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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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Report continued from volume A.

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PRIVATE MEMBERS' PUBLIC BUSINESS

TEMPORARY NURSING AGENCY LICENSING AND REGULATION ACT, 2023

LOI DE 2023 SUR LA DÉLIVRANCE DE PERMIS AUX AGENCES DE SOINS INFIRMIERS TEMPORAIRES ET LA RÉGLEMENTATION DE CES AGENCES

Mr. Shamji moved second reading of the following bill:

Bill 67, An Act respecting the licensing and regulation of temporary nursing agencies / Projet de loi 67, Loi concernant la délivrance de permis aux agences de soins infirmiers temporaires et la réglementation de ces agences.

The Acting Speaker (Ms. Patrice Barnes): Pursuant to standing order 100, the member has 12 minutes for his presentation.

Mr. Adil Shamji: It's always an honour to rise in this great chamber to discuss the issues of greatest importance to Ontarians, particularly health care. It's especially nice to be able to have that discussion, recognizing that we have health care workers on all sides of the chamber who have done incredible work to serve patients and our friends and families here in Ontario.

Today, I rise to speak to my private member's bill, which seeks to regulate temporary nursing agencies in our province, and I hope to do this by going through a number of things. Over the course of this evening, I hope to begin by describing the landscape of health care in Ontario, the rise of temporary nursing agencies within that context, and their impact. By setting the stage in this manner, I'll explain what the bill does and its benefits, and I'll distinguish it from other efforts to regulate temporary nursing agencies, and then address some anticipated concerns.

In our province, we have a health care system under tremendous strain—a health care system that has been brought to its knees by COVID-19, brought to its knees because of health care worker burnout and mental health struggles, unimaginable workloads, and wages that have fallen behind the rate of inflation in Ontario. Amidst that backdrop, we have seen earnest efforts to try to improve the situation, and yet, despite this, for the reasons I mentioned, we have a massive shortage of health care workers, resulting in ER wait times that have gone through the roof. The time to transferring patients from the ER into hospitals has gone up. The number of patients designated ALC has gone up because there aren't enough staffed beds in long-term care. We even have emergency departments that have closed, especially in rural areas, and as a result, we've seen the rise of temporary nursing agencies. These outcomes, while devastating, have resulted in hospitals and long-term-care homes wanting to do anything to stay afloat. These temporary nursing agencies have provided a pool of nurses available who can fill in for absent workers on short notice. They've existed for a long time, make no mistake about it, but their usage has risen dramatically in the last few years.

Unfortunately, the impact of these nursing agencies has been profound. They've exacerbated our health human resource crisis by attracting nurses out of the public system with the allure of higher wages. They've caused hospital budgets to balloon. In Ontario, hospitals spent nearly $39 million on nursing agencies, and that number has now ballooned to $174 million just last year. It has led to a demoralization of our health care workforce, and it has led to lower-quality care. In short, you have a situation where there is a Wild, Wild West.

Some of the stories that I've heard—nurses being recruited out of hospital parking lots. We've heard about agency operators who also own long-term-care homes and double-dip in profits. We've heard of nurses who are recruited out of their hospital jobs by the allure of wages two to three times higher than they were paid in the public system—only then brought back to work in the very same hospital, on the very same ward that they worked in the day before, but at two or three times the cost. And of course, we hear all the time about ballooning health care budgets, because hospitals are spending too much on temporary nursing agencies. My bill seeks to remedy this challenge, and it seeks to do this by being fair, balanced, pragmatic, and not onerous.

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As it stands right now, anyone can operate a nursing agency. There are no requirements. There are no fundamental regulations that exist. There's no mechanism to guarantee, for example, that they operate fairly, safely or sustainably. And I believe that there is a duty to regulate them.

Bill 67, my private member's bill, offers a minimally invasive approach. It calls for simple things, like a requirement to license a temporary nursing agency, and that licence can be issued by a ministry-appointed registrar who meets

some very basic criteria: They have to know what they're doing; they have to have an understanding of health care, so a basic understanding of health care regulation and quality improvement; and in that capacity, they make sure that licensing applications are complete and that terms and conditions are met. Of course, if those terms and conditions are not met, they don't issue the licence. If those terms and conditions cease to be met, they have the power to revoke that licence. So far, I would argue, it's all very reasonable.

