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2 décembre 2021

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Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday 2 December 2021

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Jeudi 2 décembre 2021

The House met at 0900.

The Speaker (Hon. Ted Arnott): Good morning. Let us pray.

Prières/Prayers.

WEARING OF TEAM MEMORABILIA

The Speaker (Hon. Ted Arnott): Point of order: the member for Hamilton East–Stoney Creek.

Mr. Paul Miller: I'm seeking unanimous consent to wear some Tiger-Cats memorabilia today.

The Speaker (Hon. Ted Arnott): The member for Hamilton East–Stoney Creek is seeking the unanimous consent of the House to allow him to wear some Tiger-Cats attire today. Agreed? Agreed.

ORDERS OF THE DAY

PROVIDING MORE CARE, PROTECTING SENIORS, AND BUILDING MORE BEDS ACT, 2021

LOI DE 2021 VISANT À OFFRIR D'AVANTAGE DE SOINS, À PROTÉGER LES PERSONNES ÂGÉES ET À OUVRIR PLUS DE LITS

Mr. Phillips moved third reading of the following bill:

Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts / Projet de loi 37, Loi visant à édicter la Loi de 2021 sur le redressement des soins de longue durée et à modifier ou à abroger diverses lois.

The Speaker (Hon. Ted Arnott): I'll recognize the Minister of Long-Term Care to lead off the debate.

Hon. Rod Phillips: I rise today to speak to the third reading of the proposed Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. The mission of long-term care homes across Ontario is to give our seniors their highest quality of life so they can experience their best quality of life and a high quality of care. Mr. Speaker, this legislation supports that mission. If passed, this bill would repeal the previous Long-Term Care Homes Act, 2007, and replace it with a new act, the Fixing Long-Term Care Act, 2021.

I'd like to note that I will be sharing my time with my colleague the Honourable Raymond Cho, Minister for Seniors and Accessibility.

After decades of neglect, our government continues to take action to fix long-term care in Ontario. For decades,

not enough beds were being built, not enough staff were being trained and not enough attention was being paid to the concerns of the people who live and work in long-term care homes. Mr. Speaker, the legislation before us would help fix these problems so that every resident experiences the best possible quality of life, supported by safe, high-quality care in Ontario's long-term care homes.

We have a plan that we're executing to fix long-term care and ensure that Ontario's seniors get the quality of care they need and deserve, both now and in the future. Our plan, as I've said before in this Legislature, is built on three pillars: staffing and care; accountability, enforcement and transparency; and building modern, safe, comfortable homes for Ontario seniors.

The Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, is a key part of that plan, Mr. Speaker, to fix long-term care. I'd like to begin by talking about the first pillar: staffing and care. As we all know, seniors entering long-term care today are older and have more complex needs than they did just a decade ago. The level of care that residents need has increased, but unfortunately, the time that they receive in terms of care has not. In the nine years between 2009 and 2018, the amount of care that each resident received increased by only 22 minutes.

Residents need more direct care, and that is what we are providing. That is why, in our 2020 budget, the government committed to ensuring that residents receive an average of four hours of care per day per resident. This means the daily care from PSWs and nurses will increase by 42%, or an additional one hour and 22 minutes, over just the next four years. This is something that advocates have been calling for, for decades.

This proposed legislation we are debating today will take that commitment first made in 2020 one step further. Mr. Speaker, it would make our commitment to increase the hours of direct care provided to residents by personal support workers, registered nurses and registered practical nurses to that average of four hours per resident per day, by March 31, the law in Ontario. This will make Ontario the leader in quality long-term care in Canada. It also sets out annual requirements in law that necessitate that the government report on the progress being made towards four hours of care each and every year.

Jerry Dias, the president of Unifor, said that if this is passed, it will be "the first time we will see minimum standards of care written into law," and that that will be a "victory for LTC workers" and that it should not "be overlooked or overstated." Of course, in this way, he is absolutely right.

But what does that mean for residents, Mr. Speaker? What does four hours of care mean? It means more quality time that staff can spend with residents. It means an extra bath. It means more attention at meal time. It means another opportunity to chat and speak and support our residents.

It would also establish our government's commitment to increase direct care with allied health professionals. This legislation sets out our expectation that allied health professional support will increase by 20% over the next two years. The care provided by these professionals would include such workers as social workers, dietitians and physiotherapists, and is in addition to the four hours of care to be provided by PSWs and nurses.

This legislation makes it clear that getting residents the care they need is a clear priority of this government. That is why the Minister of Long-Term Care will be required to report publicly each and every year on the government's progress, and if the targets are not achieved, the minister would be required to identify the reasons why and to develop a plan to reach those targets.

This legislation complements our government's historic staffing plan, the largest long-term care recruitment and training drive in Canada's history. We know that we need more staff to provide more care for our long-term care residents. That is why we are following the recommendations of the long-term care commission and hiring more nurse practitioners in long-term care. Mr. Speaker, in our government's fall economic statement, we committed to close to \$58 million, beginning in 2022, to hire 225 nurse practitioners.

We all know in this Legislature that nurse practitioners have a positive impact on the quality of care in long-term care homes. They bring together medical knowledge and the values and skills of nursing, and provide a wide range of direct support care services as well as improving overall the quality of care in long-term care homes. But, according to the long-term care commission, they've not been embraced by the sector. In fact, the commission stated that there are currently 60 to 70 nurse practitioners working in long-term care homes in Ontario.

0910

The previous government did recognize the role of nurse practitioners, but were slow to act. In fact, in March 2014, the former Premier, Dalton McGuinty, promised to hire 75 nurse practitioners over the next three years. The last of those nurse practitioners was hired in March 2021, seven years after the initial promise. We will hire triple that number of nurse practitioners over the next three years. We have set aside the investments to make sure this happens, because we understand the importance of nurse practitioners in our long-term care homes.

I recently had the pleasure of meeting with nurse practitioners at a symposium organized by the Registered Nurses' Association of Ontario. They shared their excitement about how they can help improve the care in long-term care.

Now, as you know, Mr. Speaker, this bill just came from committee, where the official opposition moved an amendment—it was amendment 10, to be precise—that

would have watered down our government's commitment to four hours of care by trying to include those nurse practitioners in the four hours of care calculation. That is not what we're doing. The critical care these new nurse practitioners provide is over and above the four hours of care being provided by RNs, RPNs and PSWs. That is what our seniors deserve and that is what we are going to deliver.

This new investment in nurse practitioners is in addition to the \$270 million of investment we announced in October to support 4,050 new long-term care staff this year. Lisa Levin, the CEO of AdvantAge Ontario, said that this funding was a watershed moment in long-term care in Ontario and putting the dollars exactly where they need to be: increasing front-line staff to improve the care of residents. This investment will allow all homes to hire and retain the staff that they need to increase daily direct care so that we can meet our annual goals as set out in the legislation.

In an unprecedented step, we have provided funding clarity to each and every home so that they can see the path to four hours of care and see the path to the increased staff that will be required. This increase in staff to support increase in resident care has been championed by residents, families and advocates for decades, and it is this government that is taking the action to make it reality.

We are also investing \$12 million over the next two years to expand mental health and addictions supports for front-line health and long-term care workers, and I'd like to recognize the work of my colleague the Associate Minister of Mental Health in advocating for the importance of this. This is on top of \$194 million of funding for mental health that the province has already provided since the start of the pandemic, and it is essential given the toll that working on the front lines through this pandemic has had on our health care workers.

In total, we've committed to invest an unprecedented \$5 billion over four years to hire more than 27,000 new front-line staff. This investment is working today. Those investments are supporting 16,000 students training to be PSWs and opened up 2,000 new positions for nursing students, because we need more staff today and we need more staff for the future.

Our government has introduced new PSW training programs through our public college system in both French and English, through private career colleges and also through our school boards in both French and English. These each serve different demographics with different needs, but, I have to tell you, in my experience, each and every person in those programs is there to make a difference.

I have had the benefit of visiting a number of these PSW classes and had great conversations with these bright, enthusiastic, dedicated people. I've spoken with PSW students at Canadore College in North Bay; Seneca College in Vaughan; Algonquin College in Ottawa; Clarkridge Career Institute in Brampton; George Brown College in Toronto; collège La Cité in Ottawa; Archbishop Anthony Meagher Catholic Continuing Education Centre in Oshawa, which is run by the Durham Catholic District

School Board; and the City Adult Learning Centre, which is run by the Toronto District School Board. These graduates begin to graduate this fall. In fact, many have graduated already, and they're equipped with the knowledge and the skills to care for our loved ones in long-term care.

I want to talk a little bit about when I dropped by the PSW class at the City Adult Learning Centre in the Toronto District School Board just last week, last Thursday. I had the opportunity to speak to a number of the students there: Carine, Joel, Taofeek and Jessica. I asked them, why did they make a decision at this stage in their life to become PSWs, to support us in our plan to fix long-term care? Mr. Speaker, it was very interesting. Many of the students were embarking on second careers.

Joel is 45 years old. He had worked in live music security and more recently worked as a crossing guard. He said that he saw being a PSW as an opportunity to support and help people.

Jessica had previously worked in the tourism and hospitality sector. She saw the important role that PSWs were playing and decided it was time for her to change careers.

Taofeek was currently working in retail. He actually is the manager at a Best Buy store but has made the decision that he wants to spend the next phase of his career supporting our long-term care residents.

The final student I want to highlight is Carine. Carine lost most of her family during the Rwandan genocide and in fact came to Canada as an orphan. She grew up in a Canadian orphanage. She now has five children and has decided to embark on a career as a PSW. When I spoke to Carine, she talked about how important the City Adult Learning Centre had been, not just for her training as a PSW but for her training in English as a second language, and that now she was on the verge of completing that successful PSW training. In fact, she had sewn her own scrubs and wanted everyone to see her pride in the fact that she had created her own uniform for this program. She talked about the importance of being able to give back.

Now, the students in this class and the other classes I visited represent a cross-section of Ontario, some of our best and some of our brightest. They come from different backgrounds and different phases in their life, but they share a common commitment to wanting to help others. Often people ask me, as I've only been in this role for about six months, "How can you be so optimistic about fixing long-term care?" because there are many challenges. That optimism comes from spending time across Ontario with people like Taofeek, Carine, Jessica and Joel. I'd encourage every member of the Legislature to take an opportunity to meet with these committed people who are committed to helping and committed to fixing long-term care.

We want more people like these students to pursue careers in long-term care. That's why we recently launched a digital marketing campaign—and that will be supported later this month by a radio campaign—to encourage people to explore their options in a rewarding career in health care, and specifically the long-term care sector.

We also want to create opportunities for current health care workers to expand their careers in long-term care. That's why, on October 27, joined by my colleague the Minister of Colleges and Universities, we announced a \$100-million investment that will make an additional 2,000 nurses available to long-term care over the next four years. This is done by attracting PSWs and registered practical nurses to the long-term care sector and by helping them as they take the next steps in their career. It's an investment in two complementary programs. The first will help attract staff to long-term care and support them with their future education, and the second will ensure that the courses they need are available and that they appreciate the reality of the busy lives our front-line health care workers live.

We're working with WeRPN on this initiative. Their CEO, Dianne Martin, said, "Over the coming decade, Ontario will need thousands of nurses to meet the health care needs of our long-term care residents—initiatives like this are key to building a much-needed steady supply of nurses and retaining more of these dedicated professionals in our health system." So, with our partners, we're helping to educate, hire and support more long-term care staff, because we know that more staff equals more care.

During her committee appearance, Ms. Martin said that the establishment in law to increase the average hours of care per resident to four hours per day by March 31, 2025, and the increase in care provided by allied health care professionals is commendable. She also commented—and this is relevant to some of the comments made by our critics—that while some may criticize the interim annual targets and want four hours of care to come into effect sooner, the reality is that Ontario doesn't currently have an adequate supply of nurses and allied health care professionals to deliver that level of care per resident. That's why we have a prudent, well-thought-out, financed four-year plan to do just that.

0920

At this time, I do want to take the opportunity to thank everybody who has been advocating for the standard of four hours of care. It is they, supported by this government's resolve to fix the long-standing problem, who will make Ontario the leader in Canada when it comes to care.

These investments, combined with the legislation, will help us reach the staffing and care levels that advocates have been calling for.

I'll quote one final deputant at the committee: Smokey Thomas, the head of OPSEU, said, "We are glad to finally see a government that is following up on its words and doing something."

Madam Speaker, the second pillar of our plan to fix long-term care is protecting residents through better accountability, enforcement and transparency. The proposed legislation includes a number of items that would support this bill. It would update the residents' bill of rights. These updates would include the recommendations we've received from third-party reviews and, of course, the long-term care commission. They include the addition of the right to be supported by a caregiver and the right to be

provided with care and services based on a palliative care philosophy. The pandemic has underscored the important role that caregivers play every day in resident health and well-being. This update to the residents' bill of rights recognizes that important contribution and protects it. The proposed legislation would also align the language of the residents' bill of rights with the grounds for discrimination in the Ontario Human Rights Code and make the residents' bill of rights easier for residents and family members to understand.

This proposed legislation would introduce a new section dedicated to quality improvement in long-term care, to enhance residents' quality of life and to enhance residents' quality of care. It will also include a requirement that all homes implement a palliative care philosophy and a plan of care for each and every resident. As we heard at committee—and I want to reassure the members that a palliative care philosophy allows a resident to live their very best life right up to the very end.

As Dr. Hugh Boyd, chair of the long-term-care section of the Ontario Medical Association, said when testifying at committee, “When residents receive in-home palliative care, they experience better symptom management, shorter or fewer hospitalizations, and have better overall experience and quality of life.”

The legislation allows the minister to establish a long-term care quality centre to focus on training, research and best practices. This will allow long-term care homes to provide better care and better quality of life. If passed, the legislation would also establish emergency planning provisions that will include planning for pandemics, as recommended by the long-term care commission.

I should say, Madam Speaker, as part of our broader plan to fix long-term care, it is essential integration that we've seen during the pandemic between local public health units, between the Ministry of Labour, between the Ministry of Health, between our acute care sector—all of these points of integration are part of our plan to fix long-term care.

Central to the legislation are measures that would strengthen enforcement. People in Ontario—residents, families and citizens—need to trust that our most vulnerable will be safe and be able to enjoy the quality of life that they deserve in every long-term care home in Ontario. That is why this legislation includes increasing of fines. If passed, it would double the fines on conviction of an offence for an individual, to \$200,000 for a first offence and \$400,000 for a second offence; for corporations, it would see an increase of 150% to \$500,000 for first offences and \$1 million for second offences. These fines, as financial deterrents for non-compliance, will be the toughest and largest in the country.

If passed, the act would give a ministry director or the Minister of Long-Term Care the authority to suspend a licence and take over a long-term care home without having to revoke a licence and close that long-term care home. This change would allow a long-term care home supervisor to be appointed, allowing the ministry full control of the home until the suspension is lifted, or the

licence expires or is revoked, or another solution is found. What this means is that in an emergency situation where the well-being of the residents is in peril, the ministry would be able to act quickly to step in and protect residents. This quick action is not available under the current act, and it reflects similar provisions that colleagues will be familiar with that are currently available with regard to supervisors in both hospitals and school boards. In addition, if passed, the act would also prohibit a licensee from hiring staff, accepting volunteers or having a board member that has been convicted of an offence or found guilty of professional misconduct, as provided for within the regulations.

The proposed legislation would support the second pillar of our plan to fix long-term care, which is to protect residents through better accountability, enforcement and transparency. Now, these penalties are important, but they aren't effective on their own. The legislation complements the investment announced on October 26 to more than double the number of long-term care inspectors in Ontario. We are investing \$72 million over three years to increase enforcement capacity in long-term care. This includes hiring just under 200 new inspection staff by the fall of 2022. Last year, there were 156 long-term care inspectors in Ontario. At the end of our hiring blitz, there will be 344 on-the-ground inspectors, and I'm pleased to report to the Legislature that our hiring is well under way. This will make Ontario's inspector-to-home ratio the best in Canada.

These new inspectors will allow us to conduct proactive inspections in long-term care homes. I'm pleased to announce that that program is already under way. This program allows inspectors to identify problems in our long-term care homes so that they can be resolved earlier. This change in our inspection regime was recommended, as are so many parts of our plan, by the long-term care commission. It is also supported by people like Smokey Thomas, the president of OPSEU, who said, “We're pleased to see proactive inspections back on the province's priority list.... Comprehensive and unannounced annual inspections are the only way to ensure these homes are operating to the highest standards of ... care.”

In addition, inspectors will be trained in provincial offences and performing investigations to address more complex and serious issues and lay provincial offence charges where necessary.

Before I leave the topic of inspectors and enforcement, I want to draw attention to amendment 32 that was put forward by the official opposition at committee. This would have made it easier for homes, should they choose to, to evade accountability by only being required to provide inspectors with requested information during normal business hours. Madam Speaker, our commitment to the safety of residents cannot end at 5 p.m. on a Friday, and we will not do anything to water down the supports and protections that have been placed in this bill.

I do want to assure the official opposition and others tuning in that our long-term care inspectors, who are, incidentally, members of OPSEU, are professionals with a diverse set of health care backgrounds. They are certified

nurses, dietitians, physiotherapists who are tasked with promoting health, safety and supporting the rights of long-term care home residents. To complement that skill set, as I've said before in this Legislature, we'll be adding some individuals with more specific investigative backgrounds. I've had the privilege of accompanying many inspectors on unannounced inspections, and I can speak to the tough work they do.

It was noted at committee that higher fines and more inspections alone will not improve the quality of our residents unless there are real consequences for the people who don't follow the rules. Madam Speaker, I couldn't agree more. That is why, through this legislation and our investment in increasing the number of inspectors, we are creating the conditions to ensure the rules are followed and enforced in long-term care in Ontario.

We've also heard that transparency is critical for residents, families and the general public to have trust in long-term care homes. This legislation requires the introduction of a survey for all long-term care residents and their families. In the regulations to support the legislation, we plan to make this a standardized survey and present home-by-home data. This survey will be developed, and is being developed, with input from the Ontario Association of Residents' Councils and Family Councils Ontario.

We will also be launching a user-friendly portal later this month that will allow residents, families and the public to have access to information on all long-term care homes. And in this year's fall economic statement, we committed \$22 million to implement an Ontario-made technology that will integrate the clinical information between hospitals and the long-term care sector.

In addition to streamlining admission to hospital and readmission for homes, this sharing of information has been shown to avoid the need for transferring residents, where inappropriate in the first place, but make sure that they receive the level of care they need. These actions, combined with the proposed legislation, if passed, will mean more enforcement, more accountability and more transparency.

0930

Donna Duncan, the CEO of Ontario Long Term Care Association said, "Ontario's long-term care homes share the Ontario government's commitment to accountability and transparency, and remain steadfast that enshrining these principles in legislation is necessary to build the confidence required to transfer the system to meet the wishes and needs of Ontarians as they age."

The third and final pillar of our plan is building modern, safe and comfortable homes for our seniors. As outlined in the fall economic statement, we are building Ontario's future in many fronts, with shovels in the ground across the province and working on all kinds of much-needed infrastructure—I take the moment to commend the work of my colleague the Minister of Infrastructure and my many other colleagues working to build Ontario—and long-term care is no exception. This legislation puts in measures that will support this important pillar. These measures would modify the requirements under licence provisions to streamline the building of new homes but

increase transparency. The changes would allow licensees to focus their resources on redeveloping homes and resident care.

If passed, enhancements would include streamlining the process for licences requesting small changes to already existing licenses, like a small, minor bed change. This legislation would complement the unprecedented investments that we're making in long-term care. In the fall economic statement, we committed to invest another \$3.7 billion to build an additional 10,000 new long-term-care beds and upgrade over 12,000 existing beds. This brings our total funding commitment to \$6.4 billion and will lead to more than 30,000 net new beds and 28,000 upgraded long-term-care beds across the province. This, as I've mentioned elsewhere, is the largest long-term care redevelopment in Canada. We already have 220 projects under development and construction. That's over 21,000 new beds and 16,000 upgraded beds.

As I've said before, not-for-profit homes are an integral part of our plan. That's why, today, I'm pleased to share with the Legislature that we are taking action to address one of the long-standing issues facing not-for-profit beds: financing. We will be launching the not-for-profit loan guarantee program. This program will unlock close to \$400 million in financing through Infrastructure Ontario for Ontario's not-for-profit long-term care homes. Not only will the not-for-profit loan guarantee program support the financing of not-for-profit homes, but it will also save those homes an estimated \$62 million because of lower interest payments.

The new not-for-profit loan guarantee program is part of how we are addressing our plan to fix long-term care to ensure that not-for-profit homes can be an important part of the solution when it comes to long-term care in Ontario. It will help provide support for many not-for-profit development projects that are currently in the pipeline and support those projects in the future. I'm looking forward to talking more about this at an announcement at the Rekaï Centre later today.

As I said, we are committed to building over 30,000 net new beds and upgrading 28,000 beds this decade. That's important, because between 2011 and 2018, as people have heard many, many times across the province, only 611 net new beds were built across this province, and that's at a time when the population over 75 had grown by 20%, Madam Speaker. To bring this home to you and I, I want to talk about what that means in Durham region. Out of those 611 net new beds, none were built in Durham. By comparison, today there are over 1,000 new beds in development and 700 redeveloped beds just in Durham region alone.

Now, we all know as legislators that this lack of new beds has had very real impacts on the lives of our constituents, and I've spoken specifically to that on a number of occasions in the Legislature, and we know the enthusiasm with which local communities are embracing the building of new beds. One example: I was with my parliamentary assistant, the member from Oakville North-Burlington, for the announcement of two new 320-bed homes in

Oakville and the mayor of Oakville, Rob Burton, said, “My heart is overflowing with gratitude right now. For 15 years we’ve been asking Ontario to deal with our deficit in long-term-care beds in our town. And in one fell swoop, man are you delivering.”

Madam Speaker, that’s what we’re hearing in communities across Ontario. Like you, time and again I’ve heard from constituents about the impact that not enough long-term-care beds has in real people’s lives. This shortage of long-term-care beds is the reality of families and communities across Ontario, and that’s why these investments and support for these investments is so critical going forward, so that we can alleviate the challenges today and for the future.

We issued a new call for development proposals on October 20, and that 10,000 additional new beds will bring us to our 30,000-net-new-bed goal. Madam Speaker, as you would expect, you will start to hear announcements about these new beds very soon.

To provide the best quality of life and quality of care, it’s important not only that we build new homes and upgrade the beds we have, but that we support the continued maintenance and improvement of the older homes in our portfolio. That’s why we’ve invested \$143 million in heating, ventilation and air conditioning systems to improve residents’ safety and comfort.

I like to tell the story about when I was in Hamilton visiting Dundurn Place Care Centre in the Leader of the Opposition’s riding and I had the opportunity to meet with Peter Bartlett. Peter is the head of engineering at Dundurn Place Care. Peter long had a vision about being able to provide air conditioning and cooler air for residents. Peter showed the dedication that we have in our long-term care system, not just in our front-line health care workers but in other parts of the operation. He had masterfully ensured that home-wide air conditioning was provided. He said he could only do that because the resources were provided.

So, Madam Speaker, we have to build new beds, we have to redevelop new beds, but we also have to support the existing reality in our homes. That’s why I’m proud to be part of a government that is doing that. It’s taking action now and for the future to protect seniors. We’re helping build healthier and safer spaces, and we are making sure that the future is going to be brighter with more new beds.

I’ve had the opportunity over the last several months to visit many of the development and redevelopment projects. I would just like to name a few of them, Madam Speaker: a 160-bed home being built in North Bay; a 320-bed home being built in Ajax; a 160-bed home being built in Brampton; a 256-bed home in Vaughan; a 256-bed home in Ottawa, in fact, in Stittsville; a 320-bed long-term care home in North York; two new homes in Mississauga, with a total of 632 new beds; and, as I mentioned before, two new homes in Oakville.

Madam Speaker, that project in Oakville, I’d say, is very interesting, because it was built also with support from the provincial government. It involved provincially owned lands to make sure that, in an area where land is

expensive, homes can be built. But 640 new beds, just that one location, more than all the beds that were built in the seven years before that—640 new beds for Oakville, and we’re not done yet.

In addition, we are investing \$82.5 million to expand existing community paramedicine programs that support communities. We are ensuring that those who are waiting for long-term-care beds are also getting the support they need. That additional money, Madam Speaker, means that all eligible residents in Ontario are going to be eligible for that program.

As I wind down my remarks, I do want to again thank residents, families, staff and advocates for having shared their stories and shared their experiences and their advice with myself, with the committee, and with others. All of you have helped shape the plan, and all of you will continue to help and shape the plan.

I would also like to thank the members of the official opposition who, at committee, supported the government amendments to make this a better bill. Those amendments included recognition of psychological care for residents, including mental health in the plan of care, and recognizing the importance of the emotional needs of our seniors. These amendments will benefit all residents.

Madam Speaker, it’s worth noting that I would like to thank the participants in the long-term care strategic round table, which include the leaders of organized labour, leaders from the long-term care community, representatives of families and representatives of residents. Co-chaired by my parliamentary assistant and by the deputy minister, this will be an important table that will work not just on the important work right in front of us, but over the next number of years as we roll out our plan to fix long-term care. We are open to these ideas. We are open to input. We know that we need to move quickly. That was the advice of the many commissions and reviews, but we also know that we need to move smartly. So I thank all of those individuals for their active engagement and involvement in the process.

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Importantly, this proposed legislation will help us achieve tangible progress under the three pillars of our plan: improving staffing and care; protecting residents through better accountability, enforcement and transparency; and building more modern, safe and comfortable homes for our seniors. Strengthening these pillars will lead to Ontario providing residents with the highest number of hours of care per day, on average, in Canada, making Ontario the leader. It will ensure that Ontario has the best ratio of inspectors per home and the toughest, highest long-term care fines in Canada, again making Ontario the leader. And it will lead to Ontario developing and redeveloping the greatest number of beds in Canada, again making Ontario the leader, as it should be.

As we strengthen each of these pillars, Ontario’s long-term care system is growing stronger. It grows more resilient to crises like pandemics, which we are still experiencing, and it becomes a system where every resident

in every home experiences the best possible quality of life, supported by safe, high-quality care. This is why we are proposing the Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, which would repeal the current Long-Term Care Homes Act, 2007, and replace it with the improved Fixing Long-Term Care Act, 2021. This is a crucial part of the government's plan to fix long-term care. To make transformative change in a system as complex as long-term care requires not only historic investments but also bold legislation.

Our government knows that bold action is the only answer, and the pandemic has further impressed upon everyone in this province the importance of ensuring that our most vulnerable are protected and that the long-term care sector finally gets fixed. I am confident that we can achieve this. I am confident because I see the progress we've already made, and I'm confident because of the amazing people who are working in long-term care—both in the sector and those who support them. Together, we will fix long-term care by investing in more well-trained staff, by investing in new and redeveloped facilities, and by a clear commitment to accountability, enforcement and transparency.

We are creating the conditions that will allow us to shift the system to a more people-centred, people-first system that responds to a resident's physical, psychological, social, spiritual and cultural needs and is respectful of every resident's individual history and individual identity. Speaker, the proposed Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, will make Ontario a better place to live and a better place to age.

When I speak with Ontarians, almost every one of them has a connection to long-term care, whether they are a resident living in a home, a worker providing care, a family member trusting a home with the care of a loved one or a citizen who is concerned about the state of our long-term care system. This proposed legislation would benefit each and every one of these people. That is why I hope that the honourable members on the other side will look to the importance of this legislation and look to support this act as it comes to a vote.

With that, Madam Speaker, I'd like to pass the floor to my colleague the Honourable Raymond Cho, Minister for Seniors and Accessibility.

The Acting Speaker (Ms. Jennifer K. French): I understand the minister is sharing his time, but before we continue, I ask all members to please silence their devices. Thank you.

I recognize the Minister for Seniors and Accessibility.

Hon. Raymond Sung Joon Cho: Thank you, Minister Phillips. Good morning, Madam Speaker. Today, I'm here to speak to proposed amendments to the Retirement Homes Act, 2010. My colleague Minister Phillips has already outlined the proposed bill's impact on seniors living in long-term care homes.

I would like to reiterate the benefits of our proposed amendments to the Retirement Homes Act—benefits

which are important to providing seniors living in retirement homes with the care and dignity they deserve. Minister Phillips and I are committed to protecting Ontario's seniors, including those living in retirement homes and in our long-term care facilities. We are determined to improve the level of care for all seniors in this province and provide them with the highest quality of life.

We have all seen the devastating impact of COVID-19 on seniors in Ontario, and clearly, we have much work to do. Unfortunately, COVID-19 is not over, and we are still fighting this pandemic. This does not mean that we can wait to start applying the lessons we have learned already. We are confident that the proposed bill is an important step toward addressing the needs of Ontario's seniors in long-term care facilities as well as in retirement homes. This is why we are taking action and proposing amendments to the Retirement Homes Act.

If passed, the proposed amendments would improve quality of care for seniors living in retirement homes, further ensure residents' protection and strengthen governance. As a result, seniors living in retirement homes and their loved ones will have the confidence of knowing that elderly care in Ontario is second to none. Therefore, Madam Speaker, I am once again asking the House to unanimously support the passing of Bill 37, because seniors in retirement and long-term-care homes deserve the care, protection and respect that our proposed bill delivers.

As you know, this request is beyond partisanship. It will demonstrate the kind of legacy we want to have as lawmakers, regardless of party. People in retirement homes and long-term care facilities deserve better. Together, working across the lines of partisan politics, we can give it to them. And we can do so quickly by supporting and passing this proposed bill.

Madam Speaker, let me be more specific about what we are asking the House to support. As mentioned before, COVID-19 has been an assault on our elder care system, a system designed to care for and protect some of our most vulnerable Ontarians. This pandemic's effects are not felt by talking about systemic challenges, but rather by reflecting on the effect it has had on individuals, their families and all those who care for them.

Each of us has heard from or been personally touched by the ravages of our COVID enemy. COVID-19 is tough. It doesn't sleep. It never takes a break. Madam Speaker, COVID-19 may be tough, but together we are tougher. We have heard from family members with loved ones in retirement homes and from residents themselves. They have experienced the pandemic in deeply personal ways. What they demand of us is change, to do better.

Madam Speaker, if passed, the proposed amendments will ensure that residents will be better cared for, better protected and will experience the dignity they deserve.

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I also want to take this time to recognize that according to a recent survey by the Ontario Retirement Communities Association, 95% of retirement home residents were extremely satisfied with the care they receive, and they felt

safe and well cared for. We know that our changes need to help enhance the retirement home sector without compromising the care already being provided.

You may ask, Madam Speaker: What problems are we trying to resolve? I will begin by addressing concerns that have been raised about the Retirement Homes Regulatory Authority, or RHRA. The RHRA administers the Retirement Homes Act. It has faced many challenges overseeing retirement homes during these extraordinary times. This is because the RHRA doesn't always have the necessary authority or information to respond quickly in urgent situations. We want to change that.

Seniors thinking about moving to a retirement home and those living in licensed retirement homes and their families have difficulty accessing pricing information early in the decision-making process. This can make it difficult to plan financially for the next stage in their lives. We can do better. If Ontarians are able to go online and see the price of a hotel room nearly anywhere in the province, they should be able to see the potential cost of a retirement home. This is a common-sense change that delivers on the ethic of customer service embodied by our Premier, Doug Ford.

Madam Speaker, our proposed amendments would promote a better quality of care for residents and their families, as well as future residents. They would enhance safety and security, and promote consumer choice and protection. In addition, they would ensure that residents are better informed and that they benefit from a more effective regulatory authority.

To do that, improving care will be our first priority. We will improve protection for seniors in unlicensed homes. The RHRA will now be able to require unlicensed homes to provide the same protections as in licensed homes during the licence application period. This ensures that residents in those homes start receiving the benefits of the RHA even before the home is fully licensed.

Next, we will enhance consumer protections. This is an area where we have received a lot of feedback. To take action on what we have heard, we will strengthen protections against financial abuse by permitting regulations to be made to prevent borrowing, receiving or holding residents' money.

As you know, any system that manages such a vulnerable population demands regulation. Any regulation needs to be strong, yet nimble. Residents and those who care for them want to know that retirement homes are governed in such a way that puts the best interests of seniors first. We are therefore proposing amendments that would strengthen the Retirement Homes Regulatory Authority. Specifically, we would provide the RHRA with new compliance and enforcement tools, including enhanced order-making powers, that would allow it to be a more agile and effective regulator.

The proposed amendments would also allow regulations to be made to improve data collection to support more effective, timely and data-driven decision-making. For example, our proposed amendments would allow

regulations to be made to identify new categories of information for collection by the RHRA. The RHRA would also be allowed to gather resident contact information for specified purposes, as well as require operators, if needed, to pass communications on to residents. This will enable residents to be kept connected during emergencies and ensure they have access to the information they need, when they need it. It will also help promote awareness of residents' rights and protections under the Retirement Homes Act.

Madam Speaker, under our proposed amendments, the RHRA would also have the power to share information with law enforcement about prospective inspections. This would further promote residents' safety and well-being by allowing the RHRA to be more proactive.

Overall, the proposed amendments would vastly improve outcomes for seniors in retirement homes. It will build confidence among Ontarians that the care provided in retirement homes is best-in-class, especially in challenging times.

Our vision, Madam Speaker, is that the proposed amendments would lead to a much stronger Retirement Homes Act, providing meaningful improvements to the safety and quality of life for seniors in retirement homes across this province.

Our proposal before you is a direct response to the lessons learned from COVID-19. It also is informed by the challenges identified during the 2015 Retirement Homes Act legislative review, feedback received from the ministry's 2019 province-wide consultations on a seniors' strategy and the Auditor General's December 2020 value-for-money audit of the Retirement Homes Regulatory Authority.

