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CONTENTS / TABLE DES MATIÈRES

Monday 23 October 2023 / Lundi 23 octobre 2023

Convenient Care at Home Act, 2023, Bill 135,

Ms. Jones / Loi de 2023 sur la prestation commode de soins à domicile, projet de loi 135, Mme Jones

Ms. Natalie Pierre	5629
Ms. Chandra Pasma	5629
Ms. Teresa J. Armstrong.....	5629
Ms. Goldie Ghamari	5629
Ms. Natalia Kusendova-Bashta	5630
Mr. Wayne Gates	5630
Mme Dawn Gallagher Murphy.....	5630
Mrs. Jennifer (Jennie) Stevens.....	5630
Mme Dawn Gallagher Murphy.....	5633
Mr. Guy Bourgouin	5633
Ms. Natalia Kusendova-Bashta	5633
Mr. Joel Harden	5634
Mme Dawn Gallagher Murphy.....	5634
Mr. Brian Saunderson.....	5634
Ms. Chandra Pasma	5636
Mr. Lorne Coe	5636
Mr. John Vanthof.....	5636
Ms. Christine Hogarth	5637
Miss Monique Taylor	5637
Mr. Matthew Rae.....	5637
Second reading debate deemed adjourned.....	5637

LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 23 October 2023

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 23 octobre 2023

Report continued from volume A.

1658

CONVENIENT CARE AT HOME
ACT, 2023

LOI DE 2023 SUR LA PRESTATION
COMMUNE DE SOINS À DOMICILE

Continuation of debate on the motion for second reading of the following bill:

Bill 135, An Act to amend the Connecting Care Act, 2019 with respect to home and community care services and health governance and to make related amendments to other Acts / Projet de loi 135, Loi modifiant la Loi de 2019 pour des soins interconnectés en ce qui concerne les services de soins à domicile et en milieu communautaire et la gouvernance de la santé et apportant des modifications connexes à d'autres lois.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Natalie Pierre: Ontario Health atHome will make it easier for people to find and navigate home care services, and all while modernizing our province's home care system. Ontario health teams will be a one-stop shop that provide people with easy-to-understand home care plans before going home from the hospital.

The Ontario health team in my riding works together to meet the health needs of people in Burlington and will now deliver integrated home care in the local community. To the member, will you be voting in favour of helping your constituents access home care in your community?

Ms. Chandra Pasma: Thank you to the member for Burlington for that pre-written question.

As I've just explained in the last 20 minutes, my constituents are not able to access home care and community support services because of this government's perpetual underfunding of the sector and their refusal to make the investments that would actually stabilize the sector and allow the sector to expand services. What I can commit to is that I will be here constantly advocating for the necessary investments so that every single one of my constituents can receive the quality health care that they are entitled to.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Teresa J. Armstrong: I want to thank the member for her debate during Bill 135, Ontario Health atHome. This government sets up many names when they create bills. You've got Ontario Health; you've got Ontario

health teams; now you've got Ontario Health atHome, which is very confusing to people at large.

I want to talk about what the member had said about the workforce and how we need people to fill those spots to deliver the care at home where people expect. So, rather than fighting Bill 124 in the courts, what are real actions this government can do to actually put home care workers into the home so that people get the care that they need?

Ms. Chandra Pasma: Thank you to the member for London–Fanshawe for that excellent question. There are many, many meaningful actions that the government could take if they actually wanted to improve the quality of our health care system—

The Acting Speaker (Ms. Bhutla Karpoche): I apologize for interrupting the member. Stop the clock.

Pursuant to standing order 50(c), I am now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader directs the debate to continue.

Mr. Trevor Jones: Thank you, Speaker. Please continue.

The Acting Speaker (Ms. Bhutla Karpoche): Restart the clock.

I turn to the member from Ottawa West–Nepean.

Ms. Chandra Pasma: As I was saying, there were many things the government could do if they were actually interested in creating a very high-quality health care system for the residents of Ontario, starting with repealing Bill 124, as the member for London–Fanshawe mentioned, but also making the investments that would actually allow to pay decent wages for these workers so that this is a job that workers can actually afford to pay rent and feed their families by doing. And by actually making sure that funds are going to the work that's being done and not to corporate profits and making sure that workers aren't actually being asked to subsidize employers by paying for travel costs by themselves.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Goldie Ghamari: The member has spoken a lot about home care for her constituents. We know that people and their families want better and faster access to home care services. The only thing better than having care close to home is having care in your home.

Can we count on the member to support this legislation that strengthens the ability to deliver that health care in the home?

Ms. Chandra Pasma: Let me read a response from a constituent named Sharon who wrote to me about what this government has been doing on home care:

“I recently had a fall and could not weight-bear for six weeks. Home care was almost impossible to access and did not come early on when I really needed it. If I had not had a capable partner who had to caregive 24/7 early on, I would have needed to go to rehab, which would have cost the government a lot more than providing me with decent home care services.”