The terms and conditions are quite basic. They would require nursing agencies to have a credentialing and monitoring plan, essentially, to make sure that the nurses who are going into these hospitals or long-term-care homes or home care agencies have a certain basic education and are appropriate for the locations that they're getting sent to. For example, it would never make sense for an emergency doctor to be asked to perform an appendectomy or general surgery. In the same way, a nursing agency would have an obligation to ensure that a nurse who has experience in long-term-care homes works in long-term-care homes and not in intensive care units. The terms and conditions intend to take aim at some of the most predatory practices that are taking place in nursing agencies—for example, they can't have carte blanche to financially starve our public health care system—and they're designed to uplift the morale and working conditions of nurses.

Here are some very basic principles: A nursing agency must establish consistent and predictable fees. What we've seen in the current climate is that some nursing agencies take advantage of dire situations. Some even engage in dynamic pricing, exactly the way you might see your Uber price go up in the middle of rush hour, but this is health care. That kind of pricing model does not belong in our hospitals and long-term-care homes. The bill also introduces the concept of unconscionable pricing. In essence, it says that nursing agencies can't engage in price gouging. This is something that I know the government cares deeply about. We see the principle of unconscionable pricing articulated in Bill 142, for example, and this government also introduced legislation against unconscionable pricing of PPE earlier during the pandemic. So I know that this is a fair principle. These nursing agencies can't send nurses back to a hospital that they've worked in in the last six months, they can't poach, and they can't have restrictive non-compete clauses. And finally, they have to publish expenses, revenues and profits yearly.

The bill is enforced through a simple mechanism. There can be inspectors, and there is a licensing renewal requirement every two years, providing an opportunity to ensure that all of the terms and conditions continue to get met.

In short, what this bill accomplishes is, it stops putting nurses at odds with each other. You can imagine how demoralizing it is to work alongside someone who is making two or three times what you're making because they come from a nursing agency, especially if they were just working as part of your hospital the day before. It will uplift morale, reduce reliance on agency staffing, reduce the amount of funds that are spent by long-term-care homes and hospitals, and it simply levels the playing field.

I want to take a moment to distinguish this from other efforts to regulate nursing agencies.

In August 2022, the Minister of Health introduced their Plan to Stay Open with great fanfare at Sunnybrook Hospital. At that time, she said, "We recognize that agency rates have increased significantly, creating instability for hospitals, long-term-care homes and emergency departments." The plan at that time had been for consultations to happen with front-line partners, and as yet they haven't happened.

In March 2023, the member from Markham–Stouffville, who was then the Minister of Long-Term Care, proposed initiating a technical advisory committee to look at temporary nursing agencies—I thank the minister for his foresight on that—and yet it still hasn't happened.

Finally, just yesterday, my friends on this side of the House introduced Bill 144, another attempt to regulate temporary nursing agencies. I distinguish my bill from theirs in that my bill is focused on the nursing agencies themselves whereas their bill is focused on the hospitals and long-term-care home providers that have no choice but to use those nursing agencies.

Now, I want to anticipate some of the concerns. Yesterday was Halloween, and I want to reassure people that there's nothing scary about this bill, despite the fact that yesterday was October 31. Some have said that nursing agency usage rates have fallen to 2% and, therefore, any form of regulation is not necessary. Unfortunately, that's not quite true. Nursing agency rates are higher than 2%, and even where they are the lowest—in hospitals—they are significantly higher and increasing in long-term-care homes and in home care agencies.

There's also the argument that more nurses are on the way. I agree and congratulate the government side for increasing the amount of nurses going into nursing schools. However, there has not been an effort to actually retain nurses. So, what we see is, pouring water into a bucket that is, unfortunately, full of holes. As long as that situation remains, we will not be able to maintain an adequate number of nurses.

There's also been the argument that regulation is against free-market principles, and to that I would say, we have a market failure because we have a dramatic shortage of health care workers. Even Adam Smith would tell us there's a role for regulation in the presence of market failures.

Others have said that there are problems with non-compete clauses and that it's unfair to say that an agency cannot send a nurse back to the same hospital that he or she worked at the day before, but currently there is not a level playing field. In fact, nursing agencies currently can impose non-compete clauses that say that if one of their agency nurses works in a hospital or a long-term-care home, they are not subsequently allowed to go and work back there permanently, so, currently, non-compete clauses are not applied fairly in the health care landscape.