The proposed amendments to the Retirement Homes Act also serve to complement the many other initiatives our government has undertaken to protect Ontario's seniors and improve their well-being, initiatives such as vaccinating residents in retirement homes and establishing mandatory vaccine policies for staff, or the Accessible Drive to Vaccines program that provides door-to-door service so that mobility is not an obstacle to receiving a vaccine. We are ensuring seniors get to vaccination centres in their community and then get home safely afterward. We're also investing in several programs that help seniors remain active and engaged in their local community.

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Each of those initiatives is making a meaningful difference in the lives of our seniors, and so too would the many enhancements we have proposed in the bill before the House today, which is why I'm again asking for my colleagues' unanimous support. They can surely see the benefits of an improved Retirement Homes Act that strengthens care, protection and respect for residents and their families.

The challenges facing Ontario's long-term care homes and retirement homes were put under a spotlight during COVID-19. These challenges have existed far too long across governments of all political stripes. I believe that

when it comes to the care and protection of Ontario's seniors, we can all find common ground and do what's best for seniors across this province. Let's all here today be the ones to make a change for better. Let's pass Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021.

Thank you for your consideration, and thank you for your time.

The Acting Speaker (Ms. Jennifer K. French): Thank you—and a reminder to all members that you must refer to all members of this House by their title or their riding only. The first name, last name thing is not appropriate.

Questions and comments?

Mr. Michael Mantha: My question is to the Minister of Long-Term Care.

I want to thank both the Minister for Seniors and Accessibility and the Minister of Long-Term Care for their comments here this morning.

Being part of the committee work, there were many individuals, organizations that came in, and they were quite clear with two specific concerns—is that this legislation is mission-driven, and it takes away from the standards that everybody is asking for. What it does is it averages things out, as far as the care for individuals. It actually is going to reward those who are the bad apples throughout the entire long-term care home system. Also, this is a path—it's a freeway—towards for-profit models.

Again, a lot of the people coming in and testifying at the committee stage were asking for more expansion of the not-for-profit and municipal long-term care homes. Why did we not do that? Why are we not looking at rewarding those, instead of rewarding shareholders with the for-profit model that this government is—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Response?

Hon. Rod Phillips: Thanks very much to the member from Algoma-Manitoulin for his question.

Respectfully, I disagree about the feedback we've received on this bill, both at committee and elsewhere. I would say there is excitement across the sector, again, from labour leaders, from leaders in the community, from all corners of the sector.

Specifically to the question—I would commend to the member the comments I just made about the announcement about more availability for not-for-profit homes. Not-for-profit homes are a very important part of the future, going forward. There has been a challenge for many years—a challenge for financing, for those projects. That is why, with Infrastructure Ontario, we are making available up to \$400 million to support the development of an important part of our long-term care sector.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Lorne Coe: In the fall economic statement, you know that the government announced \$58 million in funding to hire 225 new nurse practitioners. Speaker, can the minister please describe the impact on long-term care

residents as a result of more nurse practitioners in this sector, and how this will fit into the overall health care staffing mix in long-term care homes, for example in the region of Durham?

Hon. Rod Phillips: I'd like to thank the member from Whitby. He and I visited one of the homes on one of my unannounced inspections, and one of the things we found and that I'm sure others have found is the important role that the very limited number of nurse practitioners—currently, as the long-term care commission pointed out, approximately 70—across the system can make. They have impacts in terms of direct care and they have impacts in terms of supporting the overall care in the homes.

With the support of the registered nurses' association—in fact, with the advice of them and the nurses' association of Ontario—we've moved to expand the number of nurse practitioners: 75 a year for the next three years. We will work collaboratively, and I've called on those sectors to help us to make sure that we have those trained professionals. This will not only support service in long-term care, it will also support a trajectory and a career path for nurse practitioners, because we need more of them in Ontario.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Sara Singh: I'd like to thank both the ministers for their comments on this bill. What we heard in committee were serious concerns with respect to Bill 37 and the fact that not one home is being held accountable here in the province of Ontario for what happened throughout the pandemic—homes like Orchard Villa.

Can the minister please explain why none of those homes where inspections found grave and horrific conditions for seniors are being held accountable, and why penalties are not retroactive?

Hon. Rod Phillips: We are taking very seriously accountability, enforcement and transparency. That's why it's a key part of our initiatives going forward. Again, all of the reports that the member talks about have been made public and transparent, as they would expect.

But while the opposition wants to focus on looking backward, we are also focused on going forward, Madam Speaker. In Brampton—the member's own home community—zero beds were built. Zero beds were built in the seven years before. There are over 600 beds that are being built—680, in fact—in that community. Indus community centre, the Guru Nanak Long-Term Care Centre: These are all new beds.

We'll make sure of accountability, transparency and enforcement. That's why we've doubled the number of inspectors. But we're also going to focus on the future, and we're going to focus on the future in Brampton.

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Stop the clock. The heckling will stop. I'd like to be able to hear both the questions and the responses, regardless of people's feelings about it. This is how this will proceed. Thank you.

Further questions?

Mr. Amarjot Sandhu: I would like to thank both the ministers for their remarks.

Minister of Long-Term Care, you mentioned that Brampton was ignored for far too long—zero beds in seven years. I want to thank the government, yourself, the Premier for announcing 600 beds in the last three years, and also for announcing the two new long-term care homes in Brampton—the Guru Nanak long-term care the Indus community long-term care centre—because there is a need for culturally based long-term care homes in the community. Thank you, Minister, for that.

Also, can the Minister of Long-Term Care describe what has been done and the type of consultations that have been held in order to inform the proposed legislation and to ensure the voices of residents, families, labour unions, professional associations and other stakeholders were incorporated in this bill?

Hon. Rod Phillips: Thank you to the member, and thank you for his advocacy for those new long-term-care beds in Brampton. Thank you also for his and the rest of the government team's support for our program announced today, almost \$400 million of financing. Unlike beds that were announced but never delivered before, we're make sure that not-for-profit beds like Guru Nanak will actually get built.

This legislation is based on extensive consultation and conversations with the sector. But as I mentioned in my comments, that conversation is going to be ongoing. We've established a table, chaired by my deputy minister and my parliamentary assistant, with leaders from organized labour, leaders from the long-term care sector, representatives of families and representatives of residents to keep that conversation going.

The challenges in long-term care happened over many, many years, and fixing long-term care is going to take more than just this legislation. But that's why we will continue to consult and continue to work with those sectors, and that's why we're so pleased with the positive response we've received thus far.

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The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Jessica Bell: I listened to the member for Ajax talk about the issues in the long-term care home sector and how there is a shortage of PSWs and nurses. Minister, many of the decisions this government has made have contributed to the shortage we are facing right now in the long-term care home sector: Bill 124 that freezes wages, the decision to not permanently increase personal support workers' wages so that they can earn a living wage doing very hard work.

My question to you is, can this government permanently increase personal support workers' wages so that we can increase staffing in long-term care homes and give these people a decent income?

Hon. Rod Phillips: I thank the member for her question and respectfully disagree about the enthusiasm that is currently out there, the enthusiasm I've seen in the nursing community, enthusiasm in the PSW community. Literally, the sign-up, partly because of the government's support for these programs, paying tuition, paying the other

costs—the number of people who are registering for PSW programs is at a record level.

But to the specific question, as the Premier has said, we've also committed to make sure that PSWs have the kind of wage they deserve. That's a program we've worked on. We've had several extensions of the temporary wage increase, and this is something that we will work on with the sector.

But, Madam Speaker, the enthusiasm of the individuals moving into long-term care, moving into the health care sector is something we should be proud of: 16,000 PSW students being trained right now in Ontario—that's the answer to the long-standing neglect related to PSW training.

The Acting Speaker (Ms. Jennifer K. French): Time for a quick back-and-forth.

Mr. Michael Parsa: I want to thank the Minister of Long-Term Care and the Minister for Seniors and Accessibility for their presentation. My question is to the Minister of Long-Term Care.

Speaker, since taking on this portfolio, the Minister of Long-Term Care has made long-term-care bed development a priority. I'm wondering if the minister can expand further on why expediting the building of these long-term-care beds is such a pressing concern. Of course, having heard that between 2011 and 2018 the previous government was only able to build a net total of 611 beds, why is this such a priority for our government?

Hon. Rod Phillips: We all, as elected representatives, hear from constituents about what the impact of the shortage of beds means for individuals. That's why a record \$6.4 billion is now being invested to see those 30,000 net new beds, to see those 28,000 redeveloped beds. What that means in communities is higher-quality service, access and support for our residents. What that means is that Ontario finally has a plan to fix long-term care, and that plan includes providing those safe, comfortable homes for the members of our communities.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Sara Singh: I know that we are about to move to members' statements, so I'll start my comments off by thanking the Minister of Long-Term Care and the Minister for Seniors and Accessibility for their comments on Bill 37. I know that we do disagree with the trajectory that the government is taking to reform long-term care here in the province of Ontario.

In the time that I'll have today, I'll be presenting the voices and concerns of stakeholders from across the province who have shared those concerns through the committee process, as well as through written submissions that were submitted to the Standing Committee on the Legislative Assembly with respect to Bill 37.

It is critical to understand that we are at a very important point in the history of this province when it comes to our long-term care sector. Many are still reeling and will continue to feel the impacts of COVID-19 and the over 4,000 deaths we saw in long-term care that we could have prevented if previous governments had taken—

Third reading debate deemed adjourned.

The Acting Speaker (Ms. Jennifer K. French): I'm sorry to interrupt the member, but now is the time for members' statements.

MEMBERS' STATEMENTS

NURSES

Ms. Laura Mae Lindo: Thank you to Kathy Moreland, an RN for 40 years, a professor of nursing and an executive member of RNAO Waterloo chapter, for this letter. And I read:

"Registered nurses in this province have warned the government of the evolving shortfall of RNs for years. Nurses are critical to the functioning of our health care system. Throughout the pandemic nurses have fought to serve and protect Ontarians. They have struggled, worked understaffed and at times been unsupported while saving our citizens' lives. Many are exhausted, fed up with the lack of compensation and are leaving for other jurisdictions or careers. More are planning to. Our health care system is heading for collapse if this shortfall continues.

"This government has acknowledged registered nurses as the heroes of the pandemic but has done little to show it. Bill 124 has held nurses' compensation to a 1% annual increase since 2019. It has limited their collective bargaining power and made them work harder for less money than the cost of living increase of 4% this year. This is disrespectful and a kick in the head to our most trusted profession especially when other regional front-line workers like police and firefighters are getting substantial raises.

"When will this government recognize that nurses are leaving because they are tired of being disrespected? When will this government realize that losing these nurses will cost us a lot more in the long run than compensating them now? When will this government realize that opening new spots in schools of nursing will not replace the experience or efficiency of those leaving? When will this government repeal Bill 124?"

SANTA CLAUS PARADES IN HALIBURTON-KAWARTHA LAKES-BROCK

Ms. Laurie Scott: I rise today in the House to recognize the anniversary of a wonderful holiday tradition in my riding of Haliburton-Kawartha Lakes-Brock and in many communities across the province.

Annual Santa Claus parades mark the beginning of the holiday season and are an opportunity for community members to celebrate the spirit of Christmas and join in holiday cheer. This year, the village of Coboconk is celebrating their 50th annual Santa Claus parade.

Santa Claus parades have been spreading joy for over 100 years and they're one of the world's oldest annual parades. But festive community events like these would not be possible without the fantastic people who run them,

so I would like to thank all of the local organizations and volunteers who dedicate so much of their time to ensure this year's holiday parade is not only fun but also safe for all those involved.

We know just how much these annual parades mean to our communities, especially during these uncertain times. I encourage everyone to join in the holiday cheer this Sunday at the 50th annual Santa Claus parade in Coboconk and, if you are able, bring with you a donation to the local food bank.

I look forward to the many Santa Claus parades in Haliburton-Kawartha Lakes-Brock yet to come throughout December and to seeing everyone in festive spirit.

FOOD BANKS

Mr. Paul Miller: Operating for over 30 years, Hamilton Food Share is Hamilton's emergency food shipping and receiving hub and emergency food system coordinator for the network of agencies it supports, with a clear mission of working together towards a hunger-free community.

Instead of closing or restricting services over the pandemic, Hamilton Food Share has expanded their reach, providing more food resources to 16 member agencies operating 23 emergency food programs, including hot meal and food bank programs. They see almost 8,500 visits every month, representing over 12,565 unique individuals residing in 5,500 households. Children make up 36% of Hamiltonians accessing a food bank.

Approximately 9,000 households this holiday season will not have enough resources to celebrate the holiday. Hamilton Food Share is changing all of that. The Hamilton Food Share and the Emergency Food Network will be distributing 9,000 Christmas hampers throughout Hamilton. This is why they need everyone's support today. This is what the Christmas season is all about.

Happy holidays, Hamilton. Let us all remember to keep our neighbours in need top of mind this holiday season, and if you can, please give to your local food banks.

And today, go, Cats, go!

STUDENT ACHIEVEMENT

Mr. Billy Pang: This summer, I was happy to host a graduation ceremony for Markham-Unionville students and their families with a former MP for Markham-Unionville, Bob Saroya.

In this event, we were also joined by the Minister of Education and YRDSB trustees Allan Tam and Ron Lynn. Adhering to public health protocols, the ceremony was hosted outside of Markville mall, which graciously lent us their space.

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Due to the COVID-19 pandemic, many students were not able to attend their graduation this summer, and this event was a great occasion for students to come together, see each other in person and celebrate one another's

achievements. Graduates of all ages, from kindergarten all the way to master's, joined the ceremony. As students came up to the stage one by one to receive the Premier's scroll and the certificate our office prepared, you could see the joy in the students' and families' faces.

Ontario is home to the brightest and smartest students in all of Canada. Being able to connect with the graduates and hear their ambitions and goals, I know the future of Ontario is bright and it's left in their safe hands.

GOVERNMENT SERVICES

Ms. Judith Monteith-Farrell: These days, you need identification for almost everything. For many of us, it's something we barely think about. We have identification in our wallets and we have our birth certificates tucked away safely. Unfortunately, having ready access to identification isn't the case for everyone. Far too many people fall through the cracks, and one of the major barriers is cost. People struggling with other issues in their life, such as being underhoused or having health issues, shouldn't have to worry about spending money on identification.

Yesterday, I reintroduced the Awenen Niin Act (Who Am I) Respecting Identity Documents, 2021. If passed, it would remove fees for birth certificates and photo ID, and form a committee to address systemic barriers. Everyone needs identification, like new parents who have to pay for birth certificates for their child and seniors who can no longer drive and need to get photo ID.

Especially in these difficult times, all levels of government should be making critical services both free and accessible. So many organizations across Thunder Bay–Atikokan are working on ID issues. Some are the members of the ID action group of Thunder Bay, Kinna-aweya Legal Clinic, and NorWest Community Health Centres. They all see an urgent need for change. The work they do is so important, and I thank them.

I hope my words will resonate with many of you and that you will support my bill. Let's make ID services more accessible to everyone in Ontario.

HOUSING

Mr. Mike Schreiner: Yesterday, I tabled a motion that proposes key strategies to addressing the housing affordability crisis that's at a breaking point. My motion calls on the government to immediately begin aggressively investing in affordable rental housing and attainable home ownership options, including but not limited to building 100,000 permanently affordable rental homes; extending financial support to 311,000 Ontarians; building 60,000 permanent supportive housing spaces, with wraparound mental health and addiction supports; and creating a \$100-million fund to support co-op housing providers. These strategies were made in close consultation with housing experts.

The burden of addressing the homeless crisis has fallen onto social service providers. I am grateful that Guelph has so many competent and passionate non-profits that are

doing whatever they can to care for the unhoused in our community: organizations like Stepping Stone, Royal City Mission, Kindle Communities, and Stonehenge Therapeutic. Business leaders in the Guelph chamber are stepping up to help.

Guelph is so lucky to have so many engaged problem-solvers, but they need more support, Speaker. I look forward to working with the ministries of mental health and housing to bring much-needed supportive housing projects to my community and to communities across the province.

BIG BRUCE

Mr. Bill Walker: I want to acknowledge my intern, Tori Llewellyn, who is in the gallery with some of her colleagues today, for writing this statement. I hope you'll enjoy it.

I rise today to recognize an important figure in the great riding of Bruce–Grey–Owen Sound: Big Bruce. It was love at first sight for local beef farmer Harvey Davis when he first saw the giant steer on a trip to Wisconsin and he knew he just had to bring it home to Bruce county, the beef capital of Ontario.

After almost five years of lobbying, Davis convinced the local cattlemen's association to purchase Big Bruce for \$6,000—what a deal. Big Bruce then travelled across Ontario in support of local farmers and brought endless smiles to faces along the way, including the 1976 International Plowing Match in Walkerton.

Sadly, in 1980, Mr. Davis passed away after a battle with cancer. However, Big Bruce continues to stand proud in Chesley as a legacy to his vision.

Now, Big Bruce has a new claim to fame. Over the summer, he took home the title of Ontario's greatest roadside attraction in TVO The Agenda's 2021 roadside attraction showdown, beating other iconic landmarks like Sudbury's Big Nickel and Kenora's Husky the Muskie. Sorry about that, Mr. Rickford.

I want to sincerely congratulate the Davis family, the Bruce County Beef Farmers and the municipality of Arran-Elderslie, formerly Chesley, on this wonderful achievement. Mr. Davis's son Mark Davis is currently Arran-Elderslie's deputy mayor and continues the strong legacy of his dad of promoting agriculture and strong local government.

Big Bruce is not just an iconic landmark, but represents Bruce county's proud agricultural roots and the strength of Ontario's beef industry, which contributes \$2.69 billion annually to the province's GDP and sustains more than 61,000 jobs.

I want to give my sincere thanks to all of our farmers and agricultural workers, who are the backbone of this province and who helped keep food on our tables during the pandemic. I am proud to recognize this iconic landmark and our province's amazing agricultural industry.

I invite everyone to visit the beautiful riding of Bruce–Grey–Owen Sound to see Ontario's greatest roadside

attraction, Big Bruce in Chesley, and experience the best beef in the province.

DOMESTIC VIOLENCE

Ms. Sara Singh: November 25 was International Day for the Elimination of Violence Against Women. For the next 16 days, community partners across the Peel region will be engaging in 16 days of activism and have launched the Break The Silence campaign to help end violence against women by building awareness in our communities.

Women, girls, trans and non-binary people disproportionately experience violence. The United Nations human rights commission estimates that one in three women will experience sexual or physical violence in their lifetime.

As Sharon Floyd, the CEO of Embrace: Agency to End Violence in Peel, says, “Gender-based violence is a serious pervasive problem in our community and continues to have adverse significant impacts on the lives of women, trans, non-binary people, and their children. It is important that survivors of violence can bring their whole selves when they reach out for support. We must all work together to ensure that supports are available when survivors need us the most and that no one is left behind.” We must also recognize and honour missing and murdered Indigenous women, the LGBTQ+ community and two-spirited people and ensure that they have support and healing for their families.

COVID-19 has made it very difficult for women and others in our communities experiencing violence and isolation, and I want to thank the Canadian Women’s Foundation for launching the international Signal for Help. I think it’s important to share that here in the House, so that if anyone is experiencing violence at home, they can please use the signal for help.

You need to put your hand up, one thumb down, and put all your fingers together. This is the signal to call out for help, and I encourage everyone to understand the importance of this signal, identify it and please call for help if you see someone using the signal in your community. Thank you very much. Have a great day.

ONTARIO LEGISLATURE INTERNSHIP PROGRAMME

Mr. Norman Miller: I rise today to share my support for the Ontario Legislature Internship Programme.

For 46 years, OLIP has been providing recent graduates with the opportunity to gain first-hand, in-depth experience working with members on all sides of the Legislature. Chosen by a rigorous application process, the 10 non-partisan interns spend half their 10 months at Queen’s Park working with opposition members and the other half with government members.

At the same time, they attend regular meetings with former interns, sponsors and past and current political leaders; conduct study tours to other Legislatures; and complete a major academic paper of their own. Since

being elected in 2001, I’ve had the privilege to host 16 interns, which I’ve been told is a record.

Each intern has supported the work of my office in substantive ways. OLIP is unique in that the interns interview and choose the MPPs they would like to work with, so I am honoured to have been selected by all 16 of my interns. I would like to thank them for the hard work, diligence and enthusiasm they have brought to my office over the years.

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I strongly recommend applying to OLIP. I say this not just to recent graduates with an interest in politics and governance but to future members of this Legislature. The program helps us members with our work and certainly provides the next generation of Ontario’s leaders with a variety of profound learning opportunities.

I understand the interns are going to be introduced shortly, Mr. Speaker, so I thank you for the opportunity to make this statement.

The Speaker (Hon. Ted Arnott): With that, our members’ statements are concluded for today.

VISITORS

The Speaker (Hon. Ted Arnott): I’m very pleased to inform the House that page Nathaniel Gardner from the riding of Whitby is today’s page captain, and we have with us today at Queen’s Park his mother, Julie Bisson, and his father, Christopher Gardner. Welcome to the Legislative Assembly of Ontario. We’re delighted to have you here.

All of us in this House support the Ontario Legislature Internship Program. Also in the Speaker’s gallery today we have some of this year’s OLIP interns cohort, and I want to introduce them: Habon Ali, who is currently placed with the MPP for Humber River–Black Creek; Melody Greaves, who is working with the member for Parry Sound–Muskoka; Sharika Khan, who works currently with the member for Markham–Thornhill; Tori Llewellyn, who is placed in the office of the member for Bruce–Grey–Owen Sound; Iqra Mahmood, who is currently in the office of the member for Nickel Belt; Clare Simon, who is working with the member for Spadina–Fort York; Janine AlHadidi, who is placed currently with the member for Aurora–Oak Ridges–Richmond Hill; and Alexander Horbal, who is currently working with the member for Sudbury. We’re absolutely delighted to have you with us in the chamber today. Welcome to Queen’s Park.

COVID-19 DEATHS

The Speaker (Hon. Ted Arnott): I understand the Leader of the Opposition has a point of order she wishes to bring.

Ms. Andrea Horwath: Speaker, this week Ontario passed a grim milestone, with more than 10,000 lives lost to the pandemic. I seek unanimous consent, therefore, for the House to observe a moment of silence for the 24 Ontarians who succumbed to COVID-19 since we last paid tribute to the victims of this deadly virus.

The Speaker (Hon. Ted Arnott): The Leader of the Opposition is seeking the unanimous consent of the House to observe a moment of silence for the 24 Ontarians who succumbed to COVID-19 since we last paid tribute to the victims of this deadly disease. Agreed? Agreed. Members will please rise.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): Thank you. Members may take their seats. It is now time for oral questions.

QUESTION PERIOD

SMALL BUSINESS

Ms. Andrea Horwath: My question is to the Premier, and it's a question that has to do with what looks like is becoming the weekly billion-dollar boondoggle. First, it was the billion-dollar boondoggle in the handover of \$1 billion to the corporation that runs the 407. Now it's a billion-dollar boondoggle when it comes to COVID-19 funds that went to businesses that were not eligible. Some of them weren't even reporting any COVID-19 losses whatsoever. The auditor said the government "did not make any attempts to recover funds paid to ineligible recipients." Meanwhile, hard-hit businesses that needed the money were literally boarding up their windows.

My question to the Premier is: Why is the Premier doing nothing—nothing at all—to get these funds back from the poorly planned program that he personally launched?

Hon. Doug Ford: I want to thank the Leader of the Opposition. Mr. Speaker, when we were in a massive crisis and companies were ready to close their doors, we saved 120,000 businesses. Even if you multiply—and I'm being conservative—five people per business, that's 600,000 businesses. And guess what, Mr. Speaker? The Leader of the Opposition voted against it: voted against the \$3.4 billion to support the businesses, voted against 600,000 families that needed that support.

Well, Mr. Speaker, I can tell you what that did: It created another 45,000 jobs. We lost 1.1 million jobs; now we're above that. We've created 45,000 more jobs.

The Speaker (Hon. Ted Arnott): Supplementary question.

Ms. Andrea Horwath: The Premier's priority, we will all recall, was big-box stores over small businesses. A year ago, as he usually does, he boasted about this program that the auditor literally describes as "troubling" because absolutely nobody—absolutely no one—was watching the funds. Out-of-province businesses actually received Ontario cash. The accuracy of the financial information that was submitted was literally not even checked.

Premier Ford shovelled this money out the door in two days of putting together a back-of-the-napkin plan after dragging his feet for 10 months while businesses were going under. But with no questions asked whatsoever, that money flew out the door. How could the Premier hand out literally \$1 billion without any accountability whatsoever,

while struggling businesses lost everything and shut their doors?

Hon. Doug Ford: The Leader of the Opposition is saying "struggling businesses"; she didn't care about the businesses. She voted no. If it was up to the Leader of the Opposition, she wouldn't give a red cent.

What the Auditor General reported is not 100% accurate. What it is, it's a time—it's one month they took. It was one month, and you're telling me businesses only lost money for one month? They lost it throughout the whole pandemic.

Again, with a snapshot in time of \$225 million, are we going after bad actors? We'll go after bad actors; 100% we're going to go after them. But for the Leader of the Opposition to sit there and criticize, when she was against 120,000 businesses and wouldn't give them one red cent—we would be short 120,000 businesses if it was up to the Leader of the Opposition.

The Speaker (Hon. Ted Arnott): Final supplementary.

Ms. Andrea Horwath: Well, Speaker, it is a \$1-billion tax-dollar boondoggle, as a matter of fact, and that's bad enough. But the auditor says—contrary to what the Premier just claimed—that it's not going after the money. The Premier is not going after the money, is what the report says: 14,500 ineligible businesses received funds. I quote the Auditor General when her report says that the government "did not attempt to recover these amounts, and subsequently wrote them off as uncollectible in August"—just a couple of months ago.

A billion dollars was wasted that could have gone to struggling small businesses; instead, they closed. Nursing shortages that are really causing trouble right now in our health care system; instead, we are still 20,000 nurses short. Smaller class sizes that could have protected our kids; instead, the cupboard was bare.

When was the Premier briefed about this billion-dollar boondoggle? And when did he decide not to do a single thing?

Hon. Doug Ford: It's really disturbing when the Auditor General does just a snapshot of one month—April; doesn't do the 20 months, but does one single month.

Again, the opposition didn't give two hoots about the small businesses. They didn't care if they went bankrupt. They didn't care if 600,000 people lost their jobs. We're a government that cares for small business. We take care of the little guy or the little gal running a business, working their back off. They did not even support the \$3.4 billion, did not support the 120,000 businesses. They would leave them out on the street starving if it was up to the Leader of the Opposition.

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I'll tell you, our government's not going to let anyone starve. We're going to support them, and I ask the Auditor General to make herself a lot more accurate and not as—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Hon. Doug Ford: —what she mentioned.

The Speaker (Hon. Ted Arnott): The House will come to order. Next question.

COVID-19 RESPONSE

Ms. Andrea Horwath: My next question is also to the Premier. We all know that over 10,000 folks lost their lives tragically to this pandemic. Every one of them was a person who was loved. Many of them left this world completely alone, without family, traumatizing loved ones and caregivers alike. Front-line workers gave their all; some even their lives. Our health care heroes didn't have access to the PPE they needed and risked their lives. Thousands of small business owners had to walk away from their dreams. The responsible thing to do is to make sure that this never happens again.

My question to the Premier is, when will the Premier be reviewing how Ontario handled this pandemic to ensure that we are prepared and that this never does happen again?

The Speaker (Hon. Ted Arnott): To reply for the government, the government House leader.

Hon. Paul Calandra: I actually appreciate the question from the member opposite. We started, actually, during the pandemic. We were one of the first governments that undertook a review of the long-term care system. And during the pandemic, we have been standing up organizations to help us deal with some of the shortcomings we saw.

In her question, she talked about the inadequacy of PPE during the initial stages. We saw in other jurisdictions what they were doing and how they were doing it better. That is why the Minister of Government and Consumer Services is standing up a new organization to ensure that we have access to PPE. That's why the Minister of Economic Development ensured there were home-based resources to access PPE. That's why the Minister of Education learned, in the early stages, some of the things that we needed to do to ensure our students could return to school safely, including leading the country with respect to ventilation. The Minister of Health, of course, increased testing capacity from 5,000 to 100,000. So we have been learning the entire time.

The pandemic is not over. There's still more work to do—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary question?

Ms. Andrea Horwath: What we need to do is ensure that the best interests of people and their safety always come first. We have to ensure that we always have an adequate PPE stockpile. We have to ensure that small businesses are supported and protected from the very beginning. We need to ensure that our classrooms are a place where kids can still go safely and not be out of school for inordinate amounts of time. We need to ensure, frankly, that this never happens again.

Now, we know that the Liberals had the SARS commission, and we clearly didn't learn what we should have from it. The government must learn from the mistakes and the things that went well. Ontarians deserve that kind of accountability.

My question is, when will the Premier launch an open, public and transparent review of how Ontario handled the pandemic?

Hon. Paul Calandra: Look, obviously there are going to be lessons to be learned from how the government dealt with the pandemic. I do agree with the Leader of the Opposition. There was the SARS report and the previous Liberal government did absolutely nothing to learn from the lessons of SARS. That is why we were faced with PPE shortfalls. That is why we had a testing capacity of only 5,000 tests per day.

That is why we had an ICU capacity where with 800 people in ICU in the province of Ontario, one of the wealthiest jurisdictions in North America, it was brought to its knees longer than any other jurisdiction, because the previous Liberal government failed to make the investments in ICU capacity. They failed to make the investments in critical care capacity. They failed to make the investments in education. They failed to make the investments in long-term care. There is a lot to learn.

Mr. John Fraser: Okay. Give it up. Give it up.

Hon. Paul Calandra: I hear the member from Ottawa South upset because he was a parliamentary assistant in that government that failed the people of Ontario so badly, Mr. Speaker.

The Speaker (Hon. Ted Arnott): The final supplementary.

Ms. Andrea Horwath: Well, Speaker, that's a very disappointing response from the government House leader, because this is not a partisan issue.

Ontarians know how hard this was and how hard it still is. We can and must learn from it—all of us. We can and must do better. That's what Ontarians deserve. We have to be ready for anything else that's coming our way.

The UK promised a public inquiry last May. The federal government says a review is warranted. Any responsible government will call a public inquiry into the pandemic and how it was handled so that the lessons can be learned this time. That's what Ontarians deserve.

Will the Premier, therefore, do the responsible thing and commit to calling a full independent public inquiry into how the COVID-19 pandemic was handled here in our province of Ontario?

Hon. Paul Calandra: Again, Mr. Speaker, I can appreciate that the member opposite doesn't want to talk about the failings of the previous Liberal government, but I think it is important. There was a time, of course, when the Leader of the Opposition worked hand in hand with the Liberal Party and helped facilitate the failings that we have.

But I will say this, Mr. Speaker: Obviously, it is very important that we look at the lessons from COVID and what happened. There were a number of shortcomings with respect to PPE supply. There were a number of shortcomings with respect to ICU capacity. There were shortcomings with respect to infection prevention and control measures. There were shortcomings in the school system. But these are things we knew about as we came to office in 2018. That's why the Premier had a focus on rebuilding the province of Ontario from the ground up, Mr. Speaker: more hospitals, 30,000 long-term-care beds, expanding ICU capacity, reopening some of the 600 schools that were closed by the previous Liberal government.

Are there lessons to be learned? Obviously there are, but once we are out of the pandemic, then we can start to learn those lessons, not in the middle of it.

LONG-TERM CARE

Ms. Sara Singh: My question is to the Premier. A new report from the Auditor General shows that the Ford government has made almost no progress on the recommendations to improve long-term care. To make matters worse, Speaker, the Auditor General's report also shows that the meals being offered to residents don't even contain enough nutrients to keep people healthy. We all read the horrific stories from the Canadian Armed Forces report of how residents in long-term care were being force-fed and that the meals had too much sugar, too much salt, not enough fibre. But the government isn't doing a thing to improve the conditions for Ontarians and loved ones in long-term care.

When will the ministry take the long overdue steps needed to guarantee that residents in long-term care homes are provided safe and appropriate meals in accordance with their plans of care?

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: The member will know, of course, that there is very important legislation in front of this House right now with respect to improving conditions in our long-term care homes, which includes a focus on inspections, which includes groundbreaking, North America-leading standards of care—four hours of care, Mr. Speaker. It is something that has been talked about for years. It is something that this government is finally delivering on. But in order for us to do that, we have to hire 27,000 additional PSWs, which we're doing right now. We are working, of course, with our community colleges to ensure that we can bring on these 27,000. That's why we are hiring 2,000 new nurses.

Also, we have to build that capacity. I talked about this a little bit yesterday, that we were housing seniors in our acute care system, in our hospitals. That's completely inappropriate. That is why, before the election, we knew that we had to rebuild long-term care, and it starts with 30,000 additional beds. There is not one community across this province that won't have access to a new state-of-the-art long-term care facility, with 27,000 additional PSWs to ensure that our seniors—

The Speaker (Hon. Ted Arnott): Thank you.

Supplementary question.

Ms. Sara Singh: With all due respect to the government House leader, it is one thing to hire PSWs; it's another thing to pay them fairly for the work they do, with permanent pandemic pay.

The government can try to blame the pandemic for their failures to act on the Auditor General's past recommendations as well, but while they were sitting on their hands, non-profit leaders like AdvantAge Ontario quickly stepped up to make sure their member organizations made progress towards targets outlined in the Auditor General's

report. For example, AdvantAge Ontario delivered four webinars related to food and nutrition, and offered their members strategies to help direct care staff access and implement resident care plans.

Speaker, advocacy groups shouldn't be left alone to implement all of the recommendations from the Auditor General's report. It's actually the ministry's job to do that. When will the ministry take these reports seriously, help long-term care homes build the capacity they need, and improve conditions for vulnerable residents in long-term care?

