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of Ontario



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(Hansard)**

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N° 54B

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Mardi  
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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Tuesday 21 March 2023

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mardi 21 mars 2023

*Report continued from volume A.*

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PRIVATE MEMBERS'  
PUBLIC BUSINESS

SENIORS MONTH ACT, 2023

LOI DE 2023 SUR LE MOIS  
DES PERSONNES ÂGÉES

Madame Gallagher Murphy moved second reading of the following bill:

Bill 70, An Act to proclaim the month of June as Seniors Month / Projet de loi 70, Loi proclamant le mois de juin Mois des personnes âgées.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Pursuant to standing order 100, the member has 12 minutes for her presentation.

**M<sup>me</sup> Dawn Gallagher Murphy:** I rise today to speak to the importance of celebrating seniors all across this province by proclaiming June as Seniors Month in Ontario. It is an honour to bring forward all the insights that seniors have been generous in sharing with me in communities I have visited, from Glengarry–Prescott–Russell to Wellington–Halton Hills, to my own community of Newmarket–Aurora, and to be able to raise awareness of their needs and opportunities to enhance recognition and support of our older adults across this great province. Older adults want to be connected to their communities and live life to the fullest, just as we all do, and this government wants to recognize and support the people who have built up our communities. June is already known as Seniors Month in many areas, and some jurisdictions have already formalized this recognition. Ontario will proudly be the first jurisdiction in Canada to officially declare June as Seniors Month.

Seniors across Ontario have contributed to building up Ontario's communities not only for their generation, but for following generations to live and thrive in, making contributions in health care, infrastructure, education, local business, community organizations and so much more. How can we give back and provide a catalyst for further support for them to thrive, in turn? How can we recognize them with programs and initiatives across the province tailored to the needs of seniors in each of our communities? Additionally, how can other age groups become more aware of seniors' needs and opportunities for support?

Recognizing June as Seniors Month will lift up the people who have made Ontario the great place it is today while allowing us to create better-connected communities.

Les aînés à travers l'Ontario ont contribué au développement de nos communautés, non seulement au profit de leur génération mais aussi des générations suivantes, en contribuant à la santé, à l'infrastructure, à l'éducation, aux entreprises locales, aux organismes communautaires et bien plus encore. Comment pouvons-nous réinvestir dans ces gens-là afin qu'ils puissent prospérer à leur tour? Comment pouvons-nous les reconnaître avec des programmes et des initiatives, partout dans la province, adaptés aux besoins des aînés dans chacune de nos communautés? De plus, comment les gens d'autres groupes d'âge peuvent-ils mieux connaître les besoins des aînés et les possibilités de soutien?

Reconnaître le mois de juin comme le Mois des aînés aidera à mettre en valeur les gens qui ont fait de l'Ontario la merveilleuse province qu'elle est aujourd'hui, tout en nous permettant de créer des communautés mieux connectées.

Seniors Month will also help to improve mental health and well-being for our older adults. During the peak of the pandemic, many seniors experienced periods of isolation, whether living independently or in long-term care. According to the Alzheimer Society of Canada, almost half of seniors living in residential care homes are diagnosed with, or have symptoms of, depression. Speaker, this is devastating and only underlines the need to create awareness around seniors' unique mental health needs. Mental health in aging adults is also a gendered issue, with men often disproportionately suffering the effects of poor mental health, depression and loneliness.

Comme nous mettons en priorité le vieillissement chez soi, il est important que nous reconnaissons ce défi et que nous allions de l'avant pour aider les aînés à prospérer.

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Having been fortunate enough to meet with several seniors groups from southeastern to southwestern Ontario, it has become clear that many seniors and their loved ones are not aware of, or not able to easily access, information on the amazing programs this government offers to assist them. To support aging in place, for example, seniors can receive the Seniors Care at Home Tax Credit, which helps seniors with medical expenses live better at home. We also offer the Guaranteed Annual Income System benefit. These are payments which we have doubled since this past January for the next year. Yet many seniors' loved ones and local seniors associations don't know about this, and many seniors themselves aren't easily able to access this

information online. Additionally, seniors associations and older adult organizations, which our grant programs target, are navigating a complex application process for these grants and some may get left behind.

Grant application approvals are announced in June, and this would coincide with Seniors Month. This can be a great opportunity to talk about how we can be making digital resources and grant applications more accessible and raise awareness around existing support programs. Since its creation under our government in 2018, we have increased \$2.9 million in the Inclusive Community Grants Program, which funds projects that help seniors associations, groups and municipalities include seniors in all aspects of community planning and life. Since 2018, the government has invested \$21.8 million in the Seniors Community Grants Program and invested \$59 million in Seniors' Active Living Centre programs.

The 108 Health Promotion Association in Newmarket, Aurora, is an example of a program that provided a positive impact on more than 2,000 Chinese community members in my riding. They received a grant that helped them develop a digital platform to connect members by promoting healthy, connected living through yoga classes, health-related workshops, gardening lessons and English-as-a-second language programs.

Another example is the Power Up, Ajax! project. This was created this year with a grant which will enable the town of Ajax to create more accessible and age-friendly spaces through the installation of designated electric mobility charging stations in all publicly accessible facilities and outdoor spaces.

Une autre organisation dont le mandat est lié à l'inclusivité et l'offre active de services en français, c'est l'Action ontarienne contre la violence faite aux femmes, qui aide les femmes francophones âgées à accéder aux ressources dont elles ont besoin pour rester en sécurité. Nous avons investi 7,5 millions de dollars dans cette organisation depuis 2018.

By recognizing Seniors Month, we reiterate the need to continue programs to promote age-friendly and inclusive communities, as well as the need for new and innovative initiatives.

As June is also Pride Month, I want to spotlight what is being done for LGBTQ+ seniors. For example, York Pride, in my riding, is applying to the Inclusive Community Grants Program, with the goal that the application is to enable your Pride parade to be more accessible and to promote opportunities for seniors to participate and to volunteer.

La Communauté du Trille blanc à Newmarket–Aurora propose un projet de logements et de centre d'activités pour les aînés francophones et francophiles afin de fournir plus de services en français conformément à la Loi sur les services en français de l'Ontario.