Then, finally, some people worry about transparency, about the fact that this bill asks nursing agencies to publish their revenue and profits, but this is no different from

publicly traded companies that regularly do that. Remember that these nursing agencies are using public funds, so there's nothing to be afraid of, and there are many precedents within our province.

In conclusion, we're all here because we care for each other and for Ontarians. We want the best health care system, and we want to look after patients and health care workers. Bill 67 is simply a prescription to do that. It's fair, it's logical and it's comprehensive. It has been formulated through extensive consultation with stakeholders, policy-makers and health care workers, and it simply levels the playing field and ensures that taxpayers get fair value for money and equitable access for health care.

I thank you all for your consideration.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mme Dawn Gallagher Murphy: Madam Speaker, I will be sharing my time with the member from Mississauga Centre.

We know communities across the country and around the world are facing labour challenges. That's why, through our government's Your Health plan, we are taking steps to grow our health care workforce to better serve Ontarians now and for years to come.

Since our government took office in 2018, over 63,000 new nurses have registered to work in Ontario. As part of our budget this year, our government is investing $200 million to further grow our health care workforce. Firstly, we are making it easier for nurses to come and work in Ontario from across Canada and the globe. Through the Your Health Act, we are cutting red tape to allow health care workers from across Canada who want to come and work in Ontario to begin caring for patients immediately while the registration process is under way with their respective professional colleges.

Speaker, I would like to speak to some specifics regarding Bill 67. Firstly, the proposal of a registrar: There is a registrar for nurses in the province of Ontario who provides provincial oversight—the College of Nurses of Ontario. They have specific registration requirements that include an intense review of the candidate's nursing education, evidence of practice, a registration examination, a jurisprudence examination, proficiency in English, ou bien en français. The review also goes into past offences and findings, health and conduct. Thus, the registrar proposed in this bill is a duplicative role.

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A nursing agency is an employment agency and as such is regulated under the Ministry of Labour. This would fall under FARPACTA, Fair Access to Registered Professions and Compulsory Trades Act. To create a licence for these agencies creates a duplicative process and additional red tape. Speaker, the fact is that nursing agencies used to make up 3.8% of nursing hours in the province, and it is now down to less than 2% in hospitals.

With respect to the "Terms and conditions" section, what I see here that's concerning is a positioning of non-compete. Health care professionals are in demand. To hinder a health care professional from working in any specific health care setting would be not only to the detriment of our health care system, but an unfair practice to the nursing profession. In fact, the Working for Workers Act, 2021 amended the Employment Standards Act, 2000 to prohibit employers from entering non-compete agreements with employees or demanding them from prospective employees. Employees or prospective employees who refuse to sign such agreements are protected by the ESA's reprisal protection.

Speaker, our government is laser-focused on increasing the supply of the health care professionals here in Ontario. By continually increasing the number of nurses in the pipeline of our health care system, we are fuelling our hospitals, long-term care, home care and public health systems with an abundance of high-quality nursing professionals ready to care for Ontarians.

Working with the Minister of Colleges and Universities, we have added 121 new training positions to the primary health care nurse practitioner program and we are continuing to add even more positions. Ontario now has the most internationally educated nurses in Canada, with internationally trained nurses now making up 41% of new applications to the college of nurses. In July 2023, our government announced several programs to highlight how we are growing our health care workforce and improving our supply to the growing demand for health care workers, including nurses. The Supervised Practice Experience Partnership program provides internationally educated nurses the opportunity to demonstrate their current knowledge, skill and language proficiency while working to meet the requirements to enter practice as a nurse. This program has funded more than 2,800 internationally educated nurses since its launch in January 2022.

The Nursing Graduate Guarantee program provides new graduate nurses in Ontario, including those who studied out of province and abroad, with temporary full-time employment to support their successful transition into full-time employment. This program has hired more than 3,300 nurses since 2020.

Furthermore, Ontario is working with the College of Nurses of Ontario and Ontario Health to expand funding for the supervised practice experience program, which has already supported over 800 international nurses in getting licensed since January. Ontario is also working with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally trained nurses from registering to resume or begin practising by temporarily covering the cost of examination, application and registration fees, saving them up to $1,500.

In order to move my time over to the member from Mississauga Centre, I'm going to just wrap up by concluding that, Speaker, we will continue to work with all partners, including Ontario Health, public health corporations and health sector unions, to address health human resources opportunities.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mr. Wayne Gates: First of all, I'd like to thank my good friend from Don Valley East on Bill 67. I would also like to thank my colleague from Nickel Belt, who yesterday

brought forward Bill 144, who also talked about this important issue. Also, I want to compliment her that she actually talked to unions on what they would like to see for their nurses in the workplaces, and I think that's very important when you're talking about workers.