Hon. Paul Calandra: Mr. Speaker, we started working on that from day one. In fact, before we were even elected, we highlighted the need to improve long-term care; we highlighted the need to work on hallway health care. We are doing that by hiring 27,000 additional PSWs and by building 30,000 new long-term-care beds.

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But it is more than that. It is about the Ontario health teams that the Minister of Health is bringing in. It is about world-class leading investments—billions of dollars for a new Ottawa hospital. And just yesterday, in the member's own region of Peel, one of the largest investments in health care in Canadian history—in Canadian history.

Mr. Speaker, you will know, as I've said on a number of occasions, that our two members from Brampton have been working extraordinarily hard to improve health care in their own community by bringing a new hospital for the people of Brampton, and I congratulate those two members. I'm disappointed that the member opposite and the rest of her colleagues voted against all of these investments, but we'll get the job done.

CULTURAL DIVERSITY

Mr. Vijay Thanigasalam: My question is to the Minister of Citizenship and Multiculturalism. As we all know, Ontario benefits from our remarkable diversity. It is truly one of our province's great strengths. Diversity has been shown to increase innovation, reduce risk and open new opportunities for economic development and growth. However, there are people in our province who are impacted by systemic barriers that limit their employment potential. That is why addressing these barriers is not just the right thing to do, it is good for jobs and it's good for businesses.

Can the Minister of Citizenship and Multiculturalism please tell this House what our government is doing to make Ontario more inclusive for everyone?

Hon. Parm Gill: I want to thank the member from Scarborough—Rouge Park for the question and also for his hard work on behalf of his constituents.

It's always an honour and a privilege to rise in this House and to speak about the tremendous work our government is doing, under the leadership of our Premier, to build a stronger and more inclusive province for everyone. By investing an additional over \$8 million in our recent fall economic statement, our government continues our

commitment to working with our community partners to bring real programs that deliver real change.

As a former small business owner myself, I know firsthand the challenges that some of our Black, Indigenous and other racialized communities face when trying to find work or to start a small business to support their families. This government will continue to fight for equal opportunities for all of us in our province of Ontario.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. Vijay Thanigasalam: I would like to thank the minister for his answer. I'm pleased to know about the remarkable progress our government is making for the people of Ontario. These actions are an important step forward for building an even more inclusive province for everyone. As our government focuses on recovery, we know that addressing systemic and complex issues like discrimination and intolerance is critical to Ontario's economic success.

Speaker, through you to the honourable minister: What is this government doing to ensure that our recovery includes all Ontarians from all walks of life?

Hon. Parm Gill: I want to thank my colleague for that important question. Again, our government is absolutely committed to identifying and taking immediate action to addressing anything that might limit someone's potential in this province. That is why we said yes to \$1.6 million for a business resource hub to help employers diversify their workforce, and we said yes to a \$5-million business grant to help racialized entrepreneurs start or grow their business.

I want to thank, of course, the Premier, the Minister of Finance and all of my colleagues for working with me to build these programs that will go to help ensure greater economic inclusion and build an even stronger province.

LONG-TERM CARE

Mr. Tom Rakocevic: This question is for the Premier. For three years, Vibert, who can no longer speak, has been a resident at Cheltenham Care Community, a for-profit long-term care home operated by Sienna Senior Living. On October 2, Pamela Britton noticed that her 74-year-old brother Vibert had developed a bed sore on his side. On November 5, more than a month after Pamela discovered it, Vibert's wounds got so bad that Pamela could smell rot through his bandages. Fearing for her brother's life, Pamela had to fight the home to have him taken to hospital, with the home telling paramedics that it was a non-emergency.

Vibert had gone septic. When he was first admitted to hospital, he was put on 17 IV bags of antibiotics a day. The doctor at North York General told Pamela that if Vibert had gotten to the hospital any later, he would have died.

I'm asking a page to deliver this envelope to the Premier. Within it is a horrifying image of the gaping wound, larger than a fist, that Vibert has endured while unable to speak. This image is an embodiment of all the wasted time to fix long-term care in Ontario while so many are there right now suffering in pain and on death's door.

Premier, after all that has happened now, how can this still be allowed to happen in Ontario?

The Speaker (Hon. Ted Arnott): To reply for the government, the government House leader.

Hon. Paul Calandra: Not knowing the case—and I appreciate the honourable gentleman for bringing that forward. Obviously, an incident like this has no place in the province of Ontario. We are one of the richest jurisdictions in North America, Mr. Speaker. Despite the challenges we have faced during COVID, there is no excuse for people not being treated properly, both in our health care system and in our long-term care system. That is why we are making the immediate investments to increase care to four hours a day, to bring on 27,000 new additional PSWs, to bring on 30,000 new long-term-care beds in all parts of the province.

We knew that this was an issue before we came to office. I suspect all members knew that this was an issue before they came to office. As we were campaigning, we heard when we went door to door that something had to be done with long-term care.

Now, Mr. Speaker, before we leave this place, the members opposite will have an opportunity to help build on that by voting in favour of a bill that we've brought forward to improve long-term care for generations to come, and I hope that they will do that.

The Speaker (Hon. Ted Arnott): The supplementary question.

Mr. Tom Rakocevic: Fast-forward to today: Thankfully, the hospital saved his life, but nearly a month after he was first admitted, Vibert is still in the hospital and receiving six bags of antibiotics a day to treat his infection. Now Pamela, his sister, said that the hospital has told her that Vibert must go back to the private long-term care home so he doesn't lose his spot at Cheltenham. Pamela told me that she does not want him to go back there and she is worried that if he does, he might not survive.

Premier, what will you do right now to help this family in desperate need?

The Speaker (Hon. Ted Arnott): I remind members to make their comments through the Chair.

Government House leader to reply.

Hon. Paul Calandra: Again, obviously I've not spoken—and I doubt that he's spoken with the minister in advance of this, but I appreciate that he would bring this question forward. It's an important question. I think it has its place in question period, because it does highlight the challenges that we are facing in long-term care.

We have never said that long-term care shouldn't be a priority in the province of Ontario. In fact, we have been disappointed that for far too long, long-term care was not a priority of the four previous Liberal administrations. They had four different administrations over 15 years to help us move in a better direction in long-term care.

It is no secret that our population is aging. That is why we are moving so aggressively. The Minister of Municipal Affairs and Housing is bringing forward MZO's to ensure that we can build new long-term-care beds. They're against that, Mr. Speaker. They're against 27,000 additional

PSWs. They're against all of the investments that we're making to improve the system. But he has an opportunity to vote in favour of a new bill.

HOSPITAL FUNDING

Ms. Lindsey Park: My question is for the Minister of Health. As stated in the throne speech for this parliamentary session, the pandemic has exposed the failure of successive governments, both provincial and federal, to provide adequate funding to our hospitals. The clear consequence was a health system ill-equipped to handle a crisis. Not only do we need to continue to do short-term planning for surge capacity through the winter, but also continue to build our long-term health care capacity.

The minister has recently announced moving forward with a number of expansions in Peel region. My question is, when will the Bowmanville Hospital expansion move to the next stage of approvals?

Hon. Christine Elliott: Thank you very much to the member opposite for the question. I am very pleased to provide an update on Lakeridge Health's redevelopment project at its Bowmanville site. Lakeridge Health's redevelopment project in Bowmanville aims to renew infrastructure and expand facilities for programs and services such as the emergency department, in-patient units, diagnostic imaging and some ambulatory services and support services.

The project is included in the government's multi-year infrastructure investment plan and is currently in the early stages of the Ministry of Health's capital planning project. The ministry is continuing to work closely with the hospital to advance this project through planning to implementation. Our government is committed to making investments in the health system based on system needs and priorities, as well as sound fiscal planning and ensuring these investments are carried out efficiently.

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The Speaker (Hon. Ted Arnott): Supplementary question?

Ms. Lindsey Park: The previous government didn't do much beyond sign off on a news release on this project. I'm thankful for the money the Ministry of Health has put on the table during my term to support the expansion in the form of a planning grant, as well as financial support to create a new temporary helipad at a safe location for the course of the redevelopment.

The hospital is eager to move to the next stage of the planning process and get this project closer to construction. The minister has shown more support than any other minister for this project. Will she be the minister who is more than talk and take action to get this expansion built?

Hon. Christine Elliott: Thank you again for the question. I am pleased to say that as part of Lakeridge Health's major redevelopment project at their Bowmanville site, the interim helipad relocation project has been approved. This involves the construction of a helipad at a site made available to the hospital through a leasing arrangement with the municipality of Clarington in Durham region.

The use of an interim helipad, once completed, will enable Ornge and the hospital to resume the transfer of critical patients to or from the Bowmanville site, where required, by air ambulance and ensure patient safety and operational efficiency while the Bowmanville site is being redeveloped.

Our government will continue to invest in hospital capital projects to ensure that our hospitals can keep pace with patient needs and increase access to high-quality care for patients and families across Ontario.

SPECIAL-NEEDS CHILDREN

Mr. Bill Walker: My question is to the Minister of Children, Community and Social Services. I want to commend and thank her for the stellar job she's doing in this very important ministry and for the people of Kanata-Carleton.

There's a growing demand for services for children and youth with special needs. When children in Ontario begin school, almost 30% have at least one developmental vulnerability that could pose a risk to their lifelong health, learning and behaviour. Due to this, there is great need for support for children and youth with special needs.

Last year, over 110,000 children and youth received rehabilitation services, including occupational therapy, physiotherapy and speech-language pathology, through children's treatment centres in community-based settings across Ontario. My question, Speaker, through you to the honourable minister: What is our government doing to make it easier for children with special needs to gain access to the care they require?

Hon. Merrilee Fullerton: Thank you to the member from Bruce-Grey-Owen Sound for such an important contribution to his constituents and for that very important question. Our government recognizes the importance of accessibility to services, and I hear the needs of families who have children with special needs in my hometown of Ottawa.

That's why this government is increasing accessibility by investing in a new integrated treatment centre at the Children's Hospital of Eastern Ontario, a pediatric health and research centre in Ottawa. The new multi-storey building, called 1Door4Care, will reduce the need for families to travel to multiple facilities to gain access to important treatment and rehabilitation services such as occupational therapy, physiotherapy, speech and language pathology, and autism services. We promised to support children with special needs, and the 1Door4Care treatment centre delivers on that promise.

The Speaker (Hon. Ted Arnott): Supplementary question?

Mr. Bill Walker: Thank you again to the Minister of Children, Community and Social Services for her answer and her work.

The government recently announced an additional \$240 million in funding over four years to reduce wait-lists and build additional service capacity for early intervention and rehabilitation services for children and youth with special

needs. This government's actions are addressing the critical needs of children and youth with special needs. Such support for children with special needs and actions like this investment set up these children to have the best outcomes for their health and happiness.

Speaker, through you, my question for the minister is, can the minister please elaborate on the benefits and services this new treatment centre will provide?

Hon. Merrilee Fullerton: Once again, thank you to the member for the question. For children with multiple or complex special needs, 1Door4Care will bring together teams of professionals under one roof to support children with special needs through a coordinated plan of care. CHEO currently provides these services in eight locations across the region, which can make it difficult for families and providers to coordinate services and to support children and youth as they grow into adulthood.

We are making special-needs supports more accessible with 1Door4Care. 1Door4Care will help reduce wait times for services so more children and youth can receive services on an annual basis, address capacity issues so there is more space available for service delivery, and bring together teams of professionals working together under one roof to support children's special needs.

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Mr. Joel Harden: My question is for the Premier.

Speaker, tomorrow marks International Day of Persons with Disabilities. It's a time to celebrate the contribution that people with disabilities and the disability rights movement have made to this province. But there is a painful sadness this year. For the first time, in a letter to the leaders of Ontario's political parties, the AODA Alliance has acknowledged with frustration that the Ontario government will fail to meet its obligation to ensure that Ontario becomes fully accessible to the 2.6 million Ontarians with disabilities by 2025, which is what the statute here requires. This is due to years of stalling and broken promises by Liberal and Conservative governments since the Legislature unanimously passed the AODA in 2005.

My question to the Premier, Speaker, through you: Will this government lay out what specific steps this government is prepared to take during its last remaining months in office to fulfill its duty to make Ontario accessible to people with disabilities?

The Speaker (Hon. Ted Arnott): To reply for the government, the government House leader.

Hon. Paul Calandra: I do appreciate the question from the member opposite. I know he has been a very powerful critic in the role and also, in many instances, a partner with the minister in helping him understand issues of importance to the community.

I acknowledge that there is still a lot of work that needs to be done across the province of Ontario, and we are continuing to work on that. There are a number of reports that have highlighted that, both, I would suggest, federally

and provincially and with our municipal partners. So there's a lot of work that has to be done. I suspect it's something that we will begin to focus on right here at home in our own Legislature over the next little while.

I don't want to give the member an answer that doesn't benefit how important this issue is. It is very important to the minister. It is something that we are working on, and I do appreciate the urgency of it.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mr. Joel Harden: I appreciate that answer, but acknowledging that we're falling short on accessibility for 2.6 million people in this province and that we won't hit the target we're required to hit by 2025—I'm just going to say to this government, to any government that comes after, that doesn't mean we shrug our shoulders and give up. This acknowledgment that the AODA Alliance has made does not mean we can't stop pursuing vigorously the things we need to pursue.

The Honourable David Onley gave this government a report more than 1,000 days ago. In this report, Mr. Onley describes soul-crushing barriers facing people with disabilities in Ontario in health care, in school, in employment, in their usage of public space.

We don't have to reinvent the wheel. Mr. Onley and people before him have shown us the way. What we need is a plan in the last six months of this Parliament. I've risen in this space, as the House leader mentioned, and I've offered my own plan. My question is, will you embrace it or will you propose your own? That's what people with disabilities and their families want. We need an answer.

Hon. Paul Calandra: Again, I do appreciate that. We have started, obviously, with aging in place and ensuring that people can make retrofits to their own homes. That will allow persons with disabilities or persons who need assistance at home—can make the retrofits at home. So we can start there.

I know that the minister in charge of the Ontario Trillium Foundation is also ensuring that there are significant investments that go to community organizations across the province. The minister responsible for seniors and disability also has a number of programs to help kick-start in a number of ways this very important work. All of the new long-term care homes we are bringing into the province are going to be completely accessible, are going to have all of the features that you would have expected many years ago.

I acknowledge there is more work to be done. The Onley report highlighted it. Our minister responsible is getting that work done, and I'm sure we'll have more to say very soon.

SMALL BUSINESS

M^{lle} Amanda Simard: Mr. Speaker, yesterday the Auditor General revealed that this government sent almost \$1 billion to businesses that weren't eligible for the small business grant or that they were given more than their losses warranted. She found a troubling absence of con-

trols that resulted in the approval of suspicious applications, including from businesses with addresses outside Ontario.

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Mr. Speaker, this government is basically a terrible version of Oprah, and with taxpayer money: “You get the grant. You get the grant. Outside of Ontario? You get a grant as well. You’re not eligible? Whatever, you get the grant anyway. Everybody gets a grant. Oh, but you in the back, in sectors that we singled out at the outset, you obviously don’t get a grant. Too bad. We get to decide which ineligible business gets the grant.”

Mr. Speaker, this is unacceptable. When will this government stop making gaffe after gaffe after gaffe that is costing hard-working Ontario taxpayers billions of dollars?

The Speaker (Hon. Ted Arnott): The Minister of Finance to reply.

Hon. Peter Bethlenfalvy: Thank you, Mr. Speaker, and, through you, to the member opposite for that question. You know what’s unacceptable is the premise of that question, Mr. Speaker. Does the member opposite not think that supporting small businesses in this province is the right thing to do? Does the member opposite not realize that the Auditor General is talking about a point in time, that businesses have suffered for over 21 months, and that since the beginning of this pandemic, we have supported small businesses, starting in March of 2020 when we launched a \$19-billion action plan?

Mr. Speaker, I don’t think the member opposite would want to go to those small businesses and say, “You’ve struggled, you’ve had hardships, and we want your money back.” They applied in good faith. They are hard-working people of this province, and this Premier and this government will continue to support the small businesses and their families in this province.

The Speaker (Hon. Ted Arnott): The supplementary question?

M^{lle} Amanda Simard: The Premier is saying that the problems in the small business grant were because he rushed so quickly to get the funds out the door—well, well. The program was launched in January 2021, 10 months after the pandemic began—10 months, Mr. Speaker. What’s more, the Premier said, “Unfortunately, you’re going to see some fraud,” now shifting the blame onto businesses when actually it was their system that couldn’t even filter out businesses that don’t qualify or that aren’t even in Ontario.

Mr. Speaker, this government has betrayed Ontarians, betrayed our trust, and betrayed our confidence in this administration. Almost at the end of their mandate, is it even worth asking the question: When will the Premier get a functional administration?

Hon. Peter Bethlenfalvy: I don’t know where to start with that question. The problem with the—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Hon. Peter Bethlenfalvy: The problem with member opposite is that—maybe there’s a little lapse of memory from all the members in terms of this government: in

March of 2020, a billion dollars of rent relief for small businesses, billions in WSIB premium relief, a billion dollars in tax deferrals and cash flow deferrals in March of 2020. And we continued that program.

So, are you going to go to those small businesses, many of the ones that I’ve met in my riding of Pickering–Uxbridge, who said that this small business grant—

Interjections.

The Speaker (Hon. Ted Arnott): The opposition has to come to order. I apologize to the Minister of Finance.

Hon. Peter Bethlenfalvy: Thank you, Mr. Speaker. Many of those small businesses have said the difference between our supporting them in their time of need was the difference between keeping the lights on and turning them off for good. This government will support those families and those small businesses and all our main streets in Ontario.

PUBLIC TRANSIT

Ms. Laurie Scott: My question is to the Minister of Transportation. Speaker, after 15 years of Liberal government in Ontario, life got harder for people living in northern Ontario. The previous Liberal government failed on winter road maintenance. They cancelled passenger rail, and they failed to make meaningful, targeted highway investments the region so desperately needs.

Ontarians are counting on this government to be different when it comes to the north. Speaker, through you to the Minister of Transportation, please tell us what the government is doing to make up for over a decade of neglect and deliver much-needed transportation to support the north.

Hon. Caroline Mulroney: Thank you so much to the member from Haliburton–Kawartha Lakes–Brock for the question. I was very pleased to be in Thunder Bay earlier this week to announce an investment of \$171 million to refurbish 94 GO Transit bi-level coaches at the Alstom plant located in Thunder Bay. Speaker, this is a deal that’s good for transit and good for the hard-working people of Thunder Bay. These refurbishments, on top of our partnership with the federal government and the TTC to purchase 60 new streetcars in May, will maintain, according to the president of Alstom, 400 good manufacturing jobs at the facility.

Speaker, this PC government will always have the backs of hard-working northern Ontarians. After years of neglect by the previous Liberal government, we are supporting good local jobs and ensuring that Metrolinx has the fleet required to support GO expansion across our rail network.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Ottawa South, come to order.

The supplementary question.

Ms. Laurie Scott: Thanks to the minister for her response and her hard work to help northern Ontario.

This is great news for northwestern Ontario and GO expansion. I understand the minister is also leading work

that will benefit the northeast. Following the Liberals' irresponsible decision to abandon passenger rail, many in the area are desperate for change and are looking to our government for support.

Speaker, to the Minister of Transportation, through you: What is the minister doing to right the wrongs of the previous Liberal government and bring back passenger rail to the north?

Hon. Caroline Mulroney: Thank you again to the member for the question. As the member rightfully put it, the Del Duca Liberals let down the people of the north when they abruptly cancelled passenger rail service. Last year, our government invested \$5 million into the necessary track audit to bring passenger rail service back. In this year's fall economic statement, we announced that the terminus station for the Northlander will be in Timmins, one of the largest hubs in the north. Two weeks ago, the ONTC ran the first passenger rail test train, from North Bay to Toronto. This is a huge step toward completing the updated business case for the project and making this return to service a reality.

I am pleased that our work to get passenger rail back on track is being so well received. We made a promise to the people of northern Ontario and our government is keeping that promise.

SCHOOL FACILITIES

Ms. Peggy Sattler: My question is to the Premier. Speaker, Alexandra Lind lives just a two-minute walk from Sir Arthur Currie Public School, a school in my riding built four years ago that now has 22 portables on site. Chronic overcrowding means that when Alexandra's 18-month-old daughter starts JK, she will very likely be bused out of the neighbourhood to a school on the other side of the city. Alexandra told me, "To say I am panicking would be an understatement."

When a new school opens in their neighbourhood, surely the students who live in that neighbourhood deserve to be able to attend. Will this government confirm today that the funding requested by the Thames Valley District School Board will be approved for the new schools that London families urgently need?

The Speaker (Hon. Ted Arnott): To reply, the Minister of Education.

Hon. Stephen Lecce: Thank you to the member opposite for the question. I recognize there is fast growth in London specifically. I have spoken to the member, MPP Jeff Yurek, as well about this issue and to Mayor Holder some months ago about the growth. I can commit that we will continue to invest in capital improvements in new schools and expansions—in London, specifically—in this round of the capital approvals, which will be unveiled in short order.

We have invested roughly \$14 billion over 10 years. This year alone, we announced, in partnership with the Minister of Infrastructure, a renewal and an expansion of 26 new schools, 20 permanent additions and over 3,000 affordable and accessible child care spaces within our publicly funded schools.

I know there's more to do in London and across Ontario, and the Premier and our government are committed to getting the job done.

The Speaker (Hon. Ted Arnott): The supplementary question.

Ms. Peggy Sattler: Sir Arthur Currie Public School was at capacity almost the day it opened four years ago. Now the school is bursting at the seams, with double the number of students it was built for. In fact, the Thames Valley District School Board is planning for two new schools to accommodate northwest London population growth.

Charys Martin has one child at Sir Arthur Currie school and another at the child care, and is concerned about their safety and learning. She says that government funding for schools that are too small from the start is "short-sighted, fiscally irresponsible, and would end careers in any other industry."

Speaker, will this government commit to new school funding that will accommodate both current and projected capacity in rapidly growing northwest London?

Hon. Stephen Lecce: We can absolutely commit to continue to invest in new schools and expansion of schools in the city of London. We know how important it is for children to have access to safe, local, quality educational facilities within their communities. That's exactly why we've invested over half a billion dollars on an annual basis to build net new schools, in sharp contrast to the 600 schools closed under the former Liberal government.

It's not just the closure of schools; it's the actual standard and the maintenance of those schools. When we came to power and we were given the privilege to serve, roughly \$15.9 billion in a repair backlog—\$16 billion in our schools that should have been done under the former Liberal government wasn't.

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Our Premier is investing \$1.3 billion on an annual basis to bring down that backlog, and we're spending and investing with the Minister of Infrastructure, the Premier and our entire government to make sure children and families in London get the schools they deserve.

COVID-19 RESPONSE

Mr. Roman Baber: Good morning, Speaker. My question is to the Minister of Health. Six weeks ago, the science table suggested that Ontario should pass a mandate for health care workers. The government pretended that it opposed mandates, but with very few exceptions, Ontario's hospitals imposed their own mandates, resulting in the suspension and termination of thousands of health care workers.

Three days ago, the science table issued a report saying that new restrictions may now be required because of staffing shortages. Not only did the government fail to stand in the way of suspension and termination of thousands of health care workers; it is utterly incapable of growing the number of Ontario's hospital nurses to meet demand.

My question to the Minister of Health is a math question. I'm asking for a number, not for talking points. How many net new nurses have been added to Ontario's hospital rolls since March 2020, or did the number of total nurses working in Ontario's hospitals actually decrease? Is it more nurses? Is it less nurses? And how many?

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: As we have said right from the beginning, we thought it would be important for local health care authorities to make those decisions based on the needs in their community. That is why we made the decision we did with respect to vaccine mandates across the province of Ontario in the health care system.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mr. Roman Baber: Speaker, it's remarkable that I asked a question about how many net new nurses have been added or lost since the pandemic, and the Minister of Health would not take my question. It was the government House leader who just took a question about the amount of net new nurses. So maybe the minister would like to take that in the supplementary.

A week ago, the head of the science table was talking about Canada's reassessment of the way the virus transmits. Contrary to what we were told for the last 20 months, transmission of the virus is not droplet; it's aerosol. Of course, that was known since early summer 2020. The head of the science table therefore said that Plexiglas does more harm than good because it disrupts ventilation.

The minister always said that they're listening to the science. Last week, she responded to this question by saying that she was listening to the chief medical officer. Well, then maybe she and the science table and the chief medical officer can have a Zoom call to discuss Plexiglas.

Why won't the minister listen to the head of the science table, acknowledge that Plexiglas is harmful, and recommend that businesses and school boards do away with Plexiglas?

Hon. Paul Calandra: The member will recall, in a Zoom call we had in January, a second Zoom call we had in February and one in March, April, May, June, July, August, September—the multiple calls we had which facilitated a number of the decisions that this government made with respect to the measures that he voted in favour of from the beginning of the pandemic to the time he decided he wanted to change his mind. The things that he is talking about, he actually voted in favour of, Mr. Speaker. He voted in favour of—

Interjection.

The Speaker (Hon. Ted Arnott): Order. The member for York Centre will come to order.

Government House leader will conclude his answer.

Hon. Paul Calandra: I hear the member shouting that that's why he's not sitting here. I suspect his behaviour is why he's not sitting here, and not his true belief in the policies that he voted for time and time and time again, Mr. Speaker.

AFFORDABLE HOUSING

Ms. Laura Mae Lindo: My question is for the Premier. It's no surprise that over a decade of poor policy choices has led to the affordability crisis we're experiencing today. In Kitchener Centre, food bank usage has increased by 26%, those experiencing being unhoused have more than tripled in three years, and one of our shelters, the House of Friendship, had to close temporarily while they look for a space they can afford.

Through you, Mr. Speaker, and to the Premier: Can the Premier please tell the people of Kitchener Centre what he is doing to ensure that all of our neighbours are housed, have access to healthy food and have a sustainable living wage so our communities can recover equitably?

The Speaker (Hon. Ted Arnott): Minister of Finance to respond.

Hon. Peter Bethlenfalvy: Thank you, through you, Mr. Speaker, to the member opposite for that very important question. Affordability across the province is an issue—not just here in Ontario, but across the country. Food insecurity, rising prices, housing shortages are all issues that we take very seriously. That's why we've taken certain actions to make life more affordable for Ontarians, not least of which is working on the housing supply side of the equation, making sure that we take action. More purpose-built rentals were built last year than since 1992. Working on the lowest-income and the people hurt the most in terms of wages, the minimum wage—760,000 people, during a pandemic, got a pay raise.

We will continue to take action, and I appreciate the question from the member opposite.

The Speaker (Hon. Ted Arnott): The supplementary question.

Ms. Laura Mae Lindo: Back to the Premier: People in my community are struggling. It's near impossible to find safe and supportive housing, and it's near impossible to get by on ODSP or Ontario Works.

Yesterday's Auditor General's report stated, "Ministry funding is outdated, and based on old modeling." My constituents deserve a government that puts their needs first in every policy decision that's being made, so through you, Mr. Speaker, back to the Premier: Will this government commit today to increase and properly fund OW and ODSP, so that people can finally stop being forced to beg this government simply to survive?

The Speaker (Hon. Ted Arnott): The Minister of Children, Community and Social Services.

Hon. Merrilee Fullerton: I just want to reiterate the importance that our government has focused on getting vital services to our most vulnerable people and delivering on those services. When we look back on ODSP and OW during this pandemic, they are application-based. Because of the supports that were being put out by the federal government, we saw a drop in applications to our programs. However, we are starting to see an uptick now.

We understand the importance of providing the services. We have brought in over \$8.3 billion on an annual basis, and increasing, to provide these services. We have

increased the rates for OW and ODSP and we are putting in a billion dollars of social services relief funding. That has been done. We are continuing to put out the dollars to support these vulnerable people in these programs, and we will continue to make sure that accessibility to these programs is available.

GUN VIOLENCE

Ms. Mitzie Hunter: My question is to the Minister of Health. Yesterday, I tabled my private member's bill, the Safe and Healthy Communities Act (Addressing Gun Violence). This bill will amend the Health Insurance Act, allowing insured services to include prescribed hospital and community-based violence intervention programs.

This change will also allow trauma-informed counseling for victims and their families affected by gun violence through OHIP. Gun violence is a public health crisis, a crisis that leaves trauma ripping through families and communities and causes intergenerational pain.

This year, in the midst of COVID, we have had the worst incidences of homicides in Ontario due to gun violence. In October alone, there have been 11 homicides, all of which are devastating to families and to people. Bill 60 is about healing that trauma, by providing a public health lens and approach to the trauma that is caused. So I am asking this minister: Will you support this bill by incorporating it into the work that you're doing right now?

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: I appreciate the question. The member will know how seriously this side of the House takes private members' business. We will of course endeavour to review that bill, like we do every bill.

At the same time, the issue with guns and gangs is really a very important one that we have struggled with for a very long time. I know the government, the Solicitor General and the Premier are making significant investments in guns and gangs—I think it's over \$180 million to tackle this. But it's a multifaceted approach. It has to include not only interventions on the ground, with supports for our police, it has to include increased security at our borders. It does have to include community services and the work that the Associate Minister of Mental Health and Addictions and the Minister of Municipal Affairs and Housing are doing to ensure that there is a continuum of care and outreach.

I do appreciate the member's question, but as I said, we'll take a look at it and endeavour to review the bill.

The Speaker (Hon. Ted Arnott): Supplementary question?

Ms. Mitzie Hunter: Back to the Minister of Health: This is not a problem that you can arrest your way out of. The former police chief of Toronto, Mark Saunders, said that.

Speaker, our communities are hurting. In my riding of Scarborough–Guildwood, there were eight shootings in the month of November—eight shootings.

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Last night, I attended a round table in Scarborough with many mothers and members of my community who have been affected directly. They have lost their loved ones. Evelyn lost her son to gun violence; Tamesha lost her brother. What they're looking for is not just one half of the solution, which the government just talked about; they're looking for a whole-community solution and approach. A public health lens will allow the issue at its root to be healed and that intergenerational trauma that is affecting the communities to be resolved. We know that we can't just rely on hospitals to stitch people up and put them back in the very same environment in which the injury occurred.

My question to this government: Will they work with public health officials to create a community-based response to gun violence now?

Hon. Paul Calandra: We agree. That's why the task force and the significant funding that we put in place is a three-pronged approach for prevention, intervention and enforcement. I think the member would agree that all three pillars are very important if we're going to tackle this once and for all.

But it is also important to recognize that a number of these guns are illegal guns which are making their way across the border, so we have to include that if we're talking about this. We have to include community services. I know that the Boys and Girls Club in her community does some very good work on outreach and early intervention. It is a leading organization when it comes to outreach in her community. I'm very familiar with the Scarborough–Guildwood area and all of the important community services that are going on there. That's why we are making significant investments.

I do appreciate the focus of the honourable member's question. As I said, we'll take a look at her private member's bill—a historic number of PMBs have passed under this government—and if it's a good bill, of course we'll pass it.

LAND USE PLANNING

Ms. Sandy Shaw: My question is to the Minister of Municipal Affairs. Yesterday's Auditor General report raises serious questions about land use planning in Ontario. In Hamilton, our city council just voted overwhelmingly to reject this government's costly sprawl agenda, concerned with loss of farmland and a worsening climate crisis. The minister has used heavy-handed tactics to short-circuit democratic processes, including writing an unprecedented op-ed in the *Spectator*. Hamiltonians were aghast.

Former PC cabinet minister and now Hamilton city councillor Brad Clark said of this minister, "He should stop meddling in Hamilton politics."

Given this government's clear bias in favour of land speculators, I have to ask: Will this minister respect the democratic decision of Hamiltonians to meet our housing demand and protect our farmland?

Hon. Steve Clark: Young families, seniors and hard-working Hamiltonians need to have an affordable place to call home. Ontario is in a housing crisis driven by a severe shortage of supply. We've asked our municipal partners to look at their official plans and plan for growth.

As all members of the House will know, many, many months ago we sent a clear signal to municipalities that we wanted them to get their official plans done on time and we wanted them to project and forecast over the next 30 years what they're going to need in terms of housing affordability.

Regardless of that exercise, regardless of the fact that we want councils like the city of Hamilton to look long-range on what they're going to need, we're in a housing crisis right now. Housing is unaffordable for too many Ontarians, and we need our municipal partners to do what they can to help us.

The Speaker (Hon. Ted Arnott): Supplementary question.

Ms. Sandy Shaw: There's nothing that this minister has done that will guarantee that any of these homes will be affordable—absolutely nothing—so it's hard to trust what we hear from this minister. Frankly, my constituents have had enough of the bullying coming from Queen's Park. Responding to this minister's inappropriate meddling, Hamilton's mayor stated, "I don't care what the minister says."

A survey of Hamiltonians showed that almost 95% of all respondents wanted to protect our farmland. Hamilton has sent a clear message, yet this minister has a track record of running over local democracy. The Auditor General said as much regarding this minister's frivolous use of MZO's to benefit the Premier's developer buddies.

I ask again: Will you respect Hamiltonians' democratic decision?

Hon. Steve Clark: Well, Speaker, the party of no has spoken again.

If the member doesn't want to take my word for it, let's look at some of the other experts. Economic consultant Frank Clayton, co-founder of Ryerson University's Centre for Urban Research and Land Development, warns that Hamilton will fail to produce enough detached single-family homes to meet market demand and that buyers will end up—

Interjection.

The Speaker (Hon. Ted Arnott): Order.

Hon. Steve Clark: —feeding real estate booms in places farther afield, such as Woodstock or Brantford.

Let's be clear on the facts: Hamilton is forecasted to grow by over 236,000 people—

Interjection.