All of these challenges and opportunities highlight the need for a month of celebration of seniors, a month throughout which we can take action to recognize seniors in our communities. I'm proposing a plan of action for all of us that focuses on three areas: firstly, mental health and

fighting isolation; secondly, inclusion and diversity; and thirdly, age-friendly communities and volunteerism.

To promote mental health, seniors' associations and municipalities could hold working groups to discuss needs and challenges, the disproportionate impacts on men and the ties of mental health to active living. These bodies could also work with local Alzheimer Society chapters to hold awareness workshops on addressing risk factors for Alzheimer's, signs of Alzheimer's and treatment. I believe we could keep all our seniors informed, healthy and active with even just these small activities.

Moreover—this being an initiative I heard from Hillsview Active Living Centre in Acton—if local family doctors and pharmacies could refer their senior patients to active living centres and recreational programs, think of how much more awareness we could raise working as a community, looking out for each other, for our community members, to ensure we are socially connected. That is what this is all about.

We have already seen some amazing work that has been going on to promote age-friendly communities, both through our grant programs and when I have met with seniors' centres, again in the town of Acton in the riding of the member of Wellington–Halton Hills, they host men's and women's breakfasts, and children from schools and programs at recreation centres participate in art and outdoor activities with seniors of the Hillsview Centre. How impactful would it be in connecting young people with our seniors if the liaison at every seniors' centre were to communicate volunteer and recreational opportunities with students at their local school board that students could use just to meet their required volunteer hours in seniors' centres or retirement homes?

Volunteerism plays such an important role—

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Thank you. I apologize, we are out of time. The 12 minutes has gone fast.

We're going to go to further debate.

**MPP Lise Vaugeois:** I want to thank the member from Newmarket–Aurora for bringing this bill forward and for her many suggestions for improving the lives of older Ontarians. I do think that any way we can show respect to our elders is important and valuable, but I would like to talk about a number of areas where I feel that the government could be doing a lot more to support seniors.

I agree that it is crucial to keep people young and old socially connected and engaged. For all people, this is crucial: Whether older and isolated, younger and isolated, a person with a disability who is isolated, parents of modest means looking after their adult disabled children, seniors providing care for their partners, the risk of social isolation is high for many groups of people and seniors certainly belong to one of them.

During the last session of government, the member for Kitchener Centre put forward a private member's bill to create an independent office of the seniors' advocate to safeguard the interests of elderly Ontarians. Unfortunately, this Conservative government voted against this bill

and seniors are still without a dedicated office that could address their very real material and economic needs.

So while we have a bill here that has good symbolic value, it doesn't actually do anything in a material way to affect and improve the lives of seniors. I think many of the things that you spoke about that aren't actually part of the bill are quite valuable and interesting, but I don't see those things in the bill itself.

Another bill voted down by the Conservative government was introduced this year by the member from Waterloo. This bill is intended to ensure that couples who have spent their entire lives together are not separated for placement when they're placed in long-term care. You would think this would be a no-brainer, really, but a government that is happy to force seniors into care homes not of their choosing apparently doesn't care whether couples are forcibly separated during their final years. It seems to me this would have been an easy bill to pass, to get agreement from the whole House on, and unfortunately it was not.

We were fortunate yesterday when many members met with the organization called AdvantAge. This is an organization dedicated to developing and running not-for-profit seniors' residences and long-term-care homes. I'd like to just emphasize the importance of not-for-profit seniors' residences and not-for-profit long-term care. We know how high the death rates were in the for-profit long-term-care system, and this government has given the most egregious offenders even more licences and funding. It's shocking.

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But I want to highlight seniors' living circumstances—so seniors' residences—here and how little choice there is when an older Ontarian is looking to either stay in their home or find an easier-to-manage apartment with supports. I'm going to talk about my own mother here. When she was looking for seniors' housing in Thunder Bay, the wait-list for not-for-profit seniors' residences—these are the municipally run homes and the lovely not-for-profit home Suomi Koti—all had waiting lists of five to seven years. When you are 95, a five-to-seven-year wait-list is not in the cards. I can tell you, there's no waiting list to get into for-profit seniors' centres, but they're very expensive. You have to have quite a lot of money to live in one of the residences. I can tell you again my mother continues to be very unhappy about seeing her savings disappear into the profits of shareholders. But there really wasn't a choice. There was nowhere else to go.

Home care: This was also something my mother was looking for, but again, unless she wanted to be bathed—and she didn't need to be bathed—the only way she could get assistance with the things she actually needed was to hire a worker from a private for-profit agency. Our seniors need and deserve so much more than this government in its drive to profitize everything is willing to even consider.

I also really want to point to the shocking numbers of older Ontarians experiencing neglect and abuse. According to Elder Abuse Prevention Ontario, the abuse and neglect of older Ontarians has risen 250% over the last two

years. This has a significant impact on families, health services and public costs.

Elder abuse also represents a fundamental violation of basic human rights. Ontario needs to take a leadership role by adopting an abuse-prevention lens across its ministries and by increasing investment in prevention policies and strategies, taking action now to assist those at risk of or experiencing abuse and preventing further victimization of older Ontarians. This really means providing funding for organizations like Elder Abuse Prevention Ontario who have been working on a shoestring for the last 20 years with no increases in 20 years.

There are no expectations, really, for the ministry to prepare a provincial framework and action plan—although we need one—for improving the lives of seniors in Ontario. This bill could be amended to include a plan with a designated timeline to conduct a comprehensive survey of seniors, but the bill doesn't propose to consult seniors and seniors' advocacy groups to understand their priorities and report back to the Legislature.

Finally, simply declaring Seniors Month will not promote equity and inclusion or add any new services to meet the needs of older Ontarians. This legislation could be improved. I hope it will be. Many of the things that were discussed, if they were moved into the bill rather than the preamble would be something that could really benefit seniors. Thank you.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mrs. Daisy Wai:** I rise to support the bill presented and put forward by MPP Gallagher Murphy, and I'd like to support Bill 70.

