAP is entirely unacceptable.

Following two years of targeted inspections into OSAP use at private institutions and not renewing OSAP eligibility at six institutions earlier this summer, preliminary findings from an independent audit identified serious concerns about the integrity of OSAP usage in the private post-secondary sector. The findings pointed to troubling patterns, including inadequate student validation processes by some private institutions and unusually concentrated OSAP application activity.

These findings raised serious concerns that demanded immediate action and further investigation. That's why our government paused OSAP payments associated with private post-secondary institutions while the audit continues. Our government has also referred the matter to the Ontario Provincial Police and notified the Ontario Auditor General.

Speaker, these are not actions that we took lightly. We had no choice but to take serious, critical action to meet serious, critical allegations. We have a responsibility to protect taxpayer dollars and ensure OSAP funding is supporting legitimate students pursuing legitimate educational opportunities. Let me be absolutely clear: What the audit has uncovered, even in the preliminary phase, if it is what we think it is, is nothing short of intentional criminal fraud.

At the same time, we recognized that this pause has created real challenges for students. That is why our government is actively exploring low-interest, third-party loan options from financial institutions to support students through this challenging time. We're working as quickly as possible to get the good-acting students and institutions back into the OSAP system and the bad actors held accountable.

Speaker, our work hasn't stopped. Ministry investigators, supported by KPMG, have begun in-person inspections at private post-secondary institutions and continue to conduct a system-wide review of the sector.

Our government is also introducing stronger legislation this session to protect the integrity of OSAP. The proposed measures are clear and practical: more robust approval, accountability and performance requirements; limits on online programming and caps on OSAP-funded enrolment in private institutions; and restrictions on partnerships between private institutions and third-party organizations.

Let me be absolutely clear: OSAP payments to private institutions will not resume until these strengthened safeguards are in place. We owe it to the taxpayer, and we owe it to the hard-working students and institutions.

Speaker, this is about responsibility: responsibility to students who deserve access to quality education, responsibility to taxpayers who expect their hard-earned money protected, and responsibility across the post-secondary system that hundreds of thousands of people across Ontario rely on to pursue their education and build their careers.

We will continue to follow the evidence, support students and take every action necessary to restore integrity to the OSAP system, so that students are prepared for the good-paying jobs and careers that drive Ontario's economy.

And let me be clear: Any bad actor who has preyed on students, on taxpayers and on a system designed to help people build better lives for themselves will be held accountable.

We're working as quickly as we can to restore integrity to OSAP, and we will not rest until we have a stronger system in place that can keep supporting hard-working students for decades to come.

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

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

The House adjourned at 1911.

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Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	Third Party House Leader / Leader parlementaire du troisième parti
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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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Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Premier / Premier ministre Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
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French, Jennifer K. (NDP)	Oshawa	First Deputy Chair of the Committee of the Whole House / Première Vice-Présidente du Comité plénier de l'Assemblée législative
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Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
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
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
Kanapathi, Logan (PC)	Markham—Thornhill	
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
Lennox, Robin (NDP)	Hamilton Centre / Hamilton-Centre	
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	