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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 24 October 2016

Lundi 24 octobre 2016

Speaker
Honourable Dave Levac

Président
L'honorable Dave Levac

Clerk
Deborah Deller

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 24 October 2016

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 24 octobre 2016

The House met at 1030.

The Speaker (Hon. Dave Levac): Good morning. Please join me in prayer.

Prayers.

INTRODUCTION OF VISITORS

Mr. Steve Clark: I want to introduce to you, and through you, to members of the Legislative Assembly a constituent from my riding of Leeds–Grenville who is here with the Dairy Farmers of Ontario. Please welcome Henry Oosterhof.

The Speaker (Hon. Dave Levac): Welcome.

Mr. Wayne Gates: I'd like to introduce two visitors today from the great city of Niagara Falls who are here visiting their favourite MPP, which happens to be me: Pat Olson and his beautiful daughter, Alexandra Olson. Thanks for coming, and I hope you enjoy your day.

Hon. Jeff Leal: In the members' east gallery—because this is Dairy Farmers of Ontario Day at Queen's Park—I'm very pleased to introduce Peter Gould, the general manager and CEO of Dairy Farmers of Ontario; Ralph Dietrich, the board chair; and of course, Will Vanderhorst, who is a board director and a dairy farmer in the wonderful riding of Peterborough.

Mr. Ted Arnott: I, too, am very pleased to introduce my friend Ian Harrop, who is here representing the Dairy Farmers of Ontario. Welcome, Ian. Great to have you here.

Hon. Kathleen O. Wynne: I have three quick things that I would like to do. I want to welcome Laurence Lew and Jane Sit to the Legislature. They are the proud parents of page Samantha Lew, from my riding of Don Valley West. Welcome to them.

Also, Guy LePage from the cabinet office is here. His wife, Jane Gilbert, and cousin, David Gilbert, are here to join us and we welcome them.

Finally, later today we'll be joined by some of the incredible Olympic and Paralympic athletes that we cheered on, this summer in Rio, many of whom we also got a chance to watch first-hand at last year's Pan/Parapan Am games. I invite all MPPs to join me and them after question period in the government caucus room as we celebrate them.

Mr. Toby Barrett: I also want to stress the importance of the Dairy Farmers of Ontario coming to our Legislature to try and organize a meeting with the farmers, have a chat in the halls. Don't forget to attend their reception this evening—Dairy Farmers of Ontario.

Miss Monique Taylor: On behalf of the member for Welland, I would like to introduce Albert Fledder, a

dairy farmer from Welland, who is here with the Dairy Farmers of Ontario today. Welcome to Queen's Park, Albert.

Hon. Michael Coteau: It's a great pleasure to welcome a good friend of mine to the Legislature today, Jean Potter. Welcome.

Ms. Lisa M. Thompson: I would like to add my welcome to Ralph Dietrich, a great dairy farmer from my riding of Huron–Bruce hailing from Mildmay, Ontario. He's also chair of DFO.

Hon. Glenn Thibeault: I would like to welcome the Association of Major Power Consumers in Ontario.

Mr. Jim McDonell: I would like to welcome Nick Thurler from my riding. He's a successful dairy farmer in Dundas county and we're looking forward to seeing him at tonight's reception.

Mr. Percy Hatfield: As you know, our page captain today is Elisabeth Lawton. Her father, Cliff Lawton, has just arrived. I'd like to welcome Clifford Lawton to the Ontario Legislature. Welcome, sir.

The Speaker (Hon. Dave Levac): Welcome.

Ms. Soo Wong: I would like to welcome two guests who are visiting here to Queen's Park: Mano Kanagamany and Pastor Paul Raja Mani. Welcome to Queen's Park.

Mr. Randy Pettapiece: I'd like to introduce a dairy farmer from St. Marys, Ontario, here with the Dairy Farmers of Ontario: Henry Wydeven.

Hon. Deborah Matthews: Today is the day we wait all year for and that is the day Fanshawe College comes to Queen's Park. Welcome to everyone from Fanshawe College.

I invite all members and their staff to come to the Fanshawe College reception.

Mr. Michael Harris: I would like to welcome Murray Sherk, a dairy farmer from Wilmot township here today at Queen's Park.

Mr. Lou Rinaldi: I would like to welcome from Dairy Farmers of Ontario Sid Atkinson from the great riding of Northumberland–Quinte West. Welcome, Sid.

The Speaker (Hon. Dave Levac): Welcome.

Mr. Jeff Yurek: I've been waiting. I'd like to introduce Paul Vis from my riding, a dairy farmer. Welcome.

REPORT, INTEGRITY COMMISSIONER

The Speaker (Hon. Dave Levac): I beg to inform the House that the following report was tabled: A report from the Integrity Commissioner of Ontario concerning David Oraziotti, member for Sault Ste. Marie.

The government House leader on a point of order.

ESTIMATES

Hon. Yasir Naqvi: I believe we have unanimous consent to put forward a motion without notice with respect to the Standing Committee on Estimates.

The Speaker (Hon. Dave Levac): Government House leader is seeking unanimous consent to put forward a motion without notice. Do we agree? Agreed.

Hon. Yasir Naqvi: I move that, notwithstanding standing order 60, the Standing Committee on Estimates consider the 2016-17 estimates of the Ministry of Agriculture, Food and Rural Affairs following routine proceedings on Tuesday, October 25, 2016; and

That on Wednesday, October 26, the Standing Committee on Estimates meet at 3 p.m. to resume consideration of the 2016-17 estimates of the Ministry of Energy, and is authorized to meet beyond 6 p.m. until completion.

That upon completion of consideration of the 2016-17 estimates of the Ministry of Energy, the committee shall resume consideration of the 2016-17 estimates of the Ministry of Agriculture, Food and Rural Affairs at its next regularly scheduled meeting.

The Speaker (Hon. Dave Levac): Mr. Naqvi moves that notwithstanding standing order 60—

Hon. Yasir Naqvi: Dispense.

The Speaker (Hon. Dave Levac): Dispense? Dispensed. Do we agree? Carried.

Motion agreed to.

The Speaker (Hon. Dave Levac): I thank all members for their introductions. It's therefore now time for question period.

ORAL QUESTIONS

POLICE SERVICES

Mr. Rick Nicholls: My question is to the Premier. Parents shouldn't have to worry whether their child will come home at the end of the day. As of today, Ottawa has experienced 57 shootings, its highest ever. The frequency and public nature of these recent shootings is unacceptable and it has to stop.

Ottawa's police work extremely hard, but in the 2016 budget, the Liberal government, which included the former Minister of Community Safety and Correctional Services from Ottawa, cut the Ottawa police anti-gang program, taking police officers off the streets.

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Mr. Speaker, the impact has been clear. Why did the Liberals cut funding to this vital program that helped keep the streets of Ottawa safe?

Hon. Kathleen O. Wynne: I believe the Attorney General may want to weigh in on this.

Let me just say that of course, any violent act—any harm—that's done to a citizen or a resident of this province anywhere is unacceptable. It's up to communities and government to do everything that we can to prevent that kind of violence, which is exactly why we have in-

creased police funding. We created the PAVIS funding and made those investments across the province. The efforts of local police services and other safety partners have resulted in Ontario having among the lowest police-reported crime rates in all of Canada for the past decade.

But the money that has been invested—we need to make sure that that money is invested in the right way.

Interjection.

The Speaker (Hon. Dave Levac): The member from Nepean–Carleton will come to order.

One sentence, please.

Hon. Kathleen O. Wynne: The Provincial Anti-Violence Intervention Strategy, which is what the member is talking about, has been reinvested. I'll say more in the supplementary.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Rick Nicholls: Fifty-seven shootings, and it keeps getting higher. Back to the Premier: Liberals continue to underfund mental health services as well as de-escalation training, forcing police officers to become de facto front-line mental health workers. While Ottawa is a great place to live, work and raise a family, we can do better and we must do better. Parents shouldn't have to worry whether their child will come home at the end of the day.

There have been a record number of shootings in Ottawa this year, the year the Liberals cut funding to the anti-gang and anti-gun-violence program. In fact, the Ottawa Police Association president, Matt Skof, said, "It's well known to those engaging in criminal activity that the unit isn't around" and the cut is emboldening gang members.

Will the Premier explain the Liberal priorities and why they would cut this program?

Hon. Kathleen O. Wynne: As I was saying, the funding for the Provincial Anti-Violence Intervention Strategy program has been reinvested. It is now with local police forces to determine how to allocate that funding. Of the \$55 million we've invested, \$4 million of that has gone to Ottawa.

What we need is that money to be targeted at the programs that work, the strategies that work, working with community agencies and coordinating that work so that there's a prevention strategy in place as well as reacting to violent incidents.

That money has been reinvested, Mr. Speaker. The police boards are now able to allocate those dollars and we're very, very convinced that police on the ground will continue to improve those crime statistics, as they have been doing for a decade.

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. Rick Nicholls: It's ironic that she talks about allocating funds.

Back to the Premier: The Liberals have spent \$4 million on the salary of the new Hydro One CEO. They wasted \$70 million on a failed ORPP. They cancelled gas plants for \$1.1 billion. Last week, they spent \$12 million on high-priced consultants and promotional ads instead of low-income families struggling to pay their hydro

bills. Meanwhile, they're cutting the very funding that keeps our streets safe, and that must change. I question "allocating funds."

Will the Liberals restore their short-sighted cut to the Ottawa anti-gang and anti-gun-violence program?

Hon. Kathleen O. Wynne: Attorney General.

Hon. Yasir Naqvi: I'm very happy to answer this question. Let me get some facts absolutely clear.

First of all, the PAVIS program has not been cut. Second of all, the funding for the Ottawa Police Service under this government has actually gone up just last year by \$300,000.

In fact, this is the government which has been undoing the download that the previous Progressive Conservative government has done by downloading court security costs to municipalities—

Interjections.

The Speaker (Hon. Dave Levac): Finish, please.

Hon. Yasir Naqvi: It's clear: When it hurts, they shout back.

This is the government that has uploaded that court security cost to make sure that our municipalities and our police service in Ottawa, in particular, have more resources available to them. Our police chief, Charles Bordeleau, and our men and women of our Ottawa Police Service are extremely hard-working. They're working hard to make sure that Ottawa remains a safe city.

AUTISM TREATMENT

Ms. Sylvia Jones: My question is for the Premier. On October 3, my leader and I visited Yes I Can Nursery School, which provides unique programs for children with autism. We heard from the school that they will no longer receive funding from the government and have called on the government to restore their funding. Both my leader and I have repeatedly called on the government to reverse this cut. I understand the Minister of Education has finally agreed to meet with Yes I Can. Will the government be offering sustainable funding for Yes I Can at this meeting?

Premier Wynne: Associate Minister of Education (Early Years and Child Care).

Hon. Indira Naidoo-Harris: Thank you so much for that question. I want to point out that our government is proud of the initiatives we are undertaking to give children the best start in life, and we are definitely committed to the early years of a child's life. We want to make sure that everyday life is easier for our children and families across Ontario. That's why we're moving forward with 100,000 new spaces over the next five years.

Let me talk a little bit about Yes I Can and the funding they've been receiving over the last few years. We have been supporting them through the municipalities fund that goes to the city of Toronto. However, they did get one-time transitional funding to help them come up with a sustainable plan when it comes to finances. But their funding was one-time transitional funding in order to

allow them to develop an adequate and sustainable financial position, and that funding is over with.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Sylvia Jones: You know, the reality is that if this funding is not restored, they have two choices: They will eliminate the program or they will ask parents who have children with special needs to pay more. Which is it, Minister? Are you asking parents to pay more simply because their child has a special need, or do you want this program shut down? That's the answer.

Hon. Indira Naidoo-Harris: Thank you very much for that question. Again, we do fund child care in this province, but we do it through a very strict set of rules. Here's what we're doing: We are moving more than \$1 billion a year towards child care funding. That funding—

Applause.

Hon. Indira Naidoo-Harris: Thank you. That funding moves to municipalities. What that means essentially, in this instance, is there is funding and sustainable funding that is going to the Yes I Can Nursery School at \$300,000—\$300,000 of funding. If that community and the parents there feel that isn't enough, and if the daycare and nursery feel it isn't enough, they should be having that conversation with their municipality and also with the local managers who are making those decisions.

What I can tell you is that they have been receiving the funding. They will be receiving the funding over the next year—\$300,000.

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Sylvia Jones: This government has been attacking families of children with autism for years. You've taken them to court. You've threatened to cut their children off IBI —

Interjections.

The Speaker (Hon. Dave Levac): Start the clock. First to the Chair. To the Chair, please, and come to order. Thank you.

Ms. Sylvia Jones: Speaker, the government doesn't want to hear this, but it is the reality on the ground in Ontario if you have a child with autism. They've threatened to kick children off the IBI wait-list. Will the Premier finally show some support to families with children and reinstate sustainable funding to Yes I Can Nursery School?

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Be seated, please. Thank you.

Associate minister.

Hon. Indira Naidoo-Harris: I want to get back to the fact that yes, we have doubled the funding to over \$1 billion a year. We provide funding to the city of Toronto, who then funds a number of local child care programs, including Yes I Can Nursery School at \$300,000. We know that Yes I Can Nursery School provides valuable services to families. There is a meeting set up on October 31 with officials to discuss the plan and the way forward. Our past support to Yes I Can Nursery School was one-time transitional funding. We encourage Yes I Can

Nursery School to continue to work with its local municipality to continue its great service across the GTA.

1050

Our government is committed to ensuring that every child has access to the supports they need to succeed, including students here at Yes I Can Nursery School.

ENERGY POLICIES

Mr. Peter Tabuns: My question to the Premier: Does the Premier have an internal estimate of what Ontarians could end up paying for the Liberal decision to try to cancel the \$5.5-billion contract signed with Windstream?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Glenn Thibeault: I'd like to thank the honourable member for the question.

When it relates to the Windstream tribunal decision, Mr. Speaker, we have 20 days to review the entire decision, and we are working with our federal counterparts to ensure that we look at all issues that are relating to this. We are very concerned, as we would be, and doing our due diligence is very important, and so that's what we will continue to do over the total 20 days. We will work with our federal counterparts and we will work with our lawyers to determine what steps are next.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Peter Tabuns: Speaker, I did ask a very different question.

Nonetheless, I spent months on the gas plants committee, getting to the bottom of how the Liberals wasted \$1.1 billion by putting the interests of the Liberal Party ahead of people in Ontario struggling to pay their hydro bills. When Liberals and Conservatives signed private energy contracts, it means Ontarians are locked in to paying the profits of those private energy companies. What we learned in the gas plants scandal is that when Liberal politicians cancel those private contracts, people still end up on the hook for paying those profits.

How much are Ontarians going to have to pay because the Liberals signed a \$5.5-billion private energy contract with Windstream? How much?

Hon. Glenn Thibeault: I don't think that the member is hearing what we're saying. We have a 20-day moratorium in which we have to work with our federal counterparts to review the decision, and that's what we're doing, Mr. Speaker. We're carefully reviewing that decision, and we're going to continue to work with Canada because we believe that they're doing the same.

Our decision to place a moratorium on offshore wind is one our government still believes is correct. So we're taking this cautious approach to offshore wind, which includes finalizing research to make sure that we are protective of both human health and of the environment.

We've been advised of the tribunal's decision in the NAFTA chapter 11 dispute between US-based Windstream Energy LLC and Canada. I think it's important to state that the tribunal dismissed the majority of claims, with the final \$25-million award being significantly less. We'll continue to work with Canada on this.

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. Peter Tabuns: Man, talk about avoiding the question.

Speaker, cancelling the gas plants cost Ontarians over \$1 billion because the Liberals signed private power contracts. Selling Hydro One will cost Ontarians because the Liberals are handing it over to private owners. Now because the Liberals signed a \$5.5-billion private wind contract, Ontarians could be on the hook for paying 20 years of profits with zero years of electricity.

Let's be honest. If this had been a public project that had been cancelled, we would be on the hook for those items that have been purchased. Because it's a for-profit project, Ontarians could be on the hook for billions of dollars in profits.

Are Ontarians looking at the gas plants scandal all over again?

Hon. Glenn Thibeault: Let me once again be very clear that we are reviewing the decision. We have 20 days to do so, and we'll continue to do so.

In the member opposite's question, he's being very speculative.

For us on this side, let's talk about some of the facts. When it comes to renewable energy, we have 18,000 megawatts of renewable energy online. We are one of the best in North America when it comes to renewable contracts. We are very proud that we've eliminated coal. We've invested in renewables. We don't have to send out warnings anymore about smog days, so people can go outside and breathe appropriately.

Mr. Speaker, we're very proud of our record on this side of the House, and when it comes to Windstream, we're going to continue to work with the federal government to look at all aspects and do our due diligence.

ELECTRONIC HEALTH INFORMATION

M^{me} France G  linas: Ma question est pour la premi  re ministre.

Figuring out the sale price of eHealth and other health assets will take experts. Ed Clark cannot do that alone. My question is simple: How much has been spent on consultants and how many members of the public service have been used to build a case to privatize our eHealth assets?

Hon. Kathleen O. Wynne: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: On a Monday morning, I just love getting questions like this, because as we've said so many times, there are no plans to sell eHealth. We will not be selling or privatizing eHealth or any of its components.

The simple reason why we've asked Ed Clark to do this value-for-money review is so as we move forward to—there's a very real deadline where the current mandate of eHealth is due to expire at the end of next year. We are in a completely changed environment with regard to the opportunities for digital health; whether that's the consumer-facing side of it or even looking at how much we've built up eHealth in the past decade in this province. It's responsible, I think.

My caucus and I think Ontarians would agree for us to look at what we have created in this province. We have national bodies that have told us there is immense value in what we've created. We want to articulate that explicitly.

The Speaker (Hon. Dave Levac): Supplementary.

M^{me} France Gélinas: It is entirely possible that the Liberal government has been working on privatization plans for the last 11 months, and I have a feeling they're not quite done. When the Premier decided to sell off Hydro One, Ontarians got stuck with the \$7-million bill for secret consultant contracts. Now I'm asking how much has been budgeted and how much has been spent on consultants to privatize some or all of eHealth.

Hon. Eric Hoskins: I don't know how many times I can say this: eHealth is not for sale. I know that they weren't satisfied with us repeating numerous times last week that eHealth and its components are not for sale, including the intellectual property of how we've built that up successfully over the past decade. Obviously not being satisfied with that response, now they've gone into a deeper conspiracy that somehow we've been planning this in the past.

Mr. Speaker, we have not invested funds to privatize eHealth, to consider privatizing eHealth, because we are not privatizing eHealth.

The Speaker (Hon. Dave Levac): Final supplementary.

M^{me} France Gélinas: Selling Hydro One is making life harder for every Ontarian and every business that pays a hydro bill. But for high-priced consultants, it is a red-letter day, Speaker. Will the Premier release the list of consultants working for Ed Clark to do a value-for-money review or to leverage eHealth assets?

Hon. Eric Hoskins: Once again, eHealth is not for sale. It will not be privatized. Also, the patient records that are part of that, that's part of the aspect of eHealth which will not be privatized, will not be monetized. We take it very seriously. I can tell them one individual that Ed Clark will be consulting with, and that's the Information and Privacy Commissioner, Mr. Speaker.

GOVERNMENT SPENDING

Mr. Victor Fedeli: My question is for the Premier. Speaker, somehow this government keeps finding new ways to waste taxpayer money without ever delivering anything: \$12 million on consultants, no hydro relief; \$70 million, no pension plan; \$308 million on OLG, nothing to show for it; \$1.1 billion on gas plants, no gas plants.

Interjections.

The Speaker (Hon. Dave Levac): Finish, please.

Mr. Victor Fedeli: Speaker, this government even wastes money doing nothing at all. I ask the Premier, why do you keep wasting millions of dollars delivering nothing in return?

Hon. Kathleen O. Wynne: I notice that no one in the House this morning has asked a question about the Ontario-Quebec energy agreement. I'm surprised. I'm very surprised that there wasn't a question because I believe, Mr. Speaker, I've heard calls from the other side

of the House that Ontario and Quebec work together. We are working together. Working with Quebec to get that clean Quebec power will save \$70 million over seven years. That's just one of the things in the list of things that we are doing to take—

Mr. John Yakabuski: You've wasted \$1.1 billion on gas plants.

The Speaker (Hon. Dave Levac): The member from Renfrew.

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Interjection: I didn't say a word.

The Speaker (Hon. Dave Levac): She's talented enough to make you sound loud; that's her issue.

Carry on.

Hon. Kathleen O. Wynne: It's just one of the things we are doing to take costs out of the system and to reduce greenhouse gas emissions. It's good news. I'm surprised nobody has mentioned it.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Victor Fedeli: Back to the Premier: Families across Ontario are suffering because of this government's decisions. We now learn this government once again wasted millions of taxpayer dollars in exchange for nothing. This time, their political decision on wind energy put Ontario taxpayers on the hook for another \$28 million. Families are now expected to pay for a wind project that was never even built. This is yet another example of this government's waste, mismanagement and scandal.

I'll ask the Premier again: Why do you keep wasting millions of taxpayer dollars that deliver nothing in return?

Hon. Kathleen O. Wynne: I assume from the tone of this question, and from the substance, quite frankly, that the member opposite would be supportive of the Quebec-Ontario agreement that was signed on Friday.

Let me just talk a little bit about what that is. Under the agreement, Ontario can import up to two terawatts of power. Just for context, Mr. Speaker, that's enough power to power the city of Kitchener for a year, so it's a massive amount of electricity power that is part of this deal. This agreement will reduce electricity system costs for consumers by about \$70 million. That's \$10 million a year for seven years. And as I've said, that is just one of the things that we are doing to take costs out of the system.

I heard someone over on the other side heckle about making Quebec great. If Quebec is great, Ontario is great, Canada is great. We work together in this country.

LONG-TERM CARE

M^{me} France Gélinas: Ma question est pour la première ministre. In this beautiful province of ours, we should be able to provide quality care to seniors living in long-term-care homes, but that's not happening today. Arthur Jones moved into a private, for-profit long-term-care home. Soon after, he suffered from malnutrition and dehydration. He fell repeatedly. He developed a huge bedsore. He spent his final weeks in hospital in excruciating pain.

My question is simple: How can this happen in Ontario?

Hon. Kathleen O. Wynne: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: The member opposite knows, as Ontarians need to know, that the safety and well-being of our seniors, wherever they might call home, is of paramount priority to me as Minister of Health and to this government. While the member also knows that I can't comment on the specifics of this case, I can't even begin to imagine the challenge that the family has gone through as a result of this.

But let me be absolutely clear that we have a zero tolerance policy when it comes to abuse or neglect, again, wherever that might take place. There are many, many Ontarians who call long-term-care homes their home, and it is their home and their residence.

We continue to work with the various oversight bodies responsible for regulating our health professionals to make sure that that safety is provided.

The Speaker (Hon. Dave Levac): Supplementary?

M^{me} France Gélinas: Words are not enough. We need action. We need big changes in long-term care, because Mr. Jones is not alone. His family is part of a lawsuit with 82 other families against this one private, for-profit care home chain.

The Liberal government has had plenty of opportunity to act. Families have been demanding change for many years. The coroner, after investigating multiple homicides, told this government that more staff was needed to provide bedside care. Front-line workers are asking for a guaranteed minimum standard of care so this does not continue to happen over and over again.

What will it take for this government to finally step up to the plate and prevent anyone else from suffering the indignity and pain that Mr. Jones had to go through in this for-profit long-term-care home?

Hon. Eric Hoskins: In 2014, we implemented a measure where every single long-term-care home in this province would be rigorously inspected. In 2014, 100% of long-term-care homes were inspected; and again, in 2015, 100% of long-term-care homes were inspected. We've looked, and the Auditor General has provided us with very sound advice, for how we can further strengthen that regime by targeting those long-term-care homes where challenges or problems have been identified.

I know the member opposite has a private member's bill with regard to minimum hours of care. That actually runs against the expert panel and the work of the Sharkey report several years ago, in 2008, which recommended against specific minimum hours because every patient is unique and different. We need to make sure that long-term-care homes plan for the level of services that each individual needs, and we expect that.

SPORTS FUNDING

Mr. Lou Rinaldi: My question is to the Minister of Tourism, Culture and Sport.

Minister, Ontario celebrated the outstanding performance of our Olympic athletes with a contribution of 15 of Team Canada's top 22 medals, including four gold, two silver and nine bronze.

More than half of Ontario athletes in Rio also competed in the Toronto 2015 Pan Am Games and had the benefit of experiencing competition in a high-pressure international multi-sport event. The Rio Olympics are one example of how the Toronto 2015 Pan Am Games legacy is translating into outstanding performances on the global stage.

I also had the privilege of seeing Penny Oleksiak, at 16, make history as the first Canadian swimmer to win four medals in a single summer games. Penny also set an Olympic record of 52.70 seconds in the women's 100-metre freestyle and became the first athlete born in the 21st century to win—

The Speaker (Hon. Dave Levac): Thank you. Minister of Tourism, Culture and Sport.

Hon. Eleanor McMahon: I'd like to thank the hard-working member for his question.

Last summer, Ontario athletes won 109 Pan Am medals and 63 Parapan Am medals, with 45% of all medals won by Team Canada. We welcomed the world to our province and successfully hosted the largest, most accessible and most transparent multi-sport games in Canadian history. The games showcased Ontario at its best to an international audience, attracting tourists, jobs and new business investments. More than one million tickets were sold in 15 municipalities. Ten new internationally certified sports venues and 15 renovated venues were built in places like Minden, Milton, North York, Scarborough, Etobicoke, Caledon, Markham and Hamilton, and even North Bay. Yes, North Bay benefited too. Olympic-grade beach volleyball sand used during the games was shipped to North Bay for a world-class volleyball facility there.

Above all, Speaker, we're going to continue making these kinds of investments because they inspire athletes like Penny Oleksiak and the next generation, and that is priceless.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Lou Rinaldi: Thank you to the minister. It is fantastic to hear how wide-reaching and how successful our government's investment in the games has been.

This year, Ontario invested \$16.76 million towards Ontario athletes and sporting events, helping athletes reach the highest levels of international competition and supporting the ongoing operation of key sporting venues.

This year, 49 Ontario para-athletes were part of the Canadian team that competed in 19 out of 23 sports. Ontario contributed to four of Team Canada's total 29 medals, helping Canada finish 14th in overall medal standings. These athletes are an inspiration for future athletes and role models for all.

Mr. Speaker, through you to the minister: Can you tell the members of this House about how Ontario supports our athletes?

Hon. Eleanor McMahon: I want to again thank the member from Northumberland—Quinte West for his ques-

tion. It's always a joy to stand in this House and talk about our support for our amazing athletes.

Currently in its 10th year, Ontario's Quest for Gold program offers \$9.76 million to our athletes, including \$6.36 million in direct funding for athletes—over 1,200 of them—and \$3.4 million this year through sport organizations to enhance coaching, training and competitive opportunities.

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The province has also contributed an additional \$7 million towards the Toronto 2015 Sport Legacy Fund, which is helping the long-term development of amateur sport by supporting the ongoing operation and maintenance of key legacy facilities of the games, including the Toronto Pan Am Sports Centre, the Mattamy National Cycling Centre and the Pan Am/Parapan Am Athletics Stadium at York University. Ontario's \$7 million in the Toronto 2015 Sport Legacy Fund brings the total provincial investment in the fund to \$12 million, something we can all be proud of.

NIAGARA ESCARPMENT

Mr. Bill Walker: My question is to the Minister of Natural Resources and Forestry.

Mr. Speaker, I hand-delivered to the minister more than 1,000 petitions signed by people in my riding who are concerned over the lack of clarity of what's being proposed under the Niagara Escarpment expansion plan for Bruce–Grey–Owen Sound. It's a proposal that no one seems to be able to wrap their head around. If the plan goes forward, Grey county municipalities will lose \$700,000 per year in tax revenues. It's a huge loss, and this is why the warden and Grey county council, the mayor and council of Meaford, as well as other neighbouring municipalities have called on the minister to abandon the proposal.

My question is simple: Will the minister heed the feedback from the majority of respondents in my riding, which is to drop the NEC expansion proposal for Bruce–Grey–Owen Sound?

Hon. Kathryn McGarry: Thank you very much to the member for that important question.

As the member knows, right now Ontario is undergoing a coordinated land use planning event that many, many municipalities are being asked to weigh in on—including the Niagara Escarpment Plan. Certainly, this is something that I've been in contact with many municipalities about. I've had many delegations at the recent AMO conference. This has been up on the Environmental Registry to be able to gather good comments from not only municipalities, but stakeholders, landholders and the like. So this is an area where all of us, working together, are going to be coming together with a plan that respects the landowners, that does protect our essential lands, which we need to do for biodiversity and other environmental reasons in the future.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Bill Walker: Back to the Minister of Natural Resources and Forestry: I respect that her ministry is trying

to sort through it, but it's a little too late. With seven days left until consultations end, the proposal seems to be too much for anyone to handle, which is why complaints continue to pour into her office every day. Some 1,000 people have given her their comments. They don't want this to happen.

Mr. Speaker, the minister knows she is under no obligation to push this through, especially when there's so much confusion and lack of information about the overall impact of adding 45,000 hectares under the NEC jurisdiction. Again, the only certainty is that this proposal will cost these rural municipalities and the people who live on this land almost \$1 million in lost tax revenues.

Through you, Speaker, I ask: Will the minister stay true to her word? She promised meaningful consultations. This is her opportunity to prove what meaningful means. Will she end the mass confusion by dropping the NEC expansion proposal for Bruce–Grey–Owen Sound?

Hon. Kathryn McGarry: I thank the member opposite for the supplementary question.

Again, I'd like to reiterate that the Ministry of Natural Resources and Forestry is working very well with the other partner ministries at the moment, including municipal affairs, in order to look at the issues around a coordinated land use plan of Ontario, and that includes the four provincial land use plans. The second round of public consultation is still going on, until October 31. My ministry and others are still gathering comments on the proposed plans, so I encourage those who are interested to continue to put their comments on the Environmental Registry before October 31, after which my ministry will be looking at those very thoughtfully, coordinating with other partner ministries and coming up with proposing amendments to the Niagara Escarpment Plan, which, again, is up on the registry right now for review and comment.

We will be continuing to work closely with our partners and stakeholders in Ontario to ensure that the coordinated land use plan moves ahead in an appropriate and balanced way for all.