Seniors are the backbone of our communities and our province. They are the ones who helped to build this best place, Ontario. Every June, we have unofficially already been honouring June as the month for seniors. It is time that we officially recognize Seniors Month to be in June now. Thank you, MPP Gallagher Murphy, for bringing this forward. We would like to celebrate the wonderful work and impact that seniors have made within the community.

Madam Speaker, our government stands by our seniors. Thank you to Minister Cho for working so hard to promote and support our seniors. We will continue to ensure that they're getting the support they need.

Thanks to the leadership of the Premier as well, the government has invested \$22 million in nearly 1,200 seniors community grant projects across Ontario. We are helping seniors across the province to stay healthy, connected and active to help fight social isolation.

Madam Speaker, we are helping all the seniors across this province. This month alone, the Minister for Seniors and Accessibility has announced funding for Burlington, York Centre and Etobicoke Centre.

Northern communities: I am so happy to see that our northern communities are getting the support that they need and deserve as well.

Earlier this year, Minister Cho announced \$35,500 in funding for the town of Blind River to become more open

and accessible for everyone. Recently, thanks to the leadership of the Minister for Northern Development and Indigenous Affairs, the town of Dryden received \$60,000 to ensure everyone has an equal opportunity to participate fully in their communities.

Madam Speaker, this government will continue to support our seniors in the north. Since 2018, this government has invested over \$1 million into seniors and inclusive community initiatives in the Algoma-Manitoulin region. The government is showing, from Rainy River to Sarnia, to all across the province, that no matter how big or small the community may be, our government will continue to work for you.

Madam Speaker, the funding doesn't just stop here. Our government has also invested \$14 million in nearly 300 seniors active living centres across the province. These centres promote the engagement and the health and well-being of seniors across the province. Under the leadership of the Premier, we have created safe spaces for older adults to stay active, healthy and socially connected with their communities.

We also have all these programs that are available to the different communities in our province. We have 70 seniors fairs available for them. We also support our seniors by giving them the special programs that we have. We understand the significant strain that they have because of the rising costs of housing, groceries and other essentials, which is why we have doubled the Ontario Guaranteed Annual Income System.

We want to make sure that seniors are living safe and healthy lifestyles within their communities. We want to make sure that they have the seniors' safety tax credit to give them \$65 million we have invested to support them so that they can stay safe at home as well. We understand that the credit will give them the attendant care, breathing devices and hearing and walking aids that they need.

Madam Speaker, seniors are the ones that helped to build this beautiful province, and it is up to us to stand by our seniors as well. Therefore, I pledge the House to please support the bill in full, to formally recognize all the support efforts that our seniors have and will continue to do to help build a better Ontario for everyone. Let's make June a proper Seniors Month.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mr. Wayne Gates:** First of all, we'll agree with—because I can say it. I'm a senior, so I can certainly talk to a Seniors Month. This isn't the first time we've seen this approach from this government: put together motions and bills that proclaim their support for a group but govern the province without showing them any actual respect. We saw it with their approach to injured workers, and now we're seeing it with seniors. At face value, there is nothing that we cannot support in this bill. But it sure is lacking.

**1800**

It is tough to say that this government has a good track record when it comes to standing up for seniors. I think we can look no further than the horrors we witnessed in long-term care during the pandemic. Seniors were neglected,

some suffering from dehydration, and ultimately 5,400 died of COVID.

I'm going to talk a little bit about seniors in my riding, and I'm sure it goes for right across the province of Ontario. Seniors are living in poverty in one of the richest provinces in the country. They're going to food banks on a regular basis. You say, "How do you know that?" Because I go to food banks and I talk to the food banks, and they tell me they're seeing more and more seniors. They're also seeing more and more children, their grandkids.

I've already talked about dying in long-term-care facilities across the province of Ontario, but do you know why that 5,400—there's more than 5,400. It continues to grow every day. Seniors pass away in those homes. I want you to hear this: 78% of those seniors died in for-profit homes. Because it wasn't about care. And that's what we've got to talk about. I've been trying to talk about this for a number of years as the critic. I know people stand up and they say all kinds of things, but the reality is, no matter what you think of me, they are dying in our long-term-care homes, and they're dying more in for-profit homes than they are in not-for-profits. That's our moms, our dads, our grandparents, our brothers, our sisters, our aunts, our uncles. It's a fact: 78%.

You ask yourself why? Because it's never about care. It wasn't about taking care of grandma or taking care of mom or dad or aunts or uncles or brothers or sisters. What was it about? Speaker, help me out. You can talk here. It was about profit—profit—not care. So I'm asking, is this what we want for seniors? Is this what we want for our seniors? And my answer is no. My answer is no. My answer—

**Hon. Paul Calandra:** So the unionized workers in those homes don't care about the people they care for? Unionized nurses don't care about the people in their homes—

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Stop the clock, please.

**Hon. Paul Calandra:** Because I think they do.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** I'll ask the government House leader to come to order so I can hear the speaker.

*Interjections.*

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Order, everyone, please. Thank you.

The member for Niagara Falls can continue.

**Mr. Wayne Gates:** I'm going to help the minister as well. Because I'm a senior, I don't hear as well, so I can't hear a word he's saying, just for the record.

I want to talk about rents. This isn't me saying this, and I challenge anybody to go and say this isn't accurate. The rents in our communities across the province—seniors can't afford them. They're being renocted every day, whether it's in. I'll talk about my riding because it's easy, about Fort Erie, where there's a 13-year wait-list for a one-bedroom apartment for a senior—13 years if you're a senior. Are you going to live 13 years and get that one-bedroom apartment? And they're seeing them when they're renocted. What happens is, they're paying



\$1,100. They renovate them; they say they're going to paint the house or someone in the family is going to move in. And they see the ad in the paper: It's \$1,800, \$1,900, \$2,100 for that same facility. That's happening in the province of Ontario. That has happened to our seniors, without a doubt. Nobody can argue that with me.