This is the impact of this government’s underfunding on the sector on our constituents, Speaker, and I can promise the member that I will stand here every day and advocate that we actually get the funding that we need to provide decent care to constituents like Sharon.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Natalia Kusendova-Bashta: The member keeps on talking about funding and this just reminds me of an interview I did with the former deputy leader of the NDP, Sara Singh. In a TVO interview, Steve Paikin asked her, “So how much more should we spend on health care? Should we double it?” She said, “Yes, we should double the health care spending.” Which, of course, would take almost the entire budget of the province of Ontario. And so, we are spending \$14 billion more on health care in comparison to the previous government, and in this bill we’re announcing a \$1 billion additional funding for home care.

My question to the member is, did your party do the math? If you keep talking about the funding, how much funding, how much more than \$1 billion should we be investing into health care at this given time?

Ms. Chandra Pasma: Thank you to the member for that question. One thing I can always promise you is that I would consider \$7 million to make sure 95 seniors get their dementia day program absolutely worth it; \$7 million to make sure that people in Ottawa are not spending 300 times more on getting a decent meal, that actually allows them to safely come home from the hospital is absolutely worth it. It’s incredibly sad that the government doesn’t think that’s worth it.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Wayne Gates: To respond, actually, to the member from the Conservative government, when she talked about the billion dollars that is being invested by her government into home care, my question to my colleague is, do you think \$33 million of that money should go to shareholders of a for-profit company instead of going directly into care? So if you want to fix home care, what do you need to do? You need to invest every single dollar in home care. Do you agree with that or disagree?

Ms. Chandra Pasma: Thank you to the member for Niagara Falls for that excellent question.

A government that actually wanted to make wise investments I don’t think would want to put \$300 million in the pockets of shareholders instead of using those funds to actually provide home care for people like Sharon, who are desperate to receive that kind of home care. And yet this is the kind of decision we see from this government

again and again and again. This is what they are doing across our health care system: expanding profiteering instead of actually providing care to my constituents, who are absolutely desperate for it.

It’s something that we see also with the housing crisis, where the government has been enriching inside developers instead of actually getting homes built like the homes that my constituents have paid for and the developer has not delivered. Yet the government has refused to do anything to crack down.

So I would suggest that the government should stop enriching wealthy insiders and actually start making some decisions that benefit people living in Ontario.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

M^{me} Dawn Gallagher Murphy: To the member opposite: I don’t know if you were here when I spoke in my speech about the province’s community paramedicine initiative. We have expanded the 911 patient care models, and this gives paramedics the flexibility to treat certain 911 patients on the scene—so in their homes—or take them to appropriate care facilities. And it’s through these care models that more people are being diverted from the emergency and staying at home to be cared for.

I want to also bring to the attention of the member opposite that three hospitals in your area are currently using the 911 models of care, taking care of your constituents. So my question is, can you see how the new model in Ontario will bring better results for those here in Ontario to receive them, including your constituents?

Ms. Chandra Pasma: Let me tell the member for Newmarket–Aurora what’s happening with 911 services in Ottawa. The Ottawa Paramedic Service is asking for permission to be able to call cabs for people who call 911 to take them to the hospital, because we have so many level zeros. There are so many periods of time where there is no ambulance, where there are no paramedics available to provide care to people in Ottawa who are having a health care emergency.

In theory, it sounds absolutely lovely to have a paramedic provide care in the home. In practice, I don’t know how that’s going to happen when paramedics are already calling BlueLine to take patients to the hospital because there’s no ambulance available for them.

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. There’s not enough time for another round of questions.

Further debate?

Mrs. Jennifer (Jennie) Stevens: It’s a great privilege and an honour to be able to stand in this House and debate this bill. It’s kind of a shame that I’m not hearing from the other side of the House anymore. I guess they ran out of their non-true facts—oh, sorry; I withdraw.

Thank you for allowing me to rise today and discuss this legislation. It’s a piece of legislation that we will need to closely monitor, and I suggest the residents of Ontario will be closely monitoring this over the next two years. Whenever this government puts forward health-care-related legislation, I think it raises a bit of a red flag or caution tape with us as the opposition. We know this is a

government that is looking to find more ways to privatize our health care system, so it is important we keep a very, very close eye on all parts of this bill.

Speaker, we have said for a long time—a very long time—that home care needs to be the first option for seniors as they age, so I think it's very important we start today by speaking to the importance of a real and functioning home care system in Ontario. It is of the utmost importance that we recognize and emphasize the critical role of a well-funded and robust home care system in Ontario. Home care is not just an option; it is a lifeline for our seniors and allows them to age with dignity and comfort in a place they cherish most of all, which is their homes—their own home. It is high time we prioritize and invest in a fully functional home care system that supports the desires of our seniors to age at home.

1710

However, this Conservative government's failures to ensure that personal support workers, PSWs, working in home care are well-paid and have access to full-time positions have put this essential service in jeopardy.

The preference of seniors to age in the comfort of their own home is not just a matter of convenience; it is a fundamental aspect of their well-being. Home is where they have built their lives, created memories and found comfort. It is a place filled with personal connections, familiar surroundings and a sense of belonging.