STUDENT ASSISTANCE

Ms. Peggy Sattler: My question is to the Premier. A new Forum Research poll shows that two thirds of Ontarians support the NDP's plan to remove interest from student loans. They agree that post-secondary education should be a path to a brighter future with many opportunities, not a path to years and years of debt that delay young people from starting a home, starting a family and other life milestones.

Does the Premier agree with two thirds of Ontarians that interest should be removed from student loans?

Hon. Kathleen O. Wynne: Minister of Advanced Education and Skills Development.

Hon. Deborah Matthews: Speaker, we are in fact eliminating debt for many, many thousands of students. We are moving forward with the most ambitious reform of student assistance in North America, and we are very

excited about the opportunities that will bring to students across this province, because we absolutely believe that access to post-secondary education should be based on your ability to learn and your hard work, not on your ability to pay. I absolutely expect the member opposite and the party opposite to support us as we move forward bringing in the new reformed OSAP.

Ms. Peggy Sattler: Too many young people in Ontario are graduating and unable to enter the careers they dream of. Instead, they can't find work, or they end up underemployed in jobs that do not leverage their skills and talents.

After four years of university, young people in Ontario who rely on financial assistance are graduating with average debt loads of \$28,000, and that doesn't include the private loans that many students also carry. We have reached a tipping point in this province, and young people deserve better.

My question to the Premier: Why does her Liberal government think that it is okay to profit from interest charged on student debt? If two thirds of Ontarians support interest-free student loans, why doesn't the Premier?

Hon. Deborah Matthews: Let me repeat: We are actually eliminating debt for many, many thousands of students. Some 150,000 students will have grants that are higher than their tuition. That's a very big deal, and we really do support—I think we're all on the same page. We want students to be able to go on to post-secondary education without worrying about the financial costs. We have an important message to get out to students across this province, and I'm going to talk to the students in the gallery today—

The Speaker (Hon. Dave Levac): No, you're not.

Hon. Deborah Matthews: You could go on to post-secondary education. You don't need to worry about—

Interjections.

The Speaker (Hon. Dave Levac): I meant it when I said, "No, you're not." All questions and answers get put to the Chair.

Interjections.

The Speaker (Hon. Dave Levac): Armchair not needed.

New question.

ARCHIVES OF ONTARIO

Ms. Sophie Kiwala: My question is to the Minister of Government and Consumer Services. On July 1, 1867, three colonies—the province of Canada, New Brunswick and Nova Scotia—joined together to become the Dominion of Canada. Next year, we will be celebrating the 150th anniversary of Ontario as a province within this great country. I think we can all agree that we're lucky to live in this province and that we're looking forward to celebrating Ontario's rich and vibrant history.

The Archives of Ontario will be of special service next year, providing us all with extensive and exceptional documentation of our collective history. Will the minister

inform the House of the archives' plan to celebrate Ontario150?

Hon. Marie-France Lalonde: I want to say thank you to the member from Kingston and the Islands for that question. Ontario's 150th anniversary provides us with a great opportunity to reflect on our shared past.

Just last month, I had the pleasure of visiting the archives' head office at York University to see the Family Ties exhibit. It explores the era of Confederation and how families lived during that time. The exhibit features a display on Chief Shingwauk, and I would say this is a very important and particularly moving story of the impact of Confederation on indigenous peoples. I would also like to add that this Archives of Ontario exhibit is free of charge and an exceptional place to take the entire family.

Monsieur le Président, I encourage all Ontarians to visit—j'invite tous les résidents de l'Ontario à visiter—the archives, as our historical records help us understand our—

The Speaker (Hon. Dave Levac): Thank you. Supplementary.

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Ms. Sophie Kiwala: I want to thank the minister for her information on the Archives of Ontario and its Ontario150 plans. I know that in my riding of Kingston and the Islands, we have a robust appreciation for our history as evidenced in our city's motto: "Where history and innovation thrive." I can tell you that we are very much looking forward to Ontario's 150th.

In addition to its fascinating exhibits and displays, the Archives of Ontario provides the people of this province with important services. It is also an important institution that the government frequently relies on. Can the minister please speak to the significance of the Archives of Ontario?

Hon. Marie-France Lalonde: Thank you again to the member from Kingston and the Islands for the question.

Since 1903, the Archives of Ontario has been the source of information about the history of the province and its people. The Archives of Ontario houses both public and private records, including 106,000 metres of text records, 4.4 million photographs and four terabytes of electronic records. It's through this wide selection of public records that the archives can create exhibitions such as Family Ties.

For all who cannot make it to Toronto, the Archives of Ontario maintains an incredible amount of resources online. The archives also offer travelling, curriculum-linked workshops at schools.

Mr. Speaker, the Archives of Ontario gives us a chance to reflect upon our past and to remind ourselves of how fortunate we all are to live in this great province.

AGRICULTURE INDUSTRY

Mr. Toby Barrett: To the Minister of Agriculture, Food and Rural Affairs: The Ontario Chamber of Commerce recently reported serious pressures on our agri-

food sector: rising input costs and foreign competition. The chamber laments the dramatic 383% increase in electricity prices, from 4.7 cents a kilowatt hour back in 2004 to today's 18 cents at peak. That makes it very expensive to provide lighting, cooling, to run pumps and milking machines in a modern dairy operation.

The Ontario chamber issued the government a call to action. The Dairy Farmers of Ontario are here today. Will the minister tell dairy farmers what action he will take on these pressing problems?

Hon. Jeff Leal: I want to thank my friend the honourable member from Haldimand–Norfolk for his question about the dairy industry in the province of Ontario. I had the opportunity to meet with representatives of the DFO this morning, including Will Vanderhorst, who's a director from my wonderful riding of Peterborough.

It's interesting. The message that was given to me by the Dairy Farmers of Ontario is somewhat different than what was just articulated by the member from Haldimand–Norfolk. They happen to tell me that the dairy industry in Ontario has never been in better shape. In fact, just recently, because of expansion of the dairy industry in the province of Ontario, they just released 6% more dairy quota in the province because dairy farmers are growing.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Toby Barrett: Minister, they're not my words; it's the Ontario chamber, their report. It's titled Fertile Ground. It also highlighted the regulatory burden facing agribusiness. As they've indicated, policies are not evidence-based. They're not transparent. They're not unbiased. There's a lack of homogenization provincially and federally. How do dairy farmers, for example, understand, navigate and comply with such a schmozzle?

One farm operation told us that they typically respond to two or three EBR postings a year, but last year they responded to more than 20. These things take time. Often, it's in the middle of haying or working up ground or spreading manure.

Again, what action is the minister taking to cut the unnecessary rules and regulation, the bureaucratic red tape, the paperwork—

Interjection.

The Speaker (Hon. Dave Levac): I remind the member that when I stand, you sit.

Minister of Agriculture?

Hon. Jeff Leal: I want to thank the honourable member for his supplementary question.

Let's really look at the facts of agriculture in the province of Ontario: \$36.6 billion to Ontario's GDP—790,000 Ontarians are employed in this sector every year. Last year, farm gate receipts in 2015 were \$12 billion in the province of Ontario. Mr. Speaker, that's \$12 billion.

By and large, all sectors of Ontario's agriculture sector are growing each and every year. We're well on our way to meet the Premier's goal of 120,000 new jobs in this industry by the year 2020, and around the world, Ontario's food has the best reputation on an international basis.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. New question.

LABOUR DISPUTE

Mr. Taras Natyshak: My question is to the Premier. Speaker, this government defines a strong library system as “a cornerstone of a strong community” that “contributes to education, literacy and lifelong learning for Ontario residents.” Yet for over 100 days the people in my riding of Essex have been without their library services due to a strike. We've reached a tipping point in Essex. What has the Premier been doing and what can she do to get library services to the people of Essex back up and running?

Hon. Kathleen O. Wynne: Minister of Tourism, Culture and Sport.

Hon. Eleanor McMahon: I want to thank the honourable member for his question. You know, Speaker, here on this side of the House we value the contributions of public libraries in building strong and vibrant communities right across our province. We recognize them as essential gathering places for culture and learning and exchanges in technology. In fact, new Canadians flock to our libraries because they understand that they are an opportunity to engage in a wider-community conversation.

Of course, the honourable member asked about the specific situation in Essex. I can't comment on an ongoing labour dispute. I think the honourable member knows that. But I'm happy to talk with him off-line if there is some specific situation analysis he wants to offer or some problems or answers to the specific issue that he wishes to pursue. But, all in all, on this side of the House, support for our libraries remains an integral part of building Ontario up and that support is going to continue.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Taras Natyshak: Speaker, I've met with local councillors to encourage a resolution. I've been to the line. New Democrats have a plan for good jobs where workers can get sick and not have to fight for time off, and support the idea that strikes and lockouts shouldn't drag on indefinitely. We implore the minister to intervene on this issue. She should get involved and extend all the resources that she can through her ministry to find a solution as soon as possible. We cannot wait another day in Essex. We shouldn't have to wait another 200 days or two years to get this thing resolved. Will the minister extend her resources and her support to those who are on strike to facilitate a resolution to this strike?

Hon. Eleanor McMahon: As I mentioned in my earlier comment, Speaker, our government values the contributions of public libraries in building strong and vibrant communities across our province. In this particular instance, I encourage the employer and the union to make every effort to resolve their differences at the bargaining table, and it's important that we don't interfere in this process. Ontario has an excellent record of dispute resolution. In fact, Speaker, 98% of all agreements are

reached without strikes or lockouts. We are confident that by working together the two parties can reach a settlement. As I mentioned earlier, we believe strongly in the dispute resolution process. We urge the parties to continue to stay at the bargaining table and we offer that as comment on this particular situation. Thank you.

SCHOOL FACILITIES

Ms. Ann Hoggarth: My question is for the Minister of Education. Ensuring students receive the best possible education, not only in my riding of Barrie but all across Ontario, is our government's top priority. As an MPP and as an educator, I know Ontario has a lot to be proud of in terms of student achievement, thanks in large part to our great educators and other staff.

Just this morning, our government announced additional funding dedicated to build new schools and expand existing ones across Ontario. Speaker, through you to the minister, what is the Ontario government doing to ensure students are learning in buildings that can better support their achievement and well-being?

Hon. Mitzie Hunter: I want to thank the member for her question. I know how hard she is working on behalf of her constituents.

Mr. Speaker, investing in our schools is one of the most important infrastructure investments that we can make for close to two million students here in Ontario. Since 2004, we've invested more than \$15 billion in infrastructure, including nearly 760 new schools and more than 735 additions and renovations.

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This past June, we announced an additional \$1.1-billion investment over the next two years to fund school renewal. Ontario is making the largest investment in public infrastructure in our province's history. We're providing school boards across Ontario with more than \$12 billion over 10 years. We continue to support school boards across Ontario to ensure that all students have safe and healthy learning environments so that they can reach their full potential.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Ann Hoggarth: Thank you, Minister. We are extremely proud of the investments made towards education. These investments will help build new schools in areas of high growth, including south Barrie, improve the condition of existing schools and invest in projects to reduce surplus space through consolidation.

It is important that we continue to support school boards in maintaining and improving the condition of Ontario schools. Minister, can you please tell us more about what the school boards will be able to achieve with the additional funding announced this morning?

Hon. Mitzie Hunter: I want to thank the passionate member from Barrie for her question.

We are committed to supporting school boards and providing modern and stimulating learning environments for our students. Just this morning at Courcellette Public School in Scarborough Southwest, we announced that

Ontario is investing \$474 million this year to build 28 new schools and expand and renovate 23 existing ones. We're making this investment in 51 schools in 36 communities to address demand in areas of high population growth and to replace schools that are in poor condition.

Giving students the best possible learning environment and high-quality, modern buildings is part of our plan to build Ontario up and deliver on our top priority: growing the economy and creating jobs.

Mr. Speaker, Amy, a grade 2 student in Mrs. Reynolds's class, said, "Thank you, Premier, for investing in our schools and in our students."

ACCESS TO INFORMATION

Mrs. Julia Munro: My question is to the Premier. Provincial agencies have specific timelines for submitting and tabling annual reports. Over the past three years, of the 57 government agencies examined by the Auditor General, 95% missed the deadline. Upon further investigation, it was made clear that in most cases the annual report has been delivered to the minister, but has languished for months or even years on the minister's desk.

In the name of transparency, what steps have been taken to refresh this process and to provide annual reports in a timely manner to the Legislature?

Hon. Kathleen O. Wynne: Mr. Speaker, I can tell you that this is something that has been addressed by our cabinet. We are working with agencies and boards to make sure that those annual reports are received in a timely manner.

I agree with the member opposite that it isn't acceptable that those annual reports would languish, and so we will continue to work to further increase the timeliness of those reports. As I said, there are more of those annual reports being received in a timely way than there were two years ago, certainly, but there is more to be done.

The Speaker (Hon. Dave Levac): Supplementary.

Mrs. Julia Munro: Premier, while I agree that some changes, obviously, are necessary, at this point in time, these reporting requirements are not being met.

Each agency has an obligation to lay upon the table its annual report as a symbolic gesture of the Legislature's right to know and the people's access to the public record. However, you have interfered with this access in the February 2015 directive. Here, you have removed the obligation of these agencies to provide annual reports in a timely way.

Without a deadline, our right to know is being eroded. What are you hiding, Premier?

Hon. Kathleen O. Wynne: President of the Treasury Board.

Hon. Liz Sandals: Certainly, ministers are committed to working with their agencies to deliver reports in a timely manner. But one of the things that I'm really pleased that we introduced in 2010 was a systematic review of all of our agencies.

We know that when our agencies are originally set up, they may have one focus. We actually are going through

our agencies in a systematic manner, making sure the mandate is still a relevant mandate, because in some cases it's not, asking, "Are they effective at the mandate? Do they need to improve their practices?" and looking at the effectiveness and the efficiency of every agency. I'm very pleased with that cyclical work, making sure all agencies work.

EDUCATION FUNDING

Mrs. Lisa Gretzky: My question is to the Minister of Education. Months of hard work preparing for the test and an entire school day were lost with the cancellation of the EQAO literacy test, yet another IT blunder at the hands of this Liberal government. Failed pilot testing in 2015 and limited access to computers show that this Liberal government fast-tracked rolling out a program they knew simply was not ready. It was our young people who paid the price yet again.

Speaker, be it eHealth, SAMS or EQAO, why is this Liberal government continuing to fail on delivering the fundamentals, the basics?

Hon. Mitzie Hunter: I'm very pleased to receive this question from the member opposite because, first of all, I want to say to the students, the teachers and the entire education community that prepared for the test last Thursday how very disappointing it was that they were unable to complete the test. I understand that frustration and I know that EQAO has apologized to the schools.

EQAO continues to get to the root issue of what happened on Thursday, but they just posted an update this morning. EQAO released a statement regarding their investigation so far, and it confirms that the cause was a technical issue. It was intentional, it was malicious, and it was a sustained cyber attack on their system.

EQAO continues to investigate the matter, and they will look into how to prevent a similar incident from occurring in the future. I support them in their efforts and will continue to monitor this situation.

The Speaker (Hon. Dave Levac): Supplementary?

Mrs. Lisa Gretzky: Back to the Minister of Education: Before they rolled out the online OSSLT testing, they should have made sure there was security in place to stop a cyber attack.

Speaker, when half of our students are unsuccessful at provincial math tests and thousands are unable to even take their literacy test, underfunding of education has reached a tipping point. Students at the Rainbow District School Board have started a petition because they didn't know the online test was a trial and their tests wouldn't be marked.

With the right tools, education workers can do their jobs effectively, parents can be at ease and students can thrive. We can have the quality education we expect and deserve. When will this Liberal government admit that rushing online testing, cutting in-classroom support and underfunding programs like special education are failing our students?

Hon. Mitzie Hunter: Let me just say that EQAO has gone through an extensive process in preparing for this

test, and they were ready. The DDoS attacks that occurred were not limited to the EQAO server. Twitter's system went down from similar types of attacks.

We are in the process of looking into the root cause of this issue and developing processes to ensure that this doesn't happen again. The EQAO is doing an internal audit. They have also brought in external support to do the audit.

Mr. Speaker, we are moving to online testing because we know this is a better way to support our students so that they can take the test in the manner in which they would prefer. We want all of our students in Ontario to succeed and to excel, and we will continue to support them and also to support EQAO as it resolves this issue for us moving forward.

AGRICULTURE INDUSTRY

Mr. Arthur Potts: My question is to the Minister of Agriculture, Food and Rural Affairs. Just this month, we celebrated Ontario Agriculture Week, from October 3 to 9. It highlighted the incredible contributions that 52,000 hard-working farmers make in producing food with their families in Ontario. They are the key to almost \$36 billion in GDP and they employ upwards of 790,000 Ontarians in the agricultural food sector.

Just this week, we're welcoming representatives from the agricultural sector from Mexico, the United States and across Canada to the 25th Tri-National Agricultural Accord. I had the opportunity to go down to Mexico last year to the tri-national conference in Guadalajara as the lead Canadian political delegate representing him.

This is our opportunity to host this event, and I would like the minister, if he could, to expand on the role our government is playing at the 25th tri-national accord.

Hon. Jeff Leal: I want to thank the hard-working member for Beaches–East York for his wonderful question. Indeed, because of a family situation, he did an admirable job of representing me in Guadalajara at the tri-national conference last year.

We're looking forward—this week will be the 25th edition of the tri-national conference, the first time that Ontario has had the opportunity to host this conference. It will bring together the agricultural leaders of Canada, the United States and Mexico.

Mr. Speaker, I've got to tell you that this conference will be building bridges, not walls, to our good friends, both the United States and Mexico. We look forward to enhancing our relationship under NAFTA to make sure that more Ontario products go to the United States and Mexico.

The Speaker (Hon. Dave Levac): Thank you.

CORRECTION OF RECORD

The Speaker (Hon. Dave Levac): The Associate Minister of Education on a point of order

Hon. Indira Naidoo-Harris: Thank you, Mr. Speaker. I would like to correct my record. As I said in

my answer earlier, we provide funding to the city of Toronto, who then funds a number of local child care programs, including Yes I Can Nursery School, at \$350,000, not \$300,000—

The Speaker (Hon. Dave Levac): Thank you. There are no deferred votes. This House stands recessed until 1 p.m. this afternoon.

The House recessed from 1142 to 1300.

INTRODUCTION OF VISITORS

Ms. Catherine Fife: Please join me in welcoming representatives from the Ontario Public Services Employees Union, OPSEU: Marilou Martin, Mickey Riccardi, Cindy Falcao and Clarke Eaton. Welcome to Queen's Park.

The Speaker (Hon. Dave Levac): Welcome. Further introductions?

M^{me} France Gélinas: I'm really happy to introduce Hannah Iles. She is with OLIP, and will be in my office for the coming months. Welcome to Hannah.

The Speaker (Hon. Dave Levac): Welcome.

MEMBERS' STATEMENTS

PRESCRIPTION DRUG ABUSE

Mr. Michael Harris: One week after the Ministry of Health finally announced a strategy to address the explosion of fentanyl and opioid-related deaths on our streets, we saw five more overdoses in Waterloo region. Regional police and public health officials are issuing warnings to stem the loss of life tragically taking its toll on individuals and families alike.

While the government is taking first steps to address the issue on a more comprehensive basis, the rapid acceleration of heartbreaking loss due to an opioid/fentanyl overdose calls for immediate and equally accelerated response.

In April, the Waterloo Region Crime Prevention Council signed on to a letter to the Premier indicating, "A surge in opioid-related overdoses ... is anticipated this year." With one death every 14 hours in Ontario due to opioid overdose and new overdoses making headlines on a weekly basis, I submit that that prediction is now becoming a reality.

While our Waterloo Regional Police Service are warning users of the risks, their warnings are moot without comprehensive government strategy to address the killer quickly and head-on.

With fatalities mounting and with jurisdictions like BC declaring a public health emergency, we look for further recognition of the fatal impact of opioids here in the province of Ontario. Each day that passes, as we await that recognition and details on the upcoming federal-provincial National Opioid Summit in November, means more lives lost.

For those impacted families in Waterloo region and beyond, I ask that this government listen to the call of health and law enforcement professionals and treat this clear health crisis with the urgency that it deserves.

HUMAN TRAFFICKING

Ms. Catherine Fife: Over the weekend I attended Rock to Stop Human Trafficking, a fundraising event organized by women in my community who have been championing this issue for years.

Timea Nagy, a courageous survivor of human trafficking, has dedicated her life's work to advocate for a future where young women are not exploited and abused right here in Ontario. Timea's organization, Walk with Me Canada Victim Services, was chronically underfunded and under-resourced and was forced to close its doors on August 15, 2015.

Timea and her supporters are now fundraising to provide a five-day retreat in Waterloo region where survivors of human trafficking can relearn life skills and be supported by community leaders within a safe environment.

It is upsetting that in 2016 we are still holding bake sales and work barbecues to fundraise for a cause that is a matter of life and death. The Liberal government has promised money, but organizations within my community of Kitchener-Waterloo have seen very minimal funding increases that will barely cover the needs of one survivor, let alone address the problem holistically.

We should not let the sex trade stigma prevent action. No one chooses to be trafficked. To quote Timea, "They say that the sex trade is the oldest profession, but in reality, it is the oldest form of oppression."

When will this Liberal government live up to its promise and properly fund front-line community organizations? We have the leadership; now we need the investment in education, prevention and survivor support today.

HEALTH CARE FUNDING

Mr. Yvan Baker: Quality health care is critical to the people in my community in Etobicoke Centre, so striving for better access, better quality and better value for money is what we need to do to ensure that the care we need will be there, where and when we need it.

That is why I'm proud to share news about some successes and developments related to key health projects that I've been working on on behalf of my constituents in Etobicoke Centre.

My predecessor as MPP, Donna Cansfield, worked tirelessly over many years to improve the quality of health care in our community. Among the many causes that Donna took on, she advocated for the expansion of Etobicoke General Hospital and for additional support for Dorothy Ley Hospice.

Since my election to government, I've continued her advocacy. Earlier this year, Speaker, I had the pleasure of standing with Minister Hoskins as he announced that the

government of Ontario would be investing \$358 million to expand Etobicoke General Hospital. The expansion includes a large state-of-the-art emergency department, a new intensive care unit, a new maternal newborn unit, and a new ambulatory procedures unit.

I'm also pleased to share that Dorothy Ley Hospice, which serves our community, received additional funding of \$15,000 per bed from the government of Ontario this year to provide patients with greater access to community-based palliative care and end-of-life care.

Mr. Speaker, these investments will make a significant difference for people in my community of Etobicoke Centre. But I will not stop there. I will continue to be an advocate to ensure that we provide the people of Etobicoke Centre and the people of Ontario with the accessible, consistent and quality care that they need and that they deserve.

VIOLENCE AGAINST WOMEN

Mr. Jeff Yurek: I'm pleased to highlight a local campaign coordinated by the London Abused Women's Centre called Shine the Light on Woman Abuse.

Spousal abuse has been consistently identified as one of the most common forms of violence against women in Canada. Women are four times more likely to be victims of violence in a relationship. In fact, 83% of all victims are women, and 42% of them are physically harmed. These statistics are heartbreaking.

I fully support the Shine the Light on Woman Abuse campaign that is being launched officially on November 1. This campaign is aimed at helping communities across Ontario raise awareness of men's violence against women by turning cities purple throughout the month of November.

This year marks the seventh year of the Shine the Light on Woman Abuse campaign. The colour purple is chosen because it is a symbol of courage, survival and honour and is now recognized as the worldwide symbol for the fight to end women's abuse. Last week, I wrote to all members of the Legislature to invite them to join me in wearing purple on November 15 to show our support for this great initiative.

Each year, the London Abused Women's Centre honours two women who have experienced abuse. This year's Shine the Light campaign honours murder victim Paula Gallant from Glace Bay, Nova Scotia, and abuse survivor Mary Meadows, a constituent of mine from St. Thomas. Mr. Speaker, I want to thank Mary Meadows for her courage and strength in publicly speaking out about her past and joining forces with the London Abused Women's Centre to share her past experience and encourage other women to do the same.

I also want to give a special thanks to Megan Walker, executive director of the London Abused Women's Centre, and of course all the employees and volunteers for putting this campaign together and for all the work they do, day in and day out, to support women in our community.

FORT ERIE RACE TRACK

Mr. Wayne Gates: Last week, I was proud to be with my community at the Fort Erie Race Track for the final day of the 119th season of racing.

Speaker, 2016 at the Fort Erie track was incredibly successful, thanks to fans across the province and the US, the hard work of dedicated track staff and horse people, support from the town of Fort Erie, and the sound management of Jim Thibert and his team.

The track saw a 10% increase in attendance, and its off-track wagering rose by 20%. What is more impressive is that Fort Erie's wagering per purse is now higher than any track in Canada. In fact, the track had more \$1-million betting days this year than ever. The Prince of Wales event broke attendance and betting records at \$2 million, and since 2011, wagering per horse has risen 87%.

Mr. Speaker, the community in Fort Erie and across Niagara deserve to be recognized for what they have done here and their success story. The track was facing closure, and they came together to save 1,000 jobs there. They said no to the Liberal plan to close one of the most historic parts of our town.

Now we need to work together to ensure the track has a successful future. The Fort Erie Race Track must have a seat on the board of the new alliance that will be set up to govern horse racing. The horse people who rely on the track need to have the confidence that their investment won't go to waste. The Fort Erie Race Track is one of only two thoroughbred tracks in Ontario and the oldest track in the province. Let's recognize how important the track is to the province by giving them a seat on the board when the future of horse racing in Ontario is decided.

WORLD POLIO DAY

Ms. Soo Wong: Today is World Polio Day. This day was established by Rotary International over a decade ago to commemorate the birth of Jonas Salk, who led the first team to develop a vaccine against poliomyelitis.

Polio is a crippling and potentially fatal infectious disease. There is no cure, but there are safe and effective vaccines. Polio can be prevented through immunization.

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Through the efforts of Rotary International, polio worldwide has been reduced by 99.9%. Today, there are 30 confirmed global cases of polio. World Polio Day Chair of Rotary District 7070, Jennifer Boyd, stated, "Polio is on the verge of becoming the second disease to have been successfully eradicated from the world. We must ensure that this becomes a reality."

Annually, Rotary clubs across Ontario have raised thousands of dollars to eradicate polio worldwide. I want to recognize the Rotary Club of Toronto-Don Mills for raising \$500,000 in support of Rotary International's End Polio Now campaign. This past June, their president, Raffy Chouljian, and fellow Rotarians Jennifer Boyd and Ryan Fogarty climbed Mount Kilimanjaro for the cause,

achieving their goal with a two-to-one match campaign by the government of Canada and the Bill and Melinda Gates Foundation.

As I conclude my remarks, I'd like to thank all Ontarians, especially the Rotarians in District 7070, for their continuous efforts and support toward eradicating polio worldwide.

STEVE DICKINSON

Mr. Bill Walker: I rise to recognize an Owen-Sound-area classic-rock style singer and songwriter who was chosen as the sole Canadian with his own featured track on *Double Take*, a tribute to Frankie Miller, which was released earlier this month. Steve Dickinson sings *When It's Rockin'* on a 19-track tribute album to esteemed Scottish vocalist Frankie Miller, along with an international all-star cast of Bonnie Tyler, Willie Nelson, Elton John, Rod Stewart, Joe Walsh, Huey Lewis and Kid Rock, among others. The gifted Dickinson will also become the new front man for Frankie Miller's band, *Full House*, which is going on tour again as it marks the 40th anniversary of the band.

While some members may never have heard of Frankie Miller, they may want to know that he has written songs for artists like Johnny Cash, Rod Stewart, Ray Charles and the Traveling Wilburys. He has also collaborated with rock legends, co-writing Thin Lizzy's *Still in Love* with the late Phil Lynnot, and was a big influence on others like Bob Seger.

I commend and sing Steve's praises for being part of this meaningful project. Proceeds from the CD are being donated to the Nordoff Robbins music therapy charity and to assist Miller in his recovery following a brain hemorrhage 22 years ago.

Steve is very well known in music circles in Bruce-Grey-Owen Sound, playing with a wide variety of bands. Yet, surprisingly, he's one of Ontario's best-kept secrets. I invite all members to hear it for themselves at stevedickinson.ca and to appreciate Steve's style, which has been described as "Rock 'N Rural."

Please join me in congratulating Steve and wishing him the best and many, many more years of success in the music industry.

RURAL SCHOOLS

M^{me} France Gélinas: Today I rise on behalf of students and parents in Nickel Belt to draw attention to the loss of provincial revenues that caused the Rainbow District School Board to start the process of closing or consolidating 12 rural schools.

Rural school closures mean long bus rides. Students in Nickel Belt will leave home before sunrise and return after sunset. Today, a group of parents from Larchwood Public School in Dowling, one of the schools scheduled for closing, are simulating the long morning ride by following the bus that travels from Geneva Lake all the way to Chelmsford composite school. They want to draw

attention to the long commute and protest the school closures that will make this problem even worse.

Imagine, Speaker, a four-and-a-half-year-old child in transit for three hours. That means more time on the bus than learning. They get exhausted. Rural students are tired; they cannot take part in extracurricular activities or take after-school jobs in their communities—not to mention the safety risks on our winter roads.

Rural school closures affect businesses as well. Battistelli's Your Independent Grocer employs many students in Lively District Secondary School. Once the school is closed, so are the jobs for these young people. Then, the snowball effect starts. School closure means that a community has a hard time retaining families and attracting new ones, which puts the viability of local businesses, like the grocery store, at risk.

The message is simple: Minister, keep our rural schools open.

SPORTS FUNDING

Mr. Arthur Potts: I'd like to talk a little today about our Rio Olympic athletes, but I'd like to begin by thanking Premier Wynne and Minister McMahon for hosting a wonderful reception this afternoon, as well as our special guests Curt Harnett, chef de mission for Team Canada; Kristina Valjas, Olympic athlete; and Robbi Weldon, Paralympic athlete, for their words of celebration.

As the MPP for Beaches-East York, I would also like to acknowledge the performance and presence of the athletes from my riding: Penny Oleksiak, Crystal Emmanuel and Victoria Nolan. Thank you for your dedication and for your athletic experience and excellence. You're a credit to the Beach.

Special congratulations to Penny Oleksiak, who won an historic four medals in women's swimming and a world record in the 100-metre freestyle. The Premier and I had a wonderful opportunity to march in a parade celebrating her and other athletes this summer.