I'm going to start real quick. I'm pleased to have a chance to speak to this bill and the important issue of nursing agencies in the province of Ontario, but this is probably the paragraph that I think means the most. I want to begin by saying this: Do you think it makes sense to be spending millions and millions of dollars on nursing agencies, for-profit corporations that are making money off the health human resource crisis we are having, instead of spending that money on patient care? I'd like to know their answer to that, quite frankly.

When I say that, I say—well, I made that comment, but what could we spend that money on? I'm going to talk about my riding a little bit, which I should when I stand up here. I'm going to talk about Fort Erie, which has an urgent care centre that used to run 24/7. You know what it's running now? Ten hours a day, as the population in Fort Erie is growing. It's open 10 hours a day now—10 hours.

Could you imagine if we, instead of spending and wasting, quite frankly, millions and millions of dollars on agency nurses that are only going to for-profit, were making sure that Fort Erie gets the service they deserve? Don't you think that's where we should be spending our money?

Then I thought, okay, there's other communities. How about Minden, which has taken this government on? That, by the way, has a PC MPP in there who really hasn't done anything there. The same thing happened to them: They had an emergency room, and what did they do? They cut it back to 12 hours. Why would we not take that money and put it back into health care instead of a corporation? It makes no sense

I can get into long-term care as well. Whether it's home care, whether it's long-term care and now whether it's agency employees, we know that when you take money out of the public system, it hurts the public system; it starts to collapse. You don't have the resources, and what do you do? You end up closing hospitals. You end up closing emergency rooms. Does that make sense to you?

I'm going to say what was said—and I know you guys don't like to hear this, but home care and long-term care were brought in under Mike Harris. We just had a home care bill again. Do you know what they said back then, Madam Speaker? They said it would be better care, long-term care, home care—faster, cheaper, better care. Do you know what we found out over the last 20 years when they were 15 years in opposition as well? It wasn't accurate. How do we know it wasn't accurate? Because we saw that 6,000 of our seniors have died in long-term-care facilities in the last three years—in the last three years—and 78% are for-profit. So that would tell me that system's not working.

We know that in home care it's fallen apart because of a number of reasons, but the big reason was, again, this government attacking our health care system. They brought in a bill called Bill 124 that capped their wages and benefit packages at 1% when inflation was running between 6% and 8%. They were giving every ounce of energy to our hospitals, our long-term care and home care, but didn't feel respected. They call them heroes, but we know that's not remotely accurate, because you don't call people heroes and then attack them.

What I'm saying is, what we need to do is stop for-profit and have it not-for-profit. What we need to do is stop nurses who are going into our hospitals and working one day in St. Catharines, maybe another day in Welland, another day in Niagara Falls, not really knowing the system, not knowing how they do their jobs there, putting them in a terrible situation and then putting them into an even worse situation. I think my colleague talked about this during his speech, where they go into a workplace, whether it's a male or a female nurse, and they're going in there and they get preferential shifts; they don't work weekends. Think about it.

I work beside Jennie Stevens here. We make the same money. But think about working as a nurse and that very nurse who's working beside you is making two to three times more than what I'm making on my shift. How is that good? How is that good for morale? How is that good for patient care?

1840

And so there's no confusion here—and I'm sure the PCs are going to stand up here—do you know what an agency is being paid, that corporation? I've got my time—I've got 29 seconds left; I'll get it. Do you know what they're being paid? Between $150 and $225 per hour, and that nurse is being paid $70 to $90. And if I had more time, I'd talk to you longer on the Ottawa situation, where they're taking our public nurses who work Monday to Friday, opening up a business on the weekend and performing surgeries now on Saturday and Sunday. That nurse is working in the hospital in Ottawa and then is being paid—I've got to finish.

Anyway, thank you very much for giving me time. I want to make sure that I leave enough time for my colleague.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mr. John Fraser: I am pleased to rise today in support of Bill 67, and I just want to say to my colleague from Don Valley East that it's a very thoughtful, responsible and balanced approach to the problem that we have here.

This morning in debate I asked, why are we here? It's not because of the RCMP's criminal investigation into this $8.3-billion backroom deal, so we're not going to talk about that tonight. We can talk about that tomorrow, and rest assured it will happen.