I know the member my colleague that sits beside me, has mentioned several times that my mother was struck by a car in an intersection in St. Catharines. She recently has had to take the choice of being in a facility, Hotel Dieu Shaver, or go home to her own home. Unfortunately, PSWs are overworked and underpaid in St. Catharines. She would love to have gone to her home; she had to spend three months—three months—in that facility, away from her home, away from her friendly neighbours that could have helped her out, because of a shortage of PSWs, running from one end of the city to the other. Why? Because of Bill 124, I think, and the lack of looking after the pay of our wonderful unsung heroes.

This is where most seniors feel like themselves—at home—and where they deserve to remain as they age. It is our responsibility to ensure that they have the support and care they need to do so.

A well-funded and robust home care system is the key to enabling our seniors to age at home. It provides a range of essential services, from assisting with daily activities to medical care, all in the comfort of their own residence, somewhere that they feel safe and secure. This support allows seniors to maintain their independence and their quality of life, while also reducing the burden on our already overstrained long-term-care facilities and hospitals.

However, the home care system is only as strong as the people who provide these services. Our most-dedicated PSWs are on the front lines, providing compassionate care to our seniors. And, at this time, I'd like to thank the PSWs from the Hotel Dieu Shaver and the PSWs that help my mother at home. They are unsung heroes, and that you are. You are the unsung heroes of our health care system, and

they deserve our recognition, and they deserve our support.

Yet this Conservative government has failed to ensure that the PSWs working in home care are adequately compensated for their vital work. They often face low wages, they face part-time positions, making it difficult to attract and retain the skilled professionals needed to provide quality of care to our seniors. Failure to address these issues not only harms our seniors, but also puts added stress on our health care system.

When PSWs are not properly compensated and supported, they are forced to seek multiple part-time positions to make ends meet, leading to burnout and decreased quality of care. It is a lose-lose situation, as our seniors suffer, and our health care system faces increased costs and reduced efficiencies.

To address this crisis, we must invest in our PSWs and the home care system. This includes ensuring that PSWs receive fair wages, receive benefits and access to full-time positions. We must recognize the importance of the work and provide them with the support they need to continue delivering quality care to our seniors. A well-compensated and motivated workforce is essential for maintaining the integrity and the effectiveness of our home care system.

Moreover, we must expand the availability of home care services to meet the growing demand. This means investing in training and resources, and coordination to ensure that seniors have access to the services they require. We must also establish clear standards and accountability to guarantee the quality of care provided.

Investing in home care not only benefits our seniors, but also has economic and societal advantages. It reduces the pressure on long-term-care facilities and hospitals, saving valuable resources. It allows seniors to maintain their independence and continue contributing to their communities. It enhances the overall quality of life for our elderly citizens and provides peace of mind to their families. It is a reflection of our commitment to the well-being and the dignity of our seniors all across Ontario.

We must prioritize the preferences of our seniors to age at home and ensure that they have access to the care and support they need to do so. The Conservative government's failures to adequately support PSWs in home care are inexcusable, and it is time for a change. This is a broken system, and this legislation definitely, definitely does not fix this broken system.

Let us stand together and demand the investments and reforms needed to create fully functional home care systems in Ontario. Our seniors deserve nothing less, and we owe it to them to ensure that they can age in the place they call home, with the care, respect and dignity they have earned. They are the pillar of our communities.

Madam Speaker, with that being said, I think we can all agree that we need to do more to ensure we get to a system that affords all seniors that need it proper home care.

From our first analysis, there is a lot missing in this bill. This bill does not guarantee Ontario Health and Ontario Health atHome workers will be unionized and full-time or full-time-equivalent workers with benefits. What does that

mean? Think about that: unionized full-time or full-time-equivalent workers with benefits. What does that mean? It means that there is nothing preventing this new organization from contracting services to a temporary nursing agency, which we see already in long-term care.

In long-term care, we have seen this cost the government sometimes up to \$150 per hour. Staffing agencies are getting rich off this government's inability to address our health care staffing shortages. Let me tell you, the PSWs are taking that burden on their backs—health care staff shortages. I think it is entirely fair to say we should be ensuring that provider organizations are prevented from using temporary agency workers and mandated to use full-time or full-time-equivalent unionized workers.

Furthermore, this bill does not include anything to support community-driven governance of Ontario health teams. The boards are not required to include or engage residents and community members. Community knows their needs best, and I think this is a huge oversight by this government. Maybe it's not an oversight—maybe it's on purpose.

Madam Speaker, we also know that this bill does not mention a requirement to include evidence-based and culturally specific programs in Ontario health teams—shame. This is an issue we have to address in long-term care, and I think it could become a serious problem in home care as well. The province needs to be making decisions for all Ontarians with appropriate evidence, and we know that culturally appropriate care allows seniors to live in dignity and live in their own home.

One of the biggest issues I have with this legislation is the lack of requirements on the health care service providers that receive contracts. The bill does not specify that the health service providers that receive contracts from OH atHome must be non-profit. This has the potential to have for-profit companies take over the home and community care sector.

1720

We know that private care in the long-term-care sector has been a complete disaster. It has killed many seniors in the province of Ontario—6,000 seniors. That's mothers. That's fathers. That's brothers. That's sisters. I'm starting to sound like the member from Niagara Falls. But it's true. It's a shame. It's a damn shame—6,000 seniors in Ontario.