I talked about it today. I had a member's statement this morning. And I talked about affordability. I think it's fair and reasonable to talk about affordability for seniors—because they built this country, by the way. I don't have what I have today without my mom and my dad and their sweat and making sure I lived in a better province, a better country. It's because of the seniors.

What do we owe them at the end of their life? We've got to make sure they can live. We can make sure they can pay their rent. We can make sure they can afford groceries in this country. Do you know that grocery costs have gone up 14%? Think about that if you're on a fixed income or if you've got your pension, which is not going up because it's not geared to inflation, when inflation is running at 11% and groceries are 14%.

If we want to help our seniors, how do we do it? We don't just say we're going to honour them for a month. You know what we should do? We should honour our seniors every single day of their lives in their senior years, and that means making sure that if they go to a long-term-care facility, they're going to get the proper care and not worry about profit.

People can disagree with me when I stand up and when I'm passionate about it, because I've watched people die in long-term-care facilities—

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Thank you. That's time.

Further debate?

**Mr. Anthony Leardi:** I'm going to change the tone of this discussion tonight and tell a very brief story about how, when I grew up on the Second Concession, we used to do so many great activities during the summertime. One of the things I used to do is hop on my bike, and I would ride my bike down the Second Concession. I had a good friend who lived on the Second Concession; his name was Mike Simone. Mike didn't live too far from me, so I'd ride my bike down to Mike's house, and Mike and I would do all sorts of great things during the summertime. We did things almost every day. But mostly, we rode up and down the Second Concession on our bikes.

We knew all of our neighbours. Our neighbours would maintain gardens, and when it was too hot—this was in the summertime—they'd sit on their porches in the shade and drink lemonade. We'd visit them and talk with them, because they were elderly people and they were nice to talk to. They were nice to us and they made us feel good. That was an activity that Mike and I liked a lot. Mike and I talked about it, and we figured our neighbours had a pretty good lifestyle, working in their gardens, and then when it got too hot, sitting in the shade on their porches and drinking lemonade. We figured we'd do the same thing when we grew up and we retired. We'd sit on our

porch, we'd drink lemonade and watch our grandkids ride their bikes up and down the Second Concession.

I keep in touch with my friend Mike Simone, and we haven't changed our minds. That's still our plan when we retire. So, it's a good thing to think about getting older and think about what you're going to do when you're retired. Declaring Seniors Month is a good month to have so that people can reflect on that.

Nous devons aussi discuter des moyens d'aider nos aînés à bien vieillir chez soi : pratiquer régulièrement une activité physique, avoir une alimentation saine, et maintenir les liens sociaux. C'est aussi important d'avoir une discussion avec nos aînés au sujet des programmes de subventions, de crédits d'impôt et de crédit d'impôt pour rénovations domiciliaires. Cela peut aussi aider à bien vieillir chez soi.

Donc j'aimerais féliciter la députée de Newmarket–Aurora, et c'est pour ça que c'est une bonne idée de proclamer le mois de juin comme Mois des personnes âgées.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mr. Ric Bresee:** I'd like to begin by thanking the member from Newmarket–Aurora for inviting me to speak on this matter and for all of her hard work on this file. In truth, Madam Speaker, I'm actually surprised to realize that there is not already a month proclaimed as Seniors Month here in the province of Ontario. Since the early 1980s, when I was just entering high school, I've been told about the baby boom and the generational changes that it will bring about as it moves through the years. The people that were born just after the war, 1945 to 1964 or similar definitions, are considered to be a very large bulge in the age demographics. But they're not just a bulge.

These are the people whose parents fought for our freedoms in those mid-century wars. These are the very people that protested in the 1960s and 1970s and brought about much of our social change to civil rights. These are the people who brought us the feminist movement, the civil rights movement, the gay rights movement. It was under their watchful eye that the Canadian Constitution was brought home and our Canadian Charter of Rights and Freedoms was enshrined.

**1810**

Moreover, these were the heroes of our local communities, who ran the minor hockey leagues, soccer leagues and ball associations. These are the people who brought about the last 70 years of innovation and entrepreneurial leadership, who brought the standard of living in this country and this province to the highest level ever in history, right here in Canada and in Ontario. These are the people who have made this such a great place to live that we rank in the top five happiest countries in the world to live year after year after year.

This is not a false nostalgia about how things were better way back when. We are the living proof that things are better now than ever, and we have our seniors to thank for it.

In this House, we debate health care and education and housing while our seniors of today are the very people who built the systems we are debating right here. They are our

mothers and our fathers; they are our grandparents. They gave us life and then made the world, made our world, better than they ever had it. They deserve the acknowledgment that they did something awesome. A proclamation of Seniors Month may be mostly symbolic, but it will serve as a reminder to acknowledge all that our elders have done across the years.

I hope you all join me in supporting this bill to recognize the awesome achievements and take a moment to show our appreciation.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** The member has two minutes to reply.

**M<sup>me</sup> Dawn Gallagher Murphy:** I truly appreciate this debate on my bill to proclaim the month of June as Seniors Month.

First off, I have to give some thank yous to the various round tables that I had in this great province, from the Newmarket Seniors' Meeting Place to the Aurora Seniors Centre, to various seniors clubs in the riding of Glengarry–Prescott–Russell. I thank member Sarrazin for hosting that round table tout en français.

I appreciate as well the support of the member for Wellington–Halton Hills, and working with the Hillview Active Living Centre in Acton for their support with the round table and all the wonderful feedback that they put forward.

I'd also like to thank my colleagues PA Wai, the member for Essex and the member for Hastings–Lennox and Addington for your support and your wonderful comments today.

I want to thank the Minister for Seniors and Accessibility for all of his work and support of my bill.

To conclude, there is so much amazing work already being done to celebrate seniors and provide opportunities for everyone in our communities to thrive as they age. I know that recognizing June as Seniors Month will only further this work, and innovative and open minded in doing so.

I ask all of my colleagues in this great chamber to support this bill. Let's be the first jurisdiction in Canada to proclaim the month of June as Seniors Month.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** The time for private members' public business has expired.

Ms. Gallagher-Murphy has moved second reading of Bill 70, An Act to Proclaim the Month of June as Seniors Month. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed, please say "nay."