Here's why: In August of 2022, the minister said, "Yes, it's a problem, and we're going to do something about it." And then crickets—nothing. So my colleague brought forward a bill that's reasonable and balanced and recognizes that nursing agencies do have a role to play, but it's the Wild West, folks; it's the Wild West. People are profiteering out there. Look at the hospital numbers. This is public

money—it's public money. It's wasting public dollars—four and a half times the rate that they've used it before. In one long-term-care home or a group of long-term-care homes in Kitchener-Waterloo, they spent $300,000 one year and the next year it was $3 million. Who is paying that bill? Do you know who is paying the bill? The people whose doors you knocked on in the last election; that's who is paying the bill. That's why we need regulation.

And I hear this: Everybody's going, "Oh, the non-compete." Okay. Who in this building—any one of you—thinks it's right for a nurse to work in a hospital and then go to work for a temporary agency and go back and work in the same hospital, make more money, and then give a cut to somebody on the other end? Tell me. Go to a door and explain that to somebody who votes for you. Go to a door, any one of you; I challenge you.

You know it. It needs regulation. Get on with it. It's been a year and a half. It's not complicated. There's a reasonable and a balanced way to do it. It's here in Bill 67. That's why my colleague did it. It's not trying to eliminate them; it's just trying to bring some common sense.

I wish my colleague from Kitchener was here right now, because he knows something about common sense—or at least his dad did. I'm not sure you guys do. Thanks.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Ms. Natalia Kusendova-Bashta: It is an honour to rise and speak in the Legislature this evening. I want to begin by saying that our province is fortunate to have some of the most educated, highly skilled, empathetic, compassionate and hard-working nurses in the world.

Interjections.

Ms. Natalia Kusendova-Bashta: Yes, that deserves a round of applause.

This profession is a very special calling, and I would say it is more of a vocation. I would also make a point to clearly differentiate the nursing profession from our esteemed physician colleagues. Where doctors observe symptoms, form diagnoses and prescribe treatments, seeing the patients through the lens of their physical parts or their symptomology, nurses see the patient holistically, as a whole person, with unique needs, unique history and lived experiences. Nurses offer the softer touch to health care and treat the person as a whole, which includes the metaphysical and spiritual component of healing.

I want to indulge a little bit and share a little bit about my own personal nursing philosophy, because I think it offers a unique perspective into the nursing profession, which is the caring profession. Nurses are in the business of caring. Personally, I situated my praxis within the famous and widely used theoretical framework of Jean Watson's grand theory of human caring. As per Watson, caring is the essence of nursing, and its theory lives in the caring moments. Caring is a moral ideal rather than a task-oriented behaviour. Watson's model honours the unity of the body, mind and spirit, and applies 10 universal caritas processes to the practice of human caring. It provides the moral and ethical codes by which nurses guide their practice.

Speaker, as a person of faith and a health care worker, I draw meaning and strength from the universal values of respect for life, humanity, human dignity, healing, spirituality, truth, love and faith. I believe nursing is a moral obligation, and I use love and compassion as a vehicle to achieve humanistic, altruistic, transpersonal caring relationships. I think many of my nursing colleagues were guided by very similar philosophies when they pursued the nursing profession as a lifelong vocation of servitude to others.

Being in the caring profession does not come without personal sacrifice. We saw this vividly during the pandemic, when nurses carried the weight of the crisis on their ever-so-tired shoulders. While family doctors were closing their offices and seeing patients only remotely, nurses were at the forefront of our emergency rooms, our acute-care hospitals, our vaccination centres and everything in between. And while some doctors in hospitals would only call in to the units or perform their assessments outside through the glass door, visually only, nurses were at the bedside with their patients, performing interventions, documenting assessments, facilitating family calls on tablets and cellphones, and also holding their patient's hand as they took their last breath—all of this, I may add, at a very high risk to themselves.

But even today, Speaker, nurses sacrifice on a daily basis to provide the highest quality of care for our patients, going without breaks for food or water for prolonged periods of time when patient loads are high, staying after work to finish documentation, prioritizing dozens of competing tasks and goals over, for example, taking a washroom break. And I think I can speak for all members in this House when I say that we are absolutely grateful and very proud of our nursing workforce in Ontario.