Madam Speaker, I think it's important that we examine the failures in long-term care when we discuss this legislation. The problems that plague our long-term-care facilities have been increased by the failures of the Conservative government during the COVID-19 pandemic, resulting in nearly 6,000 seniors losing their lives. Furthermore, their push for more private long-term-care centres has only deepened the crisis, as the worst outcomes are often observed in these for-profit homes.

It is high time that we address these issues and demand a care model that puts the dignity and the well-being of our elderly residents first, instead of profits.

It is very worrying that this government is looking to further the private control in the home care sector as well.

The COVID-19 pandemic laid bare the vulnerabilities of our long-term-care system. Our military had to go in and experience PTSD—which this government will not help them recover from; they won't cover their medications for PTSD, and those are wounds you will never see—because of the lack of care in our home care systems, in our for-profit homes.

It is very worrying that this government is looking to further the private control in the home care sector as well.

Like I said, the COVID-19 pandemic laid bare the vulnerabilities of our long-term-care system. The Conservative government's response was slow, disjointed and inadequate. The tragic consequences of their failures are etched in our memories forever, etched in our military forever, with nearly 6,000 seniors losing their lives to this dreadful virus. The elderly residents who should have been protected and cared for were left exposed to the ravages of COVID-19 due to the lack of preparedness, insufficient staff, inadequate infection-control measures, inadequate inspections of our long-term-care homes—that this government did not provide. The pandemic has shown that long-term care in Ontario is in desperate need of reform.

It is clear that a system focused on maximizing profits rather than ensuring the well-being of elderly residents is fundamentally flawed. The government's push for more private long-term-care centres has only made the issue worse. Research has consistently shown that the worst outcomes are often observed in for-profit homes, as they are driven by a profit motive rather than a commitment to the quality of care. Residents in these facilities are more likely to experience neglect, understaffing and substandard living conditions.

If I sound like I'm repeating myself, it's because you are not listening.

Interjection.

Mrs. Jennifer (Jennie) Stevens: I noticed.

We cannot ignore the stark contrast between for-profit and non-profit or municipally run long-term-care facilities. The latter tend to have better staff-to-resident ratios, higher levels of staff training, and overall better quality of care.

The profit motive has no place in the care of our seniors—no place for it. It is time to put the well-being, dignity and comfort of our seniors at the forefront of our long-term-care system.

The Conservative government's approach to long-term care has been characterized by a misguided pursuit of cost-cutting and privatization, at the expense of our elderly residents who depend on these facilities. This approach has failed our seniors and, in many cases, resulted in catastrophic consequences.

We need a new vision for long-term care in Ontario—one that centres on the principles of dignity, respect and quality of care. It is not enough to simply shuffle the elderly into for-profit facilities, miles away from their partners, and hope for the best. We must invest in our long-term-care system to ensure that our seniors receive the care they deserve.

First and foremost, we need to address the chronic understaffing in long-term-care homes. The lack of sufficient, well-trained staff has been a long-standing issue, and the pandemic has only made it more apparent. We must increase funding for staffing levels, provide better training and support for health care workers, and create a more attractive work environment to retain and recruit quality staff. The elderly residents deserve to have caregivers who are not overburdened and can provide the care and attention they need.

Additionally, we need to improve the physical conditions of long-term-care facilities. Many of these homes are outdated, overcrowded and in need of repair. Investing in infrastructure improvements is essential to ensure the safety and well-being of our elderly residents. We're not talking hospitals here; we're talking long-term care, for seniors.

Most importantly, we need a regulatory framework that prioritizes the care of residents over profits. This includes stronger enforcement of standards and transparency in reporting. We must hold long-term-care operators accountable for the quality of care they provide and ensure that residents' rights are protected.

A system that is public and non-profit; a system that provides good-paying, full-time jobs with benefits; a system that ensures culturally appropriate care; and, finally, a system that is appropriately funded and implemented so all seniors across Ontario who need home care get the home care they need—and I think that this government should be listening to this side of the House.

Work together. Work with us. Stand up. Let us know how you feel. Don't close this debate a half hour early. You have members over there who have not spoken on this. The seniors in Ontario want to hear from you. Don't sit on your hands. Speak.

Mr. Wayne Gates: Or your wallets.

Mrs. Jennifer (Jennie) Stevens: Or your wallets. Make sure that —

The Acting Speaker (Ms. Bhutla Karpoche): Thank you very much. Questions?

M^{me} Dawn Gallagher Murphy: Thank you to the member from St. Catharines for her remarks here.

Yes, we all agree we want better quality of care, and this is why this government, under the leadership of the Minister of Health and our Premier—we've been going step by step by step to improve that quality of care.

For example, we can talk to the PSWs that we need, the health human resources that are so precious, that we need in our health care system, both at home care, long-term care—across the health care spectrum.

Let me give you some numbers. In January 2023—we've had 4,000 PSWs involved in the great program that we're delivering, with an investment of more than \$75.5 million. So this program is going to bring everything into a one-stop shop for home care so—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you very much. Response?