In my opinion, the ayes have it.

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

*Second reading vote deferred.*

*Interjections.*

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Order, please.

## ADJOURNMENT DEBATE

### AUTISM TREATMENT

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** We now have three late show debates.

Pursuant to standing order 36, the question that this House do now adjourn is deemed to have been made.

The member for Hamilton Mountain has given notice of dissatisfaction with the answer to a question given by the Minister of Children, Community and Social Services. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

The member for Hamilton Mountain.

**Miss Monique Taylor:** I was incredibly dissatisfied with the answer to my questions from this government on Thursday, March 9. I'm happy to have the chance to speak to this today, because I think it's very important for this government to realize the gravity of their answers. Words matter. When you give talking points instead of real solutions, it's a problem.

I told the story of Amanda, who is looking at over a year on the wait-list for her child to receive an assessment and a diagnosis. She reached out to her MPP numerous times for support, and instead of him helping her reach a solution for her family, MPP Oosterhoff replied with OAP talking points and even made the suggestion that she look at other provinces. This is not okay. A child cannot access the OAP if they do not have a diagnosis.

It's a problem when MPPs refuse to give their constituents answers, even worse when they do not know the basic fundamentals of their own programming. I wanted to take this opportunity to explain how a child moves from an assessment to the Ontario Autism Program and all the difficulties that parents face at each step.

First, your child needs to be diagnosed with autism spectrum disorder. This is after waiting years for a publicly funded diagnosis or choosing and/or being able to pay for a private assessment in the private sector. Getting a diagnosis can be very costly, and a family could wait up to two years to receive one. Accessibility to assessment is also very limited in our northern regions.

So, now you have a diagnosis for your child, it's time for you to register with the OAP. You'll need to complete the necessary application and submit the supporting documentation. Then you'll have to wait for an OAP number. This can take anywhere from one to three weeks—or up to six months for some families, from what we're told.

Once you receive this number, what your child has access to depends on their situation. If your child is between 12 and 48 months of age, you will have access to caregiver-mediated programming. You'll have to wait for the next program start date, and you can only access one program per fiscal year. Your options will be limited depending on factors like your child's age or geographic location.

If your child is between three and six years and has not started school, you can access an entry-to-school program. If you live in a northern, remote or rural community.

though, you may not have access to this. Say your child is over 48 months and/or has started school, then you're going to be looking at foundational family services.

Are you getting confused yet? Imagine how parents feel.

These services are available to anyone registered for the OAP, but you will wait to receive access to those services. This is not ongoing support. None of the steps or programs I have mentioned thus far are core services, and that's what families want.

After all of this, now your child has finally received an invitation to core services. You'll have to schedule a welcome call and be assigned a care coordinator from the AccessOAP. During this call, you will have to book your determination-of-needs meeting up to nine months in advance. This meeting will also be with a different care coordinator, and it can take around four hours to complete. The responses given by family will be interpreted by the care coordinator, who has never observed your child or consulted clinical reports, and this will dictate the funding your child will receive to purchase core services in the private sector. The outcomes from this call are dependent on the family's ability to communicate their child's clinical needs.

**1820**

I'm running out of time already.

As you can see, Speaker, this is a very confusing, convoluted process that families are struggling to be able to get through. They're waiting years to be able to get to the final destination of having their child in core services. It's an impossible thing. For the members of the government not to understand their own programming and to be able to explain and help a parent through that system is absolutely disgraceful.

The member from Niagara West owes that family a public apology. That's what he needs to do. It's the right thing to do. I hope he'll see fit to do that.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** I ask the parliamentary assistant to respond.

**Mr. Nolan Quinn:** The facts speak for themselves. Our government doubled the Ontario Autism Program's budget to \$600 million each year. Through that investment, nearly five times as many children are receiving supports from the OAP today than under the previous government.

*Interjections.*

**Mr. Nolan Quinn:** Waldorf and Astoria can keep heckling over there. You can go up to the balcony if you really want. It's enough. You can listen.

We extended the program so it covers more than one type of support. In addition to applied behavioural analysis, families now have access to occupational therapy, speech language pathology and mental health supports through multiple streams that reflect the different experiences and needs of children with autism.

With the help of the OAP panel and the Implementation Working Group, we've developed a world-leading needs-based program, one that was developed by the community for the community. From their feedback, our government developed and built AccessOAP to help families navigate

the program. AccessOAP has been meeting benchmarks and is making progress every day. As of January, every child in the program had been invited to enroll with Access OAP.

Our government recognized that diagnosis posed a problem and worked to quicken diagnostic time frames. We increased support for our diagnostic hubs so they can diagnosis children earlier and connect them to new early intervention services that the previous government had no interest in funding. In fact, we increased the funding of diagnostic hubs twice, in 2019 and 2021. Those additional investments improved families' access to diagnostic assessment for their child by reducing wait lists and wait times, resulting in families being able to register for the Ontario Autism Program and access services as quickly as possible.

There are five diagnostic hubs across Ontario where people can get an autism assessment for their child. In fact, one of those hubs is situated at McMaster Children's Hospital, just outside the member for Hamilton Mountain's constituency.

On top of diagnostic hubs, which our government has supported to speed up diagnosis times, families can receive a diagnosis from qualified professionals who have undergone specific training, including, but not limited to:

- doctors, such as family physicians, pediatricians, developmental pediatricians and psychiatrists;
- psychologists and psychological associates; and
- nurse practitioners.

Speaker, I think this draws a stark contrast. The member for Hamilton Mountain voted against increased support for diagnostic hubs every time it came before this House in numerous budgets.

*Interjections.*

**Mr. Nolan Quinn:** She voted against doubling the program's funding in numerous budgets.

She and her NDP colleagues thunder in this House about clearing the wait-lists, and they didn't mention it once in their platform during the election.

The member opposite and her colleagues had the chance to support children and youth with special needs, and they said no. They said no to the children who will be served by the Grandview children's treatment centre in Ajax, and their families, and they said no to the Chatham-Kent children's treatment centre. They said no to the 1Door4Care at CHEO's integrated treatment centre in Ottawa. And they voted against these investments, not once but in two budgets. They said no and voted against the largest investment to support children with special needs, including autism, in two decades.