The Speaker (Hon. Ted Arnott): Order.

Hon. Steve Clark: —by 2051. Hamilton's existing urban boundary does not have enough land to support the 60,000 new single-family homes that the city's own land needs assessment says—it's the city's own planners who have told council that this is what they need.

Interjections.

Hon. Steve Clark: All options are on the table, Speaker. We're going to work with our municipal partners. We're going to continue—

The Speaker (Hon. Ted Arnott): Thank you very much.

I'm going to call the Minister of Government and Consumer Services to order and the member for Hamilton West–Ancaster–Dundas to come to order.

Ms. Mitzie Hunter: Point of order.

The Speaker (Hon. Ted Arnott): Point of order, the member for Scarborough–Guildwood.

Ms. Mitzie Hunter: I seek unanimous consent from this House to pass Bill 60. The government House leader has said that the contents of the bill warrant that, and that he would support that. So I seek unanimous consent to pass Bill 60, the Safe and Healthy Communities Act (Addressing Gun Violence), to make gun violence a public health issue in this province and to end the devastation that is happening to communities as a result of this issue.

Interjection.

The Speaker (Hon. Ted Arnott): Point of order? Same point?

Hon. Paul Calandra: Speaker, I think if the member goes back in Hansard, she will see that I said we will take a look at the bill, we will review it, and if it is a good bill, then we would pass the bill. We haven't had a chance to do a fulsome review. I think she just introduced it yesterday. I don't believe the bill has even been printed at this point. And, as the member will know, it's been my practice not to unanimously pass bills in one stage at any point. They have to go to committee, and they have to have a proper sounding.

The Speaker (Hon. Ted Arnott): The member for Scarborough–Guildwood is seeking the unanimous consent of the House to immediately pass Bill 60. Agreed? I heard some noes.

NOTICE OF DISSATISFACTION

The Speaker (Hon. Ted Arnott): Pursuant to standing order 36(a), the member for York Centre has given notice of his dissatisfaction with the answer to his question given by the government House leader concerning the number of net new nurses. This matter will be debated Tuesday, following private members' public business.

DEFERRED VOTES

SUPPORTING PEOPLE
AND BUSINESSES ACT, 2021

LOI DE 2021 VISANT
À SOUTENIR LA POPULATION
ET LES ENTREPRISES

Deferred vote on the motion that the question now be put on the motion for third reading of the following bill:

Bill 13, An Act to amend various Acts / Projet de loi 13, Loi modifiant diverses lois.

The Speaker (Hon. Ted Arnott): We now have a deferred vote on a motion for closure on the motion for third reading of Bill 13, An Act to amend various Acts.

On November 30, 2021, Mrs. Tangri moved third reading of Bill 13, An Act to amend various Acts. On December 1, 2021, Mr. Miller, Parry Sound–Muskoka, moved that the question be now put.

The bells will now ring for 30 minutes, during which time members may cast their votes on Mr. Miller, Parry Sound–Muskoka’s motion that the question be now put. I’ll ask the Clerks to please prepare the lobbies.

The division bells rang from 1139 to 1209.

The Speaker (Hon. Ted Arnott): The vote on the motion for closure on the motion for third reading of Bill 13, An Act to amend various Acts, has taken place.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 45; the nays are 17.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Mrs. Tangri has moved third reading of Bill 13, An Act to amend various Acts. 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.

The bells will now ring for 15 minutes, during which time members may cast their votes. I’ll ask the Clerks to once again please prepare the lobbies.

The division bells rang from 1211 to 1226.

The Speaker (Hon. Ted Arnott): The vote on the motion for third reading of Bill 13, An Act to amend various Acts, has taken place.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 45; the nays are 16.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Be it resolved that the bill do now pass as entitled in the motion.

Third reading agreed to.

CONDOMINIUM LEGISLATION

The Speaker (Hon. Ted Arnott): Next, we have a deferred vote on private member’s notice of motion number 18, as moved by Mr. Glover. The bells will now ring for 15 minutes, during which time members may cast their votes.

I’ll ask the Clerks to once again please prepare the lobbies.

The division bells rang from 1229 to 1244.

The Speaker (Hon. Ted Arnott): The vote on private member’s notice of motion number 18 has taken place.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 16; the nays are 36.

The Speaker (Hon. Ted Arnott): I declare the motion lost.

Motion negatived.

The Speaker (Hon. Ted Arnott): There being no further business this morning, this House stands in recess until 1 p.m.

The House recessed from 1245 to 1300.

INTRODUCTION OF BILLS

COVID-19 MEMORIAL DAY ACT, 2021

LOI DE 2021 SUR LE JOUR COMMÉMORATIF DE LA COVID-19

Ms. Armstrong moved first reading of the following bill:

Bill 66, An Act to proclaim COVID-19 Memorial Day /
Projet de loi 66, Loi proclamant le Jour commémoratif de
la COVID-19.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member from London–Fanshawe care to briefly explain her bill?

Ms. Teresa J. Armstrong: This day will be a time for standing with grieving families whose loved ones have succumbed to the virus, often having to suffer alone. It will be a time to pay homage to the incredible sacrifices that Ontarians have made to keep each other safe. It will be a time when we honour front-line health care and essential workers who laid their health and wellness on the line in service of Ontarians. It will be a time when we thank volunteers and families and caregivers who have stepped up to support their communities and loved ones.

COVID-19 Memorial Day will also be a time to reflect on how to protect Ontario’s most vulnerable populations, particularly seniors and racialized communities, who make up an outsized percentage of COVID-19 infections and deaths. Everyone who has died as a result of this pandemic will be remembered, including the disproportionate number who lived and worked in long-term-care homes.

RACIAL EQUITY IN THE EDUCATION SYSTEM ACT, 2021

LOI DE 2021 SUR L'ÉGALITÉ RACIALE DANS LE SYSTÈME D'ÉDUCATION

Ms. Lindo moved first reading of the following bill:

Bill 67, An Act to amend various Acts with respect to racial equity /
Projet de loi 67, Loi modifiant diverses lois en ce qui concerne l'égalité raciale.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member like to briefly explain her bill?

Ms. Laura Mae Lindo: The explanatory note for the bill is actually quite lengthy, so in the interest of time, I'm just going to summarize the bill.

The Racial Equity in the Education System Act, 2021, aims to embed equity language in existing acts that shape the educational system in Ontario from kindergarten to grade 12, as well as across post-secondary. By introducing anti-racism language, this act aims to provide educators and students with the tools needed to promote racial equity not only in educational institutions, but also in communities across the province.

Currently, aside from mentions of "inclusion" in education legislation, acts such as the Anti-Racism Act, 2017; the Education Act; the Higher Education Quality Council of Ontario Act; the Ministry of Training, Colleges and Universities Act; the Ontario College of Teachers Act; and the Ontario Colleges of Applied Arts and Technology Act do not include any language that addresses racism. Because of this omission there is no mechanism in place that addresses acts of racism, including, but not limited to, anti-Indigenous, anti-Black, anti-Asian, Islamophobia and anti-Semitism.

As such, educators are not provided with the tools needed to take the systemic reality of racism seriously, and educators and students alike are left to draw upon legislation like "anti-bullying" to do anti-racist work. In far too many instances, this legislative omission leads to racism being ignored in its entirety, while leaving educators who are dedicated to doing this work having to seek out resources and supports on their own.

This is a systemic solution to a systemic problem.

PETITIONS

OPTOMETRY SERVICES

Mr. Percy Hatfield: I hope this is the last time we hear this petition read in the House, as I understand negotiations are finally back on track between the government and the optometrists.

"Petition to Save Eye Care in Ontario.

"To the Legislative Assembly of Ontario:

"Whereas the Ontario government has underfunded optometric eye care for 30 years; and

"Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

"Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

"Whereas optometrists have never been given a formal negotiation process with the government; and

"Whereas the government's continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

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

"To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery."

I hope the government feels instructed. I agree with the petition. I will sign it and make sure it gets down to the table.

GUN VIOLENCE

Ms. Mitzie Hunter: I have a petition here from the people of Scarborough.

"Gun Violence is a Public Health Crisis.

"To the Legislative Assembly of Ontario:

"Whereas Doug Ford and the Conservative government are not proposing the right solutions to address the gun violence happening in our communities;

"Whereas gun violence is a public health issue;

"Whereas the government must give communities the resources they need to heal, including covering counseling for those affected, through OHIP;

"Whereas the government must give funding to local public health boards for hospital and community-based violence intervention programs;

"We, the undersigned, petition the Legislative Assembly of Ontario to direct the Minister of Health to adopt the Safe and Healthy Communities Act (Addressing Gun Violence), 2021, into government legislation."

I wholeheartedly agree with this petition. I will sign it and I will give it to page Claire.

ANTI-RACISM ACTIVITIES

Ms. Laura Mae Lindo: I have a petition entitled "End Racism in Ontario Schools.

"To the Legislative Assembly of Ontario;

"Whereas the recent occurrences of violence against racialized children at Alpine Public School (Waterloo Region District School Board) has left communities and families traumatized;

"Whereas a teacher at Parkdale Collegiate (Toronto District School Board) wore blackface to school for Halloween, a blatant form of anti-Black racism and violence;

"Whereas the Conservative government was forced to temporarily take over the Peel District School Board after community demanded action to address anti-Black racism within the board of trustees;

"Whereas in the Anti-Racism Act, 2017, the Liberals left it to the discretion of the minister to collect race-based data system-wide in their ministry;

"Whereas ETFO, AEFO, OECTA and OSSTF/FEESO signed a joint statement on September 28, 2021, to the Conservative government that reads in part, "While the Ontario government is on record as committing to legislative and system changes to "advance equal opportunity of Black, Indigenous, and racialized students," we question how sincere this commitment is, given that it has turned

its back on funding programs that have proven impact and that show evidence of lasting change.’”

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

—use the powers of the Anti-Racism Act, 2017, to conduct a system-wide equity audit in all Ontario public schools;

—create a line item with dedicated funding in the Ontario budget to specifically address the equity gaps in schools outlined as a result of the equity audit; and

—immediately implement a streamlined, province-wide data collection system using the data standards that were developed as legislated by the Anti-Racism Act, 2017, to collect race-based data for students, education workers, school boards and other staff to eliminate gaps in representation across educational institutions.”

I fully support this petition, will affix my name to it and provide it to the page.

1310

DOG OWNERSHIP

Mr. Joel Harden: I have a petition here that’s entitled “Petition in Support of Repealing Breed-Specific Language in the Dog Owners’ Liability Act and the Animals for Research Act.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas aggressive dogs are found among many breeds or crossbreeds; and

“Breed-specific legislation and breed bans are not effective solutions to the problem of dog attacks; and

“The problem of dog attacks is best dealt with through comprehensive programs of education, training and legislation encouraging responsible ownership of all breeds;

“We, the undersigned, petition the Legislative Assembly of Ontario to support a bill repealing breed-specific language from the Dog Owners’ Liability Act and the Animals for Research Act, and instead implement a comprehensive bite-prevention strategy that encourages responsible ownership of all breeds.”

I completely support this petition, and I’ll be giving it to page Felicia for the Clerks’ table.

COMMUNITY PLANNING

Mr. Tom Rakocevic: I have a petition entitled “Give Communities a Say on Cannabis Retail Licensing.”

“To the Legislative Assembly of Ontario:

“Whereas cannabis is a legal, regulated product and should be available in a way that meets community needs; and

“Whereas the Ford government’s licensing approach has led to communities with no retail stores at all while other neighbourhoods are seeing increasing concentrations of them at the expense of other shops and services; and

“Whereas municipalities have no authority to determine the location of cannabis retail shops in a given area or their proximity to one another; and

“Whereas the COVID-19 pandemic has forced too many local businesses to be evicted or closed, further impacting the services available to local communities;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass Bill 29, the Cannabis Licence Amendment Act, to:

—align the process for new cannabis retail licences with that used for liquor licences;

—give municipalities and, through them, the local community, a greater say in the licensing process;

—ensure access to legal cannabis is maintained without pushing out diverse businesses that make our local economies thrive.”

I support the petition, will be affixing my signature and giving it to page Athisha.

CHILD CARE

Mr. Chris Glover: I dedicate this petition to Lisa Johnston, Alicja Frankowski and Marie Zupo of the Early Years Professionals Rise Up T.O. group. The petition is entitled “Sign and Commit to the Federal Child Care Plan and Follow the Roadmap to Universal Child Care in Ontario.”

“To the Legislative Assembly of Ontario:

“Whereas the child care fees in Ontario are unaffordable for many families;

“Whereas Ontario faces a shortage of early childhood educators and child care workers because of low wages and difficult working conditions;

“Whereas Ontario has a shortage of child care spaces;

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

“Sign and commit to the federal child care plan and follow the Roadmap to Universal Child Care in Ontario developed by the Ontario Coalition for Better Child Care in collaboration with the Association of Early Childhood Educators Ontario.”

I fully endorse this petition, will affix my signature and pass it to page Isabella to take to the table.

EDUCATION FUNDING

Mr. Joel Harden: I have a petition entitled “Stop” Premier “Ford’s Education Cuts.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas” Premier “Ford’s new education scheme seeks to dramatically increase class sizes starting in grade 4;

“Whereas the changes will mean thousands fewer teachers and education workers and less help for every student;

“Whereas secondary students will now be forced to take at least four of their classes online”—this was their previous plan, amended to two—“with as many as 35 students in each course;

“Whereas” Premier “Ford’s changes will rip over \$1 billion out of Ontario’s education system by the end of the government’s term; and

“Whereas kids in Ontario deserve more opportunities, not fewer;

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

“Demand that the government halt the cuts to classrooms and invest to strengthen public education in Ontario.”

Amen, Speaker. I will sign this and send it with page Serena to the Clerks’ table.

OPTOMETRY SERVICES

Ms. Laura Mae Lindo: I, too, have a number of petitions entitled “Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas the government only covers an average of 55% of the cost of an OHIP-insured visit, the lowest rate in Canada; and

“Whereas optometrists must absorb the other 45% for the over four million services delivered annually under OHIP; and

“Whereas optometrists have never been given a formal negotiation process with the government; and

“Whereas the government’s continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

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

“To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

I fully support this petition. I will affix my signature to it and give it to Ella to bring to the Clerks’ table.

POST-STROKE TREATMENT

Mr. Chris Glover: I received this petition from Jim McEwan.

“Petition to the Legislative Assembly of Ontario....

“Whereas young adult stroke survivors in Ontario continue to be denied provincial government-funded physiotherapy on the basis of age, after completion of their initial rehab programs; and

“Whereas, as a consequence, these young adults are prevented from recovering to their best potential and possibly returning to work or continuing their post-secondary studies; and

“Whereas, to date, both Liberal and PC governments have failed to permit such funding, although both parties have previously taken steps to publicly support its implementation;

“Therefore we, the undersigned, hereby petition the Legislative Assembly of Ontario to expand Ontario’s

government-funded community physiotherapy clinic program to include stroke survivors between the ages of 20 and 64 with a doctor’s referral, and after completion of initial rehab programs.”

I fully endorse this petition. I will sign it and pass it to page Claire to take to the table.

ANTI-RACISM ACTIVITIES

Ms. Laura Mae Lindo: I have a petition entitled “End Racism in Ontario Schools.

“To the Legislative Assembly of Ontario;

“Whereas the recent occurrences of violence against racialized children at Alpine Public School (Waterloo Region District School Board) has left communities and families traumatized;

“Whereas a teacher at Parkdale Collegiate (Toronto District School Board) wore blackface to school for Halloween, a blatant form of anti-Black racism and violence;

“Whereas the Conservative government was forced to temporarily take over the Peel District School Board after community demanded action to address anti-Black racism within the board of trustees;

“Whereas in the Anti-Racism Act, 2017, the Liberals left it to the discretion of the minister to collect race-based data system-wide in their ministry;

“Whereas ETFO, AEFO, OECTA and OSSTF/FEESO signed a joint statement on September 28, 2021, to the Conservative government that reads in part, ‘While the Ontario government is on record as committing to legislative and system changes to “advance equal opportunity of Black, Indigenous, and racialized students,” we question how sincere this commitment is, given that it has turned its back on funding programs that have proven impact and that show evidence of lasting change.’”

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

“—use the powers of the Anti-Racism Act, 2017, to conduct a system-wide equity audit in all Ontario public schools;

“—create a line item with dedicated funding in the Ontario budget to specifically address the equity gaps in schools outlined as a result of the equity audit; and

“—immediately implement a streamlined, province-wide data collection system using the data standards that were developed as legislated by the Anti-Racism Act, 2017, to collect race-based data for students, education workers, school boards and other staff to eliminate gaps in representation across educational institutions.”

I fully support this petition. I will affix my signature to it and give it to page Nathaniel to bring to the Clerks.

ANTI-RACISM ACTIVITIES

Mr. Chris Glover: This petition is entitled “Take Action on Islamophobia: Support Our London Family Act.

“To the Legislative Assembly of Ontario:

“Whereas on June 6, 2021, three generations of the Afzaal family were killed in an Islamophobic terror attack in London, Ontario;

“Whereas hate crimes and anti-Muslim hate crimes are on the rise, and words are not enough;

“Whereas no one should be scared to go for a walk while wearing a hijab, and no one should fear worshipping at a masjid;

“Whereas Ontario should be a province in which people can live without fear, regardless of the religion they practise, their clothes or the colour of their skin;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to support the Our London Family Act ... and to follow the calls to action directed at provincial governments in the NCCM’s recommendations to the National Summit on Islamophobia, including:

“—creating a provincial hate crimes accountability unit;

“—dismantling white supremacist groups by preventing them from registering as societies, and preventing acts of intimidation;

“—restoring the provincial Anti-Racism Directorate; and

“—giving Ontario schools new tools to help young people understand Islamophobia.”

I fully endorse this petition. I will sign it and pass it to page Hayden to take to the table.

BUSINESS OF THE HOUSE

The Speaker (Hon. Ted Arnott): Point of order, the member for Aurora–Oak Ridges–Richmond Hill.

1320

Mr. Michael Parsa: Pursuant to standing order number 59, the following is the business of the House for next week, the week of December 6. First of all, there won’t be any night sitting today.

On Monday, December 6, in the afternoon, we’ll be calling third reading of Bill 37, the Providing More Care, Protecting Seniors, and Building More Beds Act; also, third reading of Bill 9, the Non-Profit Sector Appreciation Week Act; and third reading of Bill 18, the Polish Heritage Month Act.

On Tuesday, December 7, in the morning we’ll be calling third reading of Bill 43, the Build Ontario Act (Budget Measures), and before question period, there will be a tribute to former member Dr. Bette Stephenson. In the afternoon we’ll be calling third reading of Bill 43, the Build Ontario Act. In the evening, we’ll have private member’s ballot item number 19, the member of Toronto–Danforth, Bill 52, the Stopping Illegal Handgun Smuggling Act.

On Wednesday, December 8, in the morning, we’ll be calling third reading of Bill 43, the Build Ontario Act (Budget Measures), and in the afternoon we will be calling third reading again of Bill 43. That’s the Build Ontario Act. In the evening, PMB ballot item number 20, the member for Whitby. That’s Bill 51, the Provincial Day of Service Act.

On Thursday, December 9, for the morning and afternoon, the business of the House will be provided later, but in the evening, we’ll be calling private member’s bill ballot item number 21, member for Mississauga–Lake-shore, Bill 50, the Hungarian Heritage Month Act.

ORDERS OF THE DAY

PROVIDING MORE CARE, PROTECTING SENIORS, AND BUILDING MORE BEDS ACT, 2021

LOI DE 2021 VISANT À OFFRIR D’AVANTAGE DE SOINS, À PROTÉGER LES PERSONNES ÂGÉES ET À OUVRIR PLUS DE LITS

Resuming the debate adjourned on December 2, 2021, on the motion for third reading of the following bill:

Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts / Projet de loi 37, Loi visant à édicter la Loi de 2021 sur le redressement des soins de longue durée et à modifier ou à abroger diverses lois.

The Speaker (Hon. Ted Arnott): When we last debated Bill 37, the member for Brampton Centre had the floor, and she still has time to make her presentation. I recognize the member for Brampton Centre.

Ms. Sara Singh: Thank you, and good afternoon, Speaker. We started the debate this morning, and I had just begun my remarks, so I’m pleased to continue the discussion here on Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts.

As I was mentioning this morning, I appreciated the minister’s comments with respect to Bill 37, but, respectfully, we disagree on the approach that the government is taking here to address what are systemic and critical issues in our long-term-care system. This was an opportunity for this government to do better for the people of Ontario, our vulnerable seniors, families and advocates who have been calling for change and reform in our long-term-care system. This was an opportunity to signal to people in the sector that there was real change coming and that we weren’t going to continue to move in the direction of the status quo, and that we were going to transform our long-term-care system to one that relied on not-for-profit and municipally operated homes for service delivery and not continue to reward private corporations and their shareholders with more and more lucrative contracts. This was an opportunity to hold homes that were found to be some of the worst offenders throughout the pandemic accountable. That is what people expected through this legislation, and unfortunately, Speaker, this bill does none of that.

It does not provide the transformative change that people in Ontario are looking for and, frankly, that they deserve, nor will it hold a single home accountable for the horrific inspections and detailed accounts of neglect that happened in those homes throughout the pandemic.

As I said in my previous debate in the Legislature here on the bill, I highlighted a number of different concerns from people across the province with respect to the horrors in long-term care: the neglect, the disastrous state of long-term care, the deaths that happened, the overworked staff and the crisis in staffing—all of these are known to the general public and members here in the House. It was the Auditor General's report, it was the commissioner of long-term care, it was the Canadian Armed Forces report that all clearly outlined why the need is there to transform our system, but unfortunately, the government didn't follow the advice of those experts, didn't listen to what academics and stakeholders in long-term care wanted to see happen here. Instead, they continued on with more of the same.

This was supposed to be an opportunity not only to fix long-term care, but, through the committee process, actually listen to stakeholders and their presentations and take that feedback into consideration and make the necessary amendments to the bill that was before us. Unfortunately, even through that process, the government failed to listen to and heed the advice of experts in the sector to create that transformational change that people wanted to see and were hopeful that this government was going to bring forward with Bill 37.

Speaker, what we heard from deputants at the committee were actually very serious concerns not only with the bill but with respect to the entire committee process. Many indicated that the process was undemocratic; it was rushed. They felt that the government was not listening to the concerns they were raising and that they had not taken that feedback into account in this piece of legislation.

I want to share some words from some of those deputants, because I think they highlight the concerns we're raising here. Unfortunately, the government isn't listening to either the written submissions or the delegations that were made.

I'm thinking of Helen Lee, who is a seniors advocate. She's the current honorary adviser for the family council at Mon Sheong Home for the Aged. She's a bereaved family member who lost her grandmother Foon Hay Lum at the age of 111 during the first wave of COVID-19, in April 2020. While she was thankful to have an opportunity to submit a written submission, what she shared was:

"I object to the expedited consultation process regarding Bill 37. Such an important piece of legislation merits a province-wide public hearing process, not just a handful of stakeholders who haven't been given sufficient time to review the bill and its proposed changes and provide fulsome assessment. It is unprecedented to be given one day to prepare the oral presentations. The process is highly undemocratic. This rushed process disrespects every resident's death in the nursing homes, including my 111-year-old grandma Foon Hay Lum. One day for our council to prepare a presentation and seven minutes to introduce ourselves and articulate our thoughts on a piece of legislation that will impact generations to come is a travesty of justice."

Speaker, I couldn't agree more with the comments by Helen. I think that the changes that the government is

making through Bill 37 have been long-awaited. I think people wanted to see change. They wanted to see the government moving in the right direction. But what they chose to do was actually just rush this process and not listen to that feedback, not provide adequate time to hear people from across the province, in different regions and different communities, share their perspective, and give them adequate time to do so. It's unfortunate that that is how the government proceeded with this bill when this could have been an opportunity to listen to those concerns, take that feedback into consideration and, as I said, not continue with the status quo here in Ontario.

Speaker after speaker through the committee process raised concerns about pretty much every element of this bill. I want to thank those delegations at committee. I'll just name a few of the folks who were there and shared their perspectives; for example, Cathy Barrick from the Alzheimer Society of Ontario; Michael Hurley from the Canadian Union of Public Employees; Lisa Levin, the CEO of AdvantAge Ontario. We had folks from the Association of Municipalities of Ontario; Natalie Mehra from the Ontario Health Coalition; Audra Nixon and Kevon Stewart from the United Steelworkers. We had Dr. Doris Grinspun from the Registered Nurses' Association of Ontario. We had Peter Bergmanis from the London Health Coalition; Luisa Cheng from the family council of Mon Sheong Home for the Aged; Sam Peck from Family Councils Ontario; James Morris from Sioux Lookout First Nations Health Authority; representatives from the Ontario Nurses' Association; Jane Meadus from the Advocacy Centre for the Elderly; Dee Tripp from the Ontario Association of Residents' Councils; Maureen McDermott, who has been a strong advocate because of the experiences she has had in long-term care with her family members; the Ontario Association of Social Workers; Hugh Armstrong, who has done a significant amount of work highlighting how it is possible to transform our long-term-care system to one that is publicly funded and publicly owned, not relying on for-profit care providers.

1330

I also want to thank folks like Cathy Parkes, who shared horrific accounts of what her father experienced at Orchard Villa and has turned into an advocate, and the Ontario Long Term Care Association—Donna Duncan, their CEO, was there as well. We also had the Ontario Public Service Employees Union—representative Smokey Thomas was there; Dr. Vivian Stamatopoulos, a staunch advocate for reform in our long-term-care homes; Coalition de la santé—Edward Cashman shared quite a number of different perspectives; Pallium Canada; SEIU Healthcare; Perley Health; Hamilton Health Coalition; Dr. Amit Arya; Unifor; Kingston Health Coalition; the Ontario Medical Association—and the list goes on of folks who came to committee and shared their perspectives, hoping that the government was listening and was going to take into consideration what they were sharing. Unfortunately, the government didn't listen, and many of the amendments that were suggested by those deputants were

not reflected in the amendments that the government presented.

And, unfortunately, when given the opportunity to support NDP amendments that were brought forward in committee, the government shot every single one of those amendments down—amendments like helping keep spouses together in long-term care so that they can spend their final days together, if this is what they choose to do. The government did not include that in the bill of rights.

We asked the government to ensure that culturally appropriate care was being provided to residents in long-term care. They didn't feel they needed to support the amendment, despite the fact that groups like RNAO suggested its importance.

We asked them to increase the number of minutes that allied health professionals could spend with residents in long-term care. Unfortunately, the government didn't think that was worth supporting either.

We asked them to define what palliative care philosophies look like and mean. Unfortunately, this legislation doesn't do that.

There are lists of amendments and written submissions that were provided to this government. They didn't need to do the work; they just needed to listen and take those considerations into account in the bill that they were creating and the amendments that they could have put forward, but unfortunately, they chose not to.

Presentation after presentation highlighted concerns with respect to Bill 37, everything from schedule 1 and the preamble, all the way to schedule 3, which deals with the Retirement Homes Act—again, a large piece of legislation here that really didn't change much in terms of how long-term care operates in the province of Ontario or the supports that are going to be provided to people in our communities.

Deputies raised concerns that the government was still putting profit before people, and that the addition of “mission-driven” to the preamble without a clear definition of its meaning was deeply concerning. This creates a gap in the legislation and gives a foothold for for-profit nursing home operators and owners to further expand here in the province.

We've learned that of the 220 proposed projects that are needed here in long-term care, 111 or more will be going to the for-profit care sector. At a time when we know that some of those homes were some of the worst offenders, why is this government rewarding them with even more lucrative contracts—contracts that will last for 25 to 30 years, that have just come up for renewal now. The opportunity to transition those homes, as is happening in Saskatchewan, is right now. This window of opportunity is closing. What the government is doing is continuing to reward those homes with more contracts and more beds, rather than even holding them accountable with a single penalty or fine. This has been concerning, because it has allowed for the promotion of for-profit care here in the province of Ontario, where we need to understand that the data is clear, that there was a disproportionate amount of deaths in those for-profit homes compared to municipally

operated or not-for-profit homes. Despite that data, the government is still moving in the direction to continue to reward those for-profit providers rather than take their licences away and transfer them over to the local municipalities or not-for-profit sector.

Deputy after deputy wanted to see “mission-driven,” that language removed from this legislation, and unfortunately, the government has chosen not to. They haven't even defined what it means, Speaker, and that is problematic.

In the preamble, as I said, organizations like ACE, ARCH, Hugh Armstrong, the Kitchener health coalition and so many others—Dr. Vivian Stamatopoulos—all agree that the reference to mission-driven organizations needs to be removed and that a clear definition needs to be provided. The current language, as I said, really does favour those for-profit homes and allows that system to continue in the province of Ontario.

When it comes to the fundamental principle and interpretation in part I, many indicated that there were concerns here, again, that “mission-driven” was not defined and that this meant that the government could just move forward with allowing for-profit homes to literally grow here in the province of Ontario, rather than restrict the number of long-term-care homes that the private sector operates. That is really concerning for a variety of reasons, because, as I said earlier, we, at this point in time in history, have the opportunity to not renew those licences, to hold those homes accountable. But the government doesn't want to do that.

Many presenters raised concerns with respect to part II of the bill, which deals with the resident rights, and care and services. As I said earlier, the NDP proposed several amendments to help strengthen the resident bill of rights, to ensure that those rights were being realized. Unfortunately, government members at committee did not support those amendments to ensure that people had access to culturally appropriate care and that this bill also addressed long-standing issues of anti-Indigenous racism within our health care system.

The RNAO, for example, recommended that the bill be amended to provide for culturally appropriate and linguistically appropriate care options in long-term care. That was something that the government did not support when we proposed those amendments.

They were asked by deputies to ensure that residents could continue to reside with their spouses in long-term care. Many delegations actually highlighted that current construction regulations would limit that opportunity, because the government was moving towards single-room dwellings versus having family suites available, which would mean that spouses could stay together. Those presentations actually highlighted this concern and suggested to the government that they amend the legislation to account for the need to keep spouses together in their final days.

They also recommended that “palliative care” be defined in this legislation, as it was now going to be included for the first time in someone's plan of care.

Palliative care is important and a critical part of one's health care needs as they enter long-term care, but often residents were sharing with us that they felt that perhaps they weren't receiving the right supports when it came to palliative care. Often there weren't enough staff to administer medication, and as Dr. Amit Arya highlights, there is no specialized training for individuals to provide palliative care services in those homes. This is deeply troubling, because the philosophy here is made mention of, but there's no support to actually ensure that palliative care philosophy is being carried out in long-term care, that people are receiving this palliative care in a respectful and dignified way.

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It's impossible to expect staff who have never been trained on palliative care philosophies to understand how to administer medication, how to manage pain at the end of life. And so, if it's not enshrined in legislation and it's not made clear in terms of what the philosophy means, then it leaves a lot of room for interpretation of when it can be applied. Speakers highlighted this in the committee process. There was an opportunity to strengthen the language when we presented those amendments, to ensure that those rights were going to be realized for residents in long-term care, but the government didn't support those amendments. For what reasons, we're not sure, but it was something that speakers there requested that the government do to help strengthen this legislation.

When it comes to ensuring that people could receive nutritious meals and culturally appropriate meals, unfortunately, when we presented amendments to reiterate those important elements of care for people in long-term care, the government also did not support those amendments.

We heard this morning, as the Auditor General's report clearly indicates, that nutrition and the health and safety of our residents in long-term care are deeply concerning and troubling, as many people are not receiving nutritious meals. They are not being fed according to their plan of care. When we incorporate a cultural lens here and understand this from an equity perspective, there are many people in long-term-care homes who have spiritual or religious practices that are not being respected when it also comes to their meals.

So we asked the government to ensure that those rights were going to be respected and that people would be provided culturally appropriate meals, and that their spiritual rights also be enshrined in legislation. Unfortunately, the government thought that the Ontario Human Rights Commission framework was enough here to ensure that, but we know, as the reports have indicated, that those rights are simply not being realized by those in long-term care, despite the fact that the Ontario Human Rights Code calls for them. Enshrining them in the residents' bill of rights would have made sure that there was a clear framework for staff in those developing care plans in long-term care to adhere to the recommendations and provide that culturally appropriate care when necessary.

Speaker, a number of presenters highlighted the concerns with respect to the targets around direct hours of

care. What we heard from the presenters were concerns about the fact that the average number of hours of care does not mean that residents were actually going to receive four hours of direct, hands-on care. They were also concerned that there was no way to adequately enforce or ensure that these targets were being met. This is why New Democrats proposed again in committee several amendments to ensure that the language be amended to account for the minimum standard of care that was required, and that that should be an average of four hours of direct care per resident per home.

This was something that the government could not wrap their heads around when people in committee and speakers in committee raised concerns around the average and why this is problematic. It seems as though government members couldn't understand the difference between the average and the actual target of direct, hands-on care per home, so they felt that an average of four hours of hands-on care was enough. But as speakers like Dr. Vivian Stamatopoulos indicated, that average means that some homes could provide two hours, while others could provide five hours, and there was no way to account for that. It's concerning that the government just simply couldn't understand why this was of such importance, but felt that their targets were sufficient.

As I highlighted in debate earlier on this bill, the Financial Accountability Office has made it clear that, even with the staffing plan that the government has proposed, they will not meet the targets of four hours of direct, hands-on care. They are simply not keeping up with the growth in the sector and the increase in our aging population. As a result of that, they will be well behind their target by nearly 8,000 staff. They will have a shortfall. Despite what they are projecting, despite what they continue to say in the media and that they continue to act as though they are addressing a problem, it's important to acknowledge that even their own numbers are not adding up when it comes to providing four hours of average care, let alone direct, hands-on care.