Mrs. Jennifer (Jennie) Stevens: To the member opposite: You can talk to all the PSWs across Ontario—and I'm going to tell you, we're listening to them. We've talked to them, and we listen to them.

I'm going to tell you right now, when you talk to the PSWs—they're overworked. They're underpaid. They're travelling—putting money out of their pockets—to the patients they care about, that they love, and they want to make sure that their quality of health is in their own home and they have home care and they have what they need and they can stay in a home where their memories have been made.

1730

Talk all you want. Bill 124—

Hon. Prabmeet Singh Sarkaria: You voted against a \$3 raise.

Mrs. Jennifer (Jennie) Stevens: You talk to those PSWs. They still haven't gotten their money that you guaranteed them over the COVID—respiratory PSWs. Please—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you very much. Questions.

Mr. Guy Bourgouin: Thank you to my colleague from St. Catharines. You know, in my riding I have 60% francophones and they need services, too. L'AFO is l'assemblée francophone de l'Ontario. One of their main issues is health care. They're asking this government to do more. I know that in St. Catharines you also have a big francophone community. Do you believe this bill will address the service that francophones deserve? I haven't seen anything, but I'd like to hear your perspective, because I do know you have a big community of francophones. I'd like to hear from you: Will they get the service they deserve?

Mrs. Jennifer (Jennie) Stevens: Thank you to my colleague for that question. It's remarkable that in this bill it does not address culturally-based service to respect the quality of care that francophones or—I just did the flag-raising for Hungarians. Within St. Catharines we have the largest multicultural residence in all communities across Ontario, and I think it's really important that we do address—and it doesn't address—culturally-based care. Imagine if you had a provider or a PSW that came into your home and they couldn't speak your language, how frustrating that could be. I know when I worked in the hospital at the Hotel Dieu Shaver myself—also deaf and blind patients. We need to see that in this bill—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Questions.

Ms. Natalia Kusendova-Bashta: Listening to the member opposite, I feel like she hasn't been here for the last five years. She's talking about outdated long-term-care infrastructure. This is the government that is literally rebuilding 28,000 long-term-care beds and building 30,000 new long-term-care beds, many of them in culturally-appropriate care areas. She's talking about wages of PSWs. This is the government that has raised the wages of PSWs working in long-term care from \$15 to \$18 per hour, and that party voted against that. This is the government who increased the level of care to four hours of direct care per resident per day. We're actually leading the entire country. We were the first ones to announce this, and the federal government came up with their recom-

mendations after we led the way. So my question is very simple: Where was this member for the last five years?

Mrs. Jennifer (Jennie) Stevens: Well, I can answer that question. I've been listening to my residents for the past five years. And I'm going to tell you something: I've also been listening to SEIU members, and they tell me that \$18 is not enough to live on. It is not even minimum wage in my riding. I don't know if the member across the way could live on \$18, but I'll tell you something: I don't think so. I'd like to see her feed a family, pay for her own gas across her own riding instead of putting it on her budget. Through the Speaker, you couldn't live on \$18—\$18 an hour. Come on. I don't ask any PSW in this province of Ontario—

Ms. Natalia Kusendova-Bashta: You don't know what I can do. What do you know about me?

The Acting Speaker (Ms. Bhutla Karpoche): Order.

Mrs. Jennifer (Jennie) Stevens: —to even be able to feed their families, give the quality of care. All we're asking is to give—

The Acting Speaker (Ms. Bhutla Karpoche): Please be seated.

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): The member for Newmarket–Aurora will come to order.

Next question. The member from Ottawa Centre.

Mr. Joel Harden: Thank you, Speaker. It's nice to see some passion in the House in the afternoon. I've gotta say, as I was listening to some of the comments from my friends on the other side of the aisle, I wonder at a certain disconnect, friends, and I wonder if you could help me out with this. If we were allowed to scrutinize—because we're currently not—the home care contracts—CarePartners, Bayshore, ParaMed—if we were allowed to know what the executives make, do you think we might find out that Linda Knight from CarePartners has a car allowance of, like, \$16,000 or \$18,000 a year, but PSWs don't even get their gas covered? They don't even get bus passes.

So help me understand, member from St. Catharines, given what you were saying with your powerful words and what you know in your community, why it is that we're living in an Ontario that feeds the bottom line of executives—we, as legislators, are not even allowed to know what the contracts are—but the people doing the work get the shaft. What's going on?

Mrs. Jennifer (Jennie) Stevens: Thank you. What a great question from my colleague that sits beside me. I'm sure you've seen it in your community as well. It's a shame that, as you said, Bayshore workers and other agencies that are looking after our seniors—do get paid and they do get an allowance. And I've talked to PSWs. I've talked to them, and it takes away from the food on their tables. A lot of them are single mothers, a lot of them have a couple of children, and they're working two or three jobs. They go from a long-term care to a home, a private home, to look after elderly people. And it's a shame, because they get home and they're tired, and they've got to cook supper. They've got to figure, “Am I going to go for five pounds of hamburger or am I going to eat, like, a loaf of bread and

hamburger and potatoes because that's all I can afford?” Those children that have to—Halloween is coming, may I say, and that mother has to work an extra couple of shifts and—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Questions.