Mr. Speaker, in 2015-16, Quest for Gold provided funding to 1,326 athletes from across Ontario. Some 119 Ontario Olympic athletes and 45 Paralympic athletes received direct funding from our Ministry of Tourism, Culture and Sport through Quest for Gold. Athletes received funding through an objective ranking process and received up to \$7,500 per year. Since 2006, Quest for Gold has supported over 5,000 Ontario athletes.

Our Ontario athletes' success builds on the history of sports excellence in the province. In partnership with municipalities and the federal government, we showed the world the best of Canadian hospitality and diversity in the Pan Am Games. The athletes' village for the games was completed on time and under budget. It came along with sports venues which are now used on a repetitive basis all across Ontario.

Thank you so much for the great work that athletes have done in Ontario.

INTRODUCTION OF BILLS

TRANSPARENCY AND ACCOUNTABILITY IN GOVERNMENT CONTRACTING ACT, 2016

LOI DE 2016 SUR LA TRANSPARENCE ET LA RESPONSABILISATION EN MATIÈRE DE MARCHÉS PUBLICS

Ms. Fife moved first reading of the following bill:

Bill 49, An Act to enact the Privatizations and Public-Private Partnerships Transparency and Accountability Act, 2016 and to amend the Colleges Collective Bargaining Act, 2008 / Projet de loi 49, Loi édictant la Loi de 2016 sur la transparence et la responsabilisation en matière de privatisations et de partenariats public-privé et modifiant la Loi de 2008 sur la négociation collective dans les collèges.

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

First reading agreed to.

The Speaker (Hon. Dave Levac): The member for a short statement.

Ms. Catherine Fife: This will require a public sector entity to conduct a preliminary analysis before it can initiate a procurement process for the privatization of public services, including an analysis of the viability, the expected risks, costs and benefits of using a private sector entity to provide the services, and also a value-for-money audit and business case analysis for privatization.

Interruption.

The Speaker (Hon. Dave Levac): I'd advise our guests that you don't participate in anything. Thank you.

Introduction of bills? Motions? Statements by ministries?

Therefore, it is time for the member from Bruce-Grey-Owen Sound to lead us in petitions.

PETITIONS

NIAGARA ESCARPMENT

Mr. Bill Walker: "To the Legislative Assembly of Ontario:

"Whereas residents and municipalities across Bruce and Grey counties want meaningful consultations on the proposed expansions to the Niagara Escarpment Plan—known as Niagara Escarpment Plan Area 2015 reference 012-7228; and

"Whereas owners of all lands affected should have the right to be fully informed of the merits of the objectives of any such significant proposal; and

"Whereas the proposed change is significant, impacting 45,000 hectares of land in Bruce and Grey counties, including Griffith Island on Georgian Bay; and

"Whereas the potential loss of revenue to local communities would be significant—\$700,000 every year

in lost tax revenues (Grey county would lose \$293,700, Grey Highlands \$142,500, The Blue Mountains \$102,000, Meaford \$87,610, Georgian Bluffs \$53,000 and Chatsworth \$20,000); and

"Whereas the Ministry of Natural Resources and Forestry has been to date unable to articulate to area municipalities and people who live on this land the impact on future development from adding 45,000 hectares under the NEC jurisdiction; and

"Whereas the consultation period undertaken by the Ministry of Natural Resources and Forestry concludes as early as October 31st, 2016, making it one of the shortest if not least meaningful consultations carried out by that ministry; and

"Whereas, having shared with the Minister of Natural Resources and Forestry more than 1,000 petitions to date signed by local constituents, the minister has been made aware of the significant concerns and opposition from local residents and area municipalities to this proposal;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to call on the government to make their NEC consultation meaningful by heeding the significant feedback from local respondents, municipalities and Grey county, which is to abandon the proposal known as the Niagara Escarpment Plan Area 2015 reference 012-7228."

I fully support it, will affix my name and send it with page Randy.

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HIGHWAY IMPROVEMENT

Mr. Taras Natyshak: I'm pleased to present a petition entitled "Widen Highway 3 Now." It reads:

"To the Legislative Assembly of Ontario:

"Whereas Highway 3 from Windsor to Leamington has long been identified as dangerous and unable to meet growing traffic volumes; and

"Whereas the widening of this highway passed its environmental assessment in 2006; and

"Whereas the portion of this project from Windsor to west of the town of Essex has been completed, but the remainder of the project remains stalled; and

"Whereas there has been a recent announcement of plans to rebuild the roadway, culverts, lighting and signals along the portion of Highway 3 that has not yet been widened;

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

"To revisit plans to rebuild Highway 3 from Essex to Leamington and direct those funds to the timely completion of the already approved widening of this important roadway in Essex county."

I approve of and support this petition and will send it to the Clerks' table via page Paige.

HYDRO RATES

Mr. Norm Miller: I have a petition with regard to electricity costs. It reads:

“To the Legislative Assembly of Ontario:

“Whereas electricity rates have risen by more than 300% since the current government took office; and

“Whereas over half of Ontarians’ power bills are regulatory and delivery charges and the global adjustment; and

“Whereas the global adjustment is a tangible measure of how much Ontario must overpay for unneeded wind and solar power, and the cost of offloading excess power to our neighbours at a loss; and

“Whereas the market rate for electricity, according to IESO data, has been less than three cents per kilowatt hour to date in 2016, yet the government’s lack of responsible science-based planning has not allowed these reductions to be passed on to Ontarians, resulting in electrical bills several times more than that amount; and

“Whereas the implementation of cap-and-trade will drive the cost of electricity even higher and deny Ontarians the option to choose affordable natural gas heating; and

“Whereas more and more Ontarians are being forced to cut down on essential expenses such as food and medicines in order to pay their increasingly unaffordable electricity bills; and

“Whereas the ill-conceived energy policies of this government that ignored the advice of independent experts and government agencies, such as the Ontario Energy Board (OEB) and the independent electrical system operator (IESO), and are not based on science have resulted in Ontarians’ electricity costs rising, despite lower natural gas costs and increased energy conservation in the province;

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

“To take immediate steps to reduce the total cost of electricity paid for by Ontarians, including costs associated with power consumed, the global adjustment, delivery charges, administrative charges, tax and any other charges added to Ontarians’ energy bills.”

I support this petition and give it to Nicolas.

ENERGY POLICIES

M^{me} France Gélinas: I’m happy to present these petitions that were gathered by Mrs. Sharon Chartrand from Whitefish in my riding. It reads as follows:

“Whereas the overwhelming majority of citizens from northern Ontario oppose the sale of Hydro One;

“Whereas the majority of citizens of northern Ontario oppose the rate increase which is the direct result of successful initiative to conserve and reduce electrical power consumption;

“Whereas the majority of citizens of northern Ontario oppose the installation and continued use of the smart meter program due to the unreliability of their metering and billing as well as incidents of causing fire;

“Whereas the majority of citizens from northern Ontario oppose the current inclusion of the delivery fee

charges on power bills due to the unfair and confusing policies;”

They petition the Legislative Assembly of Ontario to:

“Call upon the Liberal government to stop the sell-off and privatization of Hydro One, stop further rate increases caused resulting from lower-than-expected consumption, stop the practice of billing rural customers for line loss charges, and reverse the ill-conceived decision to install smart meters without passing on the expense for replacing equipment to customers.”

I fully support this petition, will affix my name to it and ask page Doen to bring it to the Clerk.

HYDRO RATES

Mr. Randy Pettapiece: “To the Legislative Assembly of Ontario:

“Whereas household electricity bills have skyrocketed by 56% and electricity rates have tripled as a result of the Liberal government’s mismanagement of the energy sector;

“Whereas the billion-dollar gas plants cancellation, wasteful and unaccountable spending at Ontario Power Generation and the unaffordable subsidies in the Green Energy Act will result in electricity bills climbing by another 35% by 2017 and 45% by 2020; and

“Whereas the Liberal government wasted \$2 billion on the flawed smart meter program; and

“Whereas the recent announcement to implement the Ontario Electricity Support Program will see average household hydro bills increase an additional \$137 per year starting in 2016; and

“Whereas the soaring cost of electricity is straining family budgets, and hurting the ability of manufacturers and small businesses in the province to compete and create new jobs; and

“Whereas home heating and electricity are a necessity for families in Ontario who cannot afford to continue footing the bill for the government’s mismanagement of the energy sector;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately implement policies ensuring Ontario’s power consumers, including families, farmers and employers, have affordable and reliable electricity.”

I agree with this petition and will send it down with page Emily.

SENIORS’ HOUSING

Mr. John Vanthof: “To the Legislative Assembly of Ontario:

“Whereas the elderly residents of the second floor of Villa Aubin located at 145 Holditch Street, in Sturgeon Falls, Ontario, must use a stairway to access their apartments; and

“Whereas these residents face increasing difficulty in using these stairs; and

“Whereas this restricted access could cause health consequences, such as access with stretchers; and

“Whereas various levels of government have announced funding for renovations/improvements to seniors’ housing;

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

“To direct the Minister of Municipal Affairs and Housing to work with the Nipissing District Housing Corp. to secure funding for an elevator for this and other restricted-access buildings.”

I wholeheartedly agree, affix my signature, and send it with page Kepler.

HIGHWAY RAMPS

Mrs. Julia Munro: I have a petition to the Legislative Assembly of Ontario.

“Whereas the town of Bradford West Gwillimbury will continue to have robust growth of population and commercial activity in proximity to the Holland Marsh, Ontario’s salad bowl, which consists of 7,000 acres of specialty crop area lands designated in the provincial Greenbelt Plan and is situated along the municipal boundary between King township and the town of Bradford West Gwillimbury, as bisected by Highway 400;

“Whereas the Canal Road ramps at Highway 400 provide critical access for farm operations within the Holland Marsh allowing for efficient transport of product to market, delivery of materials and equipment and patronage of on-farm commercial activities; and

“Whereas the loss of that critical access to Highway 400 may threaten the significant financial benefits that the Holland Marsh contributes to the Ontario economy;

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

“That the council of the corporation of the town of Bradford West Gwillimbury hereby advises the Honourable Steven Del Duca, Minister of Transportation, that the town does not support the elimination of the Canal Road ramps at Highway 400, and further, that the town requests that the duration of the temporary closure of Canal Road between Wist Road and Davis Road be minimized to the greatest extent possible during the Highway 400/North Canal bridge replacement project.”

As I am in complete agreement, I’ve affixed my signature to give it to page John.

GUIDE AND SERVICE ANIMALS

Ms. Catherine Fife: This petition is entitled “Expand AODA Service Animal Protection.

“To the Legislative Assembly of Ontario:

“Whereas the expansion of coverage for guide and service animals under the AODA represents a huge step in the inclusion and dignity of all people, there are still gaps in the protection provided by current legislation and policy; and

“Whereas AODA legislation fails to consider the protection and accommodation of:

“—dogs and animals in active training to become certified guide” dogs;

“—service dogs and animals who are trained with special skills related to non-disability identified illnesses, such as detecting oncoming seizures;

“—dogs specifically trained to offer specific emotional support to psychiatric consumer/survivors with diagnosis such as PTSD; and

“Whereas the Blind Persons’ Rights Act, 1990 empowers the Attorney General to provide ID cards for guide dogs, which outline the current legal protection; and

“Whereas the AODA requires service animals to be accompanied by a physician’s letter; and

“Whereas physicians’ letters are inconsistent in content and style, resulting in their being denied, adding further confusion and indignity to the person presenting them;

“We, the undersigned, petition the Legislative Assembly of Ontario to introduce legislation expanding the AODA’s definition of a protected service animal, and to empower the office of the Attorney General to provide ID cards for all protected guide and service animals/dogs.”

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It’s my pleasure to affix my signature and give this petition to page Aaron.

PRIVATIZATION OF PUBLIC ASSETS

Mr. Bill Walker: “To the Legislative Assembly of Ontario:

“Whereas the current government under Premier Kathleen Wynne is calling for the sale of up to 60% of Hydro One shares into private ownership; and

“Whereas the decision to sell the public utility was made without any public input and the deal will continue to be done in complete secrecy; and

“Whereas the loss of majority ownership in Hydro One will force ratepayers to accept whatever changes the new owners decide, such as higher rates; and

“Whereas electricity rates are already sky-high and hurting family budgets as well as businesses; and

“Whereas ratepayers will never again have independent investigations of consumer complaints, such as the Ontario Ombudsman’s damning report on failed billing; and

“Whereas the people of Ontario are the true owners of Hydro One and they do not believe the fire sale of Hydro One is in their best interest;

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

“To protect Ontario ratepayers by stopping the sale of Hydro One.”

I fully support, will affix my name and send it with page Olivier.

DISASTER RELIEF

M^m France Gélina: I have petitions, and I’d like to thank Mr. Nelson Brunet from Gogama for signing the

petition—him and over 1,000 other people. It reads as follows:

“Whereas at 2 a.m. on March 7, 2015, a Canadian National train derailed in Gogama;

“Whereas this derailment caused numerous tank cars carrying crude oil to explode, catch fire and spill over one million litres of oil into the Makami River; and

“Whereas residents continue to plainly observe oil and find dead fish in the Makami River as well as Lake Minisinakwa, despite the fact that the Ministry of the Environment has declared the cleanup complete;”

They “petition the Legislative Assembly of Ontario as follows:

“That the Ministry of the Environment” and Climate Change “require CN to continue the cleanup of Gogama’s soil and waterways until the residents are assured of clean and safe water for themselves, the environment and the wildlife.”

I fully support this petition, will affix my name to it and ask page Paige to bring it to the Clerk.

HYDRO RATES

Mr. Bill Walker: “To the Legislative Assembly of Ontario:

“Whereas household electricity bills have skyrocketed by 56% and electricity rates have tripled as a result of the Liberal government’s mismanagement of the energy sector;

“Whereas the billion-dollar gas plants cancellation, wasteful and unaccountable spending at Ontario Power Generation and the unaffordable subsidies in the Green Energy Act will result in electricity bills climbing by another 35% by 2017 and 45% by 2020; and

“Whereas the Liberal government wasted \$2 billion on the flawed smart meter program; and

“Whereas the recent implementation of the Ontario Electricity Support Program will see average household hydro bills increase an additional \$137 per year starting in 2016; and

“Whereas the soaring cost of electricity is straining family budgets, and hurting the ability of manufacturers and small businesses in the province to compete and create new jobs; and

“Whereas home heating and electricity are a necessity for families in Ontario who cannot afford to continue footing the bill for the government’s mismanagement of the energy sector;

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

“To immediately implement policies ensuring Ontario’s power consumers, including families, farmers and employers, have affordable and reliable electricity.”

I fully support, will affix my name and send it with page Nicolas.

The Acting Speaker (Mr. Ted Arnott): Unfortunately, that concludes the time we have available for petitions.

ORDERS OF THE DAY

PROTECTING STUDENTS ACT, 2016

LOI DE 2016 PROTÉGEANT LES ÉLÈVES

Resuming the debate adjourned on October 19, 2016, on the motion for second reading of the following bill:

Bill 37, An Act to amend the Early Childhood Educators Act, 2007 and the Ontario College of Teachers Act, 1996 / Projet de loi 37, Loi modifiant la Loi de 2007 sur les éducatrices et les éducateurs de la petite enfance et la Loi de 1996 sur l’Ordre des enseignantes et des enseignants de l’Ontario.

The Acting Speaker (Mr. Ted Arnott): Pursuant to the order of the House dated October 20, 2016, I am now required to put the question.

Ms. Hunter has moved second reading of Bill 37, an Act to amend the Early Childhood Educators Act, 2007, and the Ontario College of Teachers Act, 1996. Is it the pleasure of the House that the motion carry? I heard some noes.

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

All those opposed will please say “nay.”

In my opinion, the ayes have it.

Call in the members. This will be a five-minute bell.

I wish to inform the House that I’ve received from the chief government whip a request for a deferral of this vote pertaining to standing order 28(h), requesting that the vote be deferred until tomorrow, Tuesday, October 25.

Second reading vote deferred.

PATIENTS FIRST ACT, 2016

LOI DE 2016 DONNANT LA PRIORITÉ AUX PATIENTS

Resuming the debate adjourned on October 20, 2016, on the motion for second reading of the following bill:

Bill 41, An Act to amend various Acts in the interests of patient-centred care / Projet de loi 41, Loi modifiant diverses lois dans l’intérêt des soins axés sur les patients.

The Acting Speaker (Mr. Ted Arnott): Further debate.

Mr. Shafiq Qadri: First of all, it’s a privilege, an honour and a responsibility to speak on Bill 41, Patients First Act. I’ll let you know, Speaker, that I’ll be sharing my time with my honourable colleagues the MPP from Beaches–East York, Arthur Potts, and the Minister of Natural Resources and Forestry.

As you can imagine, this particular bill is something whose importance I not only recognize, but I think from my own perspective, background, formation and training as a physician, I can see the deep-seated implications and, really, the bettering of Ontario’s health care system that’s embodied in a lot of the different parameters, initiatives, programs and details of this particular bill. At the outset, for example, as we will expand the role of

Ontario's 14 local health integration networks—or the LHINs, as we call them—this will, of course, help to better integrate, coordinate and, I guess, systematize the health care system, which will include primary care, home care and community care, to improve the planning and delivery of front-line services for patients.

That's a mouthful. Perhaps I might just expand on that. One of the benefits that we in Etobicoke North have seen, for example, is that as our eyes and ears on the ground, our local health integration network, advised us about the changing demographics and the changing needs, some of the diseases that were unfortunately taking root and hold in Etobicoke—whether it's diabetes or cardiovascular disease and the increased need for dialysis. That is part of the reason why, for example, just recently I joined not only the Minister of Health but also my honourable colleague the MPP for Etobicoke Centre and, as well, in spirit, our Etobicoke–Lakeshore MPP, Peter Milczyn, when we arranged for a \$358-million expansion of Etobicoke General Hospital. I'm very pleased to say that this particular expansion was in part due to the recommendations of, as I say, our eyes and ears on the ground: our local health integration network. In particular, this will lead to expanded cardio-respiratory diagnostic services, an entirely new emergency room, an entirely new suite of renal dialysis beds, and so on. So there's quite a remarkable development going on in Etobicoke General. Just as an example, Speaker, with this build-out, once it's actually completed, the footprint of Etobicoke General will actually be increased four-fold. So it's something that we're very much looking forward to.

If I might, Speaker, just for a moment, speak somewhat offline, our CEO of the William Osler health group, particularly at the Etobicoke General site, Matt Anderson, who has displayed extraordinary leadership and overseen a lot of this expansion, will actually be leaving us very soon. In fact, I think I'm scheduled to go to his farewell—I think it's a lunch or a dinner—coming up very soon. But I'd just like to do a quick shout-out and salute and commend the extraordinary work by Matt Anderson and his entire team.

Speaker, ultimately this is looking at creating more equitable access to our health care system. As you can imagine, it's quite an unwieldy file. As I understand it, as I've chatted with our Minister of Health on a quarter-to-quarter, doctor-to-doctor consultation, our health care system is something on the order of about \$52 billion and counting. I think when we have people who are, for example, through the LHINs, able to help steer that, it's something that's very commendable.

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The other thing that's actually, I think, quite remarkable and worthy of note in the Patients First Act, Bill 41, is the expanded integration and coordination with our indigenous partners. Unfortunately, Speaker, as you will realize, that is a community that perhaps can particularly benefit from renewed attention to the health care system. That's why we will, of course, collaborate with our First Nations, Métis, Inuit and urban aboriginal organizations.

Of course, there are many other communities, many other moving parts to this particular bill. But as I say, as a physician who, by the way, graduated from the University of Toronto in 1988—which seems to be fading into the deep, dark mists of history—but still someone who is actively engaged in the health care field and monitoring, of course, our new therapeutic trends and developments, I think this is very much a bill that I'm looking forward to seeing passed and hopefully have unanimous support across the floor.

The Acting Speaker (Mr. Ted Arnott): The member for Beaches–East York.

Mr. Arthur Potts: I'm delighted to pick up where the member from Etobicoke North has left off. What an honour to be able to speak here to the Patients First Act, Bill 41.

You may recall, Speaker, that on Thursday, as we finished private members' business and we went on and started to have a debate on this particular bill, I was slated, actually, to give my five minutes at the end. There were five, maybe six minutes at the end of the day on Thursday, and I was actually quite excited and pumped up for this opportunity to give a stirring, rousing debate so that I could send all the members home on a Thursday with a little bit of vim and vigour to make their drive safer and give them thoughts and things to reflect on. But as it turned out, the Deputy Speaker at the time didn't want to do any more work that day and she graciously allowed us to leave a little bit early on Thursday.

But I'm delighted to have a chance now to address some of these issues because, as we listened to the debate on Thursday—we had debate from the official opposition and from the members of the third party—there was a complete, stark contrast between the approaches that both sides were taking. You couldn't have had a more stark differentiation between the role of the status quo, CMA-guided directive that you were getting from the members of the official opposition—their whole point was seeing what we're doing here as a consolidation within the LHIN to seize direct control over the health care system, which of course couldn't be further from the truth.

I'm on the public accounts committee, and we've had a chance to look at the operations of CCACs in Ontario and are in the midst of report writing on it. What became very clear is that the CCACs across the province weren't working as a coordinated, cohesive body. What was happening in some communities with a CCAC—a community care access centre—was that the levels of care varied dramatically across the province. I commend the member from Nickel Belt. She raises the kinds of concerns that we may not see in the downtown Toronto sector, where I represent, but they experience it farther north. So there's a real sense that the CCACs needed to have more standardized care provisions, and I think that is the direction that you will see we're going in now: that when the sub-LHINs start entering into the direction of health care provisions in the province of Ontario, we will see an evolution where, as the auditor has suggested, we need to have, for each—when you get assessed, if you

have a certain need of care, there should be a certain number of hours that go along with the needs associated with that patient. Whether you're receiving the care in Sudbury or Kapuskasing or downtown Toronto, there should be a direct correlation between what someone needs and the kind of services they get. I get the really strong sense that we weren't seeing that in the way that the CCACs were practising before.

So whereas the members of the official opposition will talk about us seizing direct control through the LHIN system, I actually do see this as more of a devolution of control back down closer to the community. It's more like responsible oversight that we're talking about, and through a structured program through the LHINs and the sub-LHINs, you will get a much more structured oversight of the kind of care that's happening on the ground.

I want to focus a little bit on a constituent of mine, Dervish Mitrovica. Dervish spent the last five years looking after his aged mother. She needed continual care, and he came to see me on a repeated basis trying to get assistance with the CCAC so he would have opportunities for respite, opportunities to bring in care a few extra hours here and there, so his mother could live out her last years in a dignified way. He found that very frustrating, and I found it frustrating, learning how the CCACs functioned. I realized that what we absolutely needed more of were opportunities for direct family supports for people who are caring for people at home. Whether it's direct support going to the family to hire a personal support worker or a nurse practitioner or some other direct home care provider, the point is that you need to leave some of that control in the hands of the home care providers.

Dervish's mother died, sadly, about four or five months ago. He has since become a tireless advocate for the kinds of changes we need in our health care system so that you can support.

That's what I think we're seeing in the Patients First Act: a devolution down to where the patient's needs are paramount and most important. Compare that to the kinds of rhetoric we're hearing from the members of the third party. There seems to be a focus on the status quo, keeping all institutional workers in institutions, doing the kinds of institutional work in the same proportion—this many doctors, this many nurses, this many support workers—whereas we're changing that model. That's what is really exciting about the Patients First Act, that we are changing the model, and what we'd love to see is that the members of both sides would recognize and participate in this direction where we're trying to give more support directly to the people who are receiving the supports.

The message I want to leave here is that I hope the members of the opposition will open up their minds to the kinds of provisions that are in the Patients First Act to recognize that this is a patient-centric universe we're moving towards and that they can support that.

Within my own hospital region, we have what was the Toronto East General Hospital, renamed the Michael Garron Hospital as a result of a very generous donation

by the Garron family to recognize their son Michael, who died of cancer at the age of 12. But he was born in this hospital. When we went to a name change situation, the community was a little concerned that the name "Toronto East" was going to get lost out of the lexicon of east Toronto. So we were naming the hospital the Michael Garron Hospital, but we maintained Toronto East as the Toronto East Health Network. What's really important about that, when you think about the coordinated, structured care in a community, is that Michael Garron Hospital is now the key focal point of the Toronto East Health Network that coordinates care with all the different health care providers that we see all through the east end of Toronto. I firmly believe that the provisions we see in the Patients First Act will assist the Toronto East Health Network in providing a continuity of care with family health teams, with Toronto East Health Network—a whole bunch of groups—to help make patient care better, more affordable and more predictable.

On that basis, I'd like to sit down and give an opportunity to the Minister of Natural Resources and Forestry to continue the debate.

The Acting Speaker (Mr. Ted Arnott): I recognize the Minister of Natural Resources and Forestry.

Hon. Kathryn McGarry: It's a pleasure to rise in my place this afternoon and add a few comments on behalf of my constituents in Cambridge to the debate on this very important bill, Bill 41, the Patients First Act.

I've said many times in this Legislature that I had a front-row seat in the health care system for the last 35 years or so. I know that, over the past decade, Ontario's health care system has improved significantly. Leading up to 2003, when this government came in and started the historic investments to improve health care, I know that we were looking then at a shortage of patient beds. We were looking at a shortage of nurses and doctors. We needed to significantly improve the health care system.

Since 2003, the number of physicians in Ontario has increased by over 5,600 doctors, and 94% of Ontarians now have access to a family health care provider. We know that more than 95% of patients, for instance, that are waiting for urgent cardiac procedures receive care within the recommended wait times. That's very essential. And I'm very proud of this: There are 26,300 more nurses working in nursing in Ontario since we took over in 2003, and that includes over 11,000 more registered nurses. I know also that our family health teams are serving over 200 communities, providing care to over 3.2 million Ontarians, including 885,000 who did not previously have access to a family doctor.

In saying that, it's really leading up to the fact that our government continues to be committed to building a better Ontario by putting patients at the centre of a truly integrated health care system. We've been working towards that for many years.

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So in speaking specifically to this bill, this legislation, if passed, would give Ontario's 14 local health integration networks, or LHINs, an expanded role, connecting all parts of the health care system, including primary care

and home and community care, to improve the planning and delivery of front-line services for patients. It's very, very important because the LHINs, to date, have only been planning some aspects of the health care system. This will certainly bring most of the planning under their jurisdiction.

We, as a government, continue to be committed to allowing for easier and more equitable access to care by expanding access to home and community care, ensuring that every Ontarian has access to a primary health provider.

In speaking with the LHINs that I've worked with quite closely, in my former role as a care coordinator in a community care access centre, or CCAC, I know how important it was for the LHIN to really look at integrated care throughout the community. Moving forward, we have to shift the spending to where we get the most value. The LHINs will help to coordinate and integrate health care, and we can direct those resources where they can make the most difference—and for me, it's home and community care.

The LHINs have been working hard to improve health care in our communities, giving people a say in local health decisions, but also determining priorities through community engagement. We heard over and over again that patients really want the care closest to home, in their own community. I know that giving local communities a voice in the local health care system is certainly helpful. We continue to invest in home and community care, where we can keep people in their homes for longer periods of time. We are now looking, as a province, to ensure that even complex patients with their complex patient care are managed in the home appropriately. That's what we're proudest of. That's certainly where we're going to continue to invest in in our area. I know that the local LHIN will do a good job at providing the planning to ensure that we have home and community care—and the rest of our health care system—where it needs to be.

I hope that we have good support for this bill going forward.

The Acting Speaker (Mr. Ted Arnott): Questions or comments?

Mr. Monte McNaughton: I'm happy to add my comments regarding Bill 41, the Patients First Act, 2016. I'd like to start by commending the health critic for our caucus, the MPP from Elgin–Middlesex–London, who has done a very thorough job during his lead and in consulting with different health stakeholders across the province. He has done a really good job leading us on this issue.

We heard the member from Cambridge get up and say how wonderful the health care system is in the province of Ontario, but I can tell you, Mr. Speaker, you just have to open a newspaper every single day to hear about the struggles that average, everyday people in the province have, whether it's senior citizens or people waiting for hips and knees in southwestern Ontario, or families who are struggling to get necessary pharmaceuticals to combat a disease they may have.

The one thing that I just want to highlight—I'll be talking in my 20-minute speech this afternoon about just some of the issues we're facing in southwestern Ontario. I just want to quote from a London Free Press article recently. It says this: "If you need a hip or knee replaced in the London region, expect to wait about twice as long as patients" elsewhere, "with average waits at one hospital here as long as 449 days."

So, Mr. Speaker, for this government to get up and talk about our health care system and how perfect things are—it's a different feeling out there among everyday people, and I would encourage the government to get out and actually talk to patients across the province.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mrs. Lisa Gretzky: It is my pleasure to rise to share the voice of my constituents in Windsor West around the Patients First Act.

The member from Beaches–East York said, "The patient's needs are paramount," and then he went on to say that health care should be patient-centric. We certainly agree with that on this side of the House.

I would like to applaud our health critic, the member from Nickel Belt, for the incredible work that she does and how well she actually communicates and listens to the people who work in the health care sector.

Today, on this particular bill around how patient needs are paramount, I'd like to draw attention to a patient who was in my riding—unfortunately, he has passed away: Dan Duma, who moved from Ontario for work. He had to go to Alberta to work, and while he was there, he was diagnosed with liver cancer. Over time, his health took a turn for the worse. Unfortunately, at the time, he was living in Fort McMurray and he had to be evacuated because of the wildfires. When he was moved to Edmonton, they mentioned to him that his prognosis was not good, that he was not going to survive, and they suggested he return to Ontario to be with his family for his final days. Unfortunately, under the interprovincial billing agreement that we have, patients returning to Ontario have to wait three months for OHIP coverage to cover their health care needs, unless it is considered medically necessary. So it excludes home care or community care. Unfortunately, Dan, in his final days, was not able to spend the time with his family in a private residence receiving the home care that he needed to keep him comfortable and allow him to pass with dignity because of the interprovincial billing model.

Tomorrow, I will be bringing forward a private member's bill in order to allow home care and community care as an exclusion under the interprovincial billing model so that patients like Dan would actually get the community care they need when they return to Ontario.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

L'hon. Marie-France Lalonde: It is really an honour. C'est vraiment un honneur pour moi de me lever, pas seulement comme députée d'Ottawa–Orléans mais aussi comme ministre déléguée aux Affaires francophones, par

rapport à l'importance que ce projet de loi a sur les gens de l'Ontario.