On this side of the House we've taken a different approach. We saw that the system we inherited from the Liberals was broken. We saw that only 25% of eligible children were getting services, while the other 75% had no prospect of ever getting support under the funding structure. We knew that wasn't good enough. That's why we started from scratch and developed a new program from the ground up to support more children in more ways through more paths. Through that program, more children

than ever in the history of this province are being supported.

We backed that program up with a doubled budget, and we did it with the opposition heckling—

*Interjections.*

**Mr. Nolan Quinn:** —as they are tonight—from the sidelines every step of the way, while we made real changes and we did the real work to improve the lives of children with autism. We will continue to roll out our world-leading program and we will continue to bring children into AccessOAP and connect children and their families to services and supports.

## HEALTH CARE

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** We have another late show. The member for Ottawa Centre has given notice of dissatisfaction with the answer to a question given by the Minister of Health. The member has up to five minutes to debate the matter, and the parliamentary assistant can reply for up to five minutes.

The member for Ottawa Centre.

**Mr. Joel Harden:** Speaker, I asked for this debate because—well, there's a couple of reasons. First of all, I think it should concern any of us when health professionals approach us as legislators privately because they are fearful for the well-being of patients. This happened to me in the last week. People who become physicians in our public health care system have to swear a Hippocratic oath. One of the most important elements of that Hippocratic oath is, "First, do no harm." The person who spoke to me told me that the private, for-profit orthopedic clinic that has been operating at the Riverside Campus of the Ottawa Hospital has been draining away nursing staff from the Ottawa Hospital campuses elsewhere, to the extent that cancer patients waiting for care were having their care bumped because the Ottawa Hospital is planning a surge in available times to get people to the cancer surgical care they urgently need.

My family has been through this. I personally know what it feels like to fear about every single—forget about day—minute, hour somebody is waiting for care. So when this health professional approached me and gave this information, I had two choices. One choice was to do nothing. But I believe a Hippocratic oath applies to our profession, too. I believe we should have the approach of, "First, do no harm." I told this person who had the courage to come to me, "I will take your concerns to the Legislature." That person is afraid to speak publicly because of the repercussions that happen to whistleblowers, sadly, in our health care system, which are well documented.

What was the response of the government? The response of the government this morning was to talk about advocacy events we have held in Ottawa Centre and to allege that we, the members of the opposition, were interested in protesting or—I've heard in previous debates—harassing patients, harassing staff. Speaker, for the record, in this sanctified place that our grandparents built, let me make it very clear to the government: That has never happened in the city of Ottawa—never happened.

People have asserted their charter rights. I have stood on the sidewalk with no obstruction to care, no words shared with anybody going into any of the for-profit, private clinical experiments the government is creating, shared a word with any person. But I have stood with nurses and I have stood with custodians and I have stood with administrators. I have stood with them, and I won't apologize with them to this government for doing that at all. It shouldn't need to come to that.

You didn't campaign on this in the election. I didn't read once this government talking about introducing private, for-profit care in our health care system. You didn't campaign on it, but you surprised us early in January with the revelation in Ottawa that you were going to empower 26 orthopedic surgeons to pay nurses twice the salary to work in this private, for-profit clinic inside our public hospital system. You're draining nurses from the public system. They're going into this private clinic. And I am hearing from a verified source that cancer patients are suffering. And I'm making it up? Or I'm blocking patients from care?

Speaker, I'm going to invite the members opposite as they respond to this: We need to investigate this. That's all I asked this morning. Investigate this complaint. Take it through the health ministry. Ask the governing structures at the Ottawa Hospital, "Are nursing shortages impacting people inside the public system?" That's what I asked.

**1830**

What is the evidence we have to date of how the government is managing the health care system? I'm sure what we're about to hear from the parliamentary assistant is that a lot of money is being spent or announced. But this is what I know. I know that in the last year, there have been 158 emergency room closures in the province of Ontario—158. It would be normal, perhaps, for 10 to happen in a year. There have been 158 ER closures. There are over 2,000 people on the orthopedic surgery waiting list in our city, and for those needing oncology care and cancer care, every second matters.

I don't want to be trading smears in this place any longer. I don't want to be hearing rhetoric in this place any longer. What I want is for this government to investigate this matter and take it seriously.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** The parliamentary assistant to respond.

**Mrs. Robin Martin:** I'd like to take this opportunity in this evening's debate to set the record straight. No cancer surgeries have been delayed at the Ottawa Hospital. In fact, the Ottawa Hospital's Riverside campus, where the orthopedic surgery pilot is taking place, only operates on weekends, when the clinic was previously closed and would otherwise be closed. All cancer surgeries occur at the Ottawa Hospital's General Campus during the week and have not been impacted by the pilot. It's disappointing, frankly, that the member opposite would use a question in question period to make such a claim without first confirming with his local Ottawa Hospital.

Speaker, our government knows wait times for surgeries and diagnostic tests have been increasing year after year. I also have experience with cancer in my family and

I know what that waiting feels like for people. It's very important to get diagnosis early, as quickly as possible, so that we can treat people as quickly as possible.

This government is not okay with the status quo. We know that more work needs to be done and that is why our government announced our innovative plan, which includes the introduction of the Your Health Act that, if passed, will help eliminate surgical backlogs and reduce wait times so Ontarians can have easier and faster access to the care that they need, when they need it.

The new strategy is in addition to the \$300-million investment we made in 2022-23 in our hospitals through the Surgical Recovery Strategy. This funding can be used to increase evening and weekend hours in operating rooms. As always, patients will pay for health care services with their OHIP card and never with their credit card.

We're excited to see that our partners, like the Ottawa Hospital, are taking innovative action to eliminate joint replacement surgical backlogs and reduce patient wait times so more Ontarians can receive the care they need closer to home as quickly as possible. The Ottawa Hospital is doing their part by helping to clear the region's surgical backlogs by opening operating rooms to existing staff on the weekend, when they're not in use by the hospital.