M^{me} Dawn Gallagher Murphy: We know that today the delivery of home and community care is fragmented, which has impacted the consistency and timeliness of home care services. So I have to ask the question to the member opposite, because what this bill is all about is, we are amending this Connecting Care Act from 2019 to establish Ontario Health atHome and amalgamate the existing local health integration networks into the one organization to make home care delivery easier to navigate and access for the people of Ontario. My question to the member: Can you speak to any part of this bill, the actual bill, the content of the bill that they are in support of?

Mrs. Jennifer (Jennie) Stevens: You know, Mr. Harris said once, “Care, if it's faster, will be better. If it's cheaper, it will be better.” I don't see anywhere in this bill, may I say, that it's better. He closed down 26 hospitals under his watch. Home care privatization was happening all over Ontario. We've seen where privatization has gotten us.

Interjection: Not good.

Mrs. Jennifer (Jennie) Stevens: Not good. We have patients living in their feces. They have not gotten any care. Cheaper, faster is not good. But you know what is good? When you make sure that the people that are looking after our seniors in Ontario have good-paying jobs, maybe even unionized jobs, full-time jobs that make good money, that they can put their food on the table—that's what we want to see in this bill.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Brian Saunderson: It's a pleasure to rise today on behalf of the constituents of Simcoe–Grey to enter this spirited debate. I'm going to state from the outset that I fully support the Convenient Care at Home Act.

Speaker, this government has made a priority of health care. This year our budget is over \$200 billion, and over 40% of that is going to health care—\$84 billion this year. We're committed to embarking on a significant initiative to enhance the coordination and accessibility of health care services through the establishment of Ontario health teams. The introduction of the Convenient Care at Home Act represents a pivotal step in this process and it will assign to Ontario health teams the responsibility of linking individuals to home care services starting in 2025.

Under the provisions of this new piece of legislation, if passed, a new single organization called Ontario Health atHome will be instituted, and this organization will be entrusted with the crucial task of harmonizing at-home care services across the province by working side by side with Ontario health teams.

1740

Speaker, these are transformative measures and they're designed to streamline the process of connecting individ-

uals with home care services they require. Despite the intensity of the debate today, I think it can go on agreement that we all believe treating Ontarians at home, keeping them at home, allowing them to age at home and to receive the care they need at home is a priority.

Madam Speaker, before I forget, I'd like to advise that I will be splitting my time with the Minister of Education.

To fund this important work, we're committed to investing over \$128.2 million, and that funding will be an allocation of \$2.2 million over three years to each of the 57 Ontario health teams to enable them to improve the coordination of health care services and ensure that patients receive high quality of care.

We've heard a lot this afternoon about the responsiveness and nimbleness of the current situation, where we have 14 different care organizers across the province providing this care. I think it can go on agreement that the status quo is not working, that the home care being provided now is subpar and needs to be improved. We've seen, since the creation of the family health teams or the Ontario health teams, how nimble they are, and I can provide examples. For example, in April 2023, the Algoma Ontario Health Team's community wellness bus celebrated two years of services bringing primary health care and harm reduction to vulnerable communities. Between April 2022 and March of this year, they saw 5,687 visits in their jurisdiction.

The Ontario health teams are also exploring new partnerships with home care providers. A number of health teams are participating in home care, leading projects initiatives to test new models of home care delivery with the Ontario health team. For example, the Guelph Wellington Ontario Health Team will implement an integrated primary care team model that integrates home and community care support services and coordinators into primary care teams to bridge the gaps.

The Durham Ontario Health Team will implement a primary and community care hub model providing integrated and wraparound services for older adults through a central location, ensuring seamless transition between services incorporating a flexible support network with non-traditional providers to access diverse patient needs.

Madam Speaker, these are just a number of ways that the Ontario health teams, since their creation in 2019, have changed that delivery and how they are nimble and can respond to the needs of the residents. That is something we will leverage with the new system, with Ontario Health atHome.

Instead of navigating a complicated system and awaiting calls at home, the establishment of Ontario Health atHome will serve as a one-stop destination offering easily comprehensible home care plans. These plans will enable individuals to gain insight into the care they can anticipate, along with the scheduled timings prior to their discharge from the hospital.

If I can just get a clarification, is the clock right or do I have 20 minutes? I've just got 10?

Hon. Lisa M. Thompson: Yes, because you're sharing your time.

Mr. Brian Saunderson: Oh, okay. I'm sharing. Right, I knew that. I thought I was going to share five minutes, though. The Minister of Education may have longer.

The Ontario health teams have initiated a profound shift in the way that individuals access health care services within their local communities, especially in Simcoe-Grey. Since the first approval of the initial group of Ontario health teams back in 2019, we have witnessed numerous instances where community health providers have united to furnish well-coordinated and patient-focused care. The Ontario health team framework presents an avenue for front-line health care practitioners to build upon these commendable efforts and assume a leading role in what they excel at: providing exceptional patient care. Simcoe-Grey is enriched with some of Ontario's finest health care professionals that make up our local health team.