I have to say that when I think about my time as a social worker working in our health care sector in the late 1990s—I have seen significant improvements in our health care since this government took office in 2003. Having said that, this particular bill, which I'm very keen to talk about because it reflects something that we hear over and over, and also a commitment that we are making as a government—and I'll reflect back on the comments that the opposition said, and I'll say it's committed to building a better Ontario, to putting patients at the centre. We're hearing this all throughout.

The health care system is complex. No one will challenge that. It's a big machine. But the opportunity that we have today with this bill is actually focused on our patients, which is the right approach to this. I'm very delighted, actually, that when the bill went into consultation in its former form, we added one thing. Et je crois que pour les communautés francophones, il était très important de mentionner l'importance de la francophonie et des services en français au niveau du système de santé en Ontario.

I was very happy—and I'll say this in English for our friends here in the Legislature—to see that our government has also committed to ensuring the involvement of francophone Ontarians in the planning, the design and delivery of health programs and services.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Pettapiece: It's a pleasure for me to rise and comment on Bill 41. Speaker, there seems to be a lack of consultation on a number of fronts in this bill with those who actually are involved with the health care sector.

I want to speak of doctors. No input from physicians went into this bill. I don't know why that happened. You would think that physicians should have been contacted on this bill and asked for their input. They are our health care providers, along with a lot of other people. The government didn't see fit to speak with them. This is probably due to the adversarial attitude this government has with our doctors, and so they decided not to consult with them. That's really too bad.

1400

The bureaucracy, to me, looks like it's going to be increased, and that's something that we've had an issue with for quite a few years. It seems that whenever the government decides to do something or change something, bureaucracy is added to it, taking more dollars out of where they should be going, and that's to our patients and those who need medical help.

The other thing that concerns me, too, is that the government will have the power with this bill to audit, review and investigate health service providers' medical records without warrant or patients' consent. It would seem to me to be an invasion of patient privacy. I think we have to be really careful of this, where a patient thinks their records are safe, they're confidential, and yet

the government has the power to go in and investigate their records without a warrant. This deeply concerns me, Speaker.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. I return to the member for Etobicoke North for the reply.

Mr. Shafiq Qaadri: I commend all my colleagues, particularly the member from Beaches–East York, the minister designated for francophone affairs, as well as our Minister of Natural Resources and Forestry, for their comments on this particular bill.

I think it's a little disingenuous—may I use that word? I don't know.

The Acting Speaker (Mr. Ted Arnott): You have to withdraw it.

Mr. Shafiq Qaadri: I withdraw. I'll try to stay ingenuous—in any case, for the opposition to recommend that our—

The Acting Speaker (Mr. Ted Arnott): I think this falls under the rule that you can't say indirectly what you can't say directly. So I'd ask you to withdraw that as well.

Mr. Shafiq Qaadri: I withdraw both sides. I withdraw. That's a bit of a puzzle, Speaker.

In any case, I would commend my colleagues, but I have to question perhaps some of the perspective of the opposition members when they advise that we need to consult physicians. There was a very broad consultation with this particular bill.

As well, I have to say with regard, for example, to some of the parameters, we are trying to move away from that ivory tower mentality of hospital-based, hospital-centric care and moving it into the community. As I detailed earlier, in my own riding of Etobicoke North, the \$358-million expansion of Etobicoke General, under the leadership of our outgoing CEO, Matt Anderson, is yet another example of that kind of local response to the needs that are out there.

Of course, along with our minister, nous sommes très fiers d'engager notre communauté franco-ontarienne. It's very important, of course, to broaden the health care footprint, whether it's with our Métis, Inuit, aboriginal communities, as well our French-speaking folk. Of course, even at Etobicoke General, there's an extraordinary outreach to our newcomers and the whole multi-cultural mosaic.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Toby Barrett: I appreciate the opportunity to help out in the debate with respect to Bill 41. I think this is the long title: An Act to amend various Acts in the interests of patient-centred care. We don't argue against patient-centred care. In fact, we advocated that principle very strongly in recent years in a white paper that was published, and certainly during the course of the last election campaign.

In spite of the title, as opposition, our readings of this proposed legislation raise the question: Are we putting patients or bureaucrats first? Is this a proposed system of

patient-centred care or is this a system of bureaucrat-centred care? I know there was mention recently of the ivory tower, and oftentimes with respect to those involved in management and planning, they do get caught up in perhaps what the fellow or the lady down the hall is thinking in the next office and may not be right out there, reaching out to patients, potential patients, post-patients, to consult, to find out what the best way is to plan, reorganize and better enable us to have a health care system, let alone a health system, that serves people in a much better way, and particularly, with this case, to better serve patients.

So yet again, another reorganization. We've looked at some of these changes over the last 13 years, and oftentimes, as they say, past behaviour—or in this case, policy development and administrative rejigging—is a predictor of future behaviour and future reorganization. So here we go again.

The reorganizations have been frequent over the past 13 years. They have been expensive. The reorganization of Ontario's health care system essentially has left our system in a state of upheaval. It looks like that's going to continue, and most importantly, patients have been forgotten.

What we have here is the short title, the so-called Patients First Act, Bill 41. Yet again, it's another experiment in rejigging our health care system. It really is never-ending.

As we know, like other attempts to tinker within the system—I think of Ornge air ambulance. I spent two years on that committee. That remains unfinished business. Yet again, it's another OPP investigation that has never reached fruition.

eHealth, going back a number of years, was a minimum \$1-billion cost to the taxpayer.

The boondoggle around the original creation and operation of the LHIN systems: Here we see yet another stab at the health care system. We see a process that, to our minds, will continue to transfer money directed to patients, to transfer that money to bureaucrats.

Before my election as an MPP, I had a 20-year career with an Ontario Ministry of Health agency. Our focus was addictions. Much of my work was treatment service development. We ran a research and teaching hospital, the clinical institute, located just a few blocks west of here at College and Spadina, at 33 Russell Street. The organization at the time was known as the Addiction Research Foundation.

Much of our treatment service development across the province of Ontario was a detox system. At the time, many years ago, we did not have a system for detox. Our Ontario model was adopted in the state of California and expanded beyond there. We were involved in setting up assessment and referral systems and centres across the province to deal with those who had gone the wrong way with respect to the overuse of alcohol or other drugs.

In contrast to what developed with the CCACs, the people who were doing the assessment and doing the referral obviously weren't doctors. They weren't nurses

either. They were people who were brought in and trained to do assessment and to do referral. Over the years, much of that was computerized. It was not a system designed to have nurses, who are better used in our society doing nursing rather than sitting at computer screens, as we have seen with the CCAC system. That was not the original intention of the CCAC assessment and referral system.

During my time in treatment service development—I was involved in other areas as well in the school system and industrial programming—I always kept in touch with my uncle, who was a hospital administrator. We would have chats with respect to the overall objective of our work, of his work as a hospital administrator and my work in treatment service development. As he reiterated, as he explained to me time and time again, our only priority in this business is the patient. That's the one thing that stands out very clearly in my mind. He articulated that very well, very simply. He was a manager—relatively a man of few words. He was very action-oriented. As he would explain to me, hospitals, doctors, budgets and programs all exist for one reason and one reason alone in our health care system. The only reason we have all this stuff and spend billions of dollars is for the patient.

1410

My uncle—Len Burfoot was his name; he passed away a number of years ago now—was an administrator in Cambridge, in Belleville and then, for many years—he wrapped up his career running Plummer Memorial up in Sault Ste. Marie. That's kind of a benchmark that I use to take a look at new administrative proposals and plans that come from all sides and that come from this government. Obviously you look at it from a planning perspective. Does the plan make sense from an organizational perspective? Are the people involved leaders in the field? That's something that seems to be forgotten within the Ontario government bureaucracy.

To my mind, management or administration involves planning. It involves organization. It involves a control function. You do have to look after the pennies, or look after the billions. And does it involve leadership? In this case, is the leadership taking us down the wrong road? What is very clear to me is that a system of bureaucratized health care does not serve patients well. As our health critic, MPP Jeff Yurek, the member for Elgin–Middlesex–London, has so aptly pointed out, Bill 41 could be renamed the “putting bureaucrats first act.”

The Patients First Act that we're debating today—or should we call it the “putting bureaucrats first act”?—as we know, would see local health integration networks, the LHINs, absorb the community care access centres, the CCACs, to deliver home care service through what has been referred to in debate as 80 sub-LHINs. I hope that's not the new letterhead. Of course, when you do a reorganization you come up with new letterhead, and oftentimes there's a new sign on the side of the building; I think we have to come up with a better name than a sub-LHIN. I wouldn't want to see the big letters “Com-

munity Care Access Centre” come down on our area building down in the town of Simcoe and have the big letters “Sub-LHIN.” Even just from an information or public relations point of view, it may not be the best sign to have on a building.

You know, there’s a concern. The Auditor General reported that the LHINs are failing to meet their mandate. They’re not integrated. One of the purposes of our LHIN system was to help integrate—maybe not help integrate but to take the bull by the horns and integrate—our health care system, as with the former district health council system. I spent many, many years on committees of the health council in Haldimand–Norfolk and in Brant county; they were later merged. In both boardrooms, there would be a mandate statement on the side of the wall talking about coordination. We never got there, in my view, with the district health councils. The coordination didn’t seem to happen.

So we have a LHIN system. It was a failure, hence this legislation to reorganize. They didn’t meet their mandate. That’s always the first step. We did not see the integration. Now, through this initiative, we see our LHINs rewarded with additional power. Home care patients, for example, are falling through the cracks. According to Ontario’s Auditor General, only 61% of home care dollars go to front-line service. Where does the rest go? Well, it goes to administration. You shouldn’t be running an organization with that kind of administrative overhead.

We know that Bill 41 will expand the power, the mandate, of LHINs to cover primary care planning; to cover the management and delivery of home care; to create new health care centres; and to manage the placement of people in long-term-care facilities. We know the Long Term Care Association has something to say about that. If I have time, I’d like to address that. Ideally, their organizations—perhaps individual administrators of long-term-care homes—will have a chance to come before committee and testify on this legislation.

We know that the day this bill becomes law, CCAC employees, the assets, the liabilities of CCACs and their rights and obligations will be transferred to their corresponding LHIN. The CCAC will no longer be the primary health care provider. Directors and officers of the CCAC will be terminated.

The Minister of Health and Long-Term Care’s role will expand under Bill 41, which, in many ways, runs counter to the move, over a number of decades, through district health council systems and LHIN systems, to delegate or devolve authority from the minister downwards and outwards across the province and through these various entities. In contrast, when my uncle was a hospital administrator, he had a direct pipeline to the Minister of Health of the day. He could pick up the phone and talk to the minister. It’s understandable that a Minister of Health, over time, realizes he can’t pick up the phone every time a hospital administrator wants to talk to him directly.

In this case—I find it hard to believe—it will expand the role, the responsibility, of the minister to issue policy

and operational directives to the LHIN and to make suggestions for LHIN supervisors.

The minister will also be able to issue directives to hospital boards when he or she deems it to be in the public interest.

I understand that the Ontario Hospital Association is okay with this legislation. In spite of that, I hope we do hear from them on committee. I would like to find out why they are in favour of this particular piece of legislation. As elected representatives, we’re not privy to all the other discussions that would have gone on, previous to this or behind the scenes. I say that, knowing that my uncle, the hospital administrator, was quite adept at working deals and making things happen, oftentimes informally and beyond the rules, if you will. I think that was perhaps one reason why he was such a capable and effective manager.

We know the minister will be empowered to appoint LHINs as an agent for payment of doctors and other health practitioners. We know—and this was just recently mentioned in debate—that physicians have not been impressed with the policy coming of late from this government. There already is a very strained relationship. I’m worried that this bill could make things worse.

We always worry in rural Ontario. I went for a year or two, essentially, without a physician fairly recently. Given the demand for physicians elsewhere, obviously they can move to other jurisdictions that may be seen as being more doctor-friendly.

Again, the patient will be the loser, with fewer doctors.

1420

Just to go back to the point I really want to make, and the worry I have with respect to this legislation: Government does not do well at reining in bureaucracy and the expense of bureaucracy. By the same token, Speaker, bureaucracy does not do well in providing cost-effective service for patients. Leave that up to doctors. Leave that up to hospital professionals and public health care professionals, for that matter, to try and get an end run and prevent people from becoming a patient in the first place. So I fully expect we will hear from physicians and we will hear from their associations, those who may wish to come forward to sit at the witness table and testify before committee hearings.

So just to summarize, the Patients First Act really boils down to government replacing, from what I see, one level of burdensome bureaucracy with another level of burdensome bureaucracy. Each move by this government on the file has removed much-needed money from patient services, and we’ve seen it invested in bureaucracies that ultimately failed, or at minimum really didn’t meet their mandate in an efficient way or in a cost-effective way.

In my opinion, Bill 41, even though it is titled “putting patients first,” doesn’t do enough to improve things for the most important component of our health care equation. In our eyes, certainly in my eyes and in the eyes of my uncle the hospital administrator, the most important component is the patient.

My time is wrapping up. We know the bill touches on a number of areas: Obviously community care access centres will be a pretty significant transition coming up in our various communities across the province of Ontario. The bill addresses the expanded mandate for the LHINs. As I mentioned, in many quarters, it's felt to be rewarding bad behaviour.

The legislation enhances ministry authority as it deals with primary care; hence, it's so important for physicians to come forward and testify during committee hearings. It lays out in more detail what are referred to as service accountability agreements. Again, we know under those agreements, the LHINs have a mandate to provide funding to health service providers in their geographic area. Obviously LHINs don't provide health care. They're not involved in direct dealings with those who need health services. Through these agreements, the LHIN transfers the money by geographic area to other networks and, again, the process continues.

I appreciate the time, Speaker. Most importantly, if we're going to be rejigging and planning and organizing things, let's think about the patients.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Taras Natyshak: I'm pleased to rise to the debate. Thanks to our colleague the member from Haldimand–Norfolk, who has a keen eye on these types of issues and thoroughly relayed his concerns to the House.

Speaker, I believe that the nature of this bill, the impetus of this bill, comes and was born from the Auditor General's report on CCACs and the real lack of transparency and accountability when it comes to the billions of dollars that we invest through CCACs to deliver home care for our residents.

That being said, the Auditor General highlighted that roughly 34%, I believe, of the money that flows through CCACs goes to administration, which is really to the detriment of patients and people who need that care in our communities. So now they're going to blend in the CCACs with the LHINs, the local health integration networks, which are contentious in their own right and have a less-than-stellar record across the province for ensuring that there is access to care. Certainly the mandate on the local has been sparse. The health portion of it, in terms of health results, is also sparse. The networking part of it—certainly they have a focus on network, but the biggest part of LHINs is the integration. I've been a part of organizations that have been under LHIN funding, and they feel the pressure of integrating with other service providers to continue that funding, regardless of the outcome of the people that they serve.

This should be all about the patient results and results for our community. Unfortunately, I think it's to cover the government's negligence over so many years.

The Acting Speaker (Mr. Ted Arnott): Before I ask for further questions and comments, I've been informed that we have a special guest in the chamber today, Representative Talmadge Branch of the Maryland state Legislature. Welcome to the Ontario Legislature.

Questions and comments?

Hon. Yasir Naqvi: Thank you very much, Speaker, and we welcome our guest from Maryland. It's very kind of them to visit our Legislature here in Ontario.

I want to take this opportunity to briefly comment on the member from Haldimand–Norfolk's views on Bill 41. I will take some exceptions to the views he was expressing because I can tell you from experience from the area that I come from—that is, Ottawa and my great community of Ottawa Centre—we have seen some incredible results as a way of the work through the Champlain LHIN, our local health integration network. The amount of work they have done in coordinating services between our community health centres, our hospitals and our family health teams has been remarkable, and I give them full points for the amazing work they have done. We've been able to reduce wait times and provide state-of-the-art care in terms of cardiac services, cancer care services, you name it.

I find it quite amusing, the criticism coming from the Conservative side, when they actually did nothing but cut health care services in our province. In our city, in Ottawa alone, they were going to shut down the Montfort hospital, the only French-language hospital in the province of Ontario. Our government not only kept Montfort, but it actually has doubled in size. Now, of course, because there's a by-election happening in Ottawa–Vanier, they love Montfort. But it was their party and their government that were going to cancel the only French-language hospital in Ottawa—in Ontario, in fact.

Lastly, when we came into government, there were only three MRI machines in the city of Ottawa. Today there are 12 MRI machines, drastically reducing MRI wait times in the city of Ottawa.

The Acting Speaker (Mr. Ted Arnott): I think we're all aware that there is a by-election under way—actually, two by-elections. We're actually debating a government bill today, so I would ask members to focus on the bill at hand.

The member for Bruce–Grey–Owen Sound.

Mr. Bill Walker: It's a pleasure to stand and provide comment to my colleague from Haldimand–Norfolk, who has been here, serving his constituents very well, for a lot of years and always brings a wealth of information.

Just before I start, though, I want to talk to the Attorney General, who did kind of dissipate from this debate, talking about closures. There are 18 schools closing in my riding as we speak, 600 across the province, and they're supposedly the party of education. Mr. Speaker, 600 schools are going to close across the province of Ontario.

But I'll go back to the debate, Mr. Speaker. We are proud to stand here and advocate for patient-centred care. Sadly, as my good colleague Jeff Yurek, the health critic for the PC Party and member for Elgin–Middlesex–London, has suggested, probably the better name for this piece of legislation would be the “putting bureaucrats first act.”

When we talk about patients first, what I think people across Ontario, and certainly the people in the great

riding of Bruce–Grey–Owen Sound, want to hear—they want to hear about cutting wait times. They want to hear about stopping the rationing of health care. Again, my good colleague Mr. Yurek provided in this House a couple of days ago the rationing in his riding of hip and knee surgeries already: just six months into the year and there is no more surgery. I brought a question to the floor about people in my riding—the same thing—being told it’s going to be a year’s wait just to get the assessment, let alone surgery.

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The party opposite likes to talk about how glowing things have been under their administration. Mr. Speaker, they spend \$11 billion a year in interest. Just think of what the outcomes for patient-centred health care could be if they put that money into front-line patient care—if they weren’t building more bureaucracy, if they weren’t trying to build more power for the minister’s office so he could direct.

In the report, the Auditor General suggested that the LHINs weren’t doing a good job at 14, and they want to expand to 80 of them. They couldn’t do 14; they want to go to 80. They’re going the wrong way. Patient outcomes are about patient care at the front line.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Vanthof: It’s always an honour to be able to stand in this House. Today I’ll give a couple of minutes of remarks on Bill 41, the Patients First Act, and follow the remarks of the member from Haldimand–Norfolk. I did listen to his remarks. He talked about scandal in government. He talked about personal references. He had a family member who had a lot to do with the administration of health care. Actually, that’s one of the strengths of our Legislature: People can relate their personal references to these bills.

What this bill basically does—it should maybe be called the “eliminate the CCAC” bill, because it’s not really about patients; it’s about eliminating the CCAC and putting it together with the LHIN. That is supposed to make the system work better.

The question that should be asked here is, is the LHIN doing a good job? The Attorney General was obviously very happy with the Champlain LHIN, and that could be his personal opinion. But I believe the LHINs were supposed to be in a review process, and I do believe that that review process was never finished. The Auditor General says that the CCACs aren’t run very efficiently, so the government is going to fix that by removing them and putting them into the LHIN process—no one really knows if they’re run efficiently or not—and that is supposed to somehow magically help patients. Quite frankly, no one is sure if it will or if it won’t. That’s a huge problem, because just moving around the deck chairs and not seeing where the boat is actually going doesn’t really add anything to the patient experience. First, we should have looked at if the LHINs are actually an efficient model and gone from there.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. I return to the member for Haldimand–Norfolk for his response.

Mr. Toby Barrett: I welcome the comments. It’s valuable as we kind of stumble forward with this re-organization by way of legislation. It’s unfortunate that we have to create new laws to try to create managerial efficiencies and better coordinate the system.

I’ve been away from the health care system for a while. I’m not getting buttonholed on the streets with advice from my constituents on how to better organize the LHIN system and, really, what to do with the CCACs. We do rely on experts and people who are actually working in the field, let alone patients. I will say that we do have the concerns and the horror stories from people who are not happy with the system.

There are a number of organizations in the province that have a very large stake in this. The Ontario Medical Association, obviously, is concerned. They’re concerned about the allocation of resources in any reallocation through this system. They’re concerned about the service accountability agreements, to be more specific. They are concerned about the expanded powers of the Minister of Health, the expanded powers of the LHINs, and that decisions would be made without consulting physicians who are on the front line.

The Ontario Hospital Association, from what I understand, supports this legislation. Again, a well-run hospital run by administrators—they are concerned with when the rubber hits the road, and they are concerned with the actual implementation of this. In committee, I’m certainly looking forward to hearing from the Ontario Long Term Care Association and other bodies of that ilk.

The Acting Speaker (Mr. Ted Arnott): Further debate?

M^{me} France Gélinas: It is my pleasure today to do my hour lead on An Act to amend various Acts in the interests of patient-centred care, better known as Bill 41, the Patients First Act.

Why are we here? Why do we have this piece of legislation in front of us? The answer is quite simple: because our home care system is broken, because our home care system fails more people than it will help, because the number of complaints from people who depend on home care is through the roof throughout this province, no matter where you live, no matter who you are. Whether you look at wait times—remember, in 2013, we agreed to pass the budget of a minority government on the promise of five days’ home care guaranteed. We never reached this. There are many, many areas in our province where people will wait over 200 days before they get the home care that they need to stay in their homes.

What do people do for those 200 days? They suffer; they burn out; they use all of their savings, but they certainly do not get good care. The same thing about quality of care. Depending on where you are, most of the agencies that have contracts to provide home care are for-profit agencies.

They are not able to recruit and retain a stable workforce because they provide really bad employment. Most of the people working in home care are PSWs, personal support workers, who don't have full-time employment, who sit by the phone to see when their next shift is going to come, who are paid badly, who don't get paid for travel most of the time and, no matter how hard they work, very few of them will make \$30,000 a year. Of the tens of thousands of PSWs who work in this province, who work really hard to make our home care system work, very few of them will make \$30,000 a year.

So what happens? You cannot recruit and retain a stable workforce because the employment—they are not good jobs. It's as simple as that. They're not good jobs. Why? Because—and I'll get into this—a lot of the money never reaches the bedside. We have this system of competitive bidding where the contracts are given out to for-profit agencies, which, according to the Auditor General, take about 11% of the money that should have gone to care, that should have gone to the bedside, that should have paid PSWs for the work they do—it goes go into oversight and profit. It amounts to about \$70 million a year just in profit. That's money that could have gone to the bedside, that could have provided good jobs, but none of that is available.

The huge problem in home care is missed appointments. That is, you are supposed to get a home care worker come to see you. I will tell the story of a Sunday morning, a grandmother awaiting the PSW to help her transfer into her wheelchair to go to her grandson's christening. She had been looking forward to this for a long time. The family was all getting together so that they could celebrate the christening of her grandson. The home care worker never came. By the time family members figured out how to use all of the instruments to transfer her and all of this, she missed the christening. That's only one example.

I also have an example of this very nice young woman. She is severely disabled but she lived by herself. She called her mom at about 1 o'clock in the morning because the home care worker who was supposed to come to transfer her back from her chair to her bed never came. She fell asleep in her wheelchair. Now she has this humungous pressure ulcer—a bedsore—to deal with because she has not repositioned herself for too long of a period of time, and her mom has to drive from Lively to Sudbury to help transfer her daughter into bed so that things don't get worse.

Why have we got all those missed appointments? Quite easily, because home care jobs are not good jobs, so we cannot retain and recruit a stable workforce. If you don't have continuity of care, you do not have quality of care. It's as simple as that.

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So what does it mean when you don't have continuity of care? I stood in this House many times and explained it quite clearly. It means that Grandpa has to strip naked in front of a different stranger every week to give him his bath. Grandpa doesn't like to strip naked in front of

strangers every week. After a while, Grandpa doesn't want to take a bath anymore. What does it mean when Grandpa doesn't want to take a bath anymore? It means that all kinds of issues will come. If there is incontinence with this, or if there are any other problems that, first of all, qualified him for these one or two baths a week that he refuses to have, it is a path to problems. Why is that? Because we cannot have continuity of care. Why don't we have continuity of care? Because we cannot recruit and retain a stable workforce because home care jobs are bad jobs. Why is that? Because we have all of those for-profit companies that put money ahead of care. It's as simple as that.

Then, we have the problem of the quantity of home care, because you know, Speaker, depending on where you live, it doesn't matter that you have the exact same needs as your neighbour. If you happen to live in a different CCAC, you will get a different level of care.

It gets worse than that. If you happen to need care at a different period within the annual budget, you will get a different level of care. So how does it work? Everybody who gets home care gets assessed. We have a very good assessment tool that is used throughout all of the care coordinators—and there are thousands of them—that does a very good assessment to see your care needs, and we give it a score. In my neck of the woods, you need to be about a 15 to qualify for care at the beginning of the budget year. But come January, February, March—because the budget year goes April 1 to March 31, come the last three months, when the money is running tight, it doesn't matter if you're a 15; you're not going to get any home care. You need to rate 16, 17, or 18 to qualify for care.

People whose needs have not changed, people who want to stay in their homes safely and depend on home care, all of a sudden hear the news that they no longer qualify for home care, that those two baths a year that they fought very long to get so that they could have a little bit of dignity at home—because their family was ready to go grocery shopping, cook for them, clean for them, change the bed, do the laundry, vacuum the place, check their meds, bring them to the doctor and do all of this, but they sort of draw the line at giving them a bath. It's something that is quite personal, and a lot of people are very uncomfortable bringing somebody into the tub, so they qualify for the two baths.

But then came January and February, where the CCAC was really strapped for cash and all of a sudden, you don't qualify for those two baths anymore. This is what the system looks like. It doesn't matter that your needs have not changed. The fact is that home care is not part of medicare. Medicare, basically, is that if you go see a physician or if you need to be admitted into a hospital, it will be free to you. You won't have to pay anything. Anybody can go see a physician and anybody can be admitted in a hospital, and it will be free and it will be there for you. You may have to wait a little bit, but eventually you'll get the care you need.

Home care is not like this. Home care is not part of medicare. Home care is given a certain amount of money,

and when the money runs out, then the CCACs, the community care access centres that have this very unfortunate state of affairs, have to manage as best they can. So how do they manage? They keep people on the wait-lists longer. A lot of people that get referred in February won't see any care until the next budget year rolls over in April. So when you see those long periods of time for waiting, you can expect that if you get referred for home care in January, February and March, expect this wait time to be even longer than average, because the CCAC, the community care access centre, tries to manage their budget. How do they do this? By restricting care. You can see that if you are somebody who had an acute episode—that is, you were admitted into hospital; you had pneumonia; you had an infection; you had surgery—and your acute episode is done, as in the surgery's done, the thing is healing well and you can now be transferred back home—sure, you can be transferred back home, except that you can't walk, you can't take a bath by yourself, you can't feed yourself, you can't go grocery shopping, never mind cook or clean, but you're sent home anyway with home care. Good idea. Everybody wants to be home. Nobody wants to stay in the hospital. Everybody likes to sleep in their own bed, eat their own food, be in their own home, and I get that. But when you transfer home, the home care worker doesn't show up for a week, two weeks. They were supposed to look at your stitches, and you're starting to lift those bandages thinking, "Hmm, something doesn't look right. I wonder when the home care worker or the home care nurse is going to show up." You start calling the CCAC, you start calling your hospital, and nothing happens. Why? Because our home care system is broken; our home care system needs fixing from the ground up.

The system was put in place by the Conservative government, who actually believed that the private sector would do things better, cheaper, faster. At the very beginning, when all of the not-for-profits were made to bid to keep their jobs, it was chaos. I can talk for my community. The VON had been providing home care forever in my community and had nurses who had been working home care their entire career and knew everything about home care. Suddenly, they lost their jobs and the VON went bankrupt, and a for-profit company, an international conglomerate coming from the States, got the contract. In writing, it looked like those new contractors were going to be able to clone Mother Teresa. They were going to be so good, with so much compassion, so much care and so much cheaper, it was too good to be true.

And you know what, Speaker? It was too good to be true. None of that materialized. What we saw was basically what used to be good, home care jobs—everybody lost their jobs. They had to rebid on the same jobs, but now it was lower pay. There were no benefits, no pension plan and the travel money was reduced substantially. Those people had lots of experience. What did they do? They left the field. They're not going to work in home care when they could go work in a community health centre, a hospital or anywhere else and make better

money, benefits, pension plan and not have to travel. That was the beginning of the road to a broken home care system, and it didn't get any better.

We have laws in Ontario that give you the maximum amount of home care you can have. It used to be 90 hours; it's now 120 hours. It is a farce. There's not one CCAC in our province that is able to give the maximum. Why? Because they don't have the money to do it because close to 40% of the \$2.5 billion we invest in home care never reaches the bedside, never reaches the patient. Our home care system is broken. That's why this bill was brought forward.

Although we have a maximum amount of care that nobody will ever get in Ontario, we have no minimum. We have no minimum, so that explains that if you are in the Champlain LHIN or a CCAC's geographical area, you will get physiotherapy, a PSW and nursing care after hip or knee surgery, and you will get it in time—maybe. If you live in another area, such as the North East LHIN, forget it. The wait time for physiotherapy—your knee will either be seized up or you will have made other arrangements to be able to walk by yourself.

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The way CCACs are funded is based on historical data. Where there used to be a lot of home care providers, they got more money. Where they were very low in number, they got very low money. But no attention, over all those years, was ever paid to try to level the playing field, and we have what we have. Depending on where you are, you may or may not get physiotherapy after a knee or hip replacement. Depending on where you are, if your level of care is 15, you may or may not qualify for two baths a year—sorry, a week. Yes, a year would be a long time.

Mr. Monte McNaughton: By the time they're done, it might be two a year.

M^{me} France Gélinas: Yes, you're right.

But you get the idea that the system is fragmented. There are maximums that nobody can ever aspire to, and there are no minimums.

Add to this the caregivers. Most people at home manage to stay at home because they have a caregiver. They have somebody who helps them out, and this is great, Speaker. This is the way it should be. We are human beings; we have compassion for one another. We all know that next day or next month, it could be our turn to be in a place of need. It's really good that people decide to help each other out and people decide to be the caregiver for a neighbour, a friend, a family member, a mom, a dad, a grandfather, a relative, somebody you know, somebody you care about.