As a nurse, I know first-hand that our professional standards are second to none. When it comes to our health care system, we must reduce the administrative burdens and red tape, not add them, and through our Your Health Act we are cutting red tape to allow health care workers from across Canada to begin working in Ontario immediately. Instead of constantly putting forward the narrative of a health care system in a crisis, we are putting forward a narrative that nursing in Ontario is an exciting, respected, highly trained profession with opportunities for lifelong professional development. And our government has the foresight to offer incentives for those who choose to join it and reduce red tape for those already trained coming from different jurisdictions both within our country and internationally. My colleague already mentioned the learn and stay grant, the retention bonus, the new-grad initiative, the as-of-right program, which are all contributing to the growth of the nursing profession in Ontario.

But, Speaker, don't just take our word for it; the proof is in the pudding. I actually went today on the CNO, the College of Nurses of Ontario, website and it's right there in black and white. When we look at statistics—and the furthest down they go is October 2019—the total number of registrants in the general and extended class back in October 2019 was 170,000 nurses. Today, four years later in October 2023, it's 190,000 nurses. Of course, we have

seen nurses retire early, perhaps because of the pandemic, but this is a very positive trend that we are seeing, that graph, and I encourage my colleagues to go on the CNO website and see for yourself. This is a positive trend, and we on this side of the House will continue engaging with our nurses and with our voters every day at the door, more than just in between elections, as some of our Liberal colleagues do.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mme France Gélinas: I thank my colleague from Don Valley West for bringing this piece of legislation forward. I think we can all agree that we have a health human resources crisis in our hospitals, our long-term-care homes—across our health care system. There are good nursing agencies that have been there forever. I come from northern Ontario. There are hospitals in northern Ontario who depend every summer—the same nurse comes and helps out while we have a ton of tourists, somebody is on maternity leave or on sick leave. We have agencies that come up to the north and help. They have been there forever. They do a good job. They don't try to bankrupt the hospital.

1850

But that's not what we see. We see this health human resources crisis happening throughout our health care system, in huge part because of Bill 124, where those hard-working competent nurses feel completely disrespected by this government. After going through the worst three years of their career caring for us through a pandemic, they're leaving the profession in droves. The member mentioned 190,000 registrants with the college. What she did not mention is that there are over 17,000 of them who have a licence, who can practise, who choose not to—and that's only the ones who told the college that they're not working in nursing.

The health human resources crisis is there, and there are some predatory staffing agencies that take advantage of that. You cannot in any way, shape or form justify charging 300% more for a nurse. The nurse gets 10% more—maybe sometimes $20 or $30 more for her per hour, per shift, and the rest of it goes to the temporary staffing agency. The rest of it goes to an agency; they are making money off the backs of nurses. Some of them come to us as whistle-blowers and say, "We were able to recruit 500 nurses from Ontario." And they made—get ready for it, Speaker—$25 million in profit off of 500 nurses that they recruited from Ontario. How could that be? This has to change. We have to address this.

I also brought a piece of legislation forward that does five things. The first one is listen to the front line. Mandate the directors of care in long-term care, the directors of nursing in our hospitals to listen up and make a plan as to how we can retain the nurses that we have. Does that mean guaranteeing holidays when they want to, changing the scheduling that makes it more human scheduling? Does that mean having a ratio of nurses to patients in long-term care? Let's listen to them. They have been through a lot. They want to care for us or they wouldn't be nurses. Listen to them. They have the solutions; let's put them in place.

The second is: We already have tools in Ontario for accountability and transparency. The Auditor General, the privacy commissioner, the Patient Ombudsman, the Ombudsman and the salary disclosure—remember the sunshine list? Let's apply those to those staffing agencies. Let's bring a little bit of transparency and accountability to the agencies. It will tell us a whole lot of stories.

The third is: Decrease the cost. To charge 300 bucks an hour for a nurse who will be paid $58 at the most means that there's a lot of money going to profit. Let's limit that to 10%. When they say, "Oh, we're charging for transportation, accommodation and per diem"—if you're charging for this, let the nurse get that money, not the staffing agency that charges 80 cents a kilometre but gives her back 44, charges 80 bucks for per diem but gives her 30, charges for accommodation etc. If those are needed, let's pay the nurse directly.

Then no poaching: The member has this in his bill. This has to end—no more poaching of our nurses who come back. If you come from an area, if you come from Toronto and you want to go to a nursing agency, you will be welcome in northern Ontario, but you will not be welcome back in the hospital that you worked in for the last 12 months.