The Ottawa Hospital's pilot will provide access to OHIP-funded surgeries for 120 patients who would otherwise remain on a wait-list. We're always open to innovative ideas to address the current surgical backlog and we'll continue to work collaboratively with our partners, such as the Ottawa Hospital, to build a more convenient, better-connected public health care system.

In order to support expanded surgical hours, we've also expanded Ontario's health workforce with more doctors, nurses and personal support workers. In fact, since 2018, we've grown our health care workforce by 60,000 new nurses and 8,000 new physicians.

We've added more than 3,500 hospital beds across Ontario including acute, post-acute and critical care beds. We're building new hospitals in every region of the province, getting shovels in the ground for 50 new major hospital development projects. Since 2021, we've provided funding to support operations of 49 new MRI machines.

We're adding nearly 60,000 new and upgraded long-term-care beds and investing nearly \$5 billion over four years to hire more than 27,000 long-term-care staff, including nurses and personal support workers, to increase the amount of direct care residents receive to four hours a day, on average.

We continue to make it easier and faster for individuals of all ages to connect to mental health and addictions supports by building on our Roadmap to Wellness, and we know that lengthy wait times for surgeries are one of our biggest challenges. We know that this is a challenge facing lots of families across Ontario. While Ontario leads the country in the number of people who receive the surgery they need for hip and knee replacements, we still aren't meeting the right benchmarks. We need to do more.

As a first step, we're tackling the existing backlog for cataract surgeries, which has one of the longest wait-lists in the province. Four existing community-based centres

have been identified as successful applicants to a call for applications, and they're doing 14,000 publicly funded cataract surgeries every year.

There's more I could say on what we're doing, but I'd like to emphasize that all of it is publicly funded. The costs of receiving these insured services in the community surgical and diagnostic centres is covered by an Ontario health card, never a credit card.

As the government significantly expands the number of surgeries being done through community surgical and diagnostic centres, it will do so with measures in place to protect the stability of staffing at public hospitals, including requiring new facilities to provide detailed staffing plans as part of their application and requiring a number of physicians at these centres to have active privileges with their local hospital.

## HEALTH CARE

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** The member for Ottawa South has given notice of dissatisfaction with the answer to a question given by the Minister of Health. The member has up to five minutes to debate the matter, and the parliamentary assistant may reply for up to five minutes.

The member for Ottawa South.

**Mr. John Fraser:** I didn't intend to start my late show this way, but I want to say two things. I know the member from Ottawa Centre, and I know the member from Ottawa Centre would not harass or block or create problems for patients or people caring for them, so when I hear that from the other side, I have to say it enrages me.

**Mrs. Robin Martin:** I didn't say that.

**Mr. John Fraser:** No, it has been said on the other side today. It has been said in question period. You have to stop saying it, because it's not bolstering your argument, number one.

Number two, listen to what the member is saying, because I know of a story that I am not at liberty to share—

**Mr. Robert Bailey:** Oh, well then.

**Mr. John Fraser:** And we don't need to smile about this one, because it is a case where a woman in my community is not getting the care she needs for the cancer that she has, because her surgeon doesn't have enough surgical time.

So what I'm asking you to do and what the member is asking you to do is to do what we do here that you should be doing, which is, ask questions. Ask the question directly to the hospital, "Is this happening?"

It is frustrating to hear the response that you're giving to this member. It's a fair question. It should get asked.

*Interjections.*

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Order. I just want to remind the member that you're debating a question that you have given notice—

*Interjections.*

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Excuse me. Order.

The member for Ottawa South can continue, on this question.

**Mr. John Fraser:** Thank you very much, Speaker.

Here is my question today: I just need to understand why a group of 26 doctors who work at the Ottawa Hospital have to form a corporation so they can rank operating rooms in the hospital that they work at, and then they have to go and hire nurses from a hospital—but off-book so they can do that—and then they have to go out and get a company from Toronto to actually get them the surgical instruments in the hospital that they work in, just to address the backlog that they would normally do inside the hospital. Why all these steps? Why do all these things when, simply, the surgeons and the nurses who work in the hospital can use the operating rooms?

Nobody has been able to tell me why. That's because nobody over there is asking the question. It's about asking questions. It's not about repeating what the ministry tells you or repeating what you've heard anecdotally. It's about actually saying, "Why is this happening?" Why do they have to form a corporation? Why do they have to get surgical instruments from somewhere else? Why do they have to hire nurses off-book, who, by the way, have to pay their own insurance? It just doesn't make any sense. So, all I'm asking—it's a question—is, tell me how that makes any sense.

The answer that I got today—the reason I'm dissatisfied—was, "Well, it's the hospital's fault. The hospital has the money, but they just didn't use it. It's not us." Nobody is asking questions there.

What we did find out from the deputy minister is, there's \$300 million earmarked for surgical backlogs. But the deputy minister said, "Well, that has all been spent." Maybe that's the reason that the hospital had to do that. Maybe that has happened because Ontario has the lowest-paid nurses in Canada. Or maybe it's because Bill 124 incentivized nurses and other health care professionals to leave hospitals and go to work for private firms.

**1840**

What is our biggest challenge in hospitals right now? Anywhere in care—long-term care, home care—what's the biggest challenge? You know what the biggest challenge is? Having enough people to care for the people who need it. So, if we're going to support a publicly funded health care system in this province, then we have to incentivize the people who care for people to work in that publicly funded system and not incentivize them to leave because they need more money or they want more flexibility. We need to treat them with respect.

Maybe that's the reason that these doctors and these nurses at the Ottawa Hospital have to rent their hospital and go somewhere else to get the equipment and then pay people in a way where they're off-book. That is a ridiculous way to attack the problem. Again, as far as what the member for Ottawa Centre said about cancer surgeries, I'm telling you, you should ask that question—ask that question—because it's a serious situation and it deserves to be questioned. That's why we're asking it, and you need to ask those questions as well, too.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** The parliamentary assistant to respond.