Recently, I had two round tables in my riding, one in Alliston and one up in Collingwood, where we gathered the physicians and talked about various pinch points and ways that we can improve boots-on-the-ground delivery of service to our residents. For example, the South Georgian Bay health team is comprised of 11 core organizations, which include Community Connection, Georgian Bay Family Health Team, Georgian Bay Family Health Organization, Hospice Georgian Triangle, Breaking Down Barriers, Canadian Mental Health Association, South Georgian Bay Community Health Centre, Bay Haven Care Community, Collingwood General and Marine Hospital, and Home and Community Care.

We know that our residents, whether they're young or old, would prefer to be at home. We know that approximately 10% of our seniors live in long-term-care homes, and that leaves 90% that rely and need support where they are aging, and that this is an endeavour that will help to reduce costs, but also to keep people in places that they're comfortable with, in their homes that they have worked hard to build, and they deserve our attention.

And that goes as well for palliative care. On the palliative care front, we know that home care until the ultimate time to move to a palliative setting is, again, something most patients would like. For those getting out of the hospital, for longer-term care or day surgeries—with most surgeries you're now discharged from the hospital within a day—we need to have better facilitation of making sure that they get the care they need when they get home so that they can recover at home and be back on their feet and into their normal lives.

We know the demography of the province: We're an aging population and we all have many people living with comorbidities requiring complex care. In my riding of Simcoe-Grey, we have a higher retirement population, so our number of seniors is higher than most across the province. So the primary objective of guaranteeing that all seniors, along with their families and care partners, have access to the health and social care precisely when they need it, where they need it and what they require is essential.

In Ontario, home care services cater to the diversities of individuals across all age groups. These services encompass children and youth with complex medical

requirements, frail elderly individuals, seniors, persons with physical disabilities, those dealing with chronic illnesses and anyone in need of health care support, whether on a temporary or ongoing basis, to ensure their safe and independent living within the community as they transition from a care facility to home. We need to complement home services for those members of our communities to make sure that they're getting the best care so that they can recover in the comfort of their home with those they love and be ready to move on.

This program, Madam Speaker, is committing \$1 billion over three years, as well as the \$128 million to help our local Ontario health teams. And we're looking at ways that we can consolidate and provide the service that our residents need when they need it, where they need it, so that they can have optimal outcomes.

In the 2023 budget, there is an accelerated investment initiative aimed at boosting home care funding to reach \$569 million in the 2023-24 fiscal year. This funding infusion will not only expand the scope of home care services but also elevate the quality of care provided, streamlining the processes for the constituents in my riding as well as across the province.

Speaker, we're united in our opinion that we need to change the status quo. We're united in our opinion that our residents deserve the best health care they can get. We're united in our opinion that we need to fund these programs appropriately, and this act will make that happen. It will consolidate the process and create the Ontario Health atHome service that will make sure our residents are matched with the care they need, when they need it, as expeditiously as possible.

With that, Madam Speaker, I will pass it over to the Minister of Education.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Chandra Pasma: Thank you to the member for Simcoe–Grey for those remarks. It's nice to finally hear some comment from the government this afternoon about why they think this bill is necessary.

The member may not be aware, but earlier this month there was a report by Seniors for Social Action on home and community care in Ontario, in which they note that the government has invested six times more in institutional care than they've invested in home care. Here's the report's conclusions on home care in Ontario:

It's "underfunded and under-resourced."

There was a "clumsy handover of responsibilities from CCACs to LHINs and onto HCCSS."

There's "a system of service contractors, many of whom are for-profit, that only meet clients' needs 50% of the time."

There's a "human resources system that requires minimal qualification questions for positions where staff exercise considerable control over service users' lives...."

There's a "lack of effective representation of service users...."

There's a "'community engagement' approach that is not aligned with the usual principles of community engagement...."

There's a "complaints management system that is failing."

1750

My question to the member is, why doesn't your government fund home care like it matters?

Mr. Brian Saunderson: Well, thank you for the question opposite. Right at the outset of my comments—over 40% of our budget is going into health care, and that includes long-term care. We've had many debates in this House about the state of long-term care. We've committed to creating 28,000 new beds and upgrading 30,000 existing beds, all in the face of 15 years in which the Liberal government created 611 new beds throughout that entire time, notwithstanding the fact that we have an aging demographic.

This government is a pragmatic government. We're investing where we need to. The first order of business was to correct the situation in long-term care, and now we're turning our focus to home care and making sure that we have an effective system to deliver that home care.

The Acting Speaker (Ms. Bhutla Karpoche): Question?

Mr. Lorne Coe: I think we need to talk a bit about what the broad investments are of the government: \$1 billion over three years to expand and improve home care services; \$100 million for community services. Budget 2023 was pretty specific: accelerated investments to bring home care funding in 2023-24 up to \$569 million. So combined with that, I'd like my colleague to talk about the impacts of those levels of investment within his riding and the effect that it's had on people that he has the privilege to serve.

Mr. Brian Saunderson: Thank you very much to the member from Whitby. That is a great question. As I indicated in my comments, my riding has a higher proportion of retirees and those that are requiring service, whether it be in long-term-care homes or in their homes, and this type of investment is critical to making sure that we are taking care. We have the backs of our seniors, who have earned the right to have our assistance, and we need to make sure we provide the services where they need it and when they need it.