This is why speaker after speaker in committee highlighted that had we need to improve the staffing ratios in order to provide better care. We need to ensure that there is, in legislation, a target of four hours of direct, hands-on care per resident per home. Those distinctions are important, because it means the difference between one home being able to actually meet the target and another not, and then hiding bad actors and allowing them to get away with it while homes in the not-for-profit or municipal sector continue to exceed the average hours of care, as we know they already have, because they provide a better value for dollar when it comes to outcomes and services for people in long-term care.

As the Ontario Nurses' Association highlights: They suggested that the government calculate the daily average as worked hours that involve direct patient care by permanent staff only, as well. Government has been relying on agency and part-time staff to make up for the staffing crisis in long-term care. We can't do that, Speaker. We have a retention issue in the long-term-care sector because

they've been relying on agency and part-time—very precariously employed, racialized—workers to fill the need here, women who are being forced into precarious employment that is low-paying in order to help the government meet its own targets.

This is why speaker after speaker requested that we have targets in place for staffing ratios, a 70-to-30 mix, for example, of full-time and part-time employees. This could help address the problem and ensure that there are good-paying jobs that are full-time for people in the sector. This is how we'll actually be able to provide four hours of hands-on care: if we can keep the staff there to actually deliver the care that they need.

But what's happening in long-term care, because of Bill 124 and other measures that the government has taken, is that health care workers are fleeing the sector and trying to seek out permanent, full-time opportunities so that they can put food on their table. The government, instead of rewarding our PSWs, our nurses and front-line health care heroes, has chosen to not make pandemic pay permanent for PSWs and they've chosen to move forward with Bill 124 and not repeal it, which caps public sector wages for people like our nurses. This is not going to help improve the staffing crisis and help them meet the target that is outlined.

There's so much to be shared here today. I'm just trying to make sure that I'm capturing all the voices of those at committee because I really feel that the government has missed the mark here. When they could have listened, they chose not to. I know from those delegations that the recommendations they suggested that could have been taken into consideration weren't.

So sharing some of those thoughts from organizations like the RNAO, who outlined several shortcomings with the bill—and I'm only on the first part here and there's a lot to get through. But I want to share some words from the RNAO:

“Missing from Bill 37 are several changes that would signal a fulsome understanding of the profound and real change needed in Ontario's LTC sector. Critical deficiencies that hinder Bill 37 from making a real and positive impact on long-term-care residents, their loved ones and staff include:

“Bill 37 falls short of mandating a minimum of four worked hours of personal and nursing care for each LTC resident, and is completely silent on the skill mix of nursing home staff that provide LTC.

“Bill 37 fails to amend a funding formula that includes a disincentive to quality-of-care programming.

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“Bill 37 does not include satisfactory language to ensure culturally safe care for long-term-care residents.

“These and other gaps must be amended to address the fundamental transformation Ontarians need to regain trust that we and our loved ones will receive the dignity and expert care we need when we live in any nursing home in Ontario. These and other changes are also urgently needed to attract talented staff to the sector, and to retain them. COVID-19 has only magnified a problem that has existed

for decades”—that was created under the Liberal government, exacerbated by this Conservative government's failure to invest and act proactively throughout the pandemic.

Speaker, Dr. Vivian Stamatopoulos also asked that data be collected with respect to the targets and that that data be made public. Unfortunately, the government didn't think it was important to do that, either.

At the end of the day, section 8, which outlines some clear targets for providing an average of four hours of hands-on care four or five years from now, is the direction the government wants to head in, rather than doing something critical right now to address the problem and ensure that residents in long-term care now have access to the care that they need. They feel it's fine to push these targets down the line four or five years from now, rather than addressing the problem right now.

Speaker, when it comes to inspections and fines—I note my time is running out, and I could probably go on for another hour if I needed to. I want to talk a little bit about some of the inspections, and concerns that were raised with respect to those inspections in the long-term-care homes. I want to acknowledge that many presenters highlighted that there is a culture of fear that is being created in our long-term-care sector, because the government wants to take a punitive approach rather than a proactive one to help build capacity in this sector. Fines are important and inspections are critical, but they need to be retroactive, because those homes that were the worst offenders in the pandemic were never held accountable. Not a single home has been held accountable for the neglect that was recorded and reported, that inspections outlined. These are not new inspections. These are inspections that were on the books, brought on by the Liberal government, but never proclaimed into law. Why the government isn't actually acting on those inspections when they complete them is one thing; two, creating this culture of fear with our sector is not going to help create the morale boost that we need for front-line staff right now, who feel as though they are the ones who are going to be held accountable for what for-profit homes have chosen to do.

It's not the fault of staff that they did not have access to proper PPE, or that homes are not paying them fairly and that they are short-staffed and unable to provide care in many instances. It is the responsibility of those for-profit homes to ensure that there are adequate staff and that they are being paid fairly.

Staff, who are already burned out, underpaid, overworked, are afraid that they are going to be held accountable for what happens because of the neglect of a corporation that is responsible for providing care, and cutting corners by not giving their staff access to PPE, and cutting corners when it comes to nutrition for our seniors and vulnerable residents in long-term care.

Why is the government not holding those homes accountable? I understand moving forward, but it's important to provide justice, it's important to provide transparency and accountability for families in Ontario by

holding homes like Orchard Villa accountable for what happened, not handing them another 30-year licence, with even more beds and even more money, to continue on with the status quo. It's not okay, and it's actually disgusting that that's what's happening here in the province of Ontario. It's heartbreaking. I think of Cathy Parkes, who shared the trauma her family has endured because of what that home did. To not hold them accountable is like a slap in the face to those families, and then to reward them is just unconscionable.

These inspections are creating a culture of fear, especially in the not-for-profit and municipally operated homes that, for the most part, have been doing a phenomenal job with the resources that they have to provide care to vulnerable residents. Inspections are one thing, fines are one thing, but it's important that we actually act on those, because those inspections have been conducted in the for-profit homes, but no one was held accountable.

We proposed language to ensure that we address that culture of fear and that we actually work with the sector to create the capacity that's needed to address complaints, to address the findings of those inspections. There's nothing here that does that. All it does is fine those homes, and many speakers were worried that those fines, those administrative monetary penalties that were being imposed on homes, were going to take away from the quality of care for residents. Where else were the homes going to get the money? Especially when it came to the not-for-profit and municipally operated homes, where we know that every single dollar goes back into care—not into private shareholders' pockets, but back into care. Those homes are wondering how they're going to be paying a fine, and why they aren't taking a more proactive and continuous-improvement approach here and working with those homes to address the problem, to ensure that that capacity is being built and, if there's a staffing issue, to address the staffing issue. None of that is taken into consideration.

And these limited inspections do not conduct comprehensive inspections, which is what we need. These are just targeted inspections that are very limited in scope. For example, if an inspector goes into a home because someone has fallen and that is the complaint in regard to their care plan, not receiving adequate and timely care, that is all an inspector is tasked at looking at. There could be all sorts of other issues going on in the home in and around residents' care that the inspector is not responsible for looking at, based on the type of inspections this government is putting in place, which means that those bad actors will actually be getting off the hook and that there is nothing in place to help strengthen the type of inspections, the frequency of inspections and what happens after that inspection is conducted.

There also need to be better whistle-blower protections in place for staff and residents and for family councils and resident councils to speak up and feel empowered to share those concerns. We've heard time and time again—and, as the critic, I hear from families across the province who share with us that they've raised these concerns, but there is no mechanism to ensure that their concerns are being addressed. In many instances, families are labelled as

problematic for raising these concerns and are told not to come to the home. This should not be happening.

If a family member is raising a concern because residents are not getting the care that they deserve, that needs to be taken seriously. That's why we've also called for a seniors' advocate. I know that our colleagues here on the opposition benches have raised a number of different pieces of legislation through our time to help ensure that the care and needs of those in long-term care are being met. Every single time, the government votes against those proposals.

This is why families called for an independent body to be separate from the homes, to ensure that their voices were heard and that someone was acting on the concerns that they were raising. That is not something that is included in this legislation, despite bills like our seniors' advocate from our colleague from—

Mr. Joel Harden: Kitchener Centre.

Ms. Sara Singh: Kitchener Centre. Thank you very much to the member from Ottawa Centre for that.

That bill is really important because it highlights that there's a gap in the system, and, when we gave this government an opportunity to support those amendments and create a seniors' advocate, they chose not to. That could have helped those families feel empowered to have their voices heard.

We heard from families that it was important that their voices be heard and that essential caregivers be given access to long-term-care homes and the residents who live there. It's not just vulnerable seniors; it's also people with intellectual disabilities who are being forced to call long-term care home because there is not enough housing or assisted living supports in their communities. So when asked to ensure that their needs were being taken into consideration through amendments that we proposed to help ensure that resident and family caregivers were given access—as we saw what happened through the pandemic, when they weren't permitted into homes, critical care needs were not being met. They could have strengthened the language around this, but they chose not to.

1400

I want to pick up on this thought of individuals with intellectual disabilities who are forced to call long-term-care homes their home, despite them not being the appropriate place for them, because other systems are failing.

I remember from my days as a board director, and as a sister to a person with a disability, who is deeply concerned about what the future may have in store—I know that in working with groups like ARCH, Community Living Ontario and so many others that this concern has been decades-long. Although institutions and shelter workshops have been shut down, there are still forms of institutionalization that take place when it comes to people with intellectual disabilities. That's happening right now in our long-term-care homes. More and more of them are being told that there aren't supports for their aging parents—and so here is their option: long-term care. For young people in their early 20s, long-term-care homes are not the right place for them to be. That is not a choice.

Groups like ARCH recommend very clearly that the government should conduct meaningful consultations with seniors, persons with disabilities and their families, and other advocacy groups to understand and address considerations based on their lived experience. The government must invest in affordable, accessible and appropriate housing options for young persons with disabilities to enhance their choice and decision-making options. The government needs to do this because people in long-term care—people with disabilities—shouldn't be forced into a false choice. They should have the choice to be in their communities and to live full, independent and meaningful lives. Being forced into long-term care does not allow a person with a disability to do that. It doesn't allow them to be gainfully employed. It doesn't allow them to be a member of their community. It does not allow them to access the good things in life that we all deserve, and they deserve better than that.

I spoke earlier of culturally appropriate care. My colleague from Kiiwetinoong has shared with me several concerns when it comes to Indigenous people here in Ontario and how long-term care is failing to meet their needs.

I'm going to share some words from a professional from Sioux Lookout. Just bear with me here, Speaker—I have lots of notes and testimony that I printed off that I want to share. I think it's so important that we read these things into the record and ensure that their voices are amplified in every single way that we can.

I want to thank Dr. Alanna Morgan, chief of long-term care at Sioux Lookout Meno Ya Win Health Centre. She highlighted some very serious concerns. She highlighted that in working in long-term care—many of the residents in the 20-bed long-term-care facility in Sioux Lookout are First Nations and many have previously lived on-reserve, but they were forced to move to Sioux Lookout to access health care they need as long-term care is not available in their home communities. This means elders who are the end of their lives or may need additional care supports are being forced to move off-reserve in order to get access. Dr. Morgan said, “Almost universally these patients express that their desire is to live at home—home being their remote community. It recently came to my attention that because these patients who are in our long-term-care facility are considered to live in Sioux Lookout, NIHB will not arrange for medical escort travel for their loved ones to be with them.” She says, “It is so frustrating that these patients reside in Sioux Lookout out of necessity to access local health care and then the colonial system of the NIHB ... which would typically allow for family or friends to travel as a medical escort to support a patient's mental, physical, emotional or spiritual well-being, arbitrarily denies” the ability to travel and be with their elders and family members.

She says, “The wait for funding and the building of a new facility have real impacts” for people in their community. Many of the patients wait in hospital for years until a long-term-care bed becomes available. Some will die in a hospital waiting for a bed. “A hospital is not a

home, and while Sioux Lookout Meno Ya Win Health Centre has done their best to make it a comfortable stay, it is not the same as long-term care. The funding needs to be made available immediately and a new 96-bed facility needed to be built yesterday.”

Speaker, people deserve to access culturally appropriate care. First Nations community members deserve to have access to health care in their communities, in their nation. That's not happening in the province of Ontario, and there is nothing being done here to include First Nations people in this conversation around culturally appropriate care and ensuring that those supports and mechanisms are in place for elders—elders who deserve respect in their final days.

We have here in the Legislature the Seven Grandfather Teachings. These are important elements of understanding. I'm thinking today of those teachings. I'm also just horrified that we have a bill that will have impacts for generations to come and that we could have done something to improve what long-term care looks like, not only today, but for generations after us, and that the government has chosen not to consult effectively, not to listen and not to move in the right direction.

I think, as I've tried to highlight through some of my comments here on Bill 37, there is still so much more work that needs to be done. The government has brought this bill forward, they rushed through the committee process and they haven't listened to people, stakeholders, experts, academics, families, residents, staff, front-line heroes on how we can actually change long-term care here in Ontario. And that's why, as New Democrats, we're going to keep fighting because we know it's possible to transition our long-term-care system to one that doesn't put profit over people. We know that it's critical to invest in home and community-based care for people in our communities. These are things we've been fighting for

I think of my colleague from London—Fanshawe's—the previous critic on this file—excellent work around the Time to Care Act. Yes, I think she deserves a round of applause because with her leadership, we can actually see four hours of direct hands-on care realized through her Time to Care Act. And so I urge the government to actually not just support that bill in principle, but to make it move through the committee process with as much urgency as they have this sham of a bill so that we can actually ensure people get the care that they deserve.

I think of our member from Kitchener Centre and her seniors' advocate bill. This is important legislation that should be moving forward here in Ontario. We should create an independent seniors' advocate.

We should also ensure, as our colleague from Windsor West has shared on numerous occasions, that those living in long-term care have access and other congregate living situations have access to their essential caregivers. This is what New Democrats are fighting for.

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We should ensure that staff are paid fairly and that we increase the wage for our PSWs but also other health care workers in the sector so that they can find decent and

meaningful employment and stay in the sector. These are just some of the things we're fighting for. I know our colleague from Sudbury, for example, has a bill to ensure that PSWs are paid fairly.

And let's ensure that family members and their advocates are respected when they raise concerns. I know that our colleague from Ottawa Centre has brought forward a bill entitled Voula's Law that would help ensure that those voices are respected and that things like the trespassing act aren't used against families that are trying to raise serious concerns.

But let's use this as an opportunity, as Dr. Vivian Stamatopoulos outlines, as Hugh Armstrong outlines, as Dr. Amit Arya outlines, as the RNAO outlines, as AdvantAge Ontario outlines, as the coalition de la santé outlined, to transition our long-term-care system, because we can do it. It is possible, and we should be doing it. The fact that we are moving in the opposite direction when we have this window of opportunity open to take away licenses, to transition homes to the not-for-profit sector or municipally operated homes—there's nothing here that does that. Many continue to highlight all of the concerns with this bill, and it is really troublesome that the government hasn't listened to those concerns and hasn't amended the legislation to transition our system to a not-for-profit one, to ensure workers are paid fairly, to ensure that we actually legislate the direct, hands-on care that seniors need.

Many also highlight concerns with respect to the training centres, the quality care centres. I'm just going to get some notes here on that, Speaker. This was an opportunity to actually provide the training and create a centre of excellence that would help improve the capacity in the sector, to celebrate best practices, but there is very little detail in this bill with respect to the capacity that's needed through that centre of excellence for those homes to flourish, frankly, and to build the capacity that they need—and they, frankly, want—in their long-term-care homes.

The long-term-care quality centres: As some outline, these centres should be independent and not affiliated with any long-term-care homes—a pretty straightforward ask. They actually asked that they be consulted, because they hadn't been prior to the bill coming forward, on what the quality centre would look like. These are experts in the field who are already delivering a service not even consulted on how and what they would like to see in a quality centre. So they asked in committee, "Please include us. Meet with us. Listen to us." That's the way of this government: They just move forward without actually consulting the folks who are going to be tasked with delivering a service or be tasked with building that capacity. It's like a shell game with this government and the legislation that they put forward. There's nothing in here that actually has any real depth to it; it's just words. They haven't put any real resources behind it, and they haven't even met with the people they expect to carry out this work. It's shocking, Speaker. It's really, frankly, shocking.

Many presenters actually highlighted why it was so important to transition our long-term-care system to one

that was more reliant on not-for-profits. As the data shows us, in non-profit homes, they had an average of 2.8 deaths per 100 beds. While publicly owned homes and municipal homes averaged 1.4, the average death rate in the for-profit homes was 5.2 per 100 beds. That's some pretty shocking data that really does solidify why we need to be transitioning our long-term-care homes, because the value for dollar and the outcomes for residents are very different in our not-for-profit and municipally operated homes. When the government could have done this, they chose not to.

Actually, the coalition de la santé—I'm going to try this in French. Elle était très inquiète avec ce que le gouvernement fait maintenant, parce le gouvernement a favorisé les soins de longue durée qui sont privés, mais on avait vu dans la pandémie que les soins de longue durée qui ne sont pas privés, qui sont opérés par les municipalités, avaient un meilleur « outcome » pour les gens dans les maisons. Je pense que c'est très important de dire ça ici aujourd'hui.

Aussi, les gens qui habitent dans ces soins de longue durée n'ont même pas la chance de parler dans leur langue. Ils ne reçoivent pas de services dans leur langue, et ça, c'est très « concernant. »

They not only raised concerns about the for-profit sector, but they also raised concerns about the fact that residents were not able to get culturally and linguistically appropriate care. I just wanted to highlight that because I think that when the folks from the coalition de la santé highlighted those concerns, the government glossed over them and didn't really fully understand what they were sharing and how important those concerns were.

Ce ne sont pas juste les gens qui parlent français, like I said. Folks deserve to have access to culturally appropriate care, but we need to transition the system. Presenter after presenter indicated that it was possible, that what it required was political will, and that was missing, that political will. As we see in other provinces, it is possible to do so.

This government has no qualms with ripping up contracts when it serves their own interests. But when it comes to protecting vulnerable residents and staff in long-term care, they don't seem to want to head in that direction. They are okay with keeping those 30-year contracts and licences in place.

My goodness, an hour has gone by. I know I've shared a lot and there's still so much more that I can say here about this bill that I think we—this government, not we—has missed the mark on, in Bill 37, to ensure that there really is transformative change that happens in the sector and that there is real accountability and justice for the families and the 4,000 people who lost their lives in long-term care.

In my final moments, I want to just take a moment to thank all of those people who work in our long-term-care homes: all of our nurses, doctors, staff. I want to thank the family members and the residents who have been vocal advocates for reform in our long-term-care system. I want them to know that New Democrats are listening and we will keep fighting, because we know that seniors in the

province of Ontario and vulnerable residents in long-term care deserve so much better.

It is possible to create a system that we can be proud of. We can ensure that every single public dollar that is spent on long-term care is going into care and not into the pockets of private interests and shareholders. It is possible to do that.

It is possible to pay the people who take care of others a decent wage so that they, too, can be taken care of.

It is possible to ensure that seniors in long-term care receive dignity in care and receive the care that they need in their final days.

1420

We've heard the horror stories. They're there in the record. I couldn't share some of them today, Speaker, because as I read through them last night in preparation for today, I just sat there crying, thinking about those families, thinking about their loved ones and thinking about the horror and the mental anguish that they went through, through this pandemic.

It's heartbreaking to know that when this government had an opportunity to do better, to actually protect and take care of those in our long-term-care homes, they chose to continue on with the status quo. We're not going to accept that, Speaker. We're going to keep fighting to create a system that we're going to be proud of, and we're going to make sure that everyone in the province of Ontario gets the care that they deserve, and that families and residents in long-term care get the justice and accountability they need.

That's why I'm proud, as critic, to share these thoughts today on behalf of those families. I know there's so much more that could and should have been said, but I want to thank every single one of the individuals who took the time to share their thoughts and their feedback with us at committee, to provide these perspectives to the government, to create the meaningful and lasting change we need. I encourage the government to listen to their concerns and start taking their actions seriously.

The Acting Speaker (Ms. Jennifer K. French): Questions and comments?

Ms. Effie J. Triantafilopoulos: I would like to thank the member for Brampton Centre for her remarks today. I know that she also fundamentally believes it is important to support our seniors in long-term care.

We know that the previous government only built 611 new net beds across the province between 2011 and 2018. That's 0.8%. In the same time, the population of seniors aged 75 and over grew by 20%. Our government has made it a priority to build all of these new net beds, and we've committed to building 30,000 net new beds by 2028 and redeveloping more than 28,000 beds, so we're well on our way to accomplishing our goal. We've currently got 20,000 new net beds in the pipeline and 15,000 redeveloped coming up to modern design standards.

My question to the member from Brampton Centre is: Do you know how many new net beds have been approved for your community and your region?

Ms. Sara Singh: Thank you to the member from Oakville for the question. I think what she's highlighting is a really big concern for us. I think that what the government continues to miss the point about with the concerns that we're raising is the fact that all of these new contracts and licences for beds are going to the for-profit sector. What is happening here is that more and more beds are being moved to the private sector, rather than building the capacity we need in the municipally operated homes, in those not-for-profit homes where we know that the outcomes have been better.

Of course, beds are necessary, but they need to go to the right people. Don't give them to people and operators that we know have been neglectful, have not been providing care and have lower outcomes. That is what this government is doing: handing more contracts to for-profit providers, rather than transforming our system.

The Acting Speaker (Ms. Jennifer K. French): Next question.

Mr. Michael Mantha: I want to thank the member from Brampton Centre. Not only did she give a good one-hour lead on this third reading, she did excellent advocacy for long-term-care homes and those front-line workers who are working on the front lines, by diligently putting questions to the presenters and bringing out the facts.

I want to ask her: This morning I asked a question to the Minister of Long-Term Care. The concern that I raised with him is that a lot of this legislation is mission-driven. That was raised time and time again, and also the fact that this government is opening up a pathway to greater for-profit models, so that individuals can make more money—getting away from the not-for-profit model. We see other jurisdictions such as Saskatchewan pass legislation to get away from those for-profit models.

Can the member tell me the pitfalls that had been indicated time and time again by stakeholders who came to the table at committee, about the problem with mission-driven legislation?

Ms. Sara Singh: Thank you to the member from Algoma-Manitoulin for the question. I think it's an excellent one, because presenter after presenter in committee highlighted concerns around the use of mission-driven organizations as a way to plow ahead with for-profit care delivery here in the province of Ontario.

Here are some words from the RAO: "The addition of 'mission-driven organizations' to this clause continues an unfortunate and inadvisable shift to for-profit LTC in Ontario. Ontario currently has the highest proportion of for-profit LTC homes in" this country, and what the government has done with the inclusion of "mission-driven" as part of the preamble is to hand over the keys to those for-profit operators, give them more contracts, more public dollars to continue with the status quo. That is not acceptable.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Hon. David Piccini: I appreciate the member's remarks. It's a shame she hasn't bothered to look into the actual facts: three long-term-care beds for every one for-

profit announced. I would encourage that member to speak to Guru Nanak, the centre in her own community, and perhaps Harkirat Singh, the councillor who's been working with youth, working collaboratively with our government to make this investment.

The answer to my colleague's question is 352 beds and \$2.6 million additional funding for staffing, which will rise to \$10 million in the coming years.

The member spoke about political will. She doesn't seem to have any and be willing to work collaboratively. My question to the member is, why hasn't the member bothered to understand what is happening in long-term care in her own community, and will she commit to working with Harkirat Singh, to working with Guru Nanak to better understand the long-term-care-sector footprint in her own riding?

Ms. Sara Singh: What's unfortunate is that the government loves to just repeat its own announcements without actually listening to the critical feedback that folks are providing. What we heard from people at committee, time and time again, was that this government was not listening to the concerns that they were raising. They were concerned that there were not enough allocations to our not-for-profit long-term-care homes, municipally operated homes that operate things like the Butterfly program, innovations you don't find in the for-profit sector. These homes and these communities were not being given the opportunity to build on those best practices.

You know what I hear in my community and from councillors like Harkirat Singh and others? That we need real investments in home care, because people in our community don't want to go to long-term care if they don't need to. They want to age at home with their family members, and they need supports to do that. The government should actually be listening more carefully to what people across this province and people in Brampton actually want when it comes to long-term care.

The Acting Speaker (Ms. Jennifer K. French): The next question.

Mr. Percy Hatfield: My friend from Brampton Centre started off her hour-long lead this afternoon talking about private for-profit home operators and how the government keeps giving them more and more lucrative contracts that will be there for 25 or 30 years. Now, this is a lost opportunity to correct a major flaw in the long-term-care system that values profits over people, as opposed to people before profits.

I realize we can't fix the system overnight. We can't just close all of the for-profit homes. But I ask the member from Brampton Centre, what can or what should the government be doing on a mid- to long-term strategy to fix the system that is so broken at this moment?

Ms. Sara Singh: Thank you to the member from Windsor-Tecumseh for the question. I was expecting some poetry there, but I guess we'll save that for another day.

But I think it's a very important question, because what is currently happening in the province of Ontario is that the government is providing more contracts to the for-

profit sector, rather than transitioning those homes when their licences come up for renewal to the not-for-profit sector, something that is absolutely possible. As Lisa Levin from AdvantAge actually points out, of the 220 new long-term-care facilities that are being built here in Ontario, 140—64% of these—are going to the for-profit care sector. This is not the direction we need to be heading in. When these licences come up for renewal or the home is found to have neglect in inspections that clearly outline they aren't providing the care that they're contractually obligated to do, pull their licences and start supporting municipally operated homes and the not-for-profit sector.

1430

The Acting Speaker (Ms. Jennifer K. French): The next question? I recognize the member from Peterborough-Kawartha.

Mr. Dave Smith: Thank you, Madam Speaker, and I got it right this time.

In my riding, we're short 5,500 long-term-care beds right now. Our not-for-profit operator chose not to apply for more beds and not to apply to build another home. Our municipal operator chose not to apply for more beds and not to apply to build another home. Would you then say to the people who live in my riding, "I'm sorry; the not-for-profit didn't think it was important to do this. Municipal thought it wasn't important for them to do this either. No, you should not get any long-term homes"? Because 504 beds have been pledged in my riding, and I remind you, I'm short 5,500.

Ms. Sara Singh: Thank you to the member from Peterborough for the question. What we need to be doing is actually supporting those homes that are municipally operated and run by not-for-profit organizations. Right now, they aren't getting the support they need and, frankly, that they deserve to help build the capacity. In some instances, unfortunately, other entities are coming in because they see an opportunity to not just provide care but actually generate revenues off of the care they're able to provide. What we've seen happen in many of those instances is that when it's more economically feasible for them, they'll amalgamate homes so you create these huge warehouses.

This is not what we need. We need to be investing in community-based care, in home care. We need to be creating smaller homes for individuals, and that starts by actually supporting building capacity in the not-for-profit and municipal sectors.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Effie J. Triantafilopoulos: I'm pleased to join the debate on third reading of our government's bill to fix long-term care in Ontario. I believe this bill is one of the most important and transformational pieces of legislation that our government, or any past government, has introduced into this House. It is a key part of our three pillars to fix long-term care. These three pillars are, firstly, improving staffing and care, because more staff means more care; secondly, protecting residents through better

accountability, transparency and enforcement; and thirdly, building modern, safe and comfortable homes for seniors.

The legislation supports all three pillars, and I see it as the foundation for fixing long-term care. It's the product of months of consultation with residents, families, staff, unions and others involved in long-term care in Ontario. More importantly, it is the product of years of study by experts in the field—studies, proposals and plans that were ignored for too long by past governments of all parties.

This neglect has now ceased. Our government is acting to fix long-term care. We are rebuilding and reimagining care, along with our partners in the field: building 30,000 new beds over 10 years, with thousands of redeveloped beds and \$6.4 billion in funding to make sure seniors have safe, comfortable homes to live in in long-term care; four hours on average of direct personal care for residents, coming into effect within four years; 27,000 new nurses and personal support workers to carry out this commitment and an investment of almost \$5 billion to hire and train these new workers; double the number of long-term care inspectors in the next year, from 156 last year to 344.

These changes are unprecedented, and they will transform long-term care for seniors. They are changes that have never happened before on this scale. Bill 37 will give Ontario the best long-term care in Canada, and it will define how residents' rights and needs will be protected.

Since Bill 37 completed its second reading debate, members of this House and the government have had the chance to hear from residents and families, staff and home operators about this bill. We've heard from presenters orally in committee and received many written submissions from experts, people in long-term care and the public. They've given us plenty of good advice. They know and we know that there is not a one-size-fits-all approach for long-term care. We need different solutions for different parts of Ontario for different cultural communities and for those who need different levels of care.

I'd like to take a look at what we have been told about the bill and discuss some of the amendments that I believe have made the bill stronger. Before we get into the comments on the specifics of the bill, I'd like to speak to the strong level of consultation that the Minister of Long-Term Care and his ministry staff have had with stakeholders on this bill and overall on long-term care. Many of the presenters, including Smokey Thomas from OPSEU, spoke about how the government had listened to their views and taken them into account. We will continue doing this through the Strategic Long-Term Care Advisory Table that I chair with the Deputy Minister of Long-Term Care.

We are getting the best advice from long-term-care experts to guide the regulations for this bill. Our government listens and it acts at every level. Nowhere is this more important than the matter of four hours of direct care. We know that more staff means more care for seniors in long-term care. Experts in long-term care have been calling for four hours of direct personal care for seniors in long-term care for decades. We know the need. Organizations from the sector tell us how much long-term care has changed

over the last 30 years. Seniors are entering at a more advanced age and their care needs are so much greater than they used to be. The Alzheimer Society told the committee that about two thirds of residents suffer from Alzheimer's or some other form of dementia. They gave us some wise advice: We should treat dementia as the rule, not the exception, in long-term care, and they support our four-hour commitment.

In fact, over the years, report after report and group after group, including the official opposition, have recommended four hours. It goes back as far as the now-famous Sharkey report, which the previous Liberal government published in 2008, a report that's almost as old as the legislation this bill would replace. But the previous Liberal government did nothing to put four hours into effect, another part of their years of neglect of long-term care.

AdvantAge Ontario, which represents not-for-profit providers of long-term care and community services, is one of the presenters that supports four hours and has been calling for it for years as well. It has called what our government is doing "a game-changer" for long-term care. The member for Nickel Belt told us that our government's goal is good on four hours of care. We know that recruiting staff and retaining them will be a challenge, but it's one we have to meet.

Presenters also offered advice on the staffing mix in long-term-care homes. The Registered Nurses' Association of Ontario suggested 20% registered nurses, 25% registered practical nurses and 55% personal support workers.

Mental health is also a key factor in quality of life, whether you're a long-term-care resident or not. We know that isolation from families during COVID-19 took a heavy toll on residents, and we can be glad that families and caregivers are back in long-term care today.

Depression can be a concern in long-term care for seniors, and we know it's been a worry over the last two years. In committee we voted to add mental health to the "plan of care" section of the bill. This recognizes the need for a wider definition of health needs, and I was pleased it received the support of all parties in committee, because mental health is health.

Another of the amendments to the legislation in committee was to add the word "psychosocial" as part of the requirement to meet seniors' needs. Taking a holistic approach to residents' health and well-being requires acknowledging and addressing their psychosocial needs to ensure a high quality of care and foster the best quality of life.

This addition was recommended by the Ontario Association of Social Workers, which represents 20,000 workers in health care. They said in their submission that they supported the focus placed on respecting the diversity of residents, providing culturally safe and emotionally focused care, and acknowledging the complex physical and mental health needs of residents. One of their presenters made the very good point that poor mental health should not be a part of aging.

The social workers pointed out that psychosocial care has long been recognized as a best practice and a quality

standard by Health Quality Ontario for those living with progressive and time-limiting illnesses. I believe it was a worthy addition to this legislation and, again, it was great to see the member from Nickel Belt support this addition and for the official opposition to vote for it.

1440

A number of presenters also emphasized the importance of emotional-focused care, including the Association of Municipalities of Ontario. AdvantAge Ontario offered the committee some strong testimony on the importance of emotional-focused care, suggesting we add this into the preamble of the bill. I'm pleased to report that the bill was amended in committee to do this, with the support of both the government and the opposition.

Bill 37 strengthens enforcement both for provincial offences and for administrative monetary penalties. Smokey Thomas, the president of OPSEU, was pleased with parts of the bill dealing with proactive inspections, powers of enforcement and increased fines. He said the government was on the road to getting inspections right but also that the key to success will be in the operational procedures that inspectors have. As the union leader who represents public service staff and a registered practical nurse, he would know the important work that inspectors are doing already and how this new bill will increase their ability to keep long-term-care residents safe and secure.

The enhanced inspections will also benefit from our government doubling the number of inspectors. With the target of 344 within the year, up from 156, Ontario will have one inspector for almost every two long-term-care homes.

Access to caregivers and the new requirement for this in the legislation also received broad support from presenters to the committee. Family Councils Ontario suggested a right for caregivers to attend any meeting and how important they are to residents. We know how isolation can affect mental health, and residents need their families and caregivers.

Providing appropriate long-term care for Ontario's Indigenous seniors requires respecting and honouring their culture and heritage but also raises geographical concerns because of the many rural, remote and northern First Nations communities. The committee heard from the Sioux Lookout First Nations Health Authority about the challenges of providing care in their communities. They represent 35,000 people in 33 First Nations communities, 25 of which are remote fly-in or winter road access only. It's an area the size of France. They want to do what is best for their elders, improving long-term care and health. They identified important concerns such as a continuum of care, with care being provided in the residents' language and culture. This includes First Nations governance and control, traditional foods, community building and culturally safe and trauma-informed care. I am certain these are concerns of many Indigenous communities in our province, and I want to assure these communities that the government is listening. The preamble of the bill states that we "recognize the role of Indigenous peoples in the planning, design, delivery, and evaluation of culturally safe long-term-care services and care in their communities."