But you know what, Speaker? A full one third of caregivers express feelings of distress, anger or depression and say that they are no longer able to continue and can't cope anymore. This is pretty sad. Those are people who want to help out. Those are people who have compassion, who want to do the right thing, but our home care system has failed them so many times that they can't cope.

The home care system that was supposed to be there at 9 o'clock doesn't show up until 3 in the afternoon—3 in

the afternoon is too late to get up. They were supposed to be there in the morning to help you get up, shower, go to the bathroom, get dressed and get on with your day, but they don't show up until 3. Or—flip it around—they were supposed to be there at 9 o'clock at night to help you go back to bed, but they show up at 3. And 3 o'clock in the afternoon is too early to go to bed. You figure everybody would know that, but the schedules are just not working. It is certainly not patient-centred, and it is certainly not patients first.

We have a bill here that will change the powers of the LHINs and will make some great changes to the CCACs. But nothing in this bill will change the fact that we have 160 contractual service providers that have 260 contracts with the different CCACs. You got that right: We have 160 providers and 260 contracts. Why is that, Speaker? Because the same provider may have two different contracts, sometimes with the same CCAC—and get that, Speaker—at a different rate. They will have negotiated that a PSW for one hour will cost the CCAC 56 bucks. The PSW will only see \$12 of that. The rest vaporizes in profit and administration and all sorts of fees, but certainly not in patient care. Then the same service providers will negotiate with the CCAC next door for a PSW for one hour at \$46, because the other CCAC was better at negotiating than the first one. The PSW will still get her \$12.50 an hour. That's it; that's all. The rest of it—you know where it goes: profit, administration, anything but care.

The minister has stood up in this House and said this is not touchable. They have made promises to those for-profit care providers that the contracts are not part of this bill. The contracts will stay the same. Really, Speaker? This is the basis of why our home care system is broken, and the minister has promised all of those for-profit contract providers that their contracts will not be looked at, their contracts will not be modified and their contracts will be honoured and stay the same. What is the minister really saying? That means that our broken home care system will remain broken.

So what are we doing with the bill? Well, Bill 41, the Patients First Act—I have a hard time saying that, because to me it's more like patients fourth, fifth, or sixth, at the most, but certainly not first. So what does the bill do? The bill will do away with the CCACs, the community care access centres that administer those contracts. But what will it really mean? It means that the board of the CCACs will cease to exist.

In all of the examples I've been giving to you, Speaker, can you see anything wrong with those boards? Have those boards ever done anything wrong to be dismantled? Absolutely not. They were never the problem, but they are the ones who get the brunt of the changes. They will no longer exist—although they are also changing the boards of the LHINs, and a few members of those boards will transition over to the boards of the LHINs.

The second thing they'll do is they'll do away with the CEO of the CCACs. There won't be a position of CEO of

a CCAC anymore, but there will be a position of vice-president of community services under the LHINs. Nothing changes, Speaker. The broken home care system that we had before won't be called a CCAC anymore; it will be called a local health integration network, but nothing will change. The boards of the CCACs will disappear. They were never a problem. There will now be a bigger board of the LHINs, taking a few of the members from the boards of the CCACs, who will migrate over to the boards of the LHINs. The CEO position at the CCAC will become a vice-president position under the LHINs. Everything else stays the same. It feels like a bad joke. It feels like a cruel joke, actually. Our home care system is broken. You bring forward a bill that is 45 pages long and nothing will change. Our broken home care system will continue to fail more patients than it helps. The boards will disappear, and the CEO will become a VP. What am I missing here? That's not going to change anything. That's not going to put patients first. Where are the patient and the CEO and the board, anyway? That's not going to help anything.

It gets worse, Speaker. We see that LHSIA—that's the law that created the local health integration networks, the LHINs, as they are called—had a part in it that says that within five years, local health integration networks were to be reviewed by a committee of the Legislature. The bill was passed in 2007. Five years later, in 2012—I'm strong in math—the bill was to be reviewed. It took a long time, and under a minority government we finally got to start the review of the LHINs. Then, an election was called, and that was it. There is not one line of a report on the LHINs that has ever been written. You can search the Legislative Assembly high and low; you're not going to see an evaluation of the LHINs, although through the deputations that we had the opportunity to hear, even from the LHINs, we knew that things were not great—and I'm being gentle when I say that.

The theory behind the LHINs is that people in their local area are better located to be in touch, to listen and to plan a health care system that is based on the people they serve. For me, who comes from the north, that made a lot of sense: What do people sitting here at Queen's Park or at the Hepburn Block in the Ministry of Health know about what is needed for the people of Nickel Belt? So I was quite supportive of the theory that if we have a local health integration network, those people will be local, they will listen to the local priorities and, finally, we won't have bureaucrats in Toronto telling us how to do things up north. That went for the 14 local health integration networks that cover the entire province. The theory of it sounds so good. In the doing of it, let's just say that the LHINs were less than stellar. Here, again, I'm being charitable.

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They were supposed to do consultations. We found out that a consultation is to go and play golf with one of your buddies and ask him, "Hey, what do you think about the hospital?" "Oh, I think it was pretty good, eh?" "Yep." Consultation done—check; move on. That's not

really how consultation is done. But if you need one more example as to how poorly a local health integration network can do consultation, you need to look no further than Timmins.

Il y a un groupe à Timmins qui travaille depuis 20 ans pour établir un centre de santé communautaire francophone. Ça fait 20 ans qu'ils y travaillent. Lorsqu'ils ont finalement convaincu le réseau local des services de santé—la traduction d'un « LHIN » en français, c'est un « RLISS »—le réseau local d'intégration des services de santé leur a dit : « Vous allez devoir faire affaire avec tel consultant pour nous remettre votre rapport. » Après 20 ans d'avoir étudié la situation, ils ont fait affaire avec le consultant que le RLISS leur avait dit de faire affaire avec.

Le consultant dit clairement que la communauté de Timmins a besoin d'un centre de santé communautaire francophone. Le rapport est remis au RLISS, et le RLISS décide que non. Pourquoi? La présidente du RLISS va à la radio de Radio Canada, CBON, pour dire à tout le monde que : « Oui, la communauté voudrait un centre de santé communautaire, mais le ministre préfère financer des équipes Santé familiale. »

Qu'est-ce qu'elle est en train de nous dire? Elle est en train de nous dire que ce sera les bureaucrates de Toronto qui vont décider, peu importe ce qu'ils ont entendu. Ils ne se feront pas la voix des gens qu'ils ont entendus, mais ils vont amener la voix du ministre dans le nord. Le ministre n'a pas besoin d'un RLISS pour se faire entendre. Le ministre est capable de se faire entendre n'importe où, n'importe quand : il est le ministre de la Santé.

Le RLISS n'a pas vraiment pris ses engagements, n'a pas vraiment répondu à ce pourquoi il existe, d'amener la voix des gens de Timmins à Queen's Park.

I was giving the example of the people in Timmins, who have wanted a francophone community health centre for the last 20 years. For 20 years they have done needs assessments and review after review, and every time they came out with the same recommendation: that they want a francophone community health centre in Timmins. The LHIN tells them, "You need to deal with this consultant and redo your work, because the work is too late, because you've been doing the same thing for the last 20 years."

They agree to work with the consultant from the LHINs. The consultant comes out and recommends that the francophone community in Timmins should have a francophone community health centre. It goes to the LHIN and the LHIN says no. Then the president of the board of the LHIN goes on French radio and says, "Well, they couldn't say yes because the minister doesn't want to fund a francophone community health centre; he wants to fund a family health team."

So the reason the LHINs exist—to listen to the needs of the people they serve—is not there at all. It is the will of the minister that takes precedence when it comes to the LHINs. Well, the minister doesn't need a LHIN to have his voice heard. He is the minister, and what he decides goes through. So why do we have those local

health integration networks if they are not going to listen to the people they serve, but listen to the minister?

Not stellar—did I mention not stellar?—but not surprising. Why is that? Because a LHIN is an unaccountable, unelected board. They are not elected by the people they serve. They are not accountable to the people they serve. They are appointed by the Minister of Health, who tells them what to do.

Can you see why there is a conflict there, Speaker? If the LHIN is there to listen to the people, to be the voice of the people, why is it that they're not elected by those people? Why is it that in this bill, where we made it clear that the LHINs need to be accountable, that the LHINs have not been stellar, that the LHINs have had many, many problems—why is it that the bill does nothing to correct that, that the LHINs will continue to be appointed by the Liberal government to do what the Liberal government wants it to do? Why do we need that? The minister can decide. He's the minister. He holds all of the power over the health care system. Why do you have this charade of pretending that the local people will have a voice and that the LHINs will bring their voice forward, when in reality it works in reverse? It's the voice of the minister that is being shouted to the local people. That doesn't make sense.

Do you see any changes in that bill? None whatsoever. The LHINs will continue to be unaccountable. The LHINs will continue to not be elected. The LHINs will continue to be appointed by the Minister of Health and the Liberal government to do what the Minister of Health and Liberal government want them to do. Do we really need that? Is this a really good use of sometimes pretty good people who want to do the right thing and who really donate their time, effort and energy to do good things for their community, only to realize that they are not working for their communities; they are volunteering for the Minister of Health? It's not the way it should be done.

I see that time is running away. I'm going to go into some of the more difficult parts of the bill. Let me start with the issue of the LHINs being allowed to issue directives, appoint supervisors and appoint an investigator. It's under part V of the bill, if anybody is following. This was supposed to enhance oversight and accountability.

First of all, this part of the bill will only affect community-based agencies. Although LHINs have power over hospitals and long-term-care homes, for hospitals to get a supervisor appointed, it's the Minister of Health who will do this. What the appointment of a supervisor means, really, is that you take away the power of the boards. The power of the people who were duly elected to sit on the board of our hospitals can be taken away by the Minister of Health with his colleagues at cabinet, then they appoint a supervisor that has all of the same power as a board. They don't do that very often, and when they make those decisions, they make those decisions for usually pretty serious reasons. But now you've come to the community sector and the board of the LHINs—which is not accountable, which is not elected—will be allowed to take away the power of a board that is duly

elected without ever going to the Ministry of Health, without ever going to the minister, without ever going to cabinet.

At the local level, that means that a LHIN could decide to take away the board of a community health centre. The community health centre may receive about 40% of its money from the Ministry of Health. The rest of this money comes from United Way, the federal government, other levels of government and other ministries, but it doesn't matter. The LHIN—this unelected, unaccountable board—will be able to take over the power of a duly elected board. It doesn't matter that what they do is only partly under health; they're able to take it over.

The opportunity for abuse of this power scares me. How could it be that we give in a piece of legislation the right to an unelected LHIN to take over a duly elected board of directors community agency? Why is it that we take this so seriously when we take away from a hospital board, but when it comes to community, it's like, "Oh, community health doesn't matter." You're saying that it matters very much when it is hospitals and it should be cabinet and ministry, but when it is community care, "Well, you know."

That's wrong, Speaker. You don't take away the power of a duly elected board without at least the minister signing off on it. I would be much more comfortable if it were cabinet signing off on it, especially since, in the community sector, the Ministry of Health funding is often very small. Most community-based agencies offer services from a range of different ministries and have been able to secure funding from a range of sources, but none of this matters.

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But you know what happens at the local level? At the local level, people get to know one another. And sometimes people want to get even with one another, no matter the cost. There are some LHINs right now that have some pretty tedious relationships with some of the community-based agencies that they supervise. I could see that, for all sorts of reasons, all of a sudden those agencies will find themselves with a supervisor. Those agencies will find themselves without a voice because the LHINs want to get even and now, all of a sudden, you have given them the power to do this.

I am very saddened that a bill would be written in such a way, with such disregard for the great work that the boards of directors of community-based agencies do for communities, for patients, for all of us. This is a complete show of disrespect.

Another part of Patients First that has been talked about negatively is planning for physician services. I don't think it's going to be a big surprise to any of us in this House that the relationship between the ministry and the Minister of Health and the Ontario Medical Association is at its lowest that I have ever seen. There is an open distrust. There is open animosity between those two groups, to the point where they have put in writing that—and I'm reading from an OMA sheet that says, "Absent from Bill 41 is any input from physicians, who are one of

the largest groups of health providers in Ontario. Pushing this major piece of legislation forward without doctors' expertise and experience further erodes the trust doctors have in the government."

Nothing good comes, Speaker, when the government and the minister keep putting forward pieces of legislation that poke physicians in the eye. Nothing good comes of that. The health care system works. You have to have a human relationship between a physician or care providers and a patient. That human relationship is just that: It is human. If you spend a ton of time putting down physicians, you do a lot of damage to our health care system because all of us will have to go see a physician or nurse practitioner in our lifetime, in our future, and you have eroded this relationship.

When the Ontario Medical Association put forward a statement like that, the minister stood up in this House and bragged about all of the consultations that they have had with all of the stakeholders. They had presented this piece of legislation under Bill 210 in the spring. They continued to do consultations throughout the summer on it. They presented Bill 41 with an updated, new-and-improved Patients First, and yet, the physicians feel that Bill 41 did not have any input from physicians. This is what they feel happened. This is their perception. This is their reality. And this is what they put out for everybody to see.

There is a little bit of a disconnect here. How could we have a Minister of Health who stands in this place and says, "We have consulted with everyone. We have listened. We have made changes," and then have the Ontario Medical Association say that they have not been consulted? I'm sure the truth falls someplace in the middle, but nothing good comes of that.

Then we have parts of the bill that talk about definitions. I am happy to see that we do talk about things such as health equity in the opening of the bill but, frankly, the definition of health, as well as the definition of health equity, is the weakest one I have ever read. There are tons of good definitions of what health is. There are tons of good definitions of what health equity is. Why did we have to put, in a piece of legislation in 2016, health equity definitions that I think we were using in about the year 1940? We're in 2016. We understand what health equity is way better. We understand that in order to be healthy, the environment has a place; poverty takes its place; income takes its place. The impact on health of all of those—why is it that we don't find any of that in the bill? We have definitions of terms to be used within this legislation that are pretty pathetic, to say the least.

Things like systemic racism—we all know that this has a huge impact on health. We all know that it is alive and well in our province. When people in the health care system talk about health equity and talk about the impact on health, we all know that this has an impact. Why is it not in the bill? Why is it that we have such a weak definition? It's as if we want to set ourselves up to fail. We want to be able to go back and say, "Oh, no, no. The

definition of health did not include the determinants of health. It did not include poverty or income or systemic racism or anything like this. Therefore, we don't have to look at that."

This is what a bill is there for. The bill is there to tell you what is your mandate, and right now I'm not happy with this—not happy at all.

Why is it that there's not a word about oral health? All of a sudden we have this change. We have this new bill called "patients first." Cool name. It's about the only thing cool about this bill: cool name, "patients first." Do you really think the patients will come without teeth, all of them will come without teeth? Because this is what this bill is all about—not a mention of oral health. We talk about how physiotherapists will be included in "patients first." They will be included in the mandate of the local health integration network, but not our eyes. The optometrists are not part, nor are teeth either. Oral health is not part of it either. As we go through, we realize: How can it be "patients first"? Aren't we taking the whole person when we talk about "patients first"? Apparently not.

When I was talking about the issue of supervisors and directives and inspectors, there were two more things I should have mentioned at the time. I will put them on the record right now, so for whoever is taking notes as to where my amendments to this bill will come, and they will be plentiful, you can add to this everything that has to do with your supervisors.

There are several steps for directives, several steps for investigators, and no steps for supervisors. I think this is a mistake. I think you meant to put it there in the bill when you made the changes from Bill 210 to Bill 41, but you did not. So a big problem.

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Another one that is a big problem is access to patient charts. Right now, we have very strict laws that dictate who is in charge of a patient's personal information, who can have access, and under what circumstances you can have access. Those are put in place to protect us. We have to be confident that when we share our medical story or health challenges with a service provider and they make notes of this, those notes will only be used to improve our health and to help us. But now, in that piece of legislation, we are opening a breach in those laws: that an investigator appointed by the LHIN will be able to ask for a patient's chart, will be able to ask for personal health information.

It is of absolutely no comfort to me that the bill says, and I will read from the bill, as soon as I find it:

"Personal health information to be removed

"(10) Before making a report available to the public under subsection (11), the minister shall ensure that all personal ... information in the report is redacted."

Are you kidding me? That means that all of the inspectors from the LHINs—remember these unelected, unaccountable LHINs—will have access, and before they make the report public, they will take the identifier away. That was never in the deal. There is no reason why

investigators from the LHINs should ever gain access to a patient's record without going through the court or without going through an already pre-approved channel where you can get that kind of information.

The sanctity of the trust that the information you give will only be used to help you is at risk there when we give the LHIN's investigator the right to look into a patient's record. This is wrong; this has to be corrected. "Before making a report available to the public" under the subsection, "the minister shall ensure that all personal ... information in the report is redacted" doesn't cut it with me. This is way too late. By the time it reaches the minister's office, half a dozen or more people will have had access to your record, and we know where that leads. That leads to breaches, that leads to ruining lives, that leads to nothing good, because once a personal record has been made public, it's like a bell. Once it's rung, you cannot unring it. Once it is out there, you will never get it back. That's why we spend so much time passing bills that protect patients' personal information. This bill opens a breach in there. I think this is wrong and this needs to be fixed.

There is a part of the bill that deals with les entités de planification francophones. J'étais bien contente de voir, dans la nouvelle version de ce projet de loi, que l'on s'assurait que les entités de planification francophones étaient pour continuer et étaient pour avoir un rôle à jouer. Je crois que c'est quelque chose de très bien, mais je vous dirais que ce n'est seulement qu'un pas qui a été fait dans la bonne direction.

I was happy to see that, in the new version of Bill 41, the French-language entities have appeared in the bill, have been named and have a role, and have a role to play in the future. I was happy to see this in the new version. But this is only one step, because we all know that in home care, the care has been subcontracted out to a third party. None of those third parties are covered by the French Language Services Act. We are opening up that bill right now. Why don't we make sure that the care that will be provided in your home will be in the language of your choice, that the French Language Services Act will actually cover the hands-on care that people depend on?

In my neck of the woods, a lot of people only speak French in their homes. When a home care worker comes to the home, they want that worker to speak French. There are plenty of PSWs who speak French in Nickel Belt because the workforce is the same as the people who live there. All that needs to be done is to make sure the scheduling is done and that they are covered by the French Language Services Act. I think everybody in this House would agree that home care should be covered by the French Language Services Act. This is what the act was all about: that people were supposed to be able to get services in French if they wanted to. But that's not there.

The mainly for-profit contracted-out home care providers are not covered by the French Language Services Act. They're not covered by the Ombudsman. They're not covered by the Patient Ombudsman. They're not covered by the Auditor General. They're not covered by

anybody. This is a big chunk of our health care system. This is a \$2.5-billion chunk of our health care system that is completely opaque. There is no transparency. There is no way to know if we're getting value for money. There is no way to know how much is being diverted to profits, to administration, to anything but patient care, because nobody has access.

We have a bill in front of us that is supposed to be about "patients first." You would want to know what kind of care patients are getting if you're interested in "patients first," but, no, you gave the French-language entities a mention in the bill—and I'm happy you did, but that's only the first step. The entities are there to make sure that the French Language Services Act is respected and people have access to services in French. The bill does not do that.

Then, there's the issue of public health units. I'm happy to see that the public health units will continue to do their good work of looking at population health, because right now, the local health integration network is really focused on health care services. I'm sorry to tell you, Speaker, but health care services have very little to do with keeping us healthy. We all know that how we keep people healthy has a whole lot more to do with the determinants of health. It has a whole lot more to do with your level of income, who supports you, where you live, poverty, than it has to do with the health care system.

Don't get me wrong; people need to have access to our health care system, but that's not what the public health units are all about. The public health units are all about keeping us healthy, are all about looking at how to make sure that you look at it with a population health lens. But do you know what happens whenever we talk about health care services? All of the money gets sucked into service and none of it gets put into making sure that we have a good lens on population health. So this is something that I will be looking at quite closely.

I can't believe that the time is going away so quickly. It was not supposed to be like that, but it happens, eh?

So if we look at what the bill is there to do, the bill is there to fix our broken home care system. The examples of where our home care system failed people are numerous and often gut-wrenching. Nothing in this bill is closely related to hands-on care. The closest that you get to it is a VP of community services position opening up in the LHINs.

The other mandate of the CCACs right now is to allow people to get into long-term-care homes. So if you're frail or not healthy and not able to cope at home anymore, you may be assessed to see if you need to go into a long-term-care home. It's the CCAC that does this assessment. Their case coordinators are trained to do that assessment, and they will see if you qualify for a long-term-care home, and once you do, you will go in.

There has been a push for a long, long time for people to take into account the fact that in many areas, people will go to a long-term-care home that is not their first choice. In my area, I have over 200 people who are in a long-term-care home that is not their first choice. They

went there because they were in the hospital, their acute-care episode was done, and they were ready to move on to a long-term-care home. They were told, "There's a place in that home, but then we'll move you along." That's a big lie, Speaker. That's a big lie. Those people will be there for the rest of their lives, in a home where they don't want to be, often away from their family. They had put as first choice a home that is close to where they live.

1530

In my parts, in Nickel Belt, there are people who live in Chelmsford, and they want to go to St. Gabriel Villa. People who live in the valley want to go to Elizabeth Care Centre. People who live more around Coniston want to go to Finlandia Koti. Depending on where you live—and those place are 40 kilometres apart. Those are not close. Chances are, if you are in the long-term-care home, you are aged; you're getting up in age. That means that there is a good chance that your spouse, who wants to come and visit you, is also up in age; and hopping on an easy, seven-transfer, three-hour-long bus ride to go from Onaping Falls to Extencicare York is not feasible, but this is what happens.

We have an opportunity with this bill to clarify this. The bills are open right now. The Long-Term Care Homes Act is open. Why don't we make sure that people who are transferred into a home that is not their first choice gets the first bed as soon as a bed becomes open in the long-term-care home that is their first choice? It seems to me that that would be such a human thing to do. It seems to me that that would put patients first. Sure, people who need long-term-care services are better served in a long-term-care home than in a hospital—I fully get that—but they should be able to then be moved to the long-term-care home of their choice.

In Sudbury, in Nickel Belt, if you are transferred into a long-term-care home that is not your first choice, I have this deal now with my CCAC that after three years we will consider you a priority 1 and you will have a chance to move. But you know what? The average time that people spend in a long-term-care home is less than two. So the chances of you ever being moved into the long-term-care home of your choice is very low; not to mention that people will get pretty depressed, people will have their mental health suffer, and everything else.

We had great opportunities with this bill. I had great hope with this bill. But in order to make it a piece of legislation that could be called "patients first," there is a lot of work yet to do. To say that getting rid of the board of the CCAC and the CEO of the CCAC will fix the problem is not believable. The problem is not the board and the problem is not the CEO. To get rid of the board, take out the CEO and put in a VP of the LHIN, we will have changed nothing. We will continue to have a hard time recruiting and retaining a stable workforce of PSWs to do the home care work. We will continue to have missed visits. We will continue to have all sorts of different levels of care that qualify for different levels of services, depending where you live or what time of the

year you happen to be referred to home care. Nothing will change.

Then we go into the LHINs. Just to give you an idea, my LHIN has about 60 staff. My CCAC has about 750 staff—more like 1,000, counting the part-timers. So this tiny, weeny, little agency called a LHIN with 60 staff is taking over these 750 permanent positions from the CCAC? Can you see that this will bring a little bit of turmoil to the agency, that this is not going to be smooth? All of this effort, energy and time that will be spent to do this transition is not going to be an iota of change to the good people who want better home care. At the end of the day, very little will have changed for those good people. This is an opportunity lost.

But it's not too late. This is second reading. We will have an opportunity to make amendments to the bill. I hope that the Liberals will have an open mind and realize that we all want the same thing. I want a good and robust home care system that meets the needs of the people who want to be in their home and not in the hospital, who want to go back home. We have a choice to do. We have an opportunity to do this. Let's not miss that opportunity. They don't come very often.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to respond to the member from Nickel Belt. I want to first say that I very much appreciated her indication of support for francophone services. It's very important in all of our communities. The planning of francophone services is critical, especially in communities where there are challenges, where there is not as concentrated a population of francophones. Also, public health: We have to bring that inside. Public health has to be part of our population health planning and has to be part of our broader health care planning for primary care and acute care. I appreciate her support on that.

I appreciate her comments, as well, on wanting to do more in the bill. I don't agree with you on all of those amendments that you are suggesting to make, but we do have debate for that purpose, to be able to get the best bill that we can. We can't always do everything that we want to do in a piece of legislation, but I take to heart what she had to say.

I was interested, though, in the deal that she had with her CCAC, that after three years people go up to a priority 1, which is interesting. We all see in our communities people who are in places that weren't their first choice, and it's very hard for them to move over. I think we have to get to more local planning of health care. I don't think we should be planning from downtown Toronto. Even the members from downtown Toronto, last time I mentioned it, had the same feeling as well.

I do want to take one issue—she did read the release from the OMA. We actually have been consulting with physicians in a variety of ways for about two years, quite extensively. We've discussed the Price-Baker report, and we've met with them about physician services regularly—the deputy minister and the OMA. We have 30,000 doctors. It is not possible to consult with all of

them, but we have consulted with their leadership and all doctors have been provided the opportunity to have input into this bill. So I take issue with that, but I thank the member very much for her comments.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Monte McNaughton: I'm happy to add some comments and questions after the member from Nickel Belt spoke. I'd like to give credit to the member from Nickel Belt. Every time she speaks in this House, especially about health care, all members of each party listen. I also like to hear local stories, because my wife is from Sudbury and we have lots of family in the Nickel Belt riding, so I know a lot of the places that she often talks about. Thank you for your good work here.

One point I just wanted to add, just to give a bit of credit to the government: I was worried with the first bill, Bill 210 last session, where there was a line in the bill that the minister essentially could take over from volunteer hospital boards, and volunteer hospital boards could be eliminated. I'm glad that that has been pulled out and it's not in Bill 41.

In my riding of Lambton–Kent–Middlesex, we have three hospitals: the Sydenham hospital down in Wallaceburg, which is part of the Chatham–Kent Health Alliance; Four Counties Health Services, in Newbury; and Strathroy Middlesex General Hospital. Those last two hospitals make up the Middlesex Hospital Alliance. Those three hospitals have been run for generations from volunteer boards, and I'm glad that the government didn't proceed with getting rid of those volunteer hospital boards. They're an important part of our community hospitals.

The major concern I have now with Bill 41 is the fact that there could be more bureaucracy in the health care system. I will be speaking for 20 minutes later this afternoon. My message to the government is: Let's get as much money into front-line patient care as possible and less money into bureaucracy. The last thing we need in Ontario now is bigger government.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mrs. Lisa Gretzky: It is my pleasure to rise to share some thoughts on the Patients First Act that we are debating today.

I would like to thank our health critic, the member from Nickel Belt, for doing an hour lead on this very important matter. I have no doubt in my mind that she probably could have gone on for many more hours because of the wealth of knowledge that she has around health care in Ontario as a whole.

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Our member from Nickel Belt had talked about home care and the gaps in home care and how this bill doesn't fully address many of the issues that people who are in need of home or community care face. In fact, I have a bill that I tabled for the second time—I had to table it again because the government chose to prorogue—Bill 35, the Empowering Home Care Patients Act, 2016, which addresses an issue within the home care system of

patients maintaining service when they choose to appeal a decision to either cut off or reduce services.

I'm hoping that the government side will support that; that it will make it to committee and we'll see that become law, so that patients actually maintain home care services while they are appealing a decision and that they actually are made aware of their ability to appeal those decisions.

Tomorrow, I plan to table a bill called the home care and community services amendment act, or Dan's law, which addresses another gap in our home and community care medical services for patients who repatriate to Ontario. They're facing the end of life and choose to come back to Ontario to be with their family, but they currently do not qualify for the home care and the community care that they need. Rather, the government would like to see them in hospital to live out their final days. I don't think anybody who is going through a predicament like that would want to see their loved one die in hospital when they could be at home with their loved ones.

The Acting Speaker (Mr. Ted Arnott): We have time for one last question or comment.

Ms. Sophie Kiwala: I'm pleased to stand today to give a short two-minute discussion on Bill 41, the Patients First Act. I do have to commend the member from Nickel Belt for her advocacy on her subject area in health care. She has done a great job at covering many different details. I am, however, a little bit disappointed that there is so much criticism on almost every single aspect of what we have looked at.

Particularly, I just wanted to point out and discuss the points made on consultation. We did do very extensive consultations. We also had a consultation in Kingston and the Islands, and at that consultation we had several people present from the Kingston Community Health Centres. We had someone there from the seniors association. We had public health there. The chair of the board, Charles Simonds, was there, and there were quite a number of others. We had a seniors group called Oasis group; Christine McMillan was present. Almost every sector of our community was represented there. I don't have a lot of time in these short two minutes to go over how comprehensive the discussion was.

I can assure you that we focused on absolutely every single aspect of care, including hospice care. Hospice was there as well. We received more than 1150 emails. We took down 187 formal written submissions from stakeholder organizations. It's not fair to just criticize. We have done a lot of great work on this bill.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments for this round. I recognize the member for Nickel Belt to reply.

M^{me} France Gélinas: I would like to thank the members from Ottawa South, Kingston and the Islands, Lambton-Kent-Middlesex and my colleague from Windsor West for their comments. The member from Windsor West is right: I could have gone on. There are parts of the bill that I did not have time to talk about at all. A part that talks about some of the home care workers who are

working pretty precarious jobs will continue to be excluded from the protection of the labour act. I don't know why that is.

There are other parts of the bill that I did not have time to get on the record, but I will make sure that some of my colleagues do, or if I have another opportunity. But at the end of the day, we are here because our home care system is broken. The way that the Liberals want to fix it is to get rid of the board and the CEO. The board becomes the board of the LHINs. The CEO of the CCAC becomes the vice-president of the LHIN, and apparently this will change it all and make it all better: "This will make the long wait times go away. This will make the quality of care improve. This will make the missed appointments disappear. This will make the continuity of caregivers become a reality, and this will make the quantity of home care to suddenly be sufficient with consistent services across the province."