Make them not-for-profit. If they change corporate status, if they want to merge or whatever, the minute you change corporate status, make them not-for-profit, because making $25 million off the backs of 500 Ontario nurses is wrong, has to be stopped and cannot continue. We have to respect those hard-working women—yes, because most of them are women—by giving them fair pay, by giving them respect, by giving them a schedule that makes sense, by giving them a workload that a human being can handle, by listening to what they have to say. Then we will change things for the better.

We will be supporting the bill from the member. It is a step in the right direction. More needs to be done. I hope the government will take this opportunity to work on stopping what is going on with the health resources crisis.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mr. Michael Mantha: This is a long-overdue discussion that we should have been having a long time ago in regard to nursing agencies, and I want to bring you perspective from Algoma–Manitoulin.

Leading up to today's bill, I've had many discussions with leadership teams in hospitals and long-term-care homes across my riding, and at many organizations, and there is one theme that they continuously bring up; there's a consistency in regard to their messages and as far as what needs to be done. They echo a lot of the statements that have been put here on the floor today—that the policies of this government have allowed private companies to undercut public institutions in health care, and it requires the government to intervene with regulations and regulating these agencies. Taxpayer dollars are being transferred from the public system to private agencies, at two to three times the normal cost, to provide the same services. Not only are the hourly wages the agencies charge much higher,

the hospitals and homes who hire them have to absorb the cost of recruiting, accommodations and their travel into their budgets, along with orientation and training. This is not sustainable at all.

In the north, this also affects the budgets of municipalities. Why? Because they own long-term-care homes and must pick up the bills for anything that is not covered by this ministry. The solution to this is for the government to properly fund public health care and to remove restrictive wage policies like Bill 124.

As a measure to help the health care providers in the north get a handle on the situation, I will support the member's bill tonight. Regulating agencies to ensure they are not exploiting the health care staffing crisis will stop the race to the bottom that this government has manufactured.

When you look at what this member's bill is actually doing—obtain an operating licence; issue licences by a qualified registrar; ending predatory recruitment practices—it eliminates price gouging and surge pricing, and it prevents agencies from recruiting nurses from hospitals. And it requires regular inspections and promotes transparency.

Speaker, again, I will be supporting this legislation, and I commend the member for bringing it forward, because this is a discussion we should have been having a long time ago.

The Acting Speaker (Ms. Patrice Barnes): The member has two minutes for a response.

Mr. Adil Shamji: Thank you to all the members in the House for contributing to the debate on this really important matter.

Ontarians expect the best from us. Patients expect the best from us. So let's come together and deliver. We can't afford to continue turning a blind eye to the issue of predatory practices in temporary nursing agencies. And we know that this is not just something that I am saying or that any of the other parties are saying. I echo, again, the remarks of our Minister of Health, on the record, from August 2022, where she said that they are destabilizing our hospitals and long-term-care homes, committed to doing something, and yet hasn't delivered anything. The member from Markham–Stouffville, who was the Minister of Long-Term Care, in March 2023, committed to doing something, committed to a technical advisory committee, and yet has not delivered anything.

This is an opportunity for us to take some simple, basic, fair steps that do not require a single penny to be spent.

We heard the member from Newmarket–Aurora articulate a number of concerns that had in fact already been addressed in my remarks before she started speaking.

We heard from my friend from Mississauga Centre, and I want to emphasize—my sister is a nurse; my cousin is a nurse; my friends and colleagues, including the member from Mississauga, are nurses. But I do want to emphasize, physicians also see patients holistically, and health care workers of all stripes are here to help their patients, so let's not divide or come between different professional classes. We're here to serve our patients.

Right now, there are predatory, for-profit temporary nursing agencies holding our health care system hostage, and I urge everyone to join me in taking action against them.

The Acting Speaker (Ms. Patrice Barnes): The time provided for private members' public business has expired.

Mr. Shamji has moved second reading of Bill 67, An Act respecting the licensing and regulation of temporary nursing agencies. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed to the motion will please say "nay."

In my opinion, the ayes have it.

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

Second reading vote deferred.

The Acting Speaker (Ms. Patrice Barnes): All matters relating to private members' public business having been completed, this House stands adjourned until tomorrow, Thursday, November 2, at 9 a.m.

The House adjourned at 1901.

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Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
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Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
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West, Jamie (NDP)	Sudbury	
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Vacant	Kitchener Centre / Kitchener-Centre	
Vacant	Lambton—Kent—Middlesex	