These types of investments are historic. They didn't happen for 15 years under the Liberal government. All we hear from across the floor is how they throw darts at a dartboard trying to peg holes in what we're saying. We're making investments. We're making change. This is the agenda of this government and this Premier.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. John Vanthof: I listened intently to the member's presentation. It's my first time speaking to this bill. The one thing I'm having trouble—a few things, but one thing I'm really having trouble with is we're collapsing the LHINs—I understand that—into the Ontario health teams—I got that. But you're creating one board that is going to have control of home care over the whole province?

Now, I'm sure that issues that you face in Toronto or in your riding or my riding or in the member from Mushkwoguk—James Bay's riding are vastly different—vastly,

vastly. So if one board is going to give major contracts, how are we assured that all parts of the province are actually—or not the parts of the province, but all the people who need home care are going to get it? The better job we can provide in home care, the more people we can keep at home, and a much better quality of life for them.

Mr. Brian Saunderson: I want to thank the member for that question. It's an excellent question. The answer is that we're empowering the 57 existing Ontario health teams to make these decisions. It's not a board of five sitting at Queen's Park. There are boards on the health teams, 57 of them across the province, and they're getting \$2.2 million over three years to make this change and transition.

I listed in my comments the nimbleness and responsiveness of a number of health teams across the province to do this, and that is exactly what we're trying to do. We're trying to create a nimble organization that is 57 health teams across the province that will make the determinations locally about how that is done. That is how they're going to get responsive.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Christine Hogarth: If we were to listen to the other side, all we'd hear is doom and gloom and nothing. Oh, my goodness, it's just sad to hear. You're going to scare the people out there.

But I'd like to talk about the member and what he had to say and talk about the investments this government has made—historic investments we've made in health care: hospital beds, long-term care homes and now we're looking at care for people, our elderly, at home. I'm wondering if the member can expand upon some of the investments, because there's not enough time to talk about all the investments, but let's try to list some of the investments we've made, and you can start with your own community.

Mr. Brian Saunderson: I want to thank the member for the excellent question. In my community of Simcoe–Grey, we have two hospitals serving the population of 142,000. Both those hospitals are going through capital upgrades. Since I've gotten in office, the Collingwood General and Marine Hospital has received \$15 million in planning grants and they're at stage 2 of the process. Alliston's Stevenson Memorial Hospital has received \$6 million for planning grants and they're at stage 3. Hopefully, they'll have shovels in the ground within the next two years.

In terms of long-term care home facilities, we have four homes that are run by the County. They're not-for-profit homes. We have a number of private providers as well. They're all taking advantage of the funding programs to make sure that they're upgrading their beds and creating new state of the art beds.

The fact of the matter is this is a government that is making historic, unprecedented and never-before-seen investments in this province. We're leading the country. We have work to do, but we've set our course and we'll stick to it.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Miss Monique Taylor: I was listening to the member opposite. I definitely heard him talk about the budget. You know, members are concerned that New Democrats want to spend too much in health care. It's almost 50% of the budget that goes to our health care system.

Yet, we know that our health care system is being privatized by this government and is funneling money out the door not to patients' health, but to profit. It's a large amount of profit that is coming out of those very critical dollars that the members opposite are talking about.

So could the member opposite please tell me, would he prefer his constituents get health care based on their health or would he rather put more money into the pockets of the very rich people who are profiting over our health care system?

Mr. Brian Saunderson: Thank you for the question. We've been clear many times. You ask the same question again and again and again. I remember my very first examination for a discovery I did as a lawyer, I asked a question three times. Counsel across the table looked at me and said, "Counsel, it doesn't get any better."

The reality is in this province, you pay for your health care with your OHIP card—end of story.

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Members, please be seated.

Question?

Mr. Matthew Rae: Thank you to my colleague for his remarks. I'll keep it a brief question.

The members opposite always talk about closing for-profit homes. That's a thousand beds in just my riding alone. They have no plan to build beds. The Liberals and NDP in the election said, "We're going to close the private homes and get rid of them." That's a thousand people who would be homeless—more than a thousand people.

To the member opposite, can you please expand on some of the great investments we're making in long-term care?

The Acting Speaker (Ms. Bhutla Karpoche): Very quick response.

Mr. Brian Saunderson: It will be very quick. It's a long story, but a quick answer: We're funding the creation of 28,000 new beds. We're refurbishing 30,000 beds. We've brought in an historic guideline that every resident of a seniors' home gets four hours of care daily. That was not happening when we took office, and it will be in place before we leave.

The Acting Speaker (Ms. Bhutla Karpoche): There's no more time for questions.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Bhutla Karpoche): It is now 6 o'clock and the House stands in recess until 9 a.m. tomorrow morning.

The House adjourned at 1758.

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Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Hon. / L'hon Vijay (PC)	Scarborough—Rouge Park	Associate Minister of Transportation / Ministre associé des Transports
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	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

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Vaugcois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Kitchener Centre / Kitchener-Centre	
Vacant	Lambton—Kent—Middlesex	