I don't believe in any of that, Speaker. Those changes are so far removed from hands-on care. The fact that the minister has promised for-profit contractors that they will keep their contracts and those contracts will continue to be without any transparency, oversight, supervision or accountability—nothing in this bill will change home care for the better.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Lou Rinaldi: Speaker, before I begin, I'd like to say that I'm sharing my time with the Minister of Transportation, the Minister of Advanced Education and Skills Development and responsible for digital government—I think I got it all in—and the member from Kingston and the Islands.

As I listened intently to the last few speakers in this House from the opposition—let me say that I certainly understand the role of the opposition: They're here to keep an eye on what the government does and to criticize. I respect that, but I want to say for the record that I haven't heard any good suggestions—just criticism. What would they do? What would they suggest, Speaker? It's not just on this bill; it seems to be a general trend, and that's fine too.

But the other piece that's really interesting: I remember—I know you're going to say it's way back when—when the NDP were shutting down medical schools, and we had a huge shortage of doctors a few years later. I remember the official opposition today closing hospitals—I think it was 28 in the province of Ontario. There was one in my riding that they closed in Port Hope, and then the government, to be fair, saved two or three others that were on the slate.

Interjection.

Mr. Lou Rinaldi: To answer the member from Windsor, we opened a brand new community health centre to help out—our government. I would say that we shouldn't forget that nurses were "hula hoops." I know my colleagues are going to talk about that, but I'm just going to quote some quotes from experts in the health care profession, as soon as I find—here we go. Let me just

highlight a couple of the highlights of what some of the comments were from the folks who are on the front lines delivering care:

“... roles and responsibilities of hospital boards. As the province moves to implement its legislation, hospitals are well positioned to play an important role in supporting new models of care to meet the needs of patients and clients, working in close partnership with their provider partners.” This, Speaker, is from Anthony Dale, president and CEO of the Ontario Hospital Association.

Another quote, Speaker: “A healthy Ontario is about much more than access to health care. The Association of Local Public Health Agencies (ALPHA) applauds Minister Hoskins for introducing the Patients First Act that calls on local health integration networks to work more closely with local public health. The expected outcome is a health care system that better meets the needs of patients. More importantly, the outcome can be a health care system that works better to prevent people from becoming patients in the first place. The Patients First Act is a win for the people of Ontario.” That’s from Dr. Valerie Jaeger, president of the Association of Local Public Health Agencies.

Another quote, Speaker: “Aboriginal health access centres work to ensure indigenous people receive care on par with care afforded to all Ontarians through a holistic model of health and well-being. Recognizing aboriginal health care centres within the Patients First Act enables our community-governed, indigenous-informed model to be better aligned to continue breaking down systemic barriers.” That’s from Gertie Mai Muise, director of AHAC strategy and transformation, Association of Ontario Health Centres.

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So, Speaker, as you can see, some of the important folks that deliver health care in our province, or the stewards, are onside. It’s 2016 and I think it’s time that we elevate in all sectors, not just health care, to make sure that the people of Ontario deserve the best public health system that we have. The intent of Bill 41 is to do just that. I would hope that it will get to committee and we’ll adopt some amendments. I urge all members to support this, because we do need to support it.

The Acting Speaker (Mr. Ted Arnott): Minister of Transportation.

Hon. Steven Del Duca: I’m delighted to have the chance, as always, to stand in my place in this chamber and lend my voice to debate. Obviously, all the debates we have here in this House are important. This one, of course, touches on health care, something that is fundamental to, I know, to all member of this Legislature and all the people we represent across the province.

I want to begin by thanking my colleague the member from Northumberland–Quinte West for his contribution to the debate. I think he is, as always, 100% right. I enjoyed listening to his remarks. He’s someone who has a great deal of experience with respect to how health care impacts a community like his own, but also communities right across the province of Ontario.

That member, in his comments, did touch upon some of what we’ve heard over the course of debate here on Bill 41 from opposition members, Speaker. The member from Northumberland–Quinte West did touch upon it, but I do think it’s interesting to take just a quick moment to consider that, notwithstanding not only the debate that we’ve had here on Bill 41 but over the last number of days—in fact, weeks—here in this House, both during debate and during question period, it’s been of particular interest to me to watch members of both the official opposition and the third party raise questions around health care.

I understand completely, Speaker, that the role of opposition members does require that both opposition caucuses will put forward questions and contributions to debate that fit within their broader narrative, which, when it comes to health care is this somewhat, I would argue, misguided notion that the system in the province of Ontario is somehow worse off today than it was either in 2003 or before that—years ago, Speaker.

I will speak from my own perspective as the member from Vaughan, representing York region. But, frankly, this is not unique to York region. Wherever we are in the greater Toronto and Hamilton area, wherever we are across the province, thanks to not only, now, 13 years of a vision as it relates to public services like health care, but thanks to 13 years of investment, thanks to 13 years of making sure that we kept our eye on the ball as it relates to rebuilding a publicly funded health care system that was left in crisis by the Conservative government of the day in 2003, we have seen dramatic improvements.

The member from Northumberland–Quinte West cited some of the things that we all remember from that very dark period in Ontario history, from 1995 to 2003 in particular, as it relates to publicly funded health care and education, understanding that we are talking about health care today.

I just want to point out a couple of things that I know have come up in debate here this afternoon. Since 2003, again thanks to the investments and thanks to that vision around restoring the confidence of the people of Ontario in our publicly funded services, we have seen dramatic improvements over the last 13 years. We’ve reduced wait times for surgery. We’ve increased the number of Ontarians who have a primary health care provider. We’ve expanded services for Ontarians at home and in their communities. Since 2003, the number of physicians in Ontario has increased by over 5,600; that’s more than 26% in term of an increase. And 94% of Ontarians now have access to a family health care provider. More than 95% of patients waiting for an urgent care procedure received that care within recommended wait times.

I know that the Minister of Natural Resources and Forestry cited earlier that there are now over 26,300 more nurses working in nursing in Ontario. That’s since 2003. This includes, specifically, over 11,000 more registered nurses. The statistics go on that paint a very clear and compelling picture with respect to our government’s position around the importance of publicly funded health care.

Bill 41 is part of the evolutionary process that's been under way over the last number of years of making sure that we have a publicly funded health care system in the province of Ontario that's responsive, strong, robust and can ultimately provide the people of this province with the health care that they deserve, the health care that they need in their communities, in a way that makes sense for them.

I get the role of the opposition. I respect the role of the opposition. I think it's important for us when we're talking about health care to move beyond, perhaps, a political or partisan narrative and try to work together across party lines to deliver positive outcomes. I believe, when it relates to health care and a few other areas in particular, it's what the people of Ontario want us to do.

I certainly look forward to hearing the rest of the debate here this afternoon. I know that the Minister of Advanced Education and Skills Development and the member from Kingston and the Islands will be speaking shortly. I look forward to hearing their contribution to the debate as well.

The Acting Speaker (Mr. Ted Arnott): Deputy Premier and Minister of Advanced Education and Skills Development.

Hon. Deborah Matthews: I am very pleased to have the opportunity to speak to Bill 41. When I look at the legislation and I think about how far we've come in the health care system over the past 13 years, it's nothing short of remarkable. I remember former minister George Smitherman saying, "I've heard about our health care system, and we take great pride in our health care system, but then I look around and I can't see a system." What George Smitherman started, and subsequent ministers have done since, is work to build a system out of what is a remarkable group of individual organizations.

Our hospitals grew organically. In my community, St. Joseph's Hospital was started by the Sisters of St. Joseph and provided and continue to provide excellent care. But until the LHINs were established there were independent, stand-alone organizations that were not in any way connected to a larger system.

This legislation today actually builds on the success of the LHINs. I remember when LHINs were introduced. There was so much opposition to the creation of the system organizers of the LHINs. What we've heard is that opposition has really died down because I think individual members working with their LHINs—I know most LHINs try to meet with the MPPs in their area on a regular basis, and those MPPs learn from the LHINs what's actually happening and how they're driving better patient care. So I think in their ridings people understand the value of the LHINs. When they come to Queen's Park they take a different approach, shall we say.

What we're doing is actually taking LHINs to the next level. We are integrating primary care planning. I think we all acknowledge the importance of that, that within a LHIN you might have more or less the right number of doctors but certain areas of the LHIN simply don't have enough primary care providers, nurse practitioners and physicians. Having that planning function within the

LHIN to make sure we've got those family docs where we need them is a good thing to do.

Bringing boards of health into the LHIN umbrella is vitally important because that prevention work that boards of health do in every community needs to be integrated with the health care system. They do terrific work with new moms, for example. Why wouldn't you want that integrated into the larger health care system? This is an important step forward, and we really do know from our experience now that the more integrated, the more coordinated and the more planned our health care system is, the better results we get.

Speaker, as the daughter of two parents who are aging—my mom is 88; my dad is 90—they both are relying more on the health care system than they ever have before. Having that integrated health care that follows them from home to specialists or the hospital or home care, bringing that circle of care around them is vitally important and is making a real difference in the quality of care they are receiving.

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We actually estimate a significant reduction in costs as we get more coordinated, and every penny of that and more will get plowed into better service for people. We all know that parts of our health care system are stretched. We need to invest in those resources. Getting better value for our money so we can provide more care to more patients is what we want to do. This is one way to move that forward.

I urge all members to really think about their patients when they're deciding how to vote on this legislation. Think about whether coordinated care is better than uncoordinated care. I think we all agree that coordination is better for patients and for the system. I certainly will proudly vote for this, and I urge you all to do that too.

I will now turn this over to the member from Kingston and the Islands.

The Acting Speaker (Mr. Ted Arnott): I recognize the member for Kingston and the Islands.

Ms. Sophie Kiwala: Thank you to the previous speakers on this bill. The speaker from Northumberland—Quinte West has brought forward some great points. As well, the Minister of Transportation, the member from Vaughan, has done the same, and our Deputy Premier.

One thing that I am noticing is that we are very focused on exploring the positive side of this bill, obviously. We do have absolutely more nurses now than we ever have had: 26,300 more nurses. It's extremely important. We continue to make those investments and we continue, as the Deputy Premier has said, to focus on a more integrated system. I think that that's going to benefit everybody in our community.

We really do need to focus on the success. We need to continue to build. In Kingston and the Islands, we're doing some work with Telehealth for our First Nations communities. This is another area that we feel is extremely important to focus on.

The LHIN objectives are very solid and comprehensive, and there's a number of different areas that I would

like to focus on and talk about today underneath the LHIN governance and mandate.

We will be amending the objectives to reflect the expanded mandate, including authority to deliver those home care services that are so important for our elderly. My father is 92. The Deputy Premier spoke about her parents as well. Many of us are getting to the point where we do have elderly parents or we do have seniors in our community that we're very concerned about. We're very, very concerned that they get the most comprehensive care that they can closer to home.

We're looking at additional health service providers. We're allowing the LHINs to fund and have those accountability relationships. This is extremely important. They will have additional service providers, including family health teams and non-physician funding. The aboriginal health access centres, hospices and nurse practitioner-led clinics are all going to be part of that integrated focus, and they're all going to be at the table when we're discussing patient care.

The sub-regions are extremely important as well, and they form a very large part of this picture. The LHINs will establish the sub-regions as a focal point for that local planning and performance in monitoring and management of each case. Under the LHIN governance, the LHIN board membership will go from nine to 12 members, and that will reflect the expanded mandate. We can't do it without making that expansion, and I think that that's an important piece to remember.

We'll change the total length of time a person may be a board chair. For example, a person may exceed a maximum of six years, when she or he is appointed as board chair, after having served at least three years as member. This is extremely important, that we get the experience that is necessary in order to do an adequate job.

A shared services entity will allow for the establishment by regulation of shared services—a shared service entity to support the LHINs with the necessary shared services like payroll, financial and IT services and supports.

We will also have patient and family advisory committees. I know that in Kingston and the Islands we've already got patient advisers who are working with our hospitals. These members play a very critical role. They will require each LHIN to have one or more patient and family advisory committees to support that community engagement.

I think that it really is important that while we make these very comprehensive changes to the system, we are speaking together, collaborating together and making sure that we've got all the pieces right to deliver a system of health care in our province that we can be proud of and that will be a legacy in the future.

Thank you. Merci. Meegwetch.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Bill Walker: We've heard from a number of colleagues from across the aisle. My Northumberland—

Quinte West colleague mentioned hospital closures. I wonder if he could just provide some comment, when he stands next time, about the 600 schools that are currently slated to be closed under his government.

The Deputy Premier talked about Mr. Smitherman and the great work that he did. I wonder if she could comment, perhaps, on the eHealth boondoggle and the billions of dollars wasted on Ornge, and how that money did not go to the patients who are calling my office asking why they can't get in because of a waiting list, or about the rationed health care they're receiving. The Green Energy Act that Mr. Smitherman was the architect of is costing us billions and billions of dollars that could be going to our front-line health care, I'd definitely like to say.

I will go on record, again—because we're talking about hospitals—that I'm pleased to see that the government has committed to the building of the Markdale hospital. We're getting closer, and I really hope—the Deputy Premier is here; she was the minister. The current minister has agreed that it needs to be built. I just want to put it on record that I'm going to keep asking every chance I get until we see the actual shovel and someone wheeled through the front doors of that facility.

Mr. Speaker, the Deputy Premier suggested that if we don't vote for this bill, there won't be coordinated care in our health system in the province of Ontario. So is that an admission of guilt that there isn't good, coordinated care today? Is it a failure of coordinated health care? I don't think that blaming the CCACs, an administrative group which the Auditor General had very big concerns about—actually, the patient care that we were receiving under them—being blended into LHINs, another fairly bureaucratic administrative group, is actually, truly going to be at the front line. We want to see outcomes about people getting through for surgeries that are being rationed. We want people to not have to wait a year just to get in to be assessed for their health care situation.

So when I hear "Patients First Act," I want to see it at the front line and what is truly going to impact the people who call my office every day.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Teresa J. Armstrong: We have another bill that has a great title, the Patients First Act, but the expectations aren't in the bill that actually correlate to the title. The member from Nickel Belt has done her lead today and expressed her concerns. There begs to be some true effectiveness when they're talking about a bill called "patients first."

Under the Conservatives, Speaker, they started privatizing home care. It hasn't gotten better with the fact that you can have companies bid for these contracts—and then expect better care. The member from Nickel Belt talked about for-profit, and that's what happens—it's profits before care when we have that type of structure. She also had a great concern about the LHINs' power over community boards and how they can actually take away the power of a community health board without the

minister's review or without the cabinet's review. I can't stress enough: When we have legislation here, it's very important that we do make changes so that we can have a better home care system to deliver the care to the patients who are waiting at home. But we have to address some of the real problems in the bill, when we talk about LHINs having power over a community board to take away their power without overview, without that supervision before a minister and a cabinet.

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We do have to have an overview of the home care system—absolutely. Things aren't working properly.

I wish I had more than two minutes, Speaker, because I have a heck of a lot to say on this subject.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to respond in this debate again.

I think the most critical thing that has happened in health care in the last 10 years in Ontario is the localization of health decision-making and planning. That was critical to the development of our system.

The member from Bruce-Grey-Owen Sound—I was just up in his riding last week. We were announcing some new funding for the beds in his hospice, and that's as a result of the great work being done at the hospice—

Applause.

Mr. John Fraser: —yes—and the great work of the LHIN in identifying that need and supporting the hospice.

Hon. Deborah Matthews: Did he think it was a good idea?

Mr. John Fraser: Yes.

Mr. Speaker, in my community of Ottawa, I can talk about the LHIN and talk about some of the accomplishments and the collaboration it has built around youth addictions. We have a program called Project Step, which is addictions counselling in schools with street youth, and residential treatment. It's a program that has created a lot of success, increased graduation rates and kids staying in school, and it's a great partnership. The LHIN was part of that partnership, with Ottawa public health, the school boards and the United Way. When one of the partners couldn't provide as much funding, they stepped in to support it.

They stepped in to support youth suicide prevention through the Bridges program—again, another partnership. They provided the leadership to get that done.

On hips and knees, on wait times: The importance of local planning can identify those needs and the capacities that are in the community to address those needs. You take a look at hip and knee replacements in the Champlain region. We had a real challenge. What they did was bring the partners together. They gave the leadership to one of the partners. They created a single queue and dramatically reduced the wait times for patients. That has a direct impact on patients' quality of life, on their access to services.

I think most members in this House have had an experience with the LHIN where they have worked with

them to deliver something for their community. That's why it's important to have local decision-making involved in health care.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Norm Miller: I'm pleased to have an opportunity to comment on Bill 41, the Patients First Act, and some of the speeches made by government members.

As I said in a question last week with regard to health care in Parry Sound-Muskoka, what we're seeing on the ground with local health care is a rationing of health care services.

I pointed out in the question I asked last week that for cataract surgery in the Muskoka Algonquin Healthcare region, the wait times have gone up dramatically. In fact, for Muskoka Algonquin Healthcare, I think it was previously six to nine months. If you went in for surgery right now, it's a wait time of a year to a year and a half, and that's just simply unacceptable.

Part of the reason that has come about is that Muskoka Algonquin Healthcare, which looks after Muskoka and east Parry Sound, has a \$3.5-million deficit. They've been funding extra cataract surgeries to meet the demand, but not getting paid for them by the government. They have decided that in order to try to balance their budget, they have to ration health care services. They have to cut back and just do the number of surgeries that are actually funded by the government.

Now we have the same thing happening with other types of surgeries. I've heard rumours that they're about to make an announcement next week to stop doing a number of other surgeries, despite the fact that the year-end for the government for health care is March 31. That will mean there will be a number of other surgeries they just won't perform until April 1, 2017.

Mr. Speaker, we've seen a lot of waste in the health care system, a lot of the money not getting to the front lines, and that's what needs to change. We need the money to go to the front lines: less to bureaucracy and more to the actual services.

The Acting Speaker (Mr. Ted Arnott): To reply to the questions and comments, the Minister of Transportation.

Hon. Steven Del Duca: I was very happy to listen to the members from Bruce-Grey-Owen Sound, London-Fanshawe, Ottawa South and Parry Sound-Muskoka provide their comments and feedback on the debate this afternoon.

With my limited time at this particular point in debate, I would only point out, by way of a very clear-cut comparison for those watching, across Ontario, today's proceedings on Bill 41, listening to the member from Ottawa South speak—he's a member who has worked hard over the last number of months to make sure that in the area of palliative and hospice care, we are moving forward in the right direction. By contrast, the member from Bruce-Grey-Owen Sound—with the greatest of respect, Speaker—took a dramatically more strident tone in his comments this afternoon, delved into a variety of

areas that are not germane to the debate with respect to Bill 41, and refused to acknowledge that over the last 13 years, but in particular over the last couple, we have moved forward in the strongest and most robust way possible as it relates to restoring publicly funded health care in the province of Ontario.

That's not to suggest that our work is done, Speaker. It's one of the reasons that we're putting forward Bill 41, so that we can continue to improve upon the system in the province of Ontario.

I think it's of particular importance to note that when the member from Ottawa South spoke, and he talked about recent improvements, recent advancements to hospice and palliative care in the member from Bruce-Grey-Owen Sound's own community—if I understood it correctly, Speaker, that member from Bruce-Grey-Owen Sound was there the day that the good news was delivered for his community.

I get that that might be part and parcel of an MPP's job, whether you're government or opposition. But I find it interesting that when members of both the opposition parties are back home, they want to be there for things like photo ops and ribbon-cuttings, but when they're here, they seem to forget that significant advancements are being made.

I would say to all members—understanding completely what our job is here in this House—that this is a bill that moves the province forward, moves health care forward, in the right direction, and I would encourage all members to support it.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Bill Walker: It's a pleasure to speak to the Patients First Act, Bill 41. The purpose of this bill is to revamp the way in which health care is delivered in Ontario and to better serve our patients.

We have always said, on this side, that change has long been needed, to better integrate the system so that it's more accessible to the 13 million people that it serves. If you consider the state of our health care system—cancelled and delayed surgeries, skyrocketing wait times—you very quickly realize it has become a fragmented and rationed system. This is feedback from my riding. This is what I bring to this House. It's what I hear on a daily basis.

We have doctors saying they can't do what they need to do, because the money isn't there. We have patients saying they're not getting the services they need. Earlier, I addressed wait times and the rationing of certain surgeries—knee and hip, to be specific. Then we have this Liberal government saying that neither is true.

I was just challenged by one of the ministers, saying that I never applaud them. I do, when I can. I do suggest, when I'm in my riding, when good things happen. I did, a week or so ago, when Mr. Fraser was there adding two more beds to our local hospice, and that's wonderful—

Interjection: Ottawa South.

Mr. Bill Walker: The member from Ottawa South.

We went from six beds to eight beds. But, Mr. Speaker, it's supposed to be 10 beds.

I did applaud him. I thanked him. Frankly, I thanked him for inviting me, because many of his colleagues do not actually make me aware of when they're in my riding for any kind of announcement. So I was very appreciative, and I will commend him. I think it's a good thing. But that doesn't mean the world is rosy and everything else is good.

As the member from Northumberland-Quinte West said, he respects that we have a job to do as opposition. We are to hold them to account. I take that job very seriously, Mr. Speaker, on behalf of the people I'm given the privilege to represent.

Herein lies the problem: We are stuck with an administration that is turning a blind eye to these problems, and a government that is unable to relate to what's going on. They keep trying to say that everything's rosy and everything's wonderful. The people in Bruce-Grey-Owen Sound and across this province—with a number of my colleagues, certainly—are telling me everything isn't rosy.

Bill 41 is a product of this. This legislation is essentially a blueprint for growing the health care bureaucracy. I don't see any stats or figures in the bill telling me how many more people are actually going to get front-line patient-care services tomorrow or the next day or the next month.

At a time when doctors and patients are telling them that the system is over-bureaucratized and not meeting the front-line care needs of our population, and that more money needs to go to the front lines to give them those hip and knee replacements, so that they can actually get in in less than six months on a waiting list for whatever their ailment is, we're being told that they want to go and add 80 new sub-LHINs to the existing 14.

The Auditor General put out a fairly scathing report saying they're not yet that effective at this point, yet we're going to make that many more, Mr. Speaker. We're going to go from 14—that are not doing well at keeping accountable and ensuring that the absolute maximum service is there—to 80. I'm not certain the people of Ontario believe that's their forte, to actually provide oversight and accountability and transparency.

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It's called a bureaucracy because it's staffed by people who provide zero front-line patient health care. They also represent a significant and burdensome cost to the already overstretched system. To add more people to spin more paper is not what the people in my great riding of Bruce-Grey-Owen Sound are asking for. They're asking for me to get in in a timely manner, to get the service, to see the specialist, to see even their GP, to be able to get in in a timely manner. That's why our excellent health care critic, my colleague and friend Jeff Yurek from Elgin-Middlesex-London, has aptly renamed this bill as “putting bureaucrats first” as opposed to patients first.

I'd like to remind the House that these are the same bureaucrats that the Auditor General found, as I just said, were failing to meet their mandate and that were not integrated, causing silos in the system, which was failing

and, frankly, hurting patient outcomes. It's sad, but a big part of that failing grade was a result of this Liberal government's inability to define the role of LHINs or find a way to judge their performance. They simply didn't know how to manage the 14-LHIN bureaucracy, and now they want to expand to 80.

The Auditor General previously confirmed the LHINs' record of poor performance at the expense of some of our most vulnerable, something their own hand-picked economist, Don Drummond, pegged as trouble after he determined the LHINs did nothing for integration—his words—their consultant, not me from Bruce-Grey-Owen Sound and a member of the opposition. That's their hand-picked economist, Don Drummond, who said that.

Consider the ongoing woes in home care, where patient hours of care are being cut while the bureaucracy's pay is going up. As a result, only 61% of home care dollars go to front-line service. The rest goes to administration, as was found by the Auditor General. Simply put, Mr. Speaker, that's just not acceptable. I didn't see anything in this bill about them addressing that and saying, "We want to drop that from 40% to at least 20%," so there's more money going to the front line and more people can get the service they need.

Complaints about Ontario's home and community care service are the number one phone calls we receive in our constituency office after the sky-high hydro rates. Again, if we follow this projected plan, those high rates are now starting to impact our hospitals, the very thing we're talking about. Hospital hydro bills are going through the roof. And guess what, Mr. Speaker? I'm guessing that it's going to mean more nurses are cut. There are already, I believe, 1,400 nurses who have lost their jobs across this province. Each hospital is going to be in that situation. Your hospital, Mr. Speaker, and the hospitals in my riding are under the gun. They're given their envelope and told, "You meet this," but if your hydro costs doubled or tripled in the last four years, it's got to come from somewhere.

This begs the question: Why is this Liberal government rewarding the bureaucracy with more and bigger powers, which is what this bill inevitably will do? Again, the Auditor General reported that none of the 14 LHINs ever met all the targets in their key areas of performance, such as failing to limit to eight hours the time patients wait in ER to be admitted to the hospital or limiting repeat trips to the emergency room within 30 days by patients with mental health or substance abuse conditions.

We know the government takes no accountability over the LHINs when their poor performance continues to hurt patients year after year. What I find in my riding is that it's a challenge for the LHIN. The government wants to come in and do the photo op when there's good news to be told and put it back to the LHINs when there is not good news to be told.

The government promised that LHINs would reduce inequities in access to health care. Unfortunately, the opposite has occurred. Again, not me; this is the Auditor

General suggesting this. Her report highlighted how patients in the worst-performing LHIN waited five times as long for semi-urgent cataract surgery as those in the best-performing LHIN. That gap, sadly, keeps growing.

Despite not meeting their targets, the government now wants to put the LHINs in charge of primary care planning, management and delivery of home care, and managing placement of people in long-term-care facilities. Why? You couldn't and didn't get it right with 14 LHINs. You ignored the poor performance of the 14 LHINs. What assurance do we have that you can get it right with 80 LHINs as opposed to 14?

The government of Ontario is supposed to be responsible for the delivery of health care services throughout the province, yet the AG confirmed that the Minister of Health has taken little action to hold the LHINs accountable when low performance continues. This isn't just one report, Mr. Speaker. We have seen this as a trend continuing, and, again, nothing significant to change and turn that around.

The second concern we have is that of the role of the Minister of Health and Long-Term Care. He's looking to expand his role to issue policy and operational directives to the LHINs and make suggestions for LHIN supervisors. The minister will also be able to issue directives to hospital boards when he or she deems it to be in the public interest. The minister will also be empowered to appoint LHINs as an agent for payment to doctors and other health professionals.

Let's remember that this minister and this Liberal government are in an ongoing fight with our doctors as we speak. Physicians are not pleased with this government's policy and are talking about moving to other jurisdictions to work, and that's a problem because patients lose if we end up with fewer doctors. You simply cannot rebuild the health care system without the involvement of our doctors.

I've received a fair bit of feedback from our local health partners, our local health unit. I had the great opportunity to meet with our new Chief Medical Officer of Health, Dr. Christine Kennedy. She's concerned specifically about public health funding. They're still under a severe financial constraint by the so-called equitable funding formula that has left, actually, 26 health units—mostly smaller and in rural Ontario—in a sub-zero budget for the next five years while larger urban units are getting considerable increases in funding. This is all based on a flawed equity funding formula that the government is now applying. I heard this first-hand, Mr. Speaker.

In many of our ridings across the area, particularly with the lack of transportation and the issues that we have to deal with, they need more money to get out and promote and ensure that people have access, knowledge and education about their health care, not less. So we again challenged and said, "Why are you going in this direction?" What necessitated this, Mr. Speaker? Why is there more money going to areas where there's actually a lot of good things happening in their area and they have a

lot more proximity to a lot more dollars in the urban centres than we do in rural Ontario? These boards are amazing, what they do in our rural areas, and yet the funding was cut.

The Hanover and District Hospital had two very key concerns. They actually provided a letter, which I've provided to the minister. These two concerns are, first, allowing the minister and the local LHIN to issue directives to hospitals. The OHA has asked that the bill be changed to ensure that ministerial directives are subject to Lieutenant Governor in Council approval, which would make it consistent with the Public Hospitals Act that requires the same approval for the appointment of a hospital investigator or supervisor. If not changed, then hospitals would be the only providers with two levels of directive-making authority. It's duplication and it's bureaucratic.

Mr. Speaker, these boards of directors—I've worked with a lot of them over my career. They are very committed individuals who are the leaders of the community, who have the best interests of that community. They need to be treated and respected as such.

The LHIN directive authority is the other concern they have. They're concerned with the provision to allow LHINs to issue operational and policy directives to hospitals. Again, how can a LHIN with such a widespread board—taking nothing away from the individuals that will be at each of those tables; they will be very talented people. But at the end of the day, they do not have the hands-on operational knowledge of what that community requires, of what the unintended consequences might be of decisions made from central—in our case, London—to a place like Owen Sound or Hanover or Markdale or Chesley.

Hospitals could be directed to make cuts to key programs and services that are strongly needed in the community, that actually serve the very localized issue the best. The LHINs would have the power to direct the closure of hospitals or emergency departments, and even order that funds be redirected to projects of their own choosing. A big concern that came out is that one. So a donor gives money to a very specific need in willingness to help support that program in their community because they believe it's what the people of their area need, yet this group, from arm's length, can come out and say, "No, you can't." There would be serious ramifications if that donation has already been made and a receipt has been given and then all of a sudden there's a unilateral change from someone on high that says, "No, no, no, we're not going to fund that program anymore. You're going to cut it and we're going to move." You can't just take that money and move it, Mr. Speaker. That's very significant.

The South East Grey Community Health Centre's concerns: lack of focus on health equity and providing services to marginalized people in Ontario; it fails to identify the specific needs of rural Ontarians under the guise of health equity; funding for services in rural and northern Ontario must include transportation services and

use adjusted targets for distance, geography and population.

Again, Mr. Speaker, what I'm hearing loud and clear all the time when I'm out in the community is there has to be an appreciation for the variables that we actually experience in rural Ontario. Winter, geography and a lack of transportation are things that mean you can't just say the numbers that an urban facility, an urban LHIN, can actually expect are the exact same as what a rural facility can.

We need to ensure we have a sustainable health care system that unequivocally puts patients first. I'm concerned that Liberal Prime Minister Justin Trudeau is cutting Ontario's annual increases to health transfer payments to 3% from 6%, resulting in a loss of \$400 million to Ontario's doctors and patients. Will the provincial Liberals call on the Ottawa Liberals to pay Ontarians their fair share for health? Mr. Speaker, taking \$400 million out of our system is not a drop in the bucket. That is going to have severe impacts. I'm hopeful that this administration will step up, as they did in the previous regime, challenging the former Prime Minister. I hope they'll take the same adversity and the same approach to any cuts to health care in our great province. Is it appropriate that you'd rather defend the provincial and federal Liberal parties, instead of standing up for patients in Ontario? I certainly hope not, and I will put my faith that you won't do that. I implore you not to do that. We have to ensure that the people of Ontario are our first priority.