And we are ensuring that new beds are being built in Indigenous communities. Here are some examples. There are 10 new projects, with 735 new beds and 205 upgraded beds that will be operated by a First Nation community or led by organizations that have an Indigenous focus:

- the Batchewana First Nation long-term-care home, 96 new beds allocated;

- Wikwemikong long-term-care home, 37 beds and 59 upgraded beds;

- Iroquois Lodge redevelopment, 14 new beds and 50 upgraded beds;

- the Mohawks of the Bay of Quinte, 128 beds allocated;

- Rainy River First Nations, 64 new beds allocated;

- Wiigwas Elders and Senior Care in Kenora, 64 new beds and 94 upgraded beds; and

- Sioux Lookout Meno Ya Win long-term care with 76 new beds allocated.

I hope that this last project will meet the needs of the elders of Sioux Lookout. Our government is committed to long-term care for Indigenous communities, and I think our actions show we are working hard to provide beds and the care Indigenous seniors deserve.

I've spoken before about how I was a caregiver for my late aunt when she lived in the Hellenic Home, a long-term-care home in Toronto. This home, in addition to providing excellent care, offered her the opportunity to live in an environment with her own Greek language and culture. Given the very diverse population we have in Ontario, this is the type of home that should exist for every cultural community.

Family members from the Mon Sheong home in York region told the committee about how the home helped provide culturally sensitive care and a warm environment for their relatives from the Chinese community. Our government is building homes that will help meet the care and cultural needs of people from many cultural communities. In my own community in Oakville, two new homes with 640 beds will be built and will also serve the cultural needs of the South Asian community.

Of the 611 net new beds built by the previous Liberal government across Ontario from 2011 to 2018, zero were built in Halton. Our government has allocated 1,693 net new beds in Halton. Oakville mayor Rob Burton, who was at the announcement of the 640 new beds, was thrilled when it was made: "My highest compliment is to people when I work with them ... when we've finished a project to say you are great to work with. Minister, PA Triantafilopoulos, MPP Crawford and all the rest of your government—you have been wonderful to work with. Thank you so much."

In my community and in others across the province, we will ensure that seniors live in as much comfort and dignity as possible, and this means meeting their cultural, linguistic and faith needs.

Bill 37, for the first time, adds the concept of palliative care and a palliative care philosophy to long-term-care legislation. This includes both the right of residents to take advantage of palliative care and a requirement for homes

to integrate palliative care into their care and services. It's an important change and addition that's needed because of both our aging population and the more complex needs of long-term-care residents.

Both the Ontario Medical Association and the Ontario Long Term Care Clinicians indicated to the committee that they support that introduction of a palliative care philosophy into the legislation. The registered nurses' association agreed and reminded the committee about the fundamental fact that long-term-care homes are people's homes.

Palliative care is about how you live your life, about good management of pain and symptoms. It's about balancing the measures taken to cure or heal with quality of life. The Ontario Association of Residents' Councils told the committee that the culture of long-term care needs to be life-affirming and that a palliative approach focuses on meeting the full care needs of residents.

Home and community care is also important to long-term care, because it helps people stay in their homes longer. We know that seniors prefer to remain in their own home as long as possible, close to family and friends, and with a good home care support network, they can do so.

Sue VanderBent, CEO of Home Care Ontario, told the committee of her organization's strong support for a continuum of care and how important it was to ensure good care in the community. She described personal support workers as the hands and heart of home care, and she's right.

The government has recognized the importance of home and community care in the fall economic statement by investing an additional \$548.5 million over three years to expand home services and support additional staff, including PSWs. This funding would cover more than two million hours of personal support services and more than 700,000 nursing visits. It's care that will make a difference, helping seniors stay in their homes longer, where they want to be.

During our committee hearings, we heard from representatives from every part of long-term care: medical staff and personal support workers; unions who represent the staff in long-term-care homes; residents and families; home operators and their associations. One thing that I believe each of them had in common is that they know how important Bill 37 is as a new foundation for long-term care. It is transformational, focusing long-term care on the needs of people, not on the needs of institutions, organizations or government. Each individual resident in long-term care is living in their home. They deserve the highest quality of life and care, and our government, after 20 years of neglect, is making this happen.

1450

Since 2018, I've had the honour to serve with three Ministers of Long-Term Care. Each has made an important contribution to fixing long-term care. The first was the Deputy Premier and Minister of Health, Christine Elliott, who launched the rapid construction of new beds to meet the demand of a wait-list of 38,000 people. The second is the current Minister of Children, Community and Social Services, Dr. Merrilee Fullerton—

The Acting Speaker (Ms. Jennifer K. French): Sorry to interrupt the member, but you cannot say members' names. It's a matter of addressing them by their title or their riding. It has been a theme. I will ask that you make the correction.

Thank you. Please continue.

Ms. Effie J. Triantafilopoulos: Thank you, Speaker, for that correction.

As a physician, she started her career in long-term care. As the first minister of a stand-alone long-term care ministry in 2019, she ably led the government's response to the pandemic in long-term care. The minister understood that residents of long-term care were among the most vulnerable to COVID-19 due to their complex medical needs. She put in place strong infection prevention and control and supported homes with PPE, both of which have now become standards.

The current minister has introduced historic legislation embedding four hours of direct care. He's making significant investments to meet this commitment, recruiting and retaining the staff we need now and in the future. This bill is a template for the best long-term care in the country. It ensures the strongest enforcement, builds best practices, and puts quality of care and quality of life at the heart of long-term care.

This landmark legislation to fix long-term care will be one of the proudest legacies of the three ministers and of our government.

The Acting Speaker (Ms. Jennifer K. French): Questions and comments?

Mr. Chris Glover: I want to thank the member opposite for your comments today. But I'd ask you to actually look at the history that you are talking about. You said all three parties have been part and parcel of the problems in long-term care, but that's not actually accurate. There's a report called *Ownership Matters*, by the Ontario Health Coalition, that documented what happened in long-term care through the 1990s and the early 2000s. What they found was that the NDP created a residents' bill of rights, they created resident consultation committees at every long-term care which had the right to go through the reports and to inform people about their rights in long-term care, and they mandated hands-on care and inspections in all long-term-care homes. All of that was stripped away by the Conservative government when they got into power.

And then this Conservative government—the Premier said that you were going to put an iron ring around long-term-care homes, after 1,000 died in the first wave of the pandemic. They did nothing, and let 3,000 more people die. Why should anybody believe that this government has the best interests—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Response?

Ms. Effie J. Triantafilopoulos: I would like to thank the member opposite for your question. I can't speak to past history; I wasn't there. All I can speak to is what our government is currently doing to, in fact, deal with the neglect of many, many years in this sector. Our government is introducing this legislation to improve the well-

being of residents in long-term care and retirement homes and ensure they get the care they deserve. If passed, this legislation is going to create amendments that have never, in fact, been dealt with in legislation before.

We're not only fixing long-term care, we are also dealing with Ontario's seniors getting the quality of care they need and deserve, both now and in the future. We've established the commitment to provide an average of four hours of direct care, we're strengthening the residents' bill of rights to align with the Ontario Human Rights Code and we're—

The Acting Speaker (Ms. Jennifer K. French): Thank you.

Stop the clock. Just a reminder to all members here this afternoon: Each member has a maximum of one minute for their question or response, and I give a 10-second warning. It will be consistent. I do regret cutting off members who have wonderful things to share, but please watch the time.

Further questions?

Mr. Billy Pang: I can remember 21 years ago when I arrived in Ontario, the first group I served and volunteered with were seniors in long-term care. After 21 years—“When I get older losing my hair,” already happening now—I have more concerns for long-term care. Compared to the Long-Term Care Homes Act, 2007, I can see there are lots of differences in Bill 37: demographic pressures, an aging population and the long, growing wait-list. Can the member share more about the differences between Bill 37 and the previous act?

Ms. Effie J. Triantafilopoulos: Thank you to my colleague. In fact, there's a lot in this proposed legislation that is different. We are establishing in this legislation, for the first time ever, an average of four hours of daily direct care to be provided for each resident by March 31, 2025. We're establishing a target for the care provided by allied health care professionals of an average of 36 minutes by March 31, 2023.

We're strengthening the resident bill of rights. We're creating a new part focused on quality improvement, introducing new compliance and enforcement tools, and streamlining the licensing process. This will all enable a long-term-care sector that's going to be able to be resident-centred, focused on the care and needs of our vulnerable seniors.

The Acting Speaker (Ms. Jennifer K. French): Question?

Ms. Sara Singh: Thank you to the member from Oakville for your comments on this bill, as well. I know we were in committee together.

There are still several concerns that are present in Bill 37, and I'd like to ask the member why the government is not taking this opportunity to transition our system to one that is more reliant on not-for-profit delivery and why the government continues to renew the licences of homes like Orchard Villa, for example, which neglected seniors and continue to provide substandard care. Why is the government not holding those homes accountable and providing the justice that families deserve?

Ms. Effie J. Triantafilopoulos: Thank you to the member from Brampton Centre for that question. I know that the opposition seems to be extremely obsessed with this concept of for-profit care versus not-for-profit care. In fact, the regulations and the legislation that exist treat all homes equally, so we're not going to be spending billions and billions of dollars to pay private companies to expropriate their assets.

During the seven years prior to this government's election, only 611 net new beds were actually built. Our government is committed to building 30,000 new beds over the course of 10 years. Our government has already invested \$2.68 billion to build net new beds and upgrade existing beds. That's where our focus is: It's on building new capacity to deal with, frankly, a wait-list of 38,000 people. That would be what I would answer to you on that.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Jeremy Roberts: Thank you to the parliamentary assistant for long-term care for her remarks today. I know that she has been a passionate advocate on this file since the time she was elected, and it shows in the fact that she has continued to serve in that role throughout the entire three years of us being in office. Thank you for your diligent advocacy.

Recently, Speaker, I had the chance to visit—I have eight long-term-care homes in my riding, and I shared the news with them that new funding is coming this year to support more staffing. In fact, on average, each of the long-term-care homes in my riding will be receiving an additional \$4.5 million per year for staffing. The staff at these facilities were thrilled with this news.

I'm wondering, Speaker, if the parliamentary assistant could speak about what this funding is going to mean for those homes and how it's going to support them.

Ms. Effie J. Triantafilopoulos: Thank you to my colleague. I very much appreciate your words of support. We know that as a new government, we had a lot of work to get caught up on in long-term care, and we know the neglect that was in place from the previous Liberal government. We know as well that families, staff, unions and experts had been advocating for four hours of average daily direct care for residents for years, and frankly, our loved ones deserve nothing less.

That is why, to meet that commitment, our government is investing in the recruitment of 27,000 more nurses and personal support workers over the next four years. It's almost a \$5-billion commitment to get this done. We're also training 16,000 new personal support workers in Ontario's colleges, private career colleges and many school boards. I joined the minister in October to announce \$270 million to help long-term-care homes hire more than 4,000 new staff just this year. It includes \$3.4 million—

The Acting Speaker (Ms. Jennifer K. French): Thank you. The next question.

1500

Mr. Joel Harden: I was wondering if the member could reflect on a comment that the member form

Brampton Centre brought up earlier in debate. There are 4,000 youth—younger people—who are currently residents of the long-term-care system, who have significant developmental disabilities. I talked to those who advocate for those folks, I've talked to some of those folks who are residents. As the member from Brampton Centre said, they don't want to be in long-term care. And the reason they're there is because we don't have the capacity to offer people supportive home care or supportive institutional care.

So I'm asking the member and this government sincerely: What is your plan to help those 4,000 people with disabilities who are younger—some in their twenties—to have a livable place to live that is caring, compassionate and supportive? They don't want to be in long-term care, and I'm assuming your government wants those beds. What's your plan?

Ms. Effie J. Triantafilopoulos: I agree with the member opposite. It's important for us to be able to address those issues as well for those younger people that may have to live in long-term care because that's the only choice they may have.

But you also mentioned home care. I think it's important that you keep in mind that people, including seniors, would prefer to actually be in their own home for as long as possible, if it's possible to be able to properly support them. So I think that one of the things we did as a government in the fall economic statement was invest more in home and community care, to help those hospitalized patients continue their recovery and rehabilitation at home, where they are most comfortable. The province is investing an additional \$548.5 million over three years to expand home and community care. This funding would, in fact, support up to 28,000 post-acute surgical patients and 21,000 patients with complex health conditions every year.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Teresa J. Armstrong: What an important bill that we have before us. I want to first start off by saying what an excellent and amazing job that the member from Brampton Centre did on this file. I have to say, it was really, really well-thought-out and verbalized. I do want to say that this issue is not a new issue. We've all known the long-term, engrained problems with long-term care, and I want to talk a little bit about how we got here.

Under the Liberal government, we pushed, as the NDP, for changes to inspections and quality care. But we also had a real turning point during that government's reign. That was when there were the Wettlaufer murders in long-term care. Unfortunately, that happened—it was horrible—and it happened in my part of Ontario.

At that time, Speaker, we called for a public inquiry, and we called on that public inquiry specifically so that we could make sure that we didn't continue these mistakes. We called on the public inquiry to find and fix those problems. Unfortunately, the government of the day at the time decided not to do that. So there was an opportunity that we had to really address long-term care, as we're so passionate about fixing it for our seniors and vulnerable population.

The next opportunity that we had was—another horrible outcome—the pandemic. We had an opportunity right there to dig really deep and call a public inquiry to find and fix the problems in long-term care: Open it up, be transparent, be accountable. Let's not point fingers. But let's fix it. Speaker, the government of the day—the Conservatives—decided not to do that either. They called a government commission.

So here we are today, again just piecemealing things together, when we had those two major times—really, watershed moments—to make those changes to long-term care and we really didn't do it. And I feel like it was sad that we weren't listened to as the opposition at the time, and as the third party, as the NDP, by government at the time. It was a really missed opportunity. We could have really done better by the people of Ontario and the seniors who are in long-term care right now.

But here we are today, and we're talking about how to fix long-term care. The member from Brampton and the member from Oakville North–Burlington also talked about listening. The member from Oakville North–Burlington said they'd been listening and they listened to AdvantAge Ontario, about how the well-being and emotional part of long-term care is so important and that they made those changes. But I'll address that a little bit later.

The member from Brampton Centre sat on the committee as well, and her perspective was different. She said that they weren't listened to, that a lot of the stakeholders weren't listened to. Amendments weren't put into this bill. So there are two different opinions—the point being, here we have an opportunity to really listen to the people who are coming forward, who are giving good advice, and when we don't do that, we're doing a disservice to the most vulnerable population in long-term care. We're doing a disservice to the families who put their members in long-term care, wanting that excellent quality of care, because they're just burned out and they can't keep up with the care that their loved one needs. We're doing a disservice to the workers who have been talking about this for a decade, how we're short-staffed in long-term care. When we don't listen to the presenters, when the government made an announcement about this bill that is so life-changing, but then it feels like it's just a process and they aren't listening to the presenters who really want to make a difference to long-term care, that's a missed opportunity. And I'm really sorry about that, to everyone who was counting on real, fundamental changes: the people who live and work in long-term care, the families and the workers.

One member talked about how a presenter felt that it was expedited and disrespected because they weren't listening. So what I did was, I went to the Ontario Health Coalition, and they had proposed amendments. I want to read some of those amendments or some suggestions that they proposed. One of the titles is “For-profit privatization.” This is what they said in this publication here: “They have dropped the requirement that the government promote the delivery of long-term care by non-profit organizations. They added in ‘and mission-driven,’ which are

weasel words for for-profit-owned facilities. There is no definition of mission-driven in the new act.” That is one of the things that presenters talked about, and this government didn’t pay heed to it.

The other one that they’re highlighting is the staff and minimum care standards: “This is a re-announcement and so far the evidence does not support that this is real. Bottom line: we got it in the act sort of. However, the struggle to win this for real continues.”

They have talked about this as well—same topics, staff and minimum standards of care: “We have verified that they put the four hours of care into the act as a ‘target’ for 2025 and it expressly states that this is the direct care provided by RNs, RPNs and PSWs. This is a victory for us as we have been pushing for this—along with our members and affiliated organizations representing residents, families and care staff—as a priority for decades. We deserve a collective cheer. However, it is a re-announcement, it is delayed for five years, it is back-end loaded till the last two years, and we don’t know what a ‘target’ in law is; it is less than a requirement, and there is no way to enforce it. Also the new bill enables the government to extend the ‘target’ timelines in the regulations. That means that the minister can do this by passing it through cabinet (the ministers in the Ford government) without going back to the Legislature. Further, we need clear requirements forcing the for-profit homes to actually report their staffing levels (currently most of them do not) and their claims about staffing hours need to be subject to inspection and must be reported publicly in the home—posted in a visible place.”

The other thing they talked about here is the bill of rights: “It sounds good that they have added in pleasant-sounding clauses about residents having their lifestyle and choices respected. However, we have investigated and we have not found a single case in which a resident or family has ever successfully enforced the bill of rights against an LTC operator.... We are calling for a tribunal so that residents and families can actually enforce the bill of rights.” That’s another suggestion.

1510

The PSW staffing topic: “No changes in the act. Note: we are extremely worried that they will water down the requirement currently in the regulations that PSWs be trained PSWs not untrained people. We are calling for the requirements currently in the regulations that protect against the LTC operators replacing trained PSWs with untrained people to be put into the act.”

Whistle-blower protection, Speaker: We needed stronger protection and there is no change” in this act.

Pandemic plans, Speaker: “Barebones wording has been inserted under ‘Emergency plans’ mentioning the requirement that there be a plan for pandemics and epidemics. Such a plan is left up to the home. If there are any further details, they are not in the bill though there could be requirements in regulation if any regulation on this is written. At minimum the infection control and prevention leads must have a medical background. We are recommending that this lead be a nurse. At minimum the

bill must require that the pandemic plan require access to PPE in accordance with the precautionary principle for all staff.”

You see, Speaker, these were things that have been examined by the Ontario Health Coalition. The presenters at the committee would have asked for amendments to this effect, and it sounds like many amendments—I’m sure hundreds of amendments—weren’t looked at. So I decided, “Do you know what? I’m listening to what the member talked about amendments that the government listened to. Okay, well, I’m going to look through the bill to find these amendments.” Because when the bill comes back into third reading, what happens is, the reprint of the bill is marked to indicate the changes that were made in committee and the changes are indicated by underlines for the new text and struck through for the deleted text. That’s how you know how many amendments were actually taken from the presenters and put into legislation once we’re back into the House to talk about third reading.

So I went through the bill. I skimmed every page, so I hope I’m accurate. If I’m wrong, please, I’m sure they’ll point me out because they love to find out what numbers on what page, what the facts are. I bring that forward so, please, bring that to me if I’ve accidentally missed one of your amendments in here.

I went to the bill and, on page 16, there’s an underlined piece here. It’s not huge, but it basically says: “ensure that the written procedures include information about how to make a complaint to the Patient Ombudsman under the Excellent Care for All Act, 2010 and to the ministry.” That’s all that’s underlined on page 16.

Then, I continued on, hoping there would be much more amendments. The next amendment I was able to find was on page 51. Again, it’s talking about reviewing the licence by the minister. I won’t keep reading that because I’m going to use my time and I would like to talk about some other things.

The next amendment I found was on page 90. Those were the three amendments I could find. I could not find the amendment when it came to listening to AdvantAge Ontario about the emotional well-being. I could not find that underlined or struck out in the act. So, that’s fine.

Then I go to an email I just got today from the Ontario Long Term Care Association commenting about their presentation at the committee. They have written their members and supporters, and they say:

“The ‘new’ long-term-care bill is going to third reading in the Ontario Legislature today. We have reviewed the amendments that the Ford government has approved to go forward. There are almost none, all are cosmetic/technical. Nothing that we asked for.

“The Ford government is going to forward with the privatization clause in the preamble of the new long-term-care act and the changes to the licensing section to remove impediments to them privatizing the majority of 46,000 new and rebuilt beds. That is central to their plan.”

None of that was done.

“They did not improve the minimum care section—still no real minimum care standard set in the new long-term-care bill going to third reading today.

“Like with all other health care legislation under the Ford government, they voted down virtually all amendments except their own changes. They will now use their majority to pass the long-term-care bill.

“We can still win change, don’t worry! There is an election in six months. Public pressure means everything from here on in. This is when we win change in the public interest.”

The fact that we have to wait for this government to listen to organizations and stakeholders and family members and sometimes, at points, residents to make these real changes and we have to wait for an election—this was their opportunity. They missed it.

Speaker, I talked about the committee and what happened there. They weren’t listened to and there wasn’t much change to that bill, and the government missed that opportunity as well. But I want to have a local perspective right now. There were discussions about home care. I think when we talk about long-term care, we need to talk about home care, because that’s where people want to age: They want to age at home. We need to make sure that the investments in home care don’t preclude that philosophy. Building long-term-care beds: Absolutely, we need them, because we know there’s a population explosion when it comes to seniors, but we can’t neglect the home care piece, because that’s where people want to be.

In that vein, I want to talk about two examples in my riding: one on long-term care and then one about home care. My office spoke to Susan. Her mother is in long-term care in London. She sent multiple complaints to the ministry and has yet to hear a response. Her latest was that she walked in on her mom sitting in bed in a soiled incontinence pad, crying for help. It still hasn’t changed since the pandemic. The staff at the home are trying the best they can, but they are short-staffed. The need is urgent, and for folks like her not to hear from the ministry feels like a slap in the face. They’re trying to protect their vulnerable loved ones. The ministry should be helping them to do that. She and families like her feel so scared to raise these concerns for fear of retaliation against their fragile loved ones in the home. What will this bill do to ensure that won’t happen? That’s what one of my constituents wanted to know.

Speaker, on the home front part, we had a constituent—I want to tell you about my constituents Will and Bonnie. Bonnie is dying, and Will is trying to make sure that she remains comfortable in her final days. To do that, she needs home care supports. Initially, because Bonnie’s health was failing every day, she was eligible for 24-hour care. Now, because she’s still dying, she is considered stable and she qualifies for no hours of care. They are both seniors, and Will cannot handle the care she requires on his own. We checked and this is not a matter of policy being applied incorrectly; it’s a matter of bad policy. How is it that in this province Will and Bonnie would be left to handle this on their own? That’s what people want to know.

I have another constituent. I didn’t get permission to speak about it, but it’s the same situation: His wife is

dying. She is just doing a little bit better, but she’s still in palliative. She’s dying, and his hours were cut. He’s a gentleman; he’s older. He says, “I don’t know how to help my wife’s hygiene needs. I just want that care back.” He wants the care back from 3 to 11, and then he says that sometimes she’ll sleep through the night, and then by the time the PSWs come for home care in the morning, they can handle her hygiene. That’s not a lot to ask when we’re talking about seniors’ care and home care. But it’s not happening, and it’s not happening every day in my riding and I’m sure in every member’s riding. We have to do better. So when we’re going to fix long-term care, we’ve got to also fix home care.

Speaker, I want to use the last little bit of my time to thank long-term-care workers—all long-term-care workers. They have worked so hard through the long-term-care file. I mean, all health care workers. We’re talking about Bill 37, so I’m focusing on that, but all health care workers have been working so hard and are dedicated and burnt out, underappreciated, undervalued. We all know that. I want to say, what massive, massive neglect or un-thought, that we didn’t think of how important their work was until the pandemic happened. They’ve been called heroes, and so they should be, but we need to put those words into actions when we say they’re heroes. And there’s a number of things that we should be doing.

I know my colleagues from London West and London North Centre met with the RAO recently, and one of the things they were talking about was nursing, and they also focused on home care as well. It wasn’t just about the hospitals; they said it was long-term-care and home care—nurse shortages are everywhere in health care. They said they want this government to repeal Bill 124 because, again, it’s not putting their words into action; they’re not getting the wages they deserve.

1520

Around what they did during the pandemic—surely that’s enough proof for this government that they should be compensated correctly, and not impose and force Bill 124 to cap their 1% wage increases.

I could get sarcastic, and maybe I will. Someone in this Legislature got a massive raise; I think it was \$37,000, and here we are saying that our health care workers in long-term-care, home care and hospitals—“Bill 124, that’s what you’re going to get. But you are heroes, and we thank you for everything you do.” Well, let’s make sure we put that into action. I’m imploring this government to repeal Bill 124.

RAO pointed out that they want to contribute to the nursing shortage conversation, and they want a nursing task force so that they can actually give feedback to this government—and listen to how to retain, attract and train nurses, because there’s a nursing shortage.

The member from Oakville North–Burlington talked about how the government has a long-term-care table about the strategies and that. I implore them—again, as we said, the RAO keeps bringing this up, that they should have a nursing task force around the nursing shortage so that they can actually hear from the people who are doing

the job. That's how you learn. That's how you make good policy. It's not by telling people what they need. We need to hear what they're saying and then create the legislation to meet the needs that we hear from them.

I really think Bill 37 has been rushed. I know we're in an epidemic and we can't travel, but we really should have taken the time to listen to the deputants and implement more of their amendments—and if you needed more time, take that time to get it right, because it's long overdue.

ROYAL ASSENT
SANCTION ROYALE

The Acting Speaker (Ms. Jennifer K. French): I beg to inform the House that in the name of Her Majesty the Queen, Her Honour the Lieutenant Governor has been pleased to assent to certain bills in her office.

The Clerk-at-the-Table (Ms. Valerie Quioc Lim): The following are the titles of the bills to which Her Honour did assent:

An Act to amend various Acts / Loi modifiant diverses lois.

An Act to amend various statutes with respect to employment and labour and other matters / Loi modifiant diverses lois en ce qui concerne l'emploi, le travail et d'autres questions.

PROVIDING MORE CARE,
PROTECTING SENIORS,
AND BUILDING MORE BEDS ACT, 2021
LOI DE 2021 VISANT
À OFFRIR D'AVANTAGE DE SOINS,
À PROTÉGER LES PERSONNES ÂGÉES
ET À OUVRIR PLUS DE LITS

The Acting Speaker (Ms. Jennifer K. French): Further debate? Oh, I beg your pardon. Questions?

Ms. Natalia Kusendova: To my colleague opposite: I'm glad she raised Bill 124 because I intended to speak on it, as, I think, the only nurse who is actually working right now and sitting in this Legislature.

Do you know what the percentage was that the ONA arbitrator asked for? We gave them the 1% because of Bill 124, but I was wondering whether the member actually knows what the ask was by ONA and how much of an increase that translates into for the nurses who are novices, who are starting at \$33.90 for their first year of work, and for the nurses after eight years, for example, of experience, at \$47.69. I will address all of this in my speech, but I'm wondering if the member is actually aware of what the ONA arbitrator asked and what was the difference between what the government gave them.

Ms. Teresa J. Armstrong: I thank the member for being a nurse and working through the pandemic. We appreciate what you do every day, absolutely.

I wish you would have thrown that number at me, because I don't know what that number is, so I'll be quite honest with you with that.

However, when you are listening to nurses saying that 1% isn't enough, then maybe the negotiating should be a little bit more robust. An example of that negotiating was with eye care. People went without eye care for months before the government decided to talk to the eye care.

So I don't know what the actual number is, but I'm sure there's a middle ground you could come to, rather than enforcing it by legislation by 1%. You could go back to the table in good faith and try to work that number out.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. Percy Hatfield: More than 55 years ago, Paul McCartney and John Lennon wrote a song. I think the lyrics of that song, or at least most of them, are appropriate to this debate. And I think the members on the other side—if only they would listen, we could come up with a compromise about easing away from the for-profit homes in long-term care. I say to them: We Can Work It Out.

Try to see it our way
Do I have to keep on talking 'til I can't go on?
We can work it out
We can work it out

Think of what you're saying
You can get it wrong and still you think that it's all right
Think of what we're saying
We can work it out
We can work it out

Life is very short, and there's no time
For fussing and fighting, my friends
So I'll say to you once again
Try to see it our way
Only time will tell if we are right or wrong
But look at your way
There's a chance we might fall apart before too long
We can work it out.

So I say to my friend from London–Fanshawe, do you not agree that if they only listened to what they heard at committee and in the House, we could work it out?

Ms. Teresa J. Armstrong: This member from Windsor–Tecumseh is going to be dearly missed. What a gem. What a gem. To work with him was such an honour and a gift, really, I have to say. And he's right. Sometimes when you sing things, people will put their guard down and maybe hear what you're saying.

But yes, we could work things out in the Legislature. One of those processes is through committee and listening to those amendments. Unfortunately, from what we've seen and heard and even what's in the bill, I only found three very, again, non-life-changing, quality-changing—to long-term care.

The Acting Speaker (Ms. Jennifer K. French): Response.

Ms. Teresa J. Armstrong: Ten-second warning? Okay. Sorry, I'm trying to respect that time.

But yes, we could work things out by passing bills that this side of the House has proposed, that make things better in long-term care.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Vijay Thanigasalam: Our government puts the safety and security of our seniors in long-term care first. That's why we are legislating an average four hours of daily direct care for seniors in long-term care.

Candace Rennick of CUPE Ontario had this to say about our four-hour commitment: "We are encouraged to learn that this government is finally taking the necessary step of enshrining the four hours of hands-on care commitment into legislation. This is an important and long-awaited step."

We believe in this commitment so strongly that we wrote it right into this legislation. If the union leaders who represent long-term-care workers support this commitment, why won't the NDP vote to pass the Fixing Long-Term Care Act?

Ms. Teresa J. Armstrong: Speaker, the member talked about this government's concerns about the safety of residents. I'm going to read from an article in the newspaper here: "The province says on its website that each care home undergoes an annual inspection that includes interviews with residents, family members and staff 'as well as direct observations of how care is being delivered.'"

"But CBC News has learned that last year, only nine out of 626 homes in Ontario actually received so-called resident quality inspections (RQIs)."

So, there you go, Speaker. Under this government, the inspections were reduced only to nine, back, I believe it was, in 2020, if I recall. So the question the member had about minimum hours of care—the situation is that it isn't legislating direct, hands-on care for every home. There's a loophole open there that it may not be every home that can deliver four hours of care.

The Acting Speaker (Ms. Jennifer K. French): Question?

Ms. Peggy Sattler: I want to share with the member the story of a London West constituent, Rita Crowther, and her mother, Irma. Irma has had urgent priority status for long-term care since the beginning of the year. She's been at the very top of the crisis list since April, so eight months.

In June, her doctor advised that the only way to speed up the crisis process was to move from home to hospital. In July, the following month, she moved from the hospital to a retirement home, where she is still waiting for a long-term-care bed. She wrote to me to say staff are not equipped to take care of a long-term-care patient with extreme dementia. Rita is very concerned that without trained staff, her mother is getting progressively worse. So I ask the member, will this bill that is before us today do anything to help people like Rita and her mother?

1530

Ms. Teresa J. Armstrong: Thank you to the member from London West. She makes a very good point and case. Retirement homes aren't subject to an average of four hours of care. Retirement homes don't have the care that

people need when they are vulnerable, physically needing the health care that they deserve.

So here we are; we have her waiting. We had the alternative care beds in hospitals where people were waiting for a spot in long-term care. Now we've got them sent to retirement homes, which are private entities. It costs a lot of money to stay in a retirement home, and they're not getting the care that they deserve.

This act does nothing—nothing—to address what the member from London West has brought up. It does nothing to help that vulnerable senior in the retirement home waiting for a placement in not-for-profit long-term care, because this bill does not stop for-profits taking advantage of seniors.

The Acting Speaker (Ms. Jennifer K. French): Next question.

Ms. Natalia Kusendova: I want to use this opportunity to inform the member opposite. The difference that I was speaking about is 0.75% between what the ONA arbitrator had asked for and what the government granted, which translates into about \$500 per year for a novice nurse and about \$700 per year for a more experienced nurse.

My next question to the member is, did she actually take a look at the ONA compensation grid, which is not affected by Bill 124 and still gives nurses their entitled increases based on compensation? Because based on that grid, nurses are entitled in the first eight years of practice to about 4.4% annually, which translates into a 30% increase in the first eight years of experience.

On our side of the House, when you start at a salary of \$70,000, and after eight years you can reach the sunshine list, which is what's currently happening in Ontario, that is a quite decent and livable wage. Nurses deserve every single penny of that, but I think it's really important that before we continue political discourse, we actually inform ourselves of—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Response?

Ms. Teresa J. Armstrong: Oh, I totally agree with her that we should be informed what the numbers are, and I'm glad that's your expertise, so I do respect what you're saying. But you know, you said that nurses start at \$70,000, and in eight years they get on the sunshine list. Well, in what world do you start at an MPP's salary of \$119,000 and get a bump of \$37,000 in one year? Where are those numbers? Are you concerned about that kind of number?

When I talk to nurses and I hear them, I'm listening to it from their perspective, and they're saying Bill 124 is not fair. So go back to the table and get a fair agreement between ONA and the government.

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Order, please.

Interjection.

The Acting Speaker (Ms. Jennifer K. French): Order. The heckling will stop. Thank you.

Further debate?

Mr. John Fraser: Before I start my debate, I have to say to the member for Mississauga Centre: I'm looking forward to her making that debate presentation to Doris Grinspun. I think she'll be quite impressed with that.

Having said that, look, if you value nurses in this province, then you give them the right to bargain and you treat them right. That's not what's happening right now, and no debate notes you can give me are going to convince anybody in here or anyone outside this building otherwise.

Having said that, Speaker, through you—

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Stop the clock, please.

Interjection.

The Acting Speaker (Ms. Jennifer K. French): When I stand, the member—thank you.

A reminder to all of the hecklers here today: It's going to stop, please. This member has the floor. There will, I promise, be an opportunity for questions and responses. Perhaps you can save some of the comments for that time.

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Ministers, please. Thank you.

I return to the member from Ottawa South.

Mr. John Fraser: Thank you, Speaker. Now that I have their attention, the first thing I'd like to say is—

Interjection.