**Mrs. Robin Martin:** Madam Speaker, I will not take a lesson from the member opposite on how to do my job. I work very hard every day to improve Ontario's health care system, and I always raise questions where I see an issue and ask questions. Unlike the member from Ottawa Centre, we asked the hospital, and we got an answer that no cancer surgeries had been delayed. So they may not like the answer, but that's the answer.

Speaker, we're excited to see our partners like the Ottawa Hospital taking innovative action to eliminate the joint replacement surgical backlog and reduce patient wait times so Ontarians can receive the care they need closer to home and faster. The Ottawa Hospital is just doing its part to reduce the surgical backlog, which is important, by opening up operating rooms to existing staff on the weekend when they're not in use by the hospital. The pilot will provide access to 120 patients for OHIP-funded surgeries that would otherwise remain on the wait-list longer.

This morning, the member opposite raised a question in question period as to why this pilot is necessary. Well, Speaker, you can't manage what you don't measure. By running a pilot, the Ottawa Hospital can determine how many residents are in this program that it can serve, and how this ongoing relationship could continue into the future.

It's important to note that as the government significantly expands the number of surgeries being done through community surgical and diagnostic centres, it will do so with measures in place to protect the stability of staffing in public hospitals, including requiring new facilities to provide detailed staffing plans as part of their application and requiring a number of physicians at these centres to have active privileges at their local hospitals.

Further, Ontario Health will ensure that these centres are included in regional health system planning. Funding agreements with new community surgical and diagnostic centres will require these facilities to work with local public hospitals to ensure health system integration and linkages, including connection and reporting into the province's wait times information system and participation in regional central intakes where available.

Community surgical and diagnostic centres will also coordinate with local public hospitals to accept patients that are being referred, ensuring people get the surgery they need as quickly as possible.

In addition to shortening wait times, providing these publicly funded services through community surgical and diagnostic centres will allow hospitals to focus their efforts and resources on more complex and high-risk surgeries, something I think everyone agrees is the right answer. This is another way that our government is making it easier for people to connect to care and access publicly funded services in more locations, because we all know that the sooner you have access to the care you need, the better the outcomes.

We also acknowledge that none of this would be possible without the dedication of our world-class health human resources here in Ontario. Ontario has one of the most dedicated and highly trained health workforces in

the world. They step up, day in and day out, to keep you and our communities across the province safe and healthy.

We've made significant progress recently to increase the number of health care workers available to provide care to Ontarians—to people who may be watching at home—and together, we think we have come a long way, adding 60,000 new nurses and nearly 8,000 new doctors registered to work in Ontario since 2018. In fact, last year was a record-breaking year for nurses in Ontario, with over 12,000 new nurses registered and ready to work, and another 30,000 nursing students studying at a college or university, providing a pipeline of talent and reinforcements.

But we know we need to do more, and we're doing more. Hiring more health care professionals is the most effective step you can take to ensure that you and your family are able to see a health care provider where and when you need to. Well-trained, well-supported doctors, nurses, personal support workers and more are the people that you rely on when you need care, and that's why we're training more health professionals than ever before: 455 new spots for physicians in training, 52 new physician assistant training spots, 150 new nurse practitioner spots,

1,500 additional nursing spots, 24,000 personal support workers in training by the end of 2023.

And we're investing to reduce fees for nurses who are ready and available to resume or begin practising in Ontario—retired or internationally educated nurses. Fifteen million dollars will temporarily cover the cost of examination, application and registration fees for internationally trained or retired nurses, saving them up to \$1,500 each. That will help 5,000 internationally educated nurses and up to 3,000 retired nurses begin working sooner to strengthen our front lines.

All of this work is being done to make sure that we can provide Ontarians with the care they need, when and where they need it, as quickly as possible.

The Ottawa Hospital is doing a pilot to see if this is a good way to increase the volume of surgeries. It's going to, while they're doing it, get 120 people the care they need sooner.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** There being no further matters to debate, pursuant to standing order 36(c), I deem the motion to adjourn to be carried.

This House stands adjourned until 9 a.m. tomorrow.  
*The House adjourned at 1846.*





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Armstrong, Teresa J. (NDP)	London—Fanshawe	
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Bouma, Will (PC)	Brantford—Brant	
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Coe, Lorne (PC)	Whitby	
<b>Collard, Lucille (LIB)</b>	Ottawa—Vanier	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
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<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
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French, Jennifer K. (NDP)	Oshawa	
<b>Fullerton, Hon. / L'hon. Merrilee (PC)</b>	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
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Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
<b>Gill, Hon. / L'hon. Parm (PC)</b>	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Jones, Trevor (PC)	Chatham-Kent—Leamington	
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
<b>Karpoche, Bhutla (NDP)</b>	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Ke, Vincent (IND)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
<b>Kerzner, Hon. / L'hon. Michael S. (PC)</b>	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>Lumsden, Hon. / L'hon. Neil (PC)</b>	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Todd J. (PC)	Durham	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York / Beaches—East York	
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
<b>Parsa, Hon. / L'hon. Michael (PC)</b>	Aurora—Oak Ridges—Richmond Hill	Associate Minister of Housing / Ministre associé du Logement
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
<b>Piccini, Hon. / L'hon. David (PC)</b>	Northumberland—Peterborough South	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Pierre, Natalie (PC)	Burlington	
<b>Pirie, Hon. / L'hon. George (PC)</b>	Timmins	Minister of Mines / Ministre des Mines
Quinn, Nolan (PC)	Stormont—Dundas—South Glengarry	
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
<b>Rasheed, Hon. / L'hon. Kaleed (PC)</b>	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development / Ministre du Développement du Nord
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
<b>Skelly, Donna (PC)</b>	Flamborough—Glanbrook	Chair of the Committee of the Whole House / Vice-présidente et présidente du comité plénier de l'Assemblée Deputy Speaker / Vice-présidente
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
<b>Smith, Hon. / L'hon. Graydon (PC)</b>	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Smith, Laura (PC)	Thornhill	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
West, Jamie (NDP)	Sudbury	
<b>Williams, Hon. / L'hon. Charmaine A. (PC)</b>	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	