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Ontario seniors: I'm proudly the critic for seniors, long-term care and accessibility. We're short 25,000 nursing beds, a number that will double to 50,000 in six years. I've challenged the government again on that one. I didn't see anything in there of an actual outcome. Are you actually committing to do something? No one, I don't think, can deny that that tidal wave of seniors is coming at us. These beds should already be there. We're behind the eight ball and that would be front-line, patients-first care, if someone came out and made a commitment.

In estimates, I've asked for the last two years: Give me the plan of where you were going to redevelop the beds, how many, and what time? I think, Mr. Speaker, that when a government comes out and says, "We're going to redevelop 30,000 beds over the next X years," you should be able to give me a plan. I still have never gotten that. We talked to the associations that are responsible for long-term care. They're saying, again, that there are another 50,000 that are needed. Where are those beds? Where is that money coming from?

I go back to one of the ministers from across the aisle who said all the accolades. Again, I'll give you the accolades. If you were managing our finances and if you weren't spending \$11 billion in interest payments and continually adding to that debt and deficit, I would give you more accolades. But there's \$11 billion just in interest payments going out every year—\$1 billion a month in interest. You're overspending and yet you want me to go

out and tell people, “Everything is wonderful; everything is fine.” I can’t do that, Mr. Speaker. I’m going to be honest with people. I’m going to tell them that if we had \$11 billion, there would be a lot more long-term-care beds. There would be a lot more people getting their hips and knees.

Hon. Deborah Matthews: So you say spend and then cut—spend, cut, spend, cut.

Mr. Bill Walker: The Deputy Premier wants to talk about spend and cut. I’d like to actually see you stop spending so much on waste, mismanagement, and for your needs. It’s about the people of Ontario; it’s not about you. You’ve overspent every year I’ve been here, Deputy Premier. You were the Minister of Health. All of this could be better if you didn’t spend so much. If you had shown some restraint in your overspending on waste, mismanagement and incompetence, we would have a lot more, so I could comfortably say to the people of my riding and across the province, “They are actually having your interest at heart. They actually are doing more with your needs and mine as opposed to their staying in power.” But I can’t say that and I won’t say that.

Mr. Lou Rinaldi: You would never say that.

Mr. Bill Walker: Lou, that’s not fair. Mr. Speaker, the member from Northumberland–Quinte West just accused me of never saying something good about the Liberal Party. I have at every opportunity. A former Minister of Natural Resources across the aisle—he has done some great work with me, and I applaud him every time I get the chance, both publicly and privately. And as I say, Mr. Fraser from Ottawa South came to my riding a couple of weeks ago with good news. I was there and I applauded him.

We opened up the marine emergency duties training facility at Georgian College. I gave all the kudos to Minister Duguid, because he did the right thing. He found money for a good project that’s going to be good for our province. He, again, was good and classy, because he actually allowed me to be at that. He didn’t hide it from me or not tell me about it. That’s what we all should be doing.

So I do take umbrage that I don’t do that. I do when I can, but I’m also going to make sure the people of Ontario know the truth. I don’t think you can deny me saying that if there was that \$11 billion that you’re spending, as a result of your overspending, we would have better health care.

We wouldn’t be thinking about closing 600 schools. Your government, right now, is in the process of closing 600 schools across this great province. You declare yourselves to be the education party. How can you stand there and tell me that you’re going to close 600 schools across Ontario and be proud that you’re the education government? I don’t think you can. And I would applaud you if you turned that decision around and said, “I’m not going to do that.” You took out the ability for community impact in schools so that we actually can build a case to keep those, particularly in our small, one-school communities. You took that out of there. If you would stand

up and reverse that decision, I would applaud you tomorrow.

If you said this year at budget time, “I’m not going to run a debt and a deficit in this year’s budget,” I would applaud you and give you credit for it. If you said, “I’m going to actually put the money into the front lines instead of into programs that are going to be more bureaucratic and administrative in nature,” I would applaud you. If you said you were actually going to do more about the people instead of bringing in bills that add to the administration and bureaucracy; if you showed me those front-line outcomes and what your expectations were; and if the Minister of Health really put accountability to the forefront and said, “I’m going to hold every single LHIN accountable, and I’m going to have numbers before I strike these 80 new sub-LHINs. I’m going to hold them accountable and there’s going to be retribution if they don’t meet it,” then I would applaud you.

Mr. Speaker, back to where I was before I had to jump up to answer a few of the comments from across the aisle: We have an aging demographic. My riding is one of those facing the tsunami at an accelerated rate. I think it’s appropriate to ask if you are going to ask the federal cousins for a demographic top up. Fourteen hundred constituents in my riding, mostly seniors, remain without a doctor. What are you doing to ensure primary care gets funded at levels necessary to ensure demand meets supply? If they were addressing those 1,400 constituents who were going to have a doctor in a timely manner and put some specifics around it, I would stand up and applaud them.

True patient-centred care cannot be achieved while the government continues with cut after cut to essential health care services, rationing things like knee and hip surgeries and not maximizing the ability we have in our facilities to provide that care. What is their plan to address those year-and-a-half wait times we’ve all been talking about for the last couple of weeks in here? Many of my colleagues brought very specific examples from their ridings of people waiting a year and a year and a half just in a wait line, the queue to get there, and then we have to wait to actually get to the surgery. If they brought out a patient-centred act that actually talked about putting some accountability, some outcomes that are going to change those, they’re going to change direction and put the focus on the actual patient, then I could stand here and have a much different tone and a much different thought process in regard to how I look at it.

Right now, I still have many people coming to me, as my colleagues and members from across the province—I’m sure some of the Liberals are experiencing the exact same things. They’re having wait time lists in their offices that they’re hearing about. I don’t think any of them could say that not one single person across the aisle doesn’t have that. They have situations where hospital administrators are saying to them, “I’m starting to crumble under the burden as a result of these exorbitant hydro rates,” and what are they doing about it?

We want to ensure, particularly for health care—forgetting partisan anything. People care about their health

care. They want that to be their absolute priority. They want to see measures that are going to address timely and effective health care, when they need it, where they need it and as close to home as possible.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Jagmeet Singh: I listened with some intent, with great care to the comments from the member. One of the points he brought up, which is quite important to highlight, is the way that the LHINs have been designed is they add a layer of bureaucracy, and the current proposal will add an increased layer of bureaucracy. One of the problems with that is that if there's a decision made by the LHIN, it takes away the ability of the public to have someone be held accountable.

If the ministry is making decisions and the ministry made a decision that the people didn't like, they have a recourse. They can complain directly to the ministry. They can actually voice their concern through voting during an election period. There is accountability; there is clear transparency. With the LHIN system, there's a question around that, if it's a system that allows for the best input from the people.

We know that with our health care there are serious problems. One of the main problems that this government has created is that over the past number of years, like with all things, costs go up. As costs increase, we need funding that will match that increase, so that there is funding appropriate to whatever the costs are. The problem is, over the past number of years, the government has frozen hospital funding budgets. When you freeze a budget, but you have increasing costs, that's a cut. When you freeze budgets and population increases, then that's a cut. So the government has effectively been cutting health care for the past number of years. That's the reason why, if you go to Brampton Civic Hospital, like many other hospitals in this province, people are waiting for an extremely long time to see their emergency doctors. They're waiting for so long to be able to get the care they need. This is a direct result of Liberal cuts to health care. It's unacceptable. The people of this province deserve better, and we are committed to ensuring that their voices and their concerns are raised here in the Legislature.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Bob Delaney: I think my colleagues opposite are missing a very key point. This bill is about making sure the planning is appropriate to the area in which we deliver the services. This means that in our area, in the Mississauga Halton LHIN—which, by the way, of the 14 LHINs, it is my considered opinion we've got the best one. These are people who know what they're doing, who have been effective in our community, who have helped us break down the silos and who are making health care deliver the outcomes we need. We're a very high-growth area.

In our local area in Mississauga, served by an entity called Trillium Health Partners, which operates three

hospitals, there are some 25,000 people each year who move into our hospital's catchment area.

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We can't apply the same type of thinking that they would apply in a rural area or a low-growth area because most of our issues in the 905 belt are driven by a word, "growth." It's driven by people moving in. That means that for us, we've got to be able to break down those silos between the health care providers. We've got to get people talking and thinking and planning and better coordinating the different parts of our health care system. We've also got to be able to lead them to think beyond what they did in the past, think beyond what they're doing now and start envisioning how we want to deliver services in the future.

This local planning means location-specific thinking in high-growth areas that would be very different than equally location-specific thinking in low-growth areas. It means that you can plan for an urban area while you're in an urban area, and you can plan for a rural area among people who live and work in a rural area. That's the kind of thinking that keeps health care decisions local and keeps them out of the Legislature and off the floor of this Legislature.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Jeff Yurek: I'd like to thank the member from Bruce-Grey-Owen Sound for the comments that he made. He's quite an advocate for the people of his riding, continually pushing for better health care and better services to his part of Ontario, so I congratulate him.

One of the items I brought up in my debate, which I want to key on today and which is much of what the member from Bramalea-Gore-Malton had brought up, is with regard to, if there's a complaint in the system, then who do you go to? This government had the opportunity to maybe put the Ontario Ombudsman as the oversight of the LHINs in this part of the health care sector, which would have been an independent body that could actually work and service the people who are having concerns in the system, but they chose the Patient Ombudsman.

I have no problem with Christine Elliott in her role as the Patient Ombudsman. However, she is an employee of the Ministry of Health and answers to the Minister of Health, which does not really make her independent. She will be limited in what she can do to fix the problems that are ongoing in our health care system.

Also, a concern that should be brought up is the fact that wanting to integrate care—the Auditor General has noted that the LHINs have failed in their job to integrate care. In fact, if you look at the hierarchy of the Ministry of Health and bring out their list of ADMs, they are just a mass of silos put together. I wish they could integrate their own level of bureaucracy before they try to re-create the system of a failed system. I think we're at 18 ADMs now in the ministry, and it's unfortunate that that continues to blossom and take power away from the front-line workers.

We also mentioned earlier that OMA has been put out and away from any type of negotiations with the government. That's unfortunate. They do represent our doctors.

I haven't seen any patient groups, really, out there advocating for this legislation.

We need this legislation to work to enable our front-line health care workers to do their job, and this bill does not do it.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Paul Miller: I'd just like to comment on the member from Bruce–Grey–Owen Sound. It was a good submission that he put forward, and I think he was unfairly attacked about flip-flopping. I think the government shouldn't be saying anything about it after their record with eHealth, Ornge and all the other debacles that they've been involved in—billions of dollars. So that's questionable at best.

I've never been a big fan of the LHINs. I think they were just created to deflect any negativity or any aggravation away from the ministry itself and the minister. Talk about levels of bureaucracy that aren't needed—well, this is a huge one. I've noticed in the last three or four years, while they've been operating, that all of a sudden there's more middle management and there's been more of the same old—more jobs being created, top-heavy again, here we go again, more jobs for the buddies and everyone else. Bigger is not better, trust me. Take the city of London. They've gone back to a borough system. They amalgamated to one large city, greater London, and now they're back to a borough system.

This LHIN in my area oversees over 200 agencies. Do you know what, Speaker? The LHIN doesn't even have a complaint mechanism in place. All of the boards deal with their complaints, and if the person doesn't get satisfaction from their board, they've got nowhere to turn because the LHIN doesn't have a complaints officer, yet they're going to take over all of these agencies and take care of all the complaints that come in daily. That's going to be a real transition. I've got to see that one in action. Also, the *pièce de résistance* is they can eliminate the elected bodies—the boards—and take over, jump right in and try to run the show. I'd like to see that one, too, because they have trouble running their own show, and they're going to run 206 other shows. Good luck.

The Acting Speaker (Mr. Ted Arnott): That's four questions and comments. We return to the member for Bruce–Grey–Owen Sound for his response.

Mr. Bill Walker: It's a pleasure to comment on my colleague from Bramalea–Gore–Malton's comments. I think what his main point was is that as you add layers of bureaucracy and administration, there's less money going to front-line care, and that's what this whole thing is supposed to be about, getting more people through the system in a timely and effective manner as much as we can.

The member from Mississauga–Streetsville talked about planning and envisioning. The reality is, to my colleague, whom I respect, you've had 13 years. We

would have hoped to have seen better outcomes and more outcomes that were actually patient-driven than now, starting on yet another plan down this road. As I said in my remarks, you're going from 14 LHINs that were not getting glowing remarks by the Auditor General, an independent officer of this Legislature, and now you're going to expand that to 80. If you had glowing marks about 14 and had a plan to say, "We're now going to increase and expand because it's going to be even better," I could probably live with that. But right now, I don't take any comfort and neither do the people, I believe, of Ontario.

My colleague and friend from Elgin–Middlesex–London brought up a lot of good points. That integrated care piece—he talked about going from four ADMs in another regime a number of years ago, prior to this government, to now having 18 ADMs, assistant deputy ministers, and yet we are looking for more administration and bureaucracy and plans and studies. Mr. Speaker, we want outcomes. We want to see what's happening.

My colleague from Hamilton East–Stoney Creek says it the way it is. I think there have been a lot of challenges with this government—eHealth, Ornge. Money could have gone into patient care and we wouldn't be talking in some of the negative tones that we are today.

At the end of the day, what I want to see in a Patients First Act is language that talks about outcomes: lower wait times, more surgeries for hip and knee replacements, which I hear about every day, more funding that is actually at the front line of all of our health care across the board and less waste by this government. If we weren't spending \$11 billion in interest, we would be having a very different debate, and the people of Ontario would be receiving the better health care that they deserve.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Percy Hatfield: It's always an honour to be called upon by you and give my voice to views held by many of my constituents in Windsor–Tecumseh.

I know that the Minister of Health and Long-Term Care hosted a meeting here in Toronto last week with the federal and provincial health ministers. I was a bit surprised to read the media clippings from that meeting. The federal minister, Jane Philpott, was pretty blunt about the state of health care in Canada. She was quoted as saying, "We know our health care system is not doing as well as it could." Minister Philpott went on to say, "We're paying some of the highest costs in the world for health care and we've got a middle-of-the-road health care system."

I would think that many of the patients in Ontario who are getting first-hand treatment in one way or another would agree. I suppose that's why we're tinkering with the Ontario system and that's why Bill 41 has been introduced.

But, Speaker, let's be clear right here at the beginning. Bill 41, the Patients First Act, does have some problems. I say that because as soon as it was introduced, we started getting letters at my office opposed to it. These were also

sent to the Premier and the Minister of Health and Long-Term Care. I'll leave it up to them to figure out the source, as they're pretty well all the same.

They question the impact the bill will have on the relationship between patients and their doctors. They suggest money will be wasted on expanding the bureaucracy at the expense of front-line care. These letters outline five main concerns. Those signing them feel that access to their doctors will be decided by government employees. Confidential health records could be accessed by bureaucrats. More bureaucrats would be hired with money that would otherwise be directed to front-line hospital care provided by doctors and nurses. There is a concern that medical experts would be pushed aside, as provincial medical standards would be determined by bureaucrats and politicians.

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Speaker, perhaps the most serious concern expressed in the letters is that instead of saving lives, there would be more government control over all aspects of health care, with more emphasis being placed on saving money.

Those who signed these letters—and I assume all members are receiving them through a coordinated campaign—want Bill 41 to be stopped. They see the possibility of employees within the Ministry of Health having access to their medical records as an unacceptable invasion of their privacy.

There was a letter to the editor in the Windsor Star on Saturday. It was written by Dr. Darren Cargill. I know him. He's a very nice man. He's really dedicated to the patients at Windsor's hospice. He pulls no punches in his assessment of Bill 41. Speaker, let me read his letter, as I believe it sets the stage for what may have to be addressed in this proposed legislation. He says:

"As a palliative care physician I provide daily home care for patients in Windsor and see how they rely on the health care system in their greatest time of need.

"I share their frustrations when they are told 'the province's finances are in rough shape' and am equally concerned when told resources like home care nursing, personal support workers and physician services need to be rationed as a result of the government's mismanagement of our taxpayer dollars.

"I am opposed to the Ontario government's legislated attempt to address these challenges in our community through Bill 41, the Patients First Act.

"The solution being proposed is a top-down approach that involves more health care administrators, more power and authority given the Minister of Health to act unilaterally and increased command and control over health care providers by local health integration networks.

"The government argues this is about front-line care, but the reality is that LHINs don't provide front-line care—doctors, nurses, PSWs and others do.

"The struggles my patients have in accessing adequate home care, mental health care or even an MRI can't be fixed by more administration or more power to the minister and the LHIN CEO....

"If the government is unwilling to properly fund our health care system, then any new money should at least be directed to front-line care—not additional administrators resulting in more bureaucracy for physicians and providers."

Dr. Cargill concludes his letter to the editor of the Windsor Star with this: "The government must stop acting unilaterally and listen to those who provide daily front-line care for patients."

When the minister introduced Bill 41 last Wednesday morning, I was here in the chamber. I recall him talking about the consultations that were held as the bill was being put together. He said it was the end result of the hard work the Wynne government had done in consultation with all of its health care providers, all of the stakeholders and, most importantly, with actual patients caught up in the health care system. The minister said they'd been at it since last December, that they've had discussion papers and discussion groups; 6,000 individuals were involved, in fact. I recall him saying that he had direct feedback from the doctors involved with the Ontario Medical Association. He introduced the bill just before the summer break. He kept consulting with the OMA and other stakeholders all the through the summer: the nurses, the hospitals, the long-term-care homes and those in our hospitals, with the stated goal of making this legislation even stronger.

Speaker, somewhere along the line, someone messed up. Some of the people being consulted either weren't convinced or changed their minds; or the people behind these letters weren't consulted at all. Someone—and I don't know who it is, but they're out there—is orchestrating this letter-writing campaign.

One of the intentions of this legislation is to do away with the community care access centres as such, and turn over the CCAC front-line core of health care providers to the local health integration networks, the LHINs. Speaker, I'm not sure what issues your constituency office deals with the most—it could be the hydro rates, of course—but in mine, more and more lately, the complaints are coming in against the CCACs.

As a former journalist, I'm compelled to say that none of these charges have yet been proven in court, but we have people calling with complaints saying they are being misinformed by both the CCACs and our local hospitals regarding their rights related to the assessment of long-term care while still in hospital. They say they're told they cannot apply or be assessed while still a patient. Constituents are also reporting to us that CCAC staff are telling people they must choose the long-term-care location with the shortest waiting list. And, Speaker, get this: We're starting to hear that hospitals may be charging fees, contrary to the regulations. Hospital social workers may be telling people that if they stay in hospital, the hospital could start charging them \$600 a day.

We all know it costs way more money for someone to be cared for in a hospital setting than it does should they be looked after in their own home or in a long-term-care

facility, and we know there are too many people in hospital beds waiting to be placed in a retirement home or a long-term-care facility. They are categorized as ALC patients—alternative level of care—meaning they should be somewhere else.

As a matter of fact, I'm told that at Met hospital in Windsor—get this, Speaker—one quarter of the beds are taken up by people waiting for a long-term-care bed. If indeed that's the case, why aren't we investing in more long-term-care facilities? There's a pejorative term for such people. They're called "bed blockers." It's not nice, but you'll hear it in the corridors, in meetings and at the board table.

We also know, through direct contact with family members who come in to our constituency offices, that some hospital staff are bending the rules. They're doing this to try and unlock some of those beds taken up by the ALC patients. Even though hospital staff know the law—the law says you're allowed to be assessed for appropriate follow-up care or housing while still in the hospital—time and time again we hear from patients and family members that so-called "patient advocates" are becoming hospital bed space advocates.

Patients have a legislative right to choose where they want to live. They have the right for that determination to be made while still in the hospital. Yet in order to free up a bed, hospital staff are telling family members, "Our assessments are done at home, and not in the hospital." When family members push back—and we hear this from the people walking into our offices—hospital staff will sometimes threaten to start charging them, as I say, \$600 a day if they remain.

Speaker, how did we ever get to this state of affairs in a province with the wealth we enjoy in Ontario? Let's take a short trip down memory lane. I know that earlier this afternoon the Deputy Premier was saying that we have made remarkable achievements in health care. Well, Ontario has cut acute care hospital beds by 44% over the last 25 years. We had 33,403 acute care beds in 1990. By 2014, we're at 18,588. From 33,000 to 18,000—now, all parties did it. You can't play the blame game here. New Democrats, the Conservatives and the Liberals: There's enough blame to go around for us all.

If we weren't cutting beds and closing hospitals, we have been squeezing hospitals in a different way. For example, the Liberals have been freezing base budgets for four years at a time. Hospitals respond by doing whatever they can to free up bed space as quickly as they can. Patients get discharged early on the premise that home care providers will send staff around to look after the medical needs still required. It's a good plan on paper, but in reality, funding for personal support workers has hit a crunch.

I know the Wynne Liberals take great pride in touting the raise given to PSWs, but the private-owned care providers, instead of paying the increased wages and leaving it at that, cut the number of hours each worker was assigned, so many of them are making less money now than they were before the Wynne Liberals legislated

a pay raise for them. They don't get paid the travel time after they leave patient A and hustle halfway across town to the home of patient B. They have to pay their own speeding tickets. They have to pay their own parking tickets. If they used to spend an hour or two bathing and caring for home care patients, now they're expected to get it done in half the time.

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Patients used to like the familiarity of having the same PSW knock on their door; now we hear all the time from people who say they never know who will be providing their care, and they're uncomfortable with that, Speaker. It takes time to build up a trust and a relationship between a support worker and a patient.

We're not doing the job people expect us to do when we allow this to continue. When we cut the number of acute-care hospital beds, we didn't replace them with enough home care funding or enough long-term-care beds. We're paying the price for that now.

Complicating all of this, of course, we're in the middle of a war between the health ministry and the Wynne Liberals on one side and Ontario's medical doctors on the other. The doctors have been scapegoated. The Wynne Liberals paint them as the greedy goats eating up all the cash that could be better spent on front-line care elsewhere. The doctors—and I spoke to one of them, a friend of mine, while visiting the Forest Glade fireplace store on Banwell Road in my riding on Saturday morning.

He's a dermatologist. He told me he's making less money now than he was 10 years ago. He treats patients from as far away as London and Sarnia, and he feels disrespected by this government. He says they put out a bunch of salary grids that make it look like the specialists are rolling in dough, hauling in the big bucks, but he says they don't tell the public that, of course, these doctors have to pay their hired staff, rent their office space and pay their ever-increasing hydro bills—just like the rest of us—all out of that salary number the Wynne Liberals threw out there to try to leave the public with the impression that doctors were greedy and overpaid.

He asked what I was paid. I told him \$116,000 a year, and he said, "Yes, that's fair, but you have an office in Toronto, you have an office in Windsor, you've got three or four staff, hydro bills and rent and travel expenses. You add it all up, and you're making more than \$300,000." I'm only getting \$116,000, but the impression is—if you went to the public and said that MPPs are getting more than \$300,000 a year, the public wouldn't like it, but that's not what we are paid and that's not what doctors are paid when they throw out that big number. He feels disrespected by this government, and I can see why he is so upset.

I can also understand if he follows through on the last part of our conversation. He is thinking of relocating to Michigan. He is not threatening to do so, but he is looking at his options because of the way he has been treated by this government, the Wynne Liberal government. He feels he has been made to appear greedy and part of the reason there have been so many cuts to hospitals and

nursing care, and he doesn't think the Wynne government has been fair to doctors when they push that kind of an argument out there, and there are hundreds of other medical practitioners who feel the same way.

Our registered nurses are being cut. Experienced RNs in the Windsor area can find jobs today just a few minutes away in Detroit and south Michigan. They get paid more, plus the value of the American dollar is greater by 25% or more at this point, and good for them but bad for us. We are losing trained and experienced registered nurses.

Hospitals are making cuts. The increases in their budgets can't be covered by the drop in funding they are getting from the Wynne Liberal government. So I understand the basis behind Bill 41. I also understand the opposition to it, so far, from many members of Ontario's medical community, the front-line people who live with the system every day. So far, many of them are not impressed.

I think the number of people on the waiting list for a bed at a long-term-care home in the Windsor-Essex county area is close to 1,000. Mind you, about half of those are people currently living in one home but who would rather be someplace else. When you get placed in a home far away from your loved ones, they can't visit you as often and you put in for a transfer. I know of one case recently where the bed that the CCAC was recommending for the parent of a friend of mine was actually in Tilbury over in the next county, in Chatham-Kent. They had openings, while none were available closer to home.

We're spending health care dollars, lots of them, but are we using that funding the way it should be spent? Are we getting the best bang for our health care buck?

Not that long ago, the CEO of our LHIN was terminated—fired—and his board of directors signed off on a severance package of well more than half a million dollars. That kind of money could have been better spent on front-line health services. I guess my question is, if that one CEO of a local health integration network had that kind of a golden parachute in his severance package, what about the other CEOs in the other 14 LHINs and the CCACs? What kind of severance package are we going to be paying all those people as we do this reorganizing? What will this bill end up costing the Ontario taxpayer if and when the layoffs or terminations occur at the senior levels of administration?

I note how this bill will bring our public health units more into the mainstream of the coordinated health care system. I know our public health unit has fought, for years, for a better funding model. In Windsor and Essex county, we're at or very near the bottom when it comes to provincial funding of local health units, and that's despite the fact we're at the top when it comes to the number of serious cases of many types of cancers, many types of birth defects and an especially outrageous rate of asthma and other diseases associated with breathing bad air. I sincerely hope this funding discrepancy will finally be addressed under Bill 41 because I can tell you, as a former member of the board at the Windsor-Essex

County Health Unit, that this has been a thorn in our side for many, many years.

I attended a health care fundraiser in Windsor on Saturday night. It was put on by the Knights of Columbus. They raise money for our local hospice. Windsor's hospice was the first in Ontario. It started back in 1979. It's currently the largest hospice in Canada. We raised about \$15,000, I think, for the hospice on Saturday night in Windsor at the Windsor Sportsmen's Club. The money is needed, Speaker. The need is so great for hospice care in our area that we just opened a 10-bed facility down in Leamington.

I know and have great respect for the member from Ottawa South, the parliamentary assistant to the health minister. He has been to our hospice. He understands it very well—I'm out of time. Thank you for your time this afternoon, Speaker.

The Acting Speaker (Mr. Paul Miller): Questions and comments?

Mr. James J. Bradley: I always enjoy the member's interventions in this House, including this speech, but I want to deal with a couple of issues. First of all, I didn't know it was a New Democrat speaking until I actually looked across the floor, with some of the content of the speech, at least, in defence of certain people who are in a privileged position. But I do want to say this, first of all: I have sat in the House longer on that side than I have sat on this side; one interesting thing is watching political parties when they are actually in power.

I remember in Saskatchewan, which was the birthplace of medicare, when the government under Roy Romanow closed 52 rural hospitals in Saskatchewan. Did they do it to be mean? Did they do it because they were fiscal conservatives? No, they did it because they thought it was in the best overall interests of the people of Saskatchewan. So those kinds of decisions have to be made. The member is good enough to say there is enough blame to go around to all parties. He is fair with his remarks in that regard, and often is in this House. There were also strikes that took place in Saskatchewan and British Columbia by medical people, particularly nurses, in those particular provinces in the years gone by.

But the question I'm going to ask everybody now, because I ask it of the organizations I meet with—all this is very good, and wanting to spend more money is very good, but the question is: Are you prepared to campaign for a tax increase to pay for it? If people are, I will applaud them. Frankly, I will applaud them for saying, "It is going to take this much more money, and we are going to have to increase taxes to do it," and not just the bogus tax on the richest rich people. That's good enough; I'm for that, but it would take substantial tax increases. I say to the member, through the Speaker, that I ask that of all the groups who meet with me. I say, "I agree with you. Are you prepared to campaign for a tax increase to pay for it?"

The Acting Speaker (Mr. Paul Miller): The member from Carleton-Mississippi Mills.

Mr. Jack MacLaren: It's a pleasure to speak to Bill 41, the Patients First Act. This bill will eliminate the

CCACs, which is long overdue. It's a level of bureaucracy that I think everybody in this House agrees that if it ever served its purpose, it certainly doesn't serve it now and it's best gone. That is a good thing this bill does.

1710

Realistically, the employees, assets, liabilities, rights and obligations of the CCACs are just transferred over to the LHINs, another bureaucratic body that has a questionable track record of performance in respect of delivering health care effectively where it's needed, when it's needed, to the people of Ontario. We are making a bureaucracy that was less than perfect bigger and more powerful, and they're thinking that this will do better and we'll have a better performance of health care in Ontario.

The minister, under this bill, will have more powers. He will have the power to issue directives to the LHINs and hospitals, yet doctors were not asked to have input into how this would be done. As we know in Ontario over the past year, with 7% cuts to doctors' fees, the confidence of doctors in this government is shaken, to say the least, if there's any left at all. The fact that they were not asked for input into this bill does nothing to improve that relationship, which is rocky to say the least.

What this bill does is provide top-down management in an even more amplified way. What we need is to truly shrink bureaucracy and give more decision-making powers to grassroots-level health care providers, and this bill does not do that.

The Acting Speaker (Mr. Paul Miller): The member from London–Fanshawe.

Ms. Teresa J. Armstrong: Thank you, Speaker, and thank you to the member for Windsor–Tecumseh for his contribution to this debate.

The continuity of care is something that's come up with regard to home care and the title, Patients First. The continuity of care isn't strong when it comes to home care. I've had many constituents call me with examples of this. They question the turnover in staff who come to their homes. Part of the problem is, this bill isn't addressing the precarious work that people are exposed to under home care—and the turnover is great.

I've had people call my office—and this one gentleman in particular has been a big advocate about home care and how one company—one care provider pays differently than another care provider when it comes to travel, for instance, and the wage differences between one company to the other. What happens is, patients are the ones who actually see the fallout of that.

One woman, in particular, keeps calling my office because she doesn't get the same worker every time, and therefore, the medical aid she receives doesn't have continuity, and she sees that. She has first-hand knowledge of the continuity of care. When you keep changing the front-line worker each time, there's not that familiarity with your level of care, and this is a problem. We have to address the precarious portion of the whole industry at large. The point was made earlier that under the Employment Standards Act, they've been left out of that as well. There are bigger issues, too, that we'll be happy to discuss about this bill.