The Acting Speaker (Ms. Jennifer K. French): Minister of the Environment, Conservation and Parks, come to order.

Mr. John Fraser: Look, there is something in this bill, Speaker, that I did talk directly to the minister about that I thought was one of the best things in the bill. I'm going to start with that, and that's that the minister put in palliative care, that he put in the idea, the thought, the concept of palliative care. That's really important. Now, it's lacking in what needs to be there to deliver that—and please don't say to me in questions that it's going to come in regulations, because my head will explode. You need to do more than that.

Interjection.

Mr. John Fraser: Okay, there you go. You did it. I'll get you later.

The Acting Speaker (Ms. Jennifer K. French): The member from Bruce—Grey—Owen Sound.

Mr. John Fraser: So Speaker—it's Thursday afternoon.

I'm not going to support this bill. I can't support this bill. I'll tell you why in a second, but one thing that I think we missed an opportunity with here—and I said this when we brought this bill back from committee and we had a debate here, a short debate—is that there were no independent members on the committee. I made a request of the government. The government said no. I don't know why, if you're trying to make legislation better, you don't include everyone in the Legislature. I think it was a missed opportunity, a really missed opportunity on behalf of the government.

Now, I was able to participate. I could watch the depositions. I couldn't ask anybody any questions. I was thankfully allowed to make some comments, although brief, in clause-by-clause, which I appreciated doing. But it just was not a good process to make better legislation.

Look, here's the bottom line in this: We're doing exactly the same thing we've done for 25 years. We're doing exactly the same thing with this legislation. As a matter of fact, this legislation is just a cut-and-paste from the old one. So here's the thing: We have legislation and an agreement—essentially a franchise agreement—with long-term-care homes. It's about this thick. It's like McDonald's or Tim Hortons. Why do we have that in long-term care, the care of the elderly? Why are we treating them like franchisees are treated in McDonald's and Tim Hortons? Here's why: They have two mandates. One mandate is to take care of people as they age. What's the second mandate? To make money. So we create this franchise agreement so that the making-money part doesn't override the taking-care-of-people part. What we saw in this pandemic is it happens, and it doesn't work.

Here's the other thing. What do these for-profit corporations do? Well, they're good investments for tons of public and private pension plans here in Ontario and in Canada. Here is the kicker: Who pays for this? Who pays for them to be good investments? Two sets of people: number one, as we saw in the pandemic, residents. Residents pay for it. If you give them too much, you don't make enough money. But number two—here's the really bad part: It's on the backs of workers, mostly women, mostly racialized, mostly middle-aged, just trying to raise a family. Guess what they don't have, so many of them? What do they not have? They don't have pensions. There's a word for that somewhere in this world when you have that kind of situation. So there's an opportunity for the government to go in a different direction.

I will say another positive thing. I did see—I know the Minister of Infrastructure is here—an announcement the government made about supporting not-for-profits with interest-free loans. That's a good thing. It's not going to get you to where you need to be, because we actually have to—it's a good thing; I'm not saying it's bad, but it's not going to get us where we need to be. We need to get on a different path. This legislation just makes it way easier for for-profit corporations. It's the easiest thing to do. I know; I was in government. It's easy. Why? You say to the for-profit corporations, "You take on the debt. Here's your money," and the government—except for the franchise agreement.

The not-for-profit piece is harder to do. We can't just go to the not-for-profits we have right now. We actually have to get communities to build. We have to incent people. We have to do more than just give them a limited access to capital. They need more access to capital, but they also need access to capacities. We wouldn't build schools or hospitals or child care the way we build long-term care. They're connected to community. We wouldn't accept it. We wouldn't accept this kind of situation in any of those places. So why is it different for the elderly? We

have to do more to support communities to help people age. We have to do more. We have to do more to support municipalities. We have to find more partners there that aren't there to make a profit—it's not the right place to be doing that—and this legislation is not going to take us there.

1540

Now, we heard this again from—I was fortunate to hear that deposition after deposition after deposition pointed out this thing, that we're doing the same thing that we've always done and we're not really changing the direction. The government increased the fines, but here's the reality: They had some pretty hefty fines in place for three years that were just sitting, ready to be enacted.

Those fines, what are they there for? Well, they're not for our not-for-profit partners. How could we do that to them? But we didn't even try to correct the legislation so it wouldn't happen to them there. We were just hoping that somebody's discretion would lower the fine. We're doing it because we want to penalize people who are making money taking care of people as they're aging. Those penalties are huge. Is that going to make care better for anybody? No. Has it in 25 years? No. That's my point.

My point is, we need to go in another direction, and that direction has to be to give greater access to capital to communities. Today was good. We need to do more than that. We have to build capacity in communities. We have to bring municipalities together with people like faith groups, community groups, people who are interested in taking responsibility for people as they age—just like we do for kids, just like we do for when people are sick. That's not in this legislation, and unless we actually take the same approach that we take to our children, it's not going to change.

So I'll leave it at that, Mr. Speaker—oops, Madam Speaker. There we go; I knew I'd blow it. Sorry about that.

Ms. Sara Singh: Speaker.

Mr. John Fraser: Speaker. I don't even know why I say "mister" and "madam." I don't know.

So Speaker, I'm going to leave it at that. I really look forward to the questions and answers, because I anticipate that I'll get a few.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Mr. Lorne Coe: During the committee hearings on this bill, some of the presenters spoke about the high level of consultation the Ministry of Long-Term Care has held on the bill and other issues in the field, including some of which the member from Ottawa South referred to. Smokey Thomas, the president of OPSEU, said that on inspections the ministry did listen to their suggestions.

What's clear, Speaker, is that the government has listened and acted on building new beds, on four hours of care, air conditioning and other issues. Isn't it time that the member from Ottawa South recognizes the level of input and support from the long-term-care sector and gets behind the government's positive transformation of long-term care, which his government did nothing about for 15 years?

Mr. John Fraser: Well, to the member across, we built or rebuilt 30,000 beds. We increased home care by 5% a year. But here's what's more important. Here's what's more important about what the minister said or the member said with regards to hours of care: Hours of care started in 2018. As a matter of fact, the minister—and the minister is not here—would know that the minister had an expert panel—

The Acting Speaker (Ms. Jennifer K. French): Stop the clock.

Mr. John Fraser: Sorry; I withdraw.

The Acting Speaker (Ms. Jennifer K. French): The member will withdraw. We can't refer to members who may or may not be here for various reasons.

The member has the floor.

Mr. John Fraser: Totally accidental; I didn't expect the minister to be—so you had an expert committee that you'd put together of important stakeholders to deal with four hours of care. But here's what happened. Guess what happened in 2018, in the summer? The government cut it. The government cut inspections. So I know you've seen the light, because the light is June 2, and I would encourage the government to keep going on four hours of care.

Actually, in the legislation you could have been more thoughtful about how you were going to measure that. I think that came up at least half a dozen times in committee.

The Acting Speaker (Ms. Jennifer K. French): I'm going to ask the table to please resume the clock. Thanks.

Further questions?

Mr. Joel Harden: I'm happy to always hear my neighbour hold forth in this place. I do have a question for him, though. It's in the interest of being fair, because I hear my friends in government sometimes say I'm hard on them and I don't ask my friends in the Liberal Party enough about their record on long-term care. So a serious question for you, my friend: I am glad to hear you concerned about for-profit companies in this sector, but there is a very strong link between people like Adrienne Spafford, Arthur Lofsky, Charles Beer and other people who have worked as lobbyists for the for-profit long-term-care system that is behind the catastrophe that happened in the second wave of this pandemic.

Can you clarify for us today if the Liberal Party intends to campaign in the next election on taking profits out of this industry or not? Your leader hasn't been entirely clear on that, and that would help Ontarians understand if we can actually turn the page on this horrid period in our history.

Mr. John Fraser: Yes.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Natalia Kusendova: To my favourite independent member, I have the following question: Your riding represents a community which is home to many francophones. You were the parliamentary assistant to the Minister of Health and the Minister of Long-Term Care, so I'd like to ask you a very simple question: Do you know how many francophone beds are currently in Ontario? My second question is, how many new francophone beds

under your leadership and your government were built in Ontario? And my last question is, how many francophone beds is this government currently building?

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Stop the clock.

I am interested in the member's answer to the question, not the government hecklers' guesses.

The other thing is a reminder to all members: to and through the Chair, please, not directly across the floor. Thank you.

Response? I recognize the member from Ottawa South.

Mr. John Fraser: I will say two things: Number one is I work very hard to get language included in long-term-care in terms of beds available. Actually, in Ottawa, we have a large Chinese population in the Glebe. I think we have eight or 12 beds at the Glebe Centre.

But here's the other thing: If you want to talk about francophones, I remember—this is how old I am—when you guys were going to shut down Ontario's only francophone hospital, the Montfort, and they had to take you to court.

The Acting Speaker (Ms. Jennifer K. French): Through the Chair.

Mr. John Fraser: They had to take them to court. So I'm not exactly sure whether the Progressive Conservative Party of Ontario should say, "We're champions of francophone health care," because, as they say, je me souviens.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Sara Singh: Thank you to the member from Ottawa South for his comments on Bill 37. I wanted to ask the member: Much of the horrors that we saw in long-term care throughout the pandemic were because the previous Liberal government failed to invest adequately and help our province prepare for a pandemic after the SARS commission. Can the member maybe shed some light, as a former minister during the Liberal government—

Mr. John Fraser: I got elevated.

Ms. Sara Singh:—sorry, parliamentary assistant to the Minister of Health—why your government failed to make the adequate investments necessary to help this province be prepared for a pandemic when and if it was going to hit?

Mr. John Fraser: I thank the member for that question, but when this government talks about rebuilding the health care system, they were the government before and they closed 26 hospitals, so we built 26 and actually did 100 expansion projects inside hospitals. I know the narrative is that we destroyed this province before; this is what everybody likes to say here, but it's not actually what happened here. We invested in hospitals. We built or rebuilt 30,000 long-term-care beds. We invested a 5% annual increase in home care.

People want to be at home. I know we're talking about long-term care, but no one wants to age anywhere else than their home. They don't want to go to long-term-care or a hospital unless they absolutely have to. That's one of the

things that I think this government has failed to recognize. Home care in Ontario is really in terrible shape. This government has got to do something about it.

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The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Effie J. Triantafilopoulos: My question to the member from Ottawa South: The minister today announced that the government will now be providing loan guarantees to make it easier for select not-for-profit homes to secure development loans from Infrastructure Ontario. With the new not-for-profit loan guarantee program, \$388 million in lending from Infrastructure Ontario will be unlocked for not-for-profit long-term-care homes. Today Lisa Levin, the president of AdvantAge Ontario, said at the announcement, "I'm thrilled to be at @RodPhillips01 announcement at Reka centre about a non-profit loan guarantee program. We asked. You listened. Bravo!!" I believe that the past Liberal government had this sitting on their desk, and I want to ask the member whether you agree that this loan guarantee program will actually help the not-for-profit projects move forward more rapidly to be able to build more beds.

Mr. John Fraser: I think I actually said in my debate that I thought it was a good thing. I don't think it's going to get us to where we need to be. It's not going to help hundreds of homes. It's \$388 million. It's a loan guarantee. But I give credit where credit is due: It's a good thing.

But if you want to go in a different direction, you have to find people in communities and give them the resources they need, like construction and planning and health care resources and expertise.

We both come from religious communities. Inside those religious communities, they want to take care of their elderly, but right now it's too hard for them, and they don't know where to start. They don't have access to capital. If I saw something like that—if we were going up to communities in that legislation and saying that we're trying to find people, that we're actually going to incent people, that we're going to help people do it, we're going to get more not-for-profits and not just keep the ones we have going along better, I'd feel better about that.

The Acting Speaker (Ms. Jennifer K. French): The next question.

Mr. Percy Hatfield: If I turn back the clock, I think back to the Liberal years and the crisis in health care and hallway medicine. One of the reasons for that was that there were too many people in hospital beds who wanted to move to long-term-care beds, but there was no space in the long-term-care homes for these people to leave the hospital, so people were in hallways in the hospitals. One of the reasons given for that by the former Premier was, "Well, we concentrated on keeping people in their homes," which is good, because everybody believes home care is very good. But I just heard the member from Ottawa South say that we now have a crisis in home care in Ontario. So what happened between the Liberals concentrating on home care and "Now we have a crisis in home care"—what happened in those intervening years?

Mr. John Fraser: There are three things. First of all, the structure of home care has changed twice since that time. Number two, the pandemic hit, and wages in long-term care and hospitals are way better. There's no incentive for people to work in home care. They don't have stable jobs. They make 15 or 16 stops a day. It's precarious work. They don't have pensions. So if you were going to work in a long-term-care home or a hospital and get a pension—wouldn't you go there for better wages? That's part of the problem. There has to be some wage parity there. It's not all on the government that this happened—there are some choices they made that weren't good. The pandemic has just made it harder, because of the wage disparities that exist there right now.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Natalia Kusendova: It is an immense privilege to rise in the House today to speak again to a bill that is the result of this government's dedication to our long-term-care sector. As a registered nurse, as the proud member for Mississauga Centre, and as a lifelong advocate for long-term care in Ontario, I take great pride in having the opportunity to stand and speak to this landmark legislation.

I'd like to first thank the Minister of Long-Term Care, the Minister for Seniors and Accessibility and both parliamentary assistants, and everyone else within the policy-making process who had a hand in making this bill a reality.

The Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, represents a pivotal moment in the history of long-term care in Ontario. This proposed legislation is an unprecedented commitment to the long-term-care sector, which has been a chronic victim of neglect by past governments. It was during the COVID-19 pandemic that the fault lines of our long-term-care sector rose to the surface, showing to Ontarians how complex and multi-layered the care sector ecosystem was. This repeated mismanagement resulted in lacking oversight mechanisms, care providers operating out of protocol, and crammed homes with more residents than their capacity allowed for.

These shortcomings together allowed COVID-19 to ravage our most vulnerable. In spite of our best efforts, the entrenched issues of the system led to countless tragedies for residents and their families.

I would like to take a moment to offer my sincere condolences to all families who have lost a loved one in long-term care as a result of COVID-19. It is in their honour and to preserve their memory that we can and must do better. Indeed, it was the tragedy that hit our most vulnerable in long-term care that signalled to us all that swift and serious changes are needed not only to save lives, but also to build a more dignified, compassionate 21st-century long-term-care system for our beloved seniors as well as our heroic staff.

Fixing long-term care to create a better place to live and a better place to work requires the undoing of years of neglect by previous Liberal governments. The extensiveness and ambition of this legislation is unparalleled in the

history of this province. With its passing, it will set the precedent for a standard of long-term care that Ontarians will benefit from for generations to come.

With this legislation, we are establishing a new higher standard for long-term care in Ontario, and we are hoping that other Canadian provinces will follow our leadership. This objective will be accomplished using an approach built upon three pillars: staffing and care; accountability, enforcement and transparency; and building modern, safe, comfortable homes for seniors. I would like to spend a few minutes discussing each of these pillars and how each one will be supported to ensure a more holistic and more comprehensive care experience for Ontarians, who deserve nothing less than the very best.

The first of these pillars that the legislation is built upon is staffing and care, recognizing the indisputable fact that a high quality of long-term care is dependent on the strength of the health care professionals working within these settings. This will be a core part of achieving our goal of four hours of daily direct care to be provided per resident per day by early 2025, a target that far surpasses all other jurisdictions within Canada. This strong emphasis on staffing will also be crucial in establishing a target for the care provided by allied health care providers per resident per day of an average of 36 minutes by early 2023.

By establishing these targets within this proposed legislation, we are demonstrating the priority of this government in ensuring that it is achieved. But our efforts to strengthen our health care system's human capital is an initiative that we have continually made advancements in, even prior to this proposed legislation.

As one example, I can point to the recent announcement of our government investing up to \$100 million to add an additional 2,000 nurses to the long-term-care sector by 2024-25, further supporting our long-term-care staffing plan launched in 2020. This \$100 million will support the training of thousands of nurses and personal support workers who want to advance their careers in long-term care.

In practice, this unprecedented increase in targets for daily care will, for example, increase staffing capacity by around 43 new staff for a typical 160-bed home, including six new registered nurses, 12 new registered practical nurses and 25 new personal support workers. It will also translate into additional funding for this hypothetical home of 160 residents of \$3.2 million annually for staffing. These are not pennies on the dollar; these are incredibly high, unprecedented investments.

This government knows that an important way of achieving these care targets will be to foster our young and upcoming health care talent. That is why I want to mention once again two innovative programs which will be critical in achieving these care targets.

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One is the BEGIN initiative, which will provide tuition support of up to \$6,000 for PSWs and up to \$10,000 for RPNs to pursue further education to become registered practical nurses and registered nurses respectively. This is the concept of career laddering.

The second is the nursing program transformation in Ontario's colleges, which increases access to nursing programs at publicly assisted colleges through hybrid learning models: 500 additional enrolments in bridging programs in the year 2022-23 and up to \$6,000 a year in financial support, or incentives if you will, to internationally trained nurses to gain the credentials required to work in Ontario.

Now, in regard to the second pillar, accountability, enforcement and transparency, its principles underpin why our government decided to legislate our objectives for increasing care to residents in long-term care, but it also means more thorough inspections and stronger enforcement protocols in ensuring licensees of long-term-care homes are in compliance with regulations to ensure the health and safety of residents.

As one example, the proposed legislation would eliminate the voluntary plan of correction, giving both the director and the Minister of Long-Term Care the authority to suspend a licence and take over a long-term-care home without closing the home to allow for mediation while not impacting the continuity of care.

Finally, the third pillar of the proposed legislation—building modern, safe, comfortable homes for our seniors—can be said to be the most groundbreaking within this bill. As with our commitment to more staffing and more direct care for residents, our commitment to more beds to alleviate the unacceptable waiting lists our seniors have to endure is not a new one, with many important developments having been announced well before today's legislation.

Our long-term-care modernization plan earmarked \$1.75 billion for the delivery of 30,000 new spaces over 10 years in an effort to greatly reduce the current wait-list. This was further strengthened with an additional \$933 million in 80 new long-term-care projects announced earlier this year.

This unprecedented plan is supported by innovative approaches to getting shovels in the ground, like our accelerated build pilot program, which leverages measures such as modular construction, rapid procurement and the use of hospital lands to have beds available in months, not years.

This is welcome news for the city of Mississauga which, despite having a growing and diverse population, was consistently shortchanged by the previous government. Of the net 611 new beds built by the previous government from 2011 to 2018, zero were in Mississauga. Our government has allocated 680 net new beds in Mississauga with a total additional allocated capacity of 1,377 new and 511 upgraded beds in our city alone.

Speaker, this is a government for the people. For example, in the riding of Mississauga-Lakeshore, our government is providing \$1.5 million this year for additional staffing and \$13.8 million more annually than their current funding by year 2024-25, and 877 new and 275 upgraded beds; in the riding of Mississauga East-Cooksville, \$1.7 million this year for additional staffing and \$10.7 million more annually than their current funding by year 2024-25 and 43 new and 85 upgraded beds allocated.

Mais augmenter notre allocation de lits dans les régions historiquement mal desservies, c'est aussi investir davantage dans les lits pour nos communautés francophones.

Monsieur le Président, au total, il existe 928 lits pour les francophones à travers l'Ontario, et ce gouvernement est en train de construire un total de 502 nouveaux lits francophones, ce qui représente une augmentation de plus de 50 %. Le gouvernement précédent parlait d'être allié des francophones, mais, monsieur le Président, the proof is in the pudding. The previous government has a shameful record of adding only 611 net new beds for the entire province of Ontario, while we are building 502 net new beds for our francophone population, which represents about 4.7% of Ontarians. Talk about discrepancies in proportionality—truly shameful indeed.

L'une de ces communautés francophones qui bénéficiera grandement de notre approche accélérée de la construction de lits de soins de longue durée est la circonscription de Glengarry-Prescott-Russell, qui abrite plusieurs excellents foyers de soins de longue durée, dont certains que j'ai eu la chance de visiter.

Indeed, the francophone community in Glengarry-Prescott-Russell is receiving additional francophone beds at three different long-term-care homes.

Premièrement, le Centre d'accueil Roger-Séguin a reçu 113 lits francophones renouvelés et 15 nouveaux lits francophones supplémentaires. Deuxièmement, la résidence de soins de longue durée Chartwell Champlain a reçu une nouvelle allocation de 164 lits, dont 60 lits alloués pour les francophones. Troisièmement, le Palais a reçu 16 lits pour les francophones, avec un nombre total de lits provisionnés de 70.

De toute évidence, il s'agit d'un gouvernement engagé envers la communauté francophone de Glengarry-Prescott-Russell, et ce gouvernement remercie tous nos partenaires du réseau de soins de longue durée de cette communauté qui ont continué à travailler avec nous afin que les aînés francophones puissent obtenir les soins dont ils ont besoin et qu'ils méritent.

Mais bien sûr, ce n'est pas tout. Dans le comté d'Ottawa-Vanier, le foyer de soins de longue durée Montfort a reçu 128 lits pour les francophones. Également dans cette circonscription se trouve la Résidence Élisabeth-Bruyère et le Centre d'accueil Champlain, qui ont reçu au total 71 lits pour les francophones et 160 lits pour les francophones, respectivement.

Dans le comté de Mushkegowuk-Baie James, au Foyer des Pionniers, nous avons alloué 12 lits aux francophones.

Monsieur le Président, je pourrais bien sûr continuer, mais il est clair de voir à quel point ce gouvernement est engagé envers les soins de longue durée francophones, car nous comprenons comment les soins linguistiquement appropriés assurent de meilleurs résultats pour les patients ayant des besoins linguistiques divers. Lorsque nos aînés francophones peuvent recevoir des soins dans la langue dans laquelle ils se sentent le plus à l'aise, c'est pour le mieux-être du soignant et du patient, assurant une meilleure dynamique entre les deux et favorisant une

meilleure expérience de soins globale. Ce gouvernement s'est engagé à continuer de travailler avec nos partenaires et intervenants francophones pour continuer à offrir plus de lits pour les aînés francophones d'une manière que le gouvernement précédent n'était pas en mesure de faire.

Now I'd like to move on to discuss some of the amendments that were proposed in the committee. Central to committee hearings for bills are the amendments that committee members can put forward for consideration and eventually are voted on by the elected members who sit on the committee. I'd like to spend a few minutes speaking to some of the proposed ones which we heard during committee proceedings on this legislation and ones I'm proud to say we were able to find common ground on with members opposite.

For example, amendment number 8, proposed by our government, which added "mental health" to section 6(3) to ensure that a long-term-care licensee includes the mental health needs of a patient within a plan of care, found widespread support in committee. This amendment is important in ensuring that we are also considering the mental needs of patients in addition to their physical ones, forming a more comprehensive plan of care. This will lead to better health outcomes for residents in long-term care, because mental health is health.

Another amendment proposed by this government that found support with our colleagues across the aisle was amendment number 19, which added a clause to the bill ensuring that written procedures include information on how to make complaints to the Patient Ombudsman. With this, we are further strengthening the responsiveness of the long-term-care sector with further measures to ensure that patients who have a concern can receive proper oversight from the Patient Ombudsman.

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During the committee hearings, the Minister of Long-Term Care said that although participants in the hearings may not agree with everything in our plan, we share a common cause to fix long-term care so that residents receive better quality of care and enjoy a better quality of life. I couldn't agree more.

It was encouraging that we had instances where we found common ground with the opposition on matters of shared importance to us both. At the end of the day, as legislators, I believe that we share a goal of making Ontario's long-term-care sector a leader in both Canada and the world for the highest standard of care possible that our seniors need and deserve. I look forward to working with the opposition wherever possible in the future as we continue in this work to fix the systemic issues left unresolved by previous governments.

Speaker, I want to end my remarks today with a brief discussion on how this bill relates to a piece of legislation that has received a good deal of attention in the nursing community as it relates to compensation of nurses. I'm speaking about Bill 124, of course. As a nurse who is currently working within our emergency and acute care system, I want to say that I'm not sure if the opposition has had the chance to actually look at the ONA grid, the pay

scale, which is of course not impacted by this legislation. If we take a look, for the first eight years, year over year, nurses are receiving about, on average, a 4.4% increase to their salary. This is in addition to the 1% grid movement, year over year. In summary, over the first eight years, nurses are receiving about a 30% increase in their earnings, in addition to the 1% that is just an automatic increase.

What this means in cents and dollars is, for a novice nurse who is working full-time, their earnings are about \$70,500 annually. For a nurse working for about eight years, this is \$99,195 annually. What I would like to add is that there are also many opportunities for wage enhancements available to all nurses; for example, evening premiums, night and weekend premiums, holiday premiums. For picking up extra shifts to fill sick calls, we actually gave two times the hourly wage; this is an increase from 1.5 in arbitration. For nurses who are more experienced, there are also opportunities for wage enhancements; for example, working as a charge nurse, a flow nurse, a team leader, a clinical educator, a manager, or getting resus training. So there are many opportunities for more experienced nurses to get wage enhancements.

I would like to just conclude my remarks to bring attention to the fact that about 17,000 more registered nurses have actually made it to the sunshine list from last year to this year. They deserve every penny of that money, but I just want to, once again, caution the opposition for using nurses as political—what's the word I'm looking for?—pawns—

Interjections.

Ms. Natalia Kusendova: That's fine. So I just want to caution the opposition to, first, learn the facts about the compensation of nurses and the scales that they are receiving, before using them as political pawns.

The Deputy Speaker (Mr. Bill Walker): Questions and response?

Ms. Sandy Shaw: Thank you to the member for her comments. I'm sure the nurses will have something to say about your comments. I'm looking forward to that.

You said that you want to work with the opposition, but I wish you felt that way back in May when you voted no to my Retirement Home Justice and Accountability Act, which would have amended and made sure that the RHRA was responsive. So you will certainly know—because you said no—that there are over 770 licensed retirement homes, almost all of which are for-profit. And that is about 60,000 people who live in these retirement homes, and many of them are owned by the same for-profit corporations that we see with such bad results in the long-term-care sector.

So my question to you is, why did this government turn its back not just on long-term-care residents, but on seniors living in retirement homes and paying extraordinary fees to live there to huge corporations like Amica, Chartwell, Revera and so on?

Ms. Natalia Kusendova: To the member opposite, I would like to say that a wise man once said there is no monopoly on a good idea. So when it comes to private

members' bills, the government and our ministers take their time to do a proper analysis, and if they decide that it is a good idea and that it will serve Ontarians, and it is fiscally responsible and prudent to do so, we vote in favour of such legislation.

I can give you an example: Recently—I believe it was last week—we voted in favour of one of your private members' bills, to increase the hours of direct care to patients in long-term care to four hours, because we agree. In fact, we're doing that, so we voted in favour. Yesterday, we also supported a bill to proclaim Endometriosis Awareness Month. So where we can find common ground, we will vote together with the opposition. But where we disagree, we vote against.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Whitby.

Mr. Lorne Coe: I want to thank the member from Mississauga Centre for an excellent presentation. The long-term-care commission talked about the need for resident-centred care, and the Ontario Long Term Care Association spoke about emotion-based care. Can the member from Mississauga Centre please share with us what aspects of this legislation address those two key aspects?

Ms. Natalia Kusendova: Thank you for that question. The proposed legislation would place significant focus on resident well-being and quality of care. I think it's really important that we remind ourselves that for the residents this is their home. It's not just a place of work like how we come in here every day, work eight hours, sometimes 14 hours. No, no; for these residents, this is their home.

For me, linguistically appropriate care is something that I truly wanted to champion, because I do feel that residents have better outcomes when they are able to communicate with their health provider. That's why I brought forward my motion on linguistically appropriate care, but I'm proud that our government is recognizing that the needs for emotionally-based care is something that we should start to focus on and start to include in our nursing plans of care.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Thunder Bay–Atikokan.

Ms. Judith Monteith-Farrell: Thank you to the member for her presentation. I agree that condolences need to go out to families that were impacted by what happened in our long-term care, and I thank her for her work as a nurse.

You asked the member from London–Fanshawe about what the what the ONA was asking for. They were asking for 3%. They also wanted to put on record and are challenging the 1% cap, and also have concerns about pay equity, as it takes 25 years for a nurse to get to the top of her pay scale, and it takes more male-dominated occupations only seven. So that's all in the report from ONA. What I'm asking is, don't you believe that nurses deserve better pay so that we can recruit them into those crucial positions in long-term care?

Ms. Natalia Kusendova: I think it's absolutely critical that we do everything we can to recruit and retain more nurses. We know that we are at a nursing shortage. But I

think that's why it's so important that our government is launching many initiatives to train more nurses across Ontario, both registered practical nurses and registered nurses. The ability for colleges to give stand-alone programs is one of the strategies in which we are making sure that more nurses are entering the profession. To quote Doris Grinspun, who congratulated us on this, "This signals to nurses that help is on the way."

I know the nurses are burnt out. I know they've been working tirelessly throughout the pandemic. That's why I was proud that our government recognized their contributions and gave them pandemic pay in the first two waves. This was a really important investment to ensure that nurses continued working as we tackled the first two waves of the pandemic.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Peterborough–Kawartha.

Mr. Dave Smith: The opposition talked about how all long-term care should be not-for-profit or municipally run. In my riding, since I've been elected, the not-for-profit associations that run them and the municipal associations, the municipal long-term-care homes, have not put forward a request for any beds in the time that I have been there. Yet we've awarded 504 new beds and 296 redeveloped beds to my riding.

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My area is short 5,500. There are 5,500 people on the wait-list. Is it appropriate that we follow the NDP's model, where my riding would receive zero beds, or is it more appropriate that 504 new beds are being built?

Ms. Natalia Kusendova: I think it's really important to note that these beds are allocated in a very competitive process, and there are certain criteria that the persons or organizations coming forward have to meet. We look at these competitively. Unfortunately, some not-for-profit homes are not positioned in a way—and we know that this is a challenge, especially in the francophone community—to actually put forward an application which meets all of the necessary criteria to provide appropriate long-term care to our residents.

We can't simply cut corners and give bed allocations to homes that are simply not positioned to run them properly if they come from the not-for-profit sector. That's why our process is equitable. We're treating not-for-profit and municipal homes in the same fashion to ensure that that high-quality standard of care is consistent across Ontario.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from University–Rosedale.

Ms. Jessica Bell: Thank you very much to the member from Mississauga Centre for her presentation. The question that I have is around the issues that we're facing in long-term-care homes around the staffing shortages, especially with personal support workers.

In my riding, we have Vermont Square, St. George and Mon Sheong, and the family councils and residents in those areas, particularly at Mon Sheong, have communicated with me that there is a critical staffing shortage of PSWs in these facilities, and it's impacting the quality of care. The challenge they see is that PSWs, in particular,

are not paid enough money, and that is why we can't recruit in the way that we need to meet these targets and, more importantly, we can't retain these highly qualified PSWs who are committed to the job.

My question to you is: Can this government commit to extending the temporary PSW wage increase beyond March 31, 2022, and make it permanent?

Ms. Natalia Kusendova: I couldn't agree more that we need more PSWs and we need to infuse them immediately into our long-term-care sector. That's why I'm so proud that our government has announced two pathways through which our prospective PSWs can receive a completely free-of-charge education paid by our government. There is a public pathway and a private career college pathway.

This is an unprecedented investment. We're training these PSWs and we need to hire 27,000 more into the system in order for us to live up to that commitment of four hours of direct care per resident per day. I think these are unprecedented investments into education, and I'm proud that our government is the one who made them.

The Acting Speaker (Ms. Jennifer K. French): We don't have time for another back-and-forth.

Further debate? I recognize the member for Ottawa Centre.

Interjections.

Mr. Joel Harden: Thank you, Speaker. My ears are going to have to reset, thanks to my enthusiastic colleagues.

Before I get started, I want to offer a sincere thank you to two people who both work in helping professions—of course, the member from Algoma–Manitoulin keeps us on point, as does the member for London West. But I also, from the bottom of my heart, want to thank my friend Andrzej Wisniewski, who is my French tutor—and the tutor to many of us, as I understand it, in this building. Andrzej has been tireless. He has been patient with my French. Donc, je vais dire mille mercis, mon ami Andrzej, pour votre travail avec une personne qui parle un bon français. Mais, toujours, je vais essayer, OK? It was his birthday yesterday, Speaker. So, Andrzej, happy birthday. From those of us in this chamber, we love you. Continue; ne lâche pas.

I also want to say thank you to Peter Stapper, who has been the chair of CUPE Ontario's workers with disabilities caucus for a long time. You know him, Speaker, because he worked for the city of Oshawa. Peter is an award-winning designer of recreational spaces and parks, recognized by this province. I had the good occasion to have dinner with Peter last night, reflecting on his tenure in the labour movement and working for the city of Oshawa. Thank you, Peter, for everything you've done to make Ontario open for people with disabilities. Thank you very, very much.

I also want to say, Speaker, this bill to me signals something profound and, I think, important. This is a difficult subject, but I believe in the next provincial election one of the vote-deciding issues is going to be how we build an appropriate long-term-care and home care system. I think however we decide to weigh in on this particular piece of legislation—I see colleagues weighing in with passion on

the government side and on the opposition benches—this bodes well. This bodes well because this deserved to be an election issue many elections ago.

I think until the pandemic it was just one of many things that government had to worry about, but now, after the experience of the pandemic, it's much bigger than that. It's absolutely much bigger than that. Now, after we saw 4,000 people perish in the long-term-care sector, and some staff, this is a priority for whoever wants to form the government of Ontario next June. And we have contending visions.

So let's look at Bill 37. Bill 37 is trying to take up the debate that my colleague from London–Fanshawe has been championing for a very long time, which is about the four hours of hands-on care per resident per day. It's proposing that we get there in four years, in 2025. But as the member from London–Fanshawe said, as the member from Brampton Centre said in her terrific one-hour lead today, the problem my friends in government have here—I think it probably hearkens back to that old expression that “you've got to dance with the one who brought you.” Right, Speaker? Are you familiar with that?