The Acting Speaker (Mr. Paul Miller): Questions and comments?

Mr. Lou Rinaldi: It gives me great pleasure to comment on the member from Windsor–Tecumseh. I have a lot of respect for the member. We sit on some committees together, and I know, the same as the rest of us, that he is very passionate about the interests of the constituents in the area he represents.

I would ask, do we need to keep doing better? It's not just about health care, it's about other issues as well—of course.

I look at, for example, my 92-year-old mother-in-law who still lives on her own. Thank God for the CCAC and the personal worker who visits her twice a week to help do those things she can't do on her own, but she still wants to live in her home. Twenty years ago, that didn't exist. Fifteen years ago, that didn't exist. Is it perfect? Probably it's not perfect. I'm not sure what perfection is in anything that we do, but the reality is, we're always striving to make things better.

In Bill 41, the reality is that for the first time we're trying to bring all the health care providers under one roof, because we know that acute care and primary care were an arm's length apart. As a matter of fact, some doctors in my riding—and I am sure it's across the province—stopped doing hospital privileges. That was a link. So this is an attempt to do that. At the end of the day, is it going to be perfect? Like I said before, I'm not sure what perfection is. But the reality is, we're going down the road where we're going to try to know what the right hand and the left hand are doing.

So let's get this done. Call it a first step, second step, third step. I certainly appreciate the member's comments, but I also encourage people to vote and get this legislation rolling.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. We return to the member for Windsor–Tecumseh.

Mr. Percy Hatfield: I would sincerely like to thank all of those members of the House who commented after my 20 minutes.

To the member of the House from St. Catharines, who suggested that the parties that run an election should campaign on what they're going to do and say at the door, “We need to raise your taxes if we're going to provide better health care”: Why in the name of God, in the last election, didn't that member and every member of the Liberal Party of Ontario go door to door and say, “Vote for me. I'm going to sell Hydro One”? They didn't do it then. They're not going to do it now.

Speaker, I love it when they say, “We're going to broaden the ownership.” The public used to own 100% of Hydro. How do you say it's broadening the ownership when you turn around and sell 60%? That's not broadening anything except the arrogance of the Liberal Party, who did not go door to door and say, “We're going to sell Hydro.”

I have no problem going door to door in my riding and saying, “We need better health care and it might cost a

bit more money. You're going to have to pay for it." Down my way, we're on the list; we're trying to get a new regional hospital. We know it's necessary. Our city government and our county government have already passed the motions that they're going to pay the 10%. We're starting to raise the levy money now to pay the 10% of our share. We know it's going to cost money. We know health care is expensive. We're prepared to do that, unlike the Liberals, who didn't go door to door and say, "Vote for me. I'm going to sell Hydro." We have a different way of doing things down my way and on this side of the House.

Thank you for your time, Speaker.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Hon. Helena Jaczek: I'm certainly pleased to rise in the House today to talk about Bill 41, the Patients First Act. I will be sharing my time with the Minister of Labour, the Minister of Government and Consumer Services and the member from Mississauga–Streetsville.

First of all, I want to just emphasize something that I think has been ignored in the debate this afternoon. Of course, over the past decade, Ontario's health care system has improved significantly. They seem to be disregarding the great progress that we have been making.

Since 2003, the number of physicians in Ontario has increased by over 5,600—that's a 26.3% increase—so that now, 94% of Ontarians have access to a health care provider. There are now over 26,300 more nurses working in nursing in Ontario than since we took office in 2003, and this includes over 11,000 more registered nurses. Our family health teams that we have established are now serving over 200 communities, and they are providing care to over 3.2 million Ontarians, including 885,000 who did not previously have access to a family doctor.

1720

Tomorrow morning the Minister of Transportation and I are going to be attending an extremely exciting event in York region. That is the groundbreaking of the new Mackenzie health facility in Vaughan. This will be serving so many of my constituents and the Minister of Transportation's constituents. This is groundbreaking in terms of what our government is doing.

My own hospital in my own riding, Markham Stouffville Hospital, more than doubled in size a couple of years ago. This was after we had brought the very rapid growth in the GTA to the attention of the previous government, and of course it was completely ignored. There were no investments in health care, certainly in our part of the province.

So our government has made progress in many areas. We have increased access, we've connected services, we're informing patients and protecting our health care system far better than we did in the past. And the LHINs have been doing an excellent job in terms of improving health care in our communities, giving people a say in local health care decisions, determining priorities through community engagement, supporting innovative programs and removing silos through the integration of care.

Again, in my own Central LHIN they have been doing a fabulous job in terms of dual diagnosis, in other words caring for those with developmental disabilities that fall under my ministry and who also suffer from a mental health condition. In terms of bringing sectors together, bringing people from my ministry together with the Ministry of Health and Long-Term Care locally, we are improving services dramatically to that particular population.

What this bill does is going to extend this integration of services to include primary care and home and community care, to improve planning and delivery of front-line services for patients. This is particularly evident in the establishment of the LHIN sub-regions. This is an area that I think is very important because it's the next logical step in the evolution of the health care system.

Establishing sub-regions will improve local collaboration and communication to ensure that patients are able to access the services they need closer to home, because of course LHINs—there are 14 in the province—are very large, and health care is most effective when services are tailored to the specific needs of a community. LHINs encompass populations of approximately a million Ontarians. They are very diverse. So it is really not possible to adequately address each community's varied needs through a one-size-fits-all approach. And so we need to establish these sub-regions. They're more workable in terms of providing the care for patients so it increases the ease of navigation through what is a very complex system.

I will just conclude now with a quote from an individual who is a constituent of mine, Adrianna Tetley. She is chief executive officer of the Association of Ontario Health Centres. She is particularly pleased with the principles on which the bill is based. I will quote directly from her: "Ensuring health equity and the social determinants of health are mandated in the Patients First Act sets a strong legislative framework towards achieving transformative change that puts people and communities first within Ontario's health care system."

The Acting Speaker (Mr. Ted Arnott): Next, the Minister of Labour.

Hon. Kevin Daniel Flynn: It's a pleasure to join the debate this afternoon on a very important bill, Bill 41, the Patients First Act.

I think just about any opinion poll I have seen politically—and this goes to all three parties, and I think it even goes across jurisdictions—says that the number one priority, year after year after year, is health care, Speaker. We put the environment in there. We put the economy in there. We put all sorts of other things there. Education goes in there as well. But time and time again, health care comes back as the most important thing, Speaker, because it's how we feel about each other; it's how we care for each other; it's how we've organized ourselves as a country.

When you look around the world, Ontario and Canada are looked at as having health care where the people of

Canada—in the past all three parties, I believe—support the concept of medicare, of the system of health care that we have that basically says it really doesn't matter how rich you are, Speaker; it matters how sick you are when it comes to the health care that you get in the province of Ontario.

I represent the riding of Oakville. Oakville is in the Mississauga Halton LHIN area. The Mississauga Halton LHIN has been just an excellent partner right from the day that it was conceived. Working with the members of the board—if you go back to the appointment process for the LHINs, it's one of the least partisan exercises I've seen. If you look at those boards, you'll see a lot of members from the Conservative persuasion and some New Democrats. You'll see, of course, some members of the Liberal Party, and some people who just don't have any one particular political party that they support. What they all have in common is that they realize that we've got something very valuable in the province of Ontario, something that has been built for us by previous generations to ensure that we've got one of the best health care systems in the world, and that that needs to be managed.

I remember going down to the States. I was down in California, and it was around the time that the population in the United States was starting to talk about things like Obamacare and Medicare and that type of thing. I had a lot of Americans come up to me sort of mystified, sort of puzzled a little bit. They said, "So what's your system of medicine all about? I've heard some good things about it. I've heard some bad things about it. Is it something we should do? Is it something that would even work in the United States?"

It made me think about the system of health care that we have in the province of Ontario. I remember saying to one gentleman, a psychiatrist, "I think we've got an excellent system of health care in Ontario and in Canada, but if you do decide to go that route, if you do decide that that may be a system of health care for the United States, be prepared to manage it each and every single day. Because it's not something that you just put in place and say, 'Okay, we've got a health care system in place. Now we can go and do something else.'"

With the amount of money that is spent on health care, with that investment—we hear about it being 50% and even plus of the provincial budget. When you're spending that amount of money on a health care system that people in the province of Ontario really want, you need to have a management system in place that you've got confidence in. You need to ensure that the people who are making those strategic decisions are put in place to ensure that you're spending the right money at the right time in the right places. You need to have a system that you're sure that you have confidence is bringing some of the latest systems of management to the fore and is taking complete advantage of technology and the acceleration of technological change.

In the town of Oakville in the region of Halton—you'd be very familiar with the region of Halton, Speaker, having a little piece of it—we've had a new

hospital put in place, an incredible facility. People come to me and talk about it. In fact, it appears to have become the hospital of choice for people from neighbouring communities, and that's great because it is such an advanced facility. In the town of Milton, we're doing an incredible renovation of the hospital. It's just about an entire new build. Also, down in Burlington, we're doing a renovation at Joseph Brant Hospital as well. So we're seeing a renewal in the technological changes that are being put in these buildings, but if there was one thing in the past, people were saying that in the system we had in place, all parts of the system weren't talking to each other at the same time, and we need to have that communication.

One place it was lacking, I think, was in the field of primary health care: your family doctors, the offices. We all have family doctors or we all belong to family health teams, and there didn't seem to be that integrated communication that is so essential to ensuring that you've got the best management systems in place for that health care system. So the new hospital has been a tremendous addition, but also the way that health care is managed in the town of Oakville and extending that to the province of Ontario is something that we've seen huge steps in.

I want to give a shout-out to the Mississauga Halton LHIN, as well, for the work they did on mental health, for the way that they grabbed that issue very early where a lot of other organizations and institutions and health care providers weren't really sure if mental health was something that they wanted to get into. They were more into the traditional side of things: physical health, disease, chronic disease, that type of thing. The Mississauga Halton LHIN in my community grabbed the mental health issue and did some incredible things very early in its mandate. It's something that I'm really proud of because I know it has made a difference in the lives of a lot of ordinary people, a lot of them younger people, a lot of them young people dealing with either mental health issues or addiction issues who have just been able to thrive in a way that perhaps they couldn't have in the past.

1730

Another shout-out to the Mississauga Halton LHIN is in the award they just received for caregiver respite. There again, they look outside the box a little bit and realize, "Yes, our job is to deal with people who have sickness, who have illness." But also, you realize that at home there are family members who deal with those people as well, who provide care, who make sure that they assist other people. Every so often they need a break, too, Speaker. We often leave the caregiver out of the equation and we don't give them the care that they really need. The Mississauga Halton LHIN's award in this shows me that they're stepping beyond boundaries, that they are starting to go to places that we really wish they would go. When you tie that in with facilities planning, in my community, Mississauga Halton LHIN has done an incredible job.

The CCAC, which they've been associated with, which was brought in by a different party but obviously

has gone through a number of evolutions—I think the teamwork in the past has worked well together. We see a better way of doing it now, Speaker.

I'm going to close in just saying that I think this is a very important step forward in ensuring that the patients in Ontario actually do come first.

The Acting Speaker (Mr. Ted Arnott): The Minister of Government and Consumer Services.

L'hon. Marie-France Lalonde: Je suis très fière d'apporter ma voix au projet de loi 41, qui vise à améliorer davantage l'accès et l'expérience des patients.

I'm going to say some remarks in both languages, so, Mr. Speaker, bear with me.

Between 1996 and 2000, I had the great pleasure of working in hospitals as a social worker. Although it was a very great experience for me, I would say from a patient's perspective it was a real distress. We had difficulty discharging patients within the boundaries of Ottawa. We had to discharge patients very far away. We also couldn't find family physicians for those much-needed patients who were potentially going home. We also had issues with home care: finding the right care to discharge people within their homes. So I came into a system that I would say was really troubled and really distressed.

In 2000, actually, I had the great pleasure of moving to my community of Ottawa-Orléans, where I've been residing for the past 16 years. I couldn't find a family doctor, myself. My family and I—I had a young daughter. We were really in distress ourselves because, unfortunately, those were the circumstances at that time.

So I look at our system as a complex approach to health care, but also one that we, as a Liberal government, have invested significant amounts of money in over the last 10 years to improve. This bill is a continuation, Mr. Speaker, of our commitment to health care.

My colleague was referenced to say, "What's the most important thing for Ontarians?" I do believe it's health care. I have worked 15 years with seniors, between 2000 and 2015—well, actually, 2014—and I have to say that the challenge of our seniors repeating over and over the same stories is something that we need to improve.

Donc, monsieur le Président, j'aimerais faire et continuer mes remarques particulièrement en français parce que je crois qu'il est important que ce projet de loi soit entendu dans nos deux langues pour le respect que nous y avons.

Je suis fière du fait que nous allons améliorer nos 14 réseaux locaux d'intégration, donc les RLISS, de l'Ontario en leur donnant un rôle plus accru au niveau de l'intégration de la planification. C'est facile pour nous de dire qu'il nous faut améliorer les services, mais les personnes qui le savent le plus, c'est les personnes locales, communautaires, nos médecins de famille. Donc, cette intégration est nécessaire à notre système de santé, et c'est ce que ce projet de loi va aider.

Nous allons aussi améliorer l'accès aux soins primaires pour les patients. Monsieur le Président, comme j'ai mentionné, moi-même je n'avais pas de médecin de famille lorsque je suis arrivée en Ontario. Aujourd'hui,

94 % de la population ontarienne a désormais un fournisseur de soins de santé primaires. Nous voulons améliorer encore plus, mais c'est vraiment en donnant un rôle à nos communautés, un rôle de pouvoir discuter entre eux, de pouvoir favoriser cet échange et cette intégration—c'est ça qui va nous aider à poursuivre le cheminement pour les soins primaires en Ontario.

Un autre aspect que le projet de loi va faire, c'est d'améliorer les liens et les communications à l'échelle locale et, comme j'ai mentionné, entre les soins primaires, les hôpitaux, les soins à domicile et en milieu communautaire. Il y a des belles choses qui se passent en Ontario, mais souvent chacun de ces organismes, ils ne peuvent pas communiquer. Ils ont des difficultés. Nous allons, par ce projet de loi, favoriser cet échange-là, améliorer cet échange, qui ultimement va aider notre patient, notre personne en Ontario, ou le client. Nous, on dit « la priorité aux patients » et certains organismes disent, « Mais c'est aussi mon client. » « C'est une personne âgée. » « C'est un résident. » Mais ce qui est important, c'est que l'accent soit sur le patient.

Un autre aspect que j'aimerais bien noter, c'est d'assurer que les patients n'ont à raconter leur histoire qu'une seule fois. Écoutez, monsieur le Président : combien de fois est-ce qu'une personne doit aller à l'hôpital dire son histoire, aller dans un centre communautaire raconter son histoire, aller la raconter avec son médecin de famille? C'est cette intégration qui est nécessaire. Nous sommes en 2016. Nous avons fait beaucoup d'investissements dans la technologie. Maintenant il faut la rassembler pour que ça puisse être concret pour les gens dans nos communautés.

J'aimerais aussi dire que le projet de loi va aussi offrir des transitions plus faciles entre les soins actifs, primaires, à domicile et en milieu communautaire. En matière de santé mentale—mon collègue y a fait référence—la santé mentale en Ontario, nous le savons, est un secteur que nous devons améliorer. C'est un secteur aussi qui est souvent incompris par plusieurs organismes. Donc, nous allons, par ce projet de loi, l'améliorer.

Il y a beaucoup d'autres choses, et je vais peut-être—il me reste quelques secondes, monsieur le Président—vous souligner l'amélioration de l'uniformité des soins à domicile et en milieu communautaire partout dans la province, de continuer notre planification pour livrer les soins appropriés aux bons endroits, et aussi d'établir des liens officiels entre les RLISS et les conseils de santé locaux afin d'assurer que les collectivités locales ont une voix plus forte. Cette voix, aussi, va être référence avec nos gens de nos Premières Nations, nos gens de différentes communautés, mais aussi pour la francophonie.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Pettapiece: I listened with great interest to the last three speakers from the government side. I was interested in the Minister of Community and Social Services saying that they have increased doctors, they've increased nurses and they both got them very upset with the government right now. I guess in their theory they have more doctors and nurses to get upset with them

because we've seen what happened in this last little while, especially with the doctors and the negotiating tactics that this government used in trying to get a deal with the doctors. We can see that when they say they are working with their partners. That's not working with their partners; that is working against their partners, and it is something we have to stop doing if we're going to have a successful health care system.

She also pointed out about how successful she believes the LHINs have been, but the Auditor General certainly didn't think that in the report that was brought out a while ago that the LHINs aren't achieving their goals. How they can now amalgamate CCACs in with the LHINs and claim that they are going to have less bureaucracy when I think it's going to be more bureaucracy—they're not getting down to the grassroots people who should have input into the health care system, and that being my constituents.

1740

The Minister of Government and Consumer Services says that they will improve communications through technology. This government has a real problem with technology: with eHealth; with the SAMS fiasco, where they had to throw another \$50 million into SAMS to get it working, and it actually isn't working the way it should right now. So to say that they are going to have improved technology and communications within the health care system seems to me to be a bit of a stretch goal.

The Acting Speaker (Mr. Ted Arnott): Questions and comments.

Mr. Paul Miller: I'd just like to say: The health system is not an easy fix. There's no doubt about it. There are all kinds of intricacies, and there are all kinds of different user groups and moving parts. There's no doubt that it's not an easy task for any government to handle. However, just think about what we could have done, Speaker, with the billions of dollars wasted on eHealth, Ornge, MaRS, SAMS, gas plants, Pan Am executives. Maybe the government should look at the wages and severance packages of some of the hospital executives, university executives, vice-presidents and all the middle management they have. I wonder, if we went through every ministry, how much money we could save—probably billions. That way, you wouldn't have to sell hydro. That way, you wouldn't have to sell off our assets that are making us money, to the point where—you're going to sell hydro, you're going to get \$2.5 billion or whatever for hydro, and we're going to lose, for 100 years, \$700 million a year as it is now; probably more. So we're going to lose \$100 billion to save \$2.5 billion to put into the infrastructure. That's a good deal.

Speaker, when I sit here and listen to people saying what a great job they're doing in health care, I'll tell you—I sat down with nurses in Hamilton and I sat down with surgeons and people in Hamilton. They explained, in detail, what's wrong with the system, but a lot of them are afraid to go to the government for fear of repercussions. They're afraid that the government will take it out on them: They may not build that hospital in that area or they may not do this. But they certainly told us. I sat

there and listened for three hours and listened to the frustrations of nurses: too many hours; being flipped from department to department, sometimes going in there not knowing what they are doing because they haven't been trained in those departments; overworked; too many people off on stress leave and sick leave because they've been abused at the workplace for the amount expected out of them. I could write a book on this.

They sit over there and tell me everything is great, and they'll stand up and tell us everything is great again, but I don't think they're being realistic.

The Acting Speaker (Mr. Ted Arnott): Questions and comments.

M. Shafiq Qadri: J'ai le plaisir de soutenir le projet de loi 41 pour fortifier, pour soutenir et pour améliorer nos réseaux locaux d'intégration des services de santé, et, en particulier, pour notre engagement avec les communautés franco-ontariennes.

Speaker, as a physician and as a parliamentarian, I think that Bill 41 is important in a number of aspects with regard to the delivery of health care, whether we're, for example, trying to roll out at a local level or responding to local needs of primary care, home care and community care.

Again, with your permission, I'd just like to share with you a local example of the benefits of working with our local health integration network. We, for example, in Etobicoke are the beneficiaries of a \$358-million grant which is going to increase the footprint of Etobicoke General Hospital in my own riding of Etobicoke North fourfold. This is new cardio-respiratory diagnostic services, dialysis services and an entirely new emergency department. I think it's actually going to be an architectural jewel, in addition to being a first-rate health care system. How is it that we received this? Well, Speaker, as an example, the increasing need of renal dialysis for folks who are suffering from long-term kidney failure because of hypertension and diabetes—that's something that is a direct response that we are making to information that was fed to us through our LHIN, so that folks in my own riding will no longer have to travel out of Etobicoke, for example, to Brampton Civic, which is part of the William Osler system.

In conclusion, Speaker, I'm not only in support of Bill 41, but I use this opportunity, as well, to salute the outgoing CEO of the William Osler Health System, the honourable Matt Anderson.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Norm Miller: I'm pleased to have an opportunity to comment on Bill 41, the Patients First Act, and the speeches from the Minister of Community and Social Services, the Minister of Labour, and the Minister of Government and Consumer Services.

I heard the Minister of Community and Social Services talking about how the Liberal government has improved services over the last number of years—how there are more nurses was one thing that caught my ear. Well, it's funny, because this past weekend, I heard radio advertisements from the registered nurses, talking about

how there are fewer nurses. Watching TV lately, I've seen TV ads paid for by the registered nurses, talking about cutbacks and fewer nurses. Why would the nurses' association be buying ads, spending money, talking about how there are fewer nurses and cutbacks, if what the government ministers say is true?

Mr. Speaker, what I brought up in a question last week, and what we're seeing locally in Parry Sound–Muskoka, is a rationing of services: year-and-a-half waits now for cataract surgery, and about-to-be rationing of hip and knee surgeries, and management by the LHINs, the local health integration networks. Well, it's anything but local. To give an example, Parry Sound is in the North East LHIN. It goes from Parry Sound to James Bay. The system that was in place—when LHINs were first being introduced, I asked a CEO of a hospital what he thought of the LHINs, and he said, “If you want to see the best model for rural health care, you should look at your own area. Look at West Parry Sound Health Centre,” which had emergency care, the CCACs, long-term care and nursing stations all under one umbrella. It worked because if they made improvements in one part of the system, they'd see the benefits in others. Unfortunately, that has been dismantled by this government, and we've lost that superior system.

The Acting Speaker (Mr. Ted Arnott): To the Minister of Labour, to reply.

Hon. Kevin Daniel Flynn: It's a pleasure to wrap up this round of debate on Bill 41, the Patients First Act.

Speaker, I think we all agree in this House that health care is that important issue. It's an issue that the government has to get right. In order to do that, it has to make sure it has the management system in place that is going to do that job to the best of the abilities of the excellent people who work in the health care system.

I want to take this opportunity to thank the nurses, the doctors and the medical specialists who work in the province of Ontario. In my opinion, they're second to none. When you've got a system that is this large, providing all these services, it's not unusual to have differences of opinion from time to time.

But the one thing I hear, certainly from this side of the House and in my own community of Oakville, is that over the past decade, health care in the province of Ontario has gotten better. That could be for a number of reasons. A lot of it is technological change. A lot of it is the skills that our new grads are entering the health care system with. But there's no doubt in my mind, and I don't think any objective analysis would tell you anything other than that the health care system is getting better.

We've got more physicians. Since 2003, there are 5,600 more physicians. Some 94% of Ontarians now have access to a family health care provider. There are 26,300 more nurses working in Ontario right now than there were in 2003. You can run all the TV and radio ads you want, but that is a plain fact.

Mr. Norm Miller: Why are they doing that?

Hon. Kevin Daniel Flynn: The member asked why they're doing that. The answer is, I don't know, because

there are 26,000 more nurses in the province of Ontario. In fact, in one year, Speaker, we increased the number of nurses in Ontario by 2,200.

Speaker, we're on the right track. We need to manage it properly. Bill 41, the Patients First Act, puts into place a management system that I think is going to pay dividends to the province of Ontario.

The Acting Speaker (Mr. Ted Arnott): Pursuant to standing order 47(c), I am now required to interrupt the proceedings and announce that there has been more than six and one half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader or another minister specifies otherwise.

I see the Minister of Natural Resources and Forestry.

Hon. Kathryn McGarry: The government would like the debate to continue.

1750

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Monte McNaughton: I'm pleased to rise today to carry on debate of Bill 41, the Patients First Act. I've appreciated following the discussion of this bill this afternoon, and today I'd like to bring to the fore the concerns I've heard in Lambton–Kent–Middlesex about our health care system in the province of Ontario.

I've heard a disturbing number of complaints from the people in my riding about long wait times. In fact, I asked a question last week about the hip and knee replacement surgery situation at the Strathroy Middlesex General Hospital.

I continue to hear about inadequate care and patients falling through the cracks, which is why I was hopeful when I saw a bill entitled Patients First Act come forward. I hoped to see strengthened accountability; more money flowing to front-line care instead of into increased bureaucracies in government; and a plan to deal with the discrepancies in the level of care delivered across Ontario.

Unfortunately, upon review, it became clear that as my colleague from Elgin–Middlesex–London, our health critic, has pointed out, this bill is designed for bureaucrats, not patients. While cuts are made to front-line care—nurses are fired, doctors are shut out and disrespected, ORs gather dust despite long wait-lists—the action this government has elected to take is to increase the money flowing to bureaucrats.

Bill 41 has all the regrettable hallmarks of a bill from this Liberal government: more bureaucracy, more power for the minister, and the elimination of local community input. This top-down, “Mother knows best” approach from the government is particularly ill-suited to health care and the delivery of health services in our communities. This bill does not put patients first and it doesn't address many of the structural issues that create inequities in the delivery of care in Ontario. With no input from physicians, this government has created a bill which increases bureaucracy and imposes excessive oversight powers, with no indication that it is going to improve front-line patient care.

This is quite an expansive bill. With limited time today, I'd like to focus on what I think is the biggest concern to my constituents, and that is the expanded mandate for LHINs and the enhanced authority given to the ministry by Bill 41.

The Auditor General brought many issues to light in her evaluation of the LHINs last year, and I'd like to take a moment to discuss some of those problems she highlighted as they relate to this bill, Bill 41.

First off, she found that "a greater percentage of inpatient days were used by patients who did not need acute care in a hospital setting for the year ending March 31, 2015, as compared to when LHINs were formed, way back in 2007. The LHINs were actually overseeing a decline in the efficiency with which tax dollars were being spent, with patients staying unnecessarily in resource-intensive care. Matching patients' needs with the appropriate level of care should be the most basic function of an organization called a "health integration network," and it is a particularly damning trend, in the context of Bill 41, with the government proposing to empower the LHINs to ensure better integrative care.

Speaker, if their track record is one of keeping patients in resource-intensive acute care unnecessarily, then what indication can the government give that the LHINs will be effective in managing the placement of persons into long-term-care homes, supportive housing programs, chronic care or rehabilitation? This government has left our health care system with precious few resources, and we simply can't afford these types of mistakes.

The Auditor General also found that the performance gap among LHINs has widened over time in two thirds of the performance areas that are tracked. One example she cited was that "patients in the worst-performing LHIN waited 194 days, or five times longer than the best-performing LHIN, to receive semi-urgent cataract surgery in 2012." By 2015, "this performance gap widened from five times to 31 times." People are waiting 31 times longer because of where they live. Quite frankly, it's outrageous.

I think we are rightfully skeptical when the government proposes to further empower agencies that have overseen the exacerbation of such gross discrepancies in care. Inequities such as these are all too familiar to my constituents, unfortunately, though somehow the Minister of Health seems to remain blissfully unaware of them.

The Auditor General goes on to highlight her concern that "LHINs have not been consistently assessing whether their planning and integration activities were effective in providing a more efficient and integrated health system..." The LHINs have often demonstrated insufficient capacity planning. They have failed to monitor health service providers' performance or the quality of health services, and they have failed to manage or track patient complaints thoroughly or consistently. For whole years at a time, some LHINs don't even bother tracking patient complaints, which doesn't sound much like patient-centred care to me.

This is a problem that comes up over and over again with this government: failing to collect data, failing to

measure outcomes, failing to keep comprehensive records. At every turn, we seem to see this government failing to be accountable. It makes the task of improving care all the more difficult because without good records it's hard to track the systemic problems, analyze what isn't working or measure progress, which may in fact be part of the reason this government so often brings forward solutions so ill-suited to the problems we actually face.

Speaking of accountability, the Auditor General also found that the government has failed to take action to hold the LHINs accountable to make changes when low performance continues year after year. An example she cites here is of a LHIN that "did not meet the annual wait-time target for MRI scans in six of the eight years" leading up to "March 31, 2015. Another LHIN ... did not meet its annual hip-replacement wait-time target in seven out of the last eight years."

Where was the Minister of Health, Speaker? Wait-time targets were missed year after year, and year after year the government failed to stand up for patients. Why should the people of Ontario trust this government will do any better overseeing expanded LHINs? Why should they trust the government to assume direct control over LHINs?

Given the many problems brought to light by the Auditor General, it's entirely understandable that people are dubious about the ability of the LHINs to effectively administer health care even in their current capacity. All indications are that the ministry has a decidedly laissez-faire attitude toward patient outcomes. Even when the Ministry of Health does take action, it has been inconsistent in how it has responded to poor performance from LHINs. Targets are arbitrarily relaxed or maintained. So on top of poorly performing LHINs, we have oversight from an unaccountable and inconsistent Ministry of Health.

The track record here is not one that would lead anyone to believe that expanding the power of LHINs and of the Minister of Health, as Bill 41 proposes to do, is a wise decision. It's a recipe for disaster—an opinion shared by the Ontario Medical Association as well.

Common sense would lead one to think that in seeking to improve the delivery of patient care the government would look to the people who deliver care and to patients for input. But, as far as I can tell, I think the ministry was more concerned with its own opinions and objectives. This bill would greatly enhance the role of the Minister of Health, including enabling him to issue operational and policy directives to the LHINs. This is a move that could potentially politicize the delivery of care in a new way. I think that is something that should be approached with the utmost caution. The minister will also be able to issue operational and policy directives to hospital boards where he believes it is "in the public interest."

While the Ontario Hospital Association may believe that the government's intent is to be consultative and collaborative, I think that this is a leap of faith that is a bit too far for me. Only recently, we saw this government make claims of broad consultation in developing laws

around vaping, only to find out that, in this case, “broad consultation” meant two people. Giving the minister such direct authority to overrule local hospital boards and direct LHINs and hospitals is a real source of concern for many with this piece of legislation.

I’d like to share another story from my area that also justifiably raised some skepticism. Recently, the South West LHIN—

Interjection.

Mr. Monte McNaughton: Time? I’ll continue at my next opportunity. Thank you.

Second reading debate deemed adjourned.

The Acting Speaker (Mr. Ted Arnott): Sorry to cut you off, but it is 6 o’clock. This House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1759.

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