If you've been tied to the for-profit long-term-care industry for decades, it's hard to sever those ties overnight. I was actually really happy to hear my neighbour from Ottawa South earlier today, in debate this afternoon, say that the Ontario Liberal Party is prepared to call for us—as we have in this moment, as we had in previous elections—to take the long-term-care and home care systems out of for-profit hands and put them into public and non-profit hands. I'm glad to hear that the Liberals are there now. It took them a while; I'm glad to hear they're there now.

But as I understand it, in this bill the government here is prepared to pour billions of dollars into a sector that is, in effect, as I said earlier this week, a leaky bucket, Speaker—a leaky bucket, and why? Because we are losing a lot of public money in dividends to shareholders that these for-profit companies issue in the middle of this pandemic. We're losing a lot of money that should be going straight into the salaries of the hard-working, largely women, in this sector because—depending upon whose numbers you believe, Speaker, and those will be the numbers we will be debating about in the next election—we're losing a fifth, a third of every public dollar into this industry because of excessive compensation to executives, dividends to shareholders, and losses that will always happen when a for-profit company runs an enterprise that has a public mandate.

So let's talk about things that are “mission-driven.” What does “mission-driven” mean to a New Democrat? For me, something that is mission-driven, particularly if you're dealing with someone with a disability or a senior—what that means is that that organization's mission should be to make use of every single public dollar, to make sure it goes into living conditions for residents and to make sure it goes into the compensation for the crucial staff that do the work in the sector. That's what “mission-driven” means to me. “Mission-driven” means this is, in effect, health care. This is 24/7 care,

because someone themselves or their power of attorney feels that it's no longer safe for them to live in their own home, so they need 24/7 care and, as my colleague has said, successively, they need help. They need that hands-on care to make sure they can live safely.

So what is the government's plan? I've tried, in fairness, to demonstrate that they want that four hours of hands-on care. They're prepared to work with an industry which is majority for-profit, pouring billions of dollars in, losing a bunch of money out, I believe wastefully, in dividends to shareholders and in excessive management compensation that should be going to staff, that should be going to the conditions of care.

I'm an Ottawa politician, Speaker, so let's bring this back to Ottawa for a minute. What does this mean right now with some of the bed announcements? Because we've heard my friends in government talk a lot about beds. What's been announced in Ottawa, as far as what this legislation is empowering the government to do? Who are they asking to furnish some of these beds?

What is Carlingview Manor, Speaker—which is a place that, during the second wave of this pandemic, 60 people died and half the people in this building contracted COVID—half. This is a 303-room facility. Half the people contracted COVID and 60 people died, and the government is proposing to transition this particular home to another home in Orléans, working with Revera, the for-profit company owned by a superannuated federal pension plan. That's who owns Revera.

1630

This company, to me, is like a vampire squid, sadly funded, as the member for Ottawa South said, by the pension plans of unionized workers in this country. It's like an enormous—in my view, disgusting—entity that should be mission-driven for residents and staff, but instead is mission-driven on profits and dividends to that pension plan.

I live in Ottawa, Speaker. I know a lot of my neighbours work for the federal government. They work in those occupations. They work for the RCMP; they work for the federal government; they work for crown corporations. They have written to me about how disgusted they are that their pension plan is funding a company that was the worst horror show in the second wave of the pandemic, where 60 people died in this particular building—60 people.

I want to talk about one of those people who's a retiree. Her name is Christine Collins. Her brother Peter lives with dementia. Peter is now 70 years old. He was discharged from the civic hospital to Carlingview Manor.

When we started to help Christine, because she couldn't reach her brother—every time she tried to call the nursing station, she could never get him. People were run off their feet. But she bought Peter a phone. She bought Peter a phone, and despite the fact that there were access issues during the pandemic, she was able, episodically, to keep in contact with Peter. The stories she would hear, Speaker.

What we know from the pandemic and what we know from the long-term-care commission report is that probably the most important thing we could want beyond

adequate staffing ratios is infectious disease protocols, IPAC. They have to exist. The research showed that the pandemic hit for-profit, non-profit, municipal homes the same, but the difference was in how the spread could be contained by proper infectious disease protocols and staff who had enough person power to be able to manage that.

Carlingview Manor, reported through Christine and her brother Peter, was a horror show in this regard. I'm talking about a situation in which Peter, who lives in a shared room, was having people with other mental health issues wandering in and out of his room, unmasked, taking stuff; group dining well into the second wave of the pandemic. When did it get better? When did the conditions at Carlingview Manor get better? They got better when the Queensway Carleton Hospital took this place over.

My question in this place about this bill is, if eventually we're going to ask the public sector to come to the rescue as the cavalry, to make up for this slipshod management exercise, clearly existing to cream off profits by underpaying workers and shortchanging residents, why don't we just put the public sector in charge in the first place? They clearly knew what to do. They turned that place around.

A neighbour of mine is a nurse practitioner. She went into this place. She helped residents understand—in some cases residents with complex care needs who wander, who have issues—helped them understand some boundaries, talked to people. Heaven forbid, talk to someone? She met with the teams, helped get the place back on track.

A publicly paid employee with full-time hours, focused on a facility, working on behalf of a hospital: Can people detect a theme here? This is how we succeed, not by giving Revera another 17 beds at a different facility and paying for their profits, but empowering professionals at the Queensway Carleton Hospital to work with a public and non-profit entity to make sure people are safe, staff and workers.

Theresa Kavanagh, who is the city councillor for this area, Carlingview Manor, which was the epicentre for this horror show that we funded in the province of Ontario, said this: "Where on earth would you let" 60 "people die in a building and not do something? This is not a time for Band-Aids," Councillor Kavanagh said. "This is a time for overhaul." It was after that advocacy, advocacy from our office, advocacy from medical professionals in our city that put enough pressure on this government and the Ministry of Health to dispatch a team from the Queensway Carleton Hospital to fix this problem.

But it shouldn't have had to come to that. We have the SARS commission report. We know how contagious this virus was after the first wave. It shouldn't have had to come to that. We should have identified the weak spots in our city, and we should have dispatched appropriate teams to deal with it. Instead, dance with the one who brought you. Instead, we trusted Revera to do the right thing. Maybe in some Revera homes that could work, but not in this place, not with this model.

We've been talking about nurses this afternoon, so I want to bring the words of another nurse into our discussion today. I want to bring the words of Kate Magladry

into this room, Speaker, because those 60 people who died are not numbers. They had names and they had family members. Do you know what Kate's job is? Kate is a nurse at the civic campus. Her job was to hold up the iPad to that person's ear—serious; this was reported in the *Ottawa Citizen*—so the family members could plead for that person to get better. That was Kate's job for patient after patient.

So taking pressure off this government for a second, people come into this place—and you know who I'm talking about, colleagues—who minimize this virus, who say it's not serious, that we can get past mask mandates and that vaccines aren't important. I want them, for a moment, to walk a mile in Kate Magladry's shoes, because they didn't have to pick up the mess for the rhetoric that they spread on social media, all the nonsense that they fill our neighbours' heads with that somehow we can will our way out of this pandemic, that it's a conspiracy of some sort. It's not a conspiracy. It is real, and it is lethal and it killed 60 people in this place, in Carlingview Manor, and who was there to pick up the pieces? Who was there to be by the bedside? Kate was. It certainly wasn't the members who come into this building, making arguments that we should let our guard down with this pandemic. Heck no.

Kate is very clear. She's very clear with our office when we followed up because I read the media story. I made a call to her union and said, "Can I speak to Kate?" I was so moved by what she shared. All of us, I think, in this place had been worried about the morale of people working in the health care sector. One of the things reported in that story was Kate saying: "I don't want to be called a hero anymore. Stop it. Tell people in your profession to stop it because every time I hear that, I feel that someone is getting ready to under-protect and undervalue my work, that words are going to be enough. You want to comfort me? You want to value me? Staff up the hospitals. Open up the spigot of money."

Let's talk about the NDP plan for long-term care and home care, Speaker. Let's talk about it honestly for a second, because people over here call it "expropriation." People over here call it all kinds of names. But do you know what it actually is, Speaker? It's a Tommy Douglas plan, because Tommy's dream in health care was not that it would stop at hospital access or access to a family physician. Tommy's dream was that we would expand medicare to cover all the essential things in one's life, from your head to your toes.

Access to appropriate home care, culturally appropriate home care, access to a long-term-care bed when you need it, the supports you want to live in your home, that all costs money; my friends are right. If you look at our plan, we are proposing in the next election—over eight years—to turn this ship from its current position, majority for-profit, to non-profit and public. It is going to cost \$6 billion in its transition; in addition to that, \$3 billion in annual cost. "My God, Joel, this is the end of the world," my friends in government will scream.

Well, help me understand, Speaker, why folks over here want to build highways and make highway investments

that, as I understand it, most communities don't want, won't make an appreciable difference in somebody's commute, probably will contribute to gridlock, in fact—

Ms. Sandy Shaw: Eleven billion.

Mr. Joel Harden: "Eleven billion dollars" says my friend from Hamilton, but you're not going to spend that money after everything we've seen to improve long-term care and home care? I think the cards are very clear. We're going to dance with the people who brought us. Do you know the people who brought us, Speaker? The workers in this sector, the residents in this sector, the legacy of our party. There would not be public medicare in this country if it wasn't for the NDP, if it wasn't for the CCF, if it wasn't for the farmers in Saskatchewan who first came up with the idea of mutual aid and collective care. That's who we are, and we'll put our cards on the table next June—now, actually; we're already campaigning. We're going to put our cards on the table now, and we're going to tell the people of Ontario, "You don't want another 4,000 elders dead? You don't want PSWs and nurses burnt out? You don't want somebody getting Mercedes and BMWs and yachts and second homes and custom-fitted suits because they happen to operate in this industry? Vote NDP." We didn't just have an epiphany to do it now. We've been saying this for a long time. And instead of paving over agricultural farmland and sticking our head in the cement, we are going to look directly in the eyes of the seniors and the families and the people who have suffered in this moment and say, "We are on your side."

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Just switching to another sector for a moment—we're going to look at the retirement homes sector too. Do you know what I see with this industry? This is an industry that wants to tilt towards the space of less regulation. They look at the retirement homes sector and they see an open field, less inspections. Do you know who inspects and manages this sector now, Speaker? The RHRA—probably the most inept oversight organization, next to Tarion, I've seen in my three years here. They're absolutely inept.

One of the persons who served on the RHRA's board of directors, Millie Christie, is involved with Verve Senior Living and White Cliffe Terrace Retirement Residence. Let me tell you how much it costs to live there: \$3,487 a month for a 215-square-foot studio, climbing to \$6,052 a month for a 575-square-foot two-bedroom apartment. Do you know what this particular residence was newsworthy for recently? They took the handles off the doors to keep people in their rooms. Do you know how we found out? A worker, a whistle-blower, in this home had the courage—bless you—to speak out because they knew it was wrong. What I still want to know is, why isn't this home under public criminal investigation?

Why isn't Carlingview Manor under criminal investigation? Why isn't West End Villa in Ottawa under criminal investigation? How could there—

Interjection.

Mr. Joel Harden: Well, there you go. The member from London—Fanshawe just answered the question. Bill 218, legislation the government brought in to dramatically

increase the threshold of liability for operators in this sector—we remember that too, and we will ask voters to remember that too.

What will an NDP government do for long-term care and home care? We are going to take this into Tommy's dream territory. We're going to take it into public and non-profit ownership. We're going to be honest with the people of Ontario about what it will cost to do that, and people will have to choose: Do you want highways that are going to cause more gridlock and pave over arable land, or do you want a livable future for yourself, if you're an elder and you need long-term care or home care that's appropriate for you? For me, the choice is clear: people, not profit; care, not dividends. You can choose. Vote NDP next June.

We are not thrilled with this legislation, but I look forward to the debate.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Mr. Lorne Coe: Thank you to my colleague for his presentation.

He'll know from reading Bill 37 that the government increased administrative monetary penalties to a maximum of \$250,000 and doubled the fines for anyone convicted of an offence, and the government also more than doubled the number of inspectors—all of which would make the province a leader in Canada, as you know, in protecting our residents. Yet, the official opposition proposed an amendment in committee that would have rolled back protection for seniors in long-term care. They tried to amend a bill to exempt non-profit and municipal homes from monetary penalties.

Our government thinks protection for residents should be applied equally, no matter which home a resident lives in. I know my colleague understands that. Why does the official opposition want a two-tiered level of protection for residents in long-term-care homes?

Mr. Joel Harden: I thank the member for Whitby for that question. I think the idea of penalties on operators engaging in untoward practices is great, but my question to his government is, why haven't we seen any of those penalties so far? Where are the fines? Where are the fines for White Cliffe retirement home? Where are the fines for Orchard Villa? Where are the fines for Carlingview, for West End Villa? We're waiting.

It's great to beef up the standards, but you're not doing that. It's not as if we don't have investigators hired now. We need to have justice for these families. Your government passed legislation to raise the threshold of liability, so when people pursue their day in court, they can't get justice. That's what I see.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Sandy Shaw: I want to thank to the member from Ottawa Centre, who always brings the true voice of hard-working Ontarians and vulnerable people to this House. So thank you.

The government is expropriating land; they're expropriating land to build the Bradford Bypass. They made

sure they're protecting a golf course that belongs to the Associate Minister of Transportation. That's okay expropriation, but when it comes to protecting seniors, they don't want to do that.

My question, though, is, you brought up retirement homes. There are 60,000 residents in Ontario living in retirement homes. Most of those homes, 770, are for-profit. During the pandemic—it's almost not being paid attention enough—almost 700 people died. But who is in charge? Who is on the board of the Retirement Homes Regulatory Authority? On this board someone who served for eight years is also a director and a VP at one of the—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Response?

Mr. Joel Harden: I thank my friend from Hamilton for that question. I'm sitting in front of the member for Humber River–Black Creek who, in this session of Parliament, is railing against Tarion, trying to hold Tarion accountable. I know people over there feel the same way about Tarion. You're frustrated about Tarion, too, aren't you? You know what the link between these industries is? Tarion works for the industry. It doesn't work for homeowners. The RHRA has the same problem.

Maria Sardelis back home was the inspiration behind Voula's Law, which I was very proud we could all agree to support in this space, the idea that complaining about the living conditions of your loved one in a care facility is not a crime. Trespass orders shouldn't be used in those cases, but they were used in the case of a retirement home where a guy felt like he had omnipotent power to separate a daughter from her mom for over 300 days. That is wrong. That's also what the RHRA should be fixing, but they're not fixing it, for the reasons the member is talking about.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. Jeremy Roberts: Thank you to the member opposite, my neighbour to the east, the member for Ottawa Centre, for his remarks.

Speaker, I've had the chance to speak and work closely with the long-term-care facilities in my riding, and one of the key issues that they mention time and time again is staffing. They need more trained staff and more funding to be able to hire those staff.

This government is funding the training of over 8,000 new PSWs, including a number of them right in Ottawa, at Algonquin College. Meanwhile, we have given long-term-care facilities, through this legislation, additional funding. In fact, in the member for Ottawa Centre's riding, the facilities there will be getting \$12,370,000 more per year to hire staff.

I understand the member opposite has some differences of opinion on how we should structure long-term care, but this legislation is going to support more staff, help fix a problem. I'm wondering if he's going to support it.

Mr. Joel Harden: The member and I have spent too much time together for me to beat around the bush. No, I won't. But this is the point, Speaker: I want to point to the career path that the member for Mississauga Centre was

talking about. You just talked about Algonquin College—a great place. They do fantastic training.

You've also partnered with Willis College. I am currently dealing with a complaint from 26 PSW students right now, who were told their placements would be paid, that they would be during school hours, told that their PPE would be paid. Willis College has not only said no to all of that and put this many single mothers in a precarious position looking after their kids; they've told them to apply for Ontario Works if they need funding. This is a mess that I hope I can work with your government to fix, because PSWs are urgently wanting to get into the field—we should be helping them, not telling them to apply for social assistance—to get training to look after people. That's wrong.

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The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Jessica Bell: I always appreciate listening to the member for Ottawa Centre speak about the issues with long-term care homes and retirement homes in the area of Ottawa.

I was, and I continue to be, shocked to know that the three largest corporations that run long-term-care homes in Ontario paid out \$170 million in dividends during the first nine months of COVID at the very same time that these three companies were paid by this government, the Ontario government, \$138 million in pandemic funding. So they got the money from the Ontario government and then about the same amount of money went out into dividends. If that money had stayed within the long-term-care homes in Ottawa and Ontario, what kind of care do you think residents living in long-term-care homes in your area would have received?

Mr. Joel Harden: I'm going to try to keep my voice low here because I don't want this to be hyperbole. I'm trying to make a statement of fact, responding to the member's question: People would not have died.

My beloved—I'm married to someone who works in health care. I mentioned a nurse practitioner who went into Carlingview Manor. It was her job to get that place back into shape. They have told me that if we'd had a different attitude in the second wave, people wouldn't have died. That's a fact.

It didn't happen in BC. It didn't happen in Quebec. They managed to figure this out. They got their infectious disease protocols ramped up. We didn't have money flying out the door to dividends to shareholders in other places. They managed to get on top of it in such a way that they could make sure people were safe and staff were safe.

There's nothing else I can say.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. Bill Walker: It's always a pleasure to hear my colleague from Ottawa Centre stand. The other day, I believe, he self-declared as a very proud socialist, and I respect that fully. He says it in here, but I just want to bring a few points to him.

He's declared war on anyone who makes a profit, particularly in the long-term-care sector. So I don't know where all those good-paying jobs and all the construction and the money that they've put into capital to build all of this are going to come from.

And if I recall—because he's kind of into campaign mode now, I just want to ask him a couple of questions—there was a \$7-billion hole in your last platform. Now you're going to have to buy all of these private contractors out and all the private businesses, I'm not certain where that's coming from.

The last time the no-limit-to-debt party was in power, they tripled our debt. The only ones who have out-beat them are the Liberals over their last 15-year reign.

So can you give me, fully costed, how we are going to do that, because I'm not certain, without anybody making a profit, who's going to pay all the bills of the things that you think you're going to give?

Mr. Joel Harden: I got my Christmas present early, Speaker. I got my Christmas present early with that question.

I gave you the highlights. We've already disclosed it. Our long-term-care homes plan has been public for a long time. You should check it out, people, if you're watching this debate: ONDP seniors' care plan. We've got it out there. It's a roughly similar amount of money to what the member's party wants to spend on highways that people don't want. That's a good way to explain it, closely.

But I won't apologize in this space, and I know none of my colleagues will, for saying that, yes, we're going to go to very affluent people in this province and we're going to say, "You've got to pay a little bit more," because we aren't something-for-nothing politicians. We don't believe you can have great public services and reduce people's taxes at the same time at the top. We're not going to go to hard-working middle class and working class families and say, "We're going to massively up your taxes." No, no, no.

We're going to say, frankly, to families like mine—I make a good income; so does my spouse—"You're going to have to pay a little bit more." We're going to get this sector into shape, and we're going to do it responsibly.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Lorne Coe: It's always a privilege to be in this place and to have the opportunity to speak about the proposed Bill 37, Providing More Care, Protecting Seniors and Building More Beds Act, 2021, and to address the amendments to the Retirement Homes Act, 2010.

In today's discussion this afternoon, we briefly touched on retirement homes. I'm going to be more extensive in discussing those amendments, Speaker. That's going to be my focus. I draw that focus from my time as a civil servant with Ontario Seniors' Secretariat, where the first draft of a legislation was developed several years ago, in approximately 2010. That process was led by an assistant deputy minister, Geoff Quirt, and ably supported by a strong policy group at that time.

As both Minister Phillips and Minister Cho explained, the bill before the House today is an opportunity for all of

us to make a difference in the lives of some of Ontario's most vulnerable people: our seniors, specifically those who live in long-term care and retirement homes; those who are trusting that those homes exist within a system that is prepared for the worst while offering residents their best, as we should—the best care, the best protection, the best quality of life during what should be their golden years. And Speaker, as you're well aware from the work that you've done in your riding, COVID-19 has shown us we have work to do if we want to deliver on that promise.

Ontario's seniors and their loved ones are looking to lawmakers like us for help. With this proposed bill, they can be confident that help is clearly on the way. I believe that it's important that the specifics of the bill before us today be clearly explained and understood, so I would like to use this time to emphasize again how the proposed amendment will improve care for residents, enhance consumer protection and strengthen the authority that governs retirement homes.

I'll begin with some background about the Retirement Homes Act and retirement homes themselves. The Retirement Homes Act is administered by the Retirement Homes Regulatory Authority. The guiding principle of the Retirement Homes Act is as follows: "A retirement home is to be operated so that it is a place where residents live with dignity, respect, privacy, and autonomy, in security, safety and comfort and can make informed choices about their care options." This guiding principle should not be aspirational; it should be a matter of fact. But as we've heard from some families since the onset of COVID-19, the principle has been contradicted by their recent experience.

Retirement homes, as we know, offer for-purchase accommodation and care services, and many also offer social and recreational activities, as the four in my riding do. This is very much more than an exchange of cash for goods and services. The real transaction is one of trust. Ontario seniors and those who care for them are giving retirement homes, the Retirement Homes Regulatory Authority and the government their trust. But what are they trusting us with? Quality of life, support for positive well-being, and safety. Residents in retirement homes range from the highly independent with low-care needs, to transitional care residents with complex and acute care needs, many awaiting transition to long-term care.

Approximately 30% of requirement homes share facilities with either a long-term-care home or supportive housing. The example in my riding is Taunton Mills, one of the largest long-term-care retirement facilities in the region of Durham.

Would any of the residents in those impacted facilities look at the guiding principle of the Retirement Homes Act and feel it has been met during the COVID crisis? Speaker, I don't think they would. We all know we can do more and we can do better. That is why our government is introducing Bill 37, with its proposed amendments to the Retirement Homes Act. Let's turn now to those amendments. I'll begin with those that will improve care for residents.

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To help our many seniors in unlicensed retirement homes, we're providing the regulatory authority with the ability to impose requirements that must be complied with during a home's application period, and this is a significant change, based on my experience. This added rigour will improve the safety and well-being for residents in homes that are in the process of applying for a licence.

Speaker, as much as we regard retirement homes as centres for caring, they're also businesses, and their residents are consumers. That's why enhancing consumer protection is so vital, because not only are seniors vulnerable to issues related to their health, but they're also financially vulnerable. Our proposed amendments to the Retirement Homes Act will reduce their vulnerability and improve transparency.

For example, as it currently stands, getting pricing information for a licensed retirement home can be extremely difficult. You might have to participate in a tour of the home or need to be at a point where you're willing to make a commitment in order to get that information. Again, in my experience, many residents and their families have asked if we could help them get easy access to the prices for different homes earlier, much earlier, in the decision-making process. The answer to that is yes.

People want choice. They want transparency. They certainly don't want pressure tactics and obfuscation. Our proposed amendments would require that price lists for accommodations and services be provided on paper, electronically or both, whenever requested. Not only does this meet the needs of consumers, it also responds to the Auditor General's recommendation from the 2020 value-for-money audit.

Consumer protection for residents should also ensure that they're not vulnerable to financial abuse. Residents can develop an important bond with their care providers and other staff, and that's a good thing. Positive relationships are essential for quality of life and well-being, but there have been too many instances where that bond has been taken advantage of and retirement home operators or staff have borrowed money from residents.

Simply put, the government will protect residents from financial abuse, including borrowing money from residents, through allowing regulations to be made to prohibit operators and staff borrowing money from residents. That's not currently specified in the Retirement Homes Act or in regulation. But if the proposed legislative changes are passed and the regulations are made, they would enhance the ability of the regulatory association to better protect vulnerable residents.

Speaker, our government has always been committed to reducing red tape and improving efficiencies. Some people misinterpret that as anti-regulation. In fact, our government has always been in support of regulation where it makes sense, where it is helping people, businesses and the economy, and not hindering them. Sometimes that means less regulation; sometimes it means more. In the case of retirement homes, it means better regulation.

The experience of COVID-19 has laid bare gaps in our ability to govern retirement homes, and we plan to change that. The retirement homes sector needs a stronger regulator with the authority to be nimble and decisive in times of crisis. That is why we're proposing amendments that would strengthen the Retirement Homes Regulatory Authority.

Once again, Speaker: The authority is responsible for administering the Retirement Homes Act, and they need more authority to act when needed. For example, our proposed amendments would allow the authority to act—in extraordinary circumstances—to protect the safety of retirement home residents in emergencies. Under the current Retirement Homes Act, the authority cannot take decisive action in emergencies. Instead, to assign a manager, the authority has to first demonstrate that an operator is failing to live up to the requirements of the Retirement Homes Act and is also unwilling or unable to properly manage a home. This makes good enough sense on an average day, but not during a crisis. COVID-19 made it abundantly clear that the authority lacked the authority to quickly help residents and homes who needed help urgently. Through this legislation before us today, we're fixing that.

Another important area where we propose to strengthen the authority is in information-gathering and sharing. To respond to an emergency like COVID-19, whether in a single retirement home or across the whole system, we first need data, and currently the Retirement Homes Act limits the regulatory authority's ability to collect data from licensees. Our proposed amendments would address this, and they would allow for regulations that would identify new categories of information that can be collected. With a broader range of data categories, the authority and the government would have the tools to make faster and better decisions.

Another area in which the proposed amendments would improve residents' awareness is to allow the authority to gather resident contact information and require operators to pass communications to residents. Doing so allows fast communication in emergencies and, crucially, it also allows the authority to promote awareness of residents' rights and protections under the Retirement Homes Act. Residents and their families have more rights than they realize, and we want to help to connect them with the right information and empower them with the knowledge to demand better of their retirement homes.

Of course, gathering data is crucial, but so is having the ability to share that information with trusted partners. Right now, the Retirement Homes Act limits when the regulatory authority may share information with law enforcement. Time and experience have shown that the limitations are too strict. Under our proposed amendments, the regulatory authority would have the power to share information with law enforcement earlier on, to aid prospective inspections or investigations in addition to ongoing ones. This will increase resident safety and well-being, and it will also address the key recommendation of the Auditor General.

Speaker, the proposed amendments I've covered today would have an immediate and a lasting impact on the care and protection of seniors in retirement homes, and I believe that all of us who are here today this afternoon debating this legislation aspire to that going forward. Once again, they would improve care for residents, enhance consumer protections and strengthen the authority that governs retirement homes. These are key elements. These are key elements that a number of sectors have called for for a number of years.

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You can speak to a number of groups. For example, the Ministry for Seniors and Accessibility has a long-standing consultative body comprised of the 11 largest seniors' groups in the province. When I was with the secretariat, I managed stakeholder relations with those groups. In the bill that we're talking about today, and the amendments dealing with retirement homes, that group was consulted and provided their input from their lived experiences in retirement homes, and as they have historically for a number of years, they provided concrete approaches and suggestions, and we listened carefully. We listened very carefully to not only that group but other sectors across the province.

Our recent experience within the region of Durham is the Durham Regional Police Service is very, very active in the area of elder abuse—elder abuse in many ways but financially in particular. They've had experience in a cross-section of homes across the region of Durham, including retirement homes.

I provide that context because it's lived context. It speaks to the interest and importance of consulting sectors. It's the underpinning of the amendments I speak of. It's the underpinning of the implementation. It will be the underpinning of the evaluation process going forward. Consequently, I urge you that there should be no delay in passing these amendments and the proposed overall Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, because the time to act is now.

There are 60,000 Ontarians residing in 776 licensed retirement homes across Ontario. Each of their lives has been disrupted by COVID-19 in ways that we all appreciate and understand. As lawmakers, we have a duty to not look away. It's our responsibility to solve problems and make positive change. Today, the change we're seeking is a change that will improve the quality of life and well-being for the seniors who built our communities across this province, who are in retirement homes and in long-term care facilities.

I know this is not a partisan discussion today. We need to continue to recognize the aging of Ontario as a success story, but at the same time, what we're doing with Bill 37 works towards identifying and addressing the ways we can do better as the needs of older Ontarians continue to evolve over the coming years.

As I conclude, Speaker, above all, we need to recognize our aging population not as a challenge but as an opportunity for Ontario—an opportunity, Speaker.

The Acting Speaker (Ms. Jennifer K. French):
Questions?

Ms. Judith Monteith-Farrell: Thank you to the member from Whitby for his comments on retirement homes, which I'm very excited to comment on. We've had troubles in this sector because of the for-profit model in that people are vulnerable. They're in these homes and they are given notice that their rent could go up from \$250 to \$500 a month, and they're saying those are COVID costs. Another terrible practice is, when someone no longer can afford the \$5,000 a month because maybe their spouse has passed away or there is a problem, they are ousted from their homes. In other jurisdictions, this is against the law. My question to the member is—and I see that he's sort of tied up there—how do we justify retirement homes having the power to raise rents and to kick people out of their homes, without any kind of process involved to assist them?

Mr. Lorne Coe: Thank you, through you, Speaker, to my colleague opposite for the question. There are checks and balances that exist already within the legislative framework of the regulatory authority that I think go some way to delimiting what you've just described. Also, when they enter, when a family is looking at a home for a family member, each home is required to provide a care information package that describes the process in which certain services can be acquired, but it also describes their rights and obligations within the retirement home, which addresses some of the concerns that you've shared.

I'd be happy, following today's debate, to provide a little bit more information about my knowledgeability of what those checks and balances are and how they're applied across the province.

The Acting Speaker (Ms. Jennifer K. French): Next question?

Ms. Effie J. Triantafilopoulos: I would like to ask my colleague and the member for Whitby if he could further share details on how these proposed amendments will allow all Ontarians to access timely information from a retirement home.

Mr. Lorne Coe: I want to thank the parliamentary assistant to the Minister of Long-Term Care for her excellent presentation earlier today and the support that she's been providing, going forward.

Speaker, our amendments will ensure that potential residents have access to timely information about the cost of accommodations and care. In my earlier response, I spoke about the care information package that each family, when they're looking to place a resident, and/or a resident alone, would get.

What's important also in discussing this is, under the system we inherited from the previous government, prospective residents would not learn about the true costs of their care until they were asked to sign a contract. Well, Speaker, that's going to change. Our changes will empower potential residents and their families with the information they need to make an educated decision on where they want to live. It doesn't make sense in this day and age—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Questions?

Ms. Teresa J. Armstrong: Thank you to the member from Whitby. He talked a lot about protecting seniors. So I just want to read from the preamble a couple of things here. The preamble says: "Share a vision for a province where excellent long-term-care services and care are available to all Ontarians who require it and where residents and their families have trust and confidence in their long-term-care home."

Then I just want to point out that there have been no licences revoked, even for homes with the largest fatalities, and there has been no justice or accountability. The current legislation that we have now in long-term care would allow the government to have revoked licences and held bad actors accountable, and they chose not to. What they chose to do was pass Bill 218. So based on that experience, how can the member expect trust from the public that they are going to be protecting seniors now under Bill 37?

Mr. Lorne Coe: I spoke quite broadly about the framework that will be established through the broad amendments to the portion of this bill dealing with retirement homes and strengthening the ability of the regulatory authority to implement some of those checks and balances that have been lacking for so long. I think it's important also to add that those changes are informed by a broad consultation with a number of sectors: not only the residents alone, but also their families as well and policing bodies.

The Acting Speaker (Ms. Jennifer K. French): Next question?

Mr. Billy Pang: So we know that information related to the cost of care is very important. Why is our government proposing changes to how residents access information on retirement homes?

Mr. Lorne Coe: This is about providing residents with choice—their choice of where they want to live. That has been sadly lacking for a number of years. That is why it's so important to have a vibrant retirement homes sector that provides a multiplicity of options for our seniors—whether it be the region of Durham, where you and I have the privilege of representing constituents.

At the same time, it also actively strengthens the protections for our retirement home residents. A key piece of providing those protections is, yes, empowering our seniors, but also, equally important, their families with information related to the cost of care earlier in the decision-making process. It's not sufficient to provide a care information package alone. There need to be supplementary actions undertaken. This legislative framework allows for that to occur.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Ms. Sandy Shaw: The members described retirement homes as businesses and seniors living there as consumers. I think that's deplorable, because many of these seniors are vulnerable. They have very few recourses. They have to go to the Minister for Seniors or the Minister of Housing; they don't know where their recourse is. These little frittering-around-the-edges changes that are being made are not going to help vulnerable seniors.

The same huge for-profit corporations, the multinationals that you're talking about, are the same corporations that received millions of dollars from this province and handed out millions of dollars in dividends to their shareholders. You also said that we should see our seniors as an opportunity. Yes, they see this as an opportunity—a huge profit-making business opportunity.

My question is, do you think these small changes that you're making are going to help vulnerable seniors? These rules already exist, but you're not enforcing them as it is.

The Acting Speaker (Ms. Jennifer K. French): A reminder: through the Chair, please.

Response?

Mr. Lorne Coe: I'm very confident in the legislation that we're discussing, particularly the amendments related

to the Retirement Homes Regulatory Authority being able to effect meaningful and effective change in supporting the lives of seniors, who built our communities in this province; and added to that, being able to strengthen the ability to report on the effectiveness of the actions of the authority. For years and years, with the neglect of previous governments, that did not occur.

I spoke at length about the importance of the well-being and supports for seniors. I spent decades as an advocate for seniors in the region of Durham, making sure that they lived an effective and safe life, not only in our retirement homes, but long-term-care homes—

The Acting Speaker (Ms. Jennifer K. French): Thank you. There isn't time for another back-and-forth.

Report continues in volume B.

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Sam Oosterhoff, Tom Rakocevic
Donna Skelly, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell