

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

No. 102B

**Journal
des débats
(Hansard)**

N° 102B

1st Session
43rd Parliament
Wednesday
25 October 2023

1^{re} session
43^e législature
Mercredi
25 octobre 2023

Speaker: Honourable Ted Arnott
Clerk: Trevor Day

Président : L'honorable Ted Arnott
Greffier : Trevor Day

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House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400
Publié par l'Assemblée législative de l'Ontario

ISSN 1180-2987

CONTENTS / TABLE DES MATIÈRES

Wednesday 25 October 2023 / Mercredi 25 octobre 2023

Less Red Tape, More Common Sense Act, 2023, Bill 139, Mr. Gill / Loi de 2023 pour plus de bon sens et moins de formalités administratives, projet de loi 139, M. Gill

Mr. Terence Kernaghan.....	5739
Mme Dawn Gallagher Murphy.....	5745
Ms. Catherine Fife	5746
Mr. Andrew Dowie.....	5746
Ms. Jennifer K. French	5746
Mrs. Robin Martin	5747
Mr. Chris Glover.....	5747
Mme Dawn Gallagher Murphy.....	5750
Ms. Jennifer K. French	5750
Mr. Amarjot Sandhu.....	5750
Mr. Sol Mamakwa.....	5751
Mr. Andrew Dowie.....	5751
Second reading debate deemed adjourned.....	5751

PRIVATE MEMBERS' PUBLIC BUSINESS / AFFAIRES D'INTÉRÊT PUBLIC ÉMANANT DES DÉPUTÉES ET DÉPUTÉS

Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2023, Bill 38, Mr. Burch / Loi de 2023 sur la protection des personnes vulnérables dans les logements supervisés, projet de loi 38, M. Burch

Mr. Jeff Burch.....	5751
Mr. Matthew Rae.....	5753
Mr. Nolan Quinn.....	5754
Mr. Terence Kernaghan.....	5754
Ms. Peggy Sattler.....	5755
MPP Lise Vaugeois	5755
Mme France Gélinas.....	5755
Mr. Jeff Burch.....	5756
Second reading vote deferred	5756

LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 25 October 2023

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 25 octobre 2023

Report continued from volume A.

1620

LESS RED TAPE, MORE
COMMON SENSE ACT, 2023

LOI DE 2023
POUR PLUS DE BON SENS ET MOINS
DE FORMALITÉS ADMINISTRATIVES

Resuming the debate adjourned on October 25, 2023, on the motion for second reading of the following bill:

Bill 139, An Act to amend various Acts / Projet de loi 139, Loi modifiant diverses lois.

The Acting Speaker (Ms. Patrice Barnes): The member for London North Centre.

Mr. Terence Kernaghan: It's an honour to rejoin the debate on Bill 139 here today. Now, when I left off, I was discussing the title of the act, which is the Less Red Tape, More Common Sense Act, which really hearkens back to a very dark and disturbing time in Ontario's history, when the Harris government was making enormous cuts and enormous downloads when it came to social assistance, public housing and public health. You know, we can thank the Conservative common sense for things like cutting funding to health care, closing 28 hospitals, laying off 6,000 nurses and cutting billions from the education system.

Earlier this morning, I was discussing how, at that time, I was a high school student and I saw first-hand how that was an enormous blow to the education system here in Ontario—one that the education system has never recovered from, in actual point of fact, because that funding was never returned under the forthcoming Liberal government.

When we look at Bill 139, it seems to be a distraction from the current situation that is happening in Ontario. It seems to be a distraction from the greenbelt grab. It seems to be a distraction from the pending RCMP investigation. In fact, it turns out that a special prosecutor is currently being looked at to be involved in the RCMP's greenbelt investigation. I'm sure that the government is hearing quite a number of phone calls, quite a number of concerns about what is happening in that.

Now also, I wanted to take a look and I wanted to discuss today some of the different articles that are put forward within Bill 139, but I wanted to also take a look at and I wanted to think about a really important person from the London area. It is someone who has actually received the Nobel Prize, the youngest person ever to receive the

Nobel Prize, and as well someone who made a huge difference and a huge change in Ontario's history and in Canada's history. That person, Speaker, is Sir Frederick Banting.

Sir Frederick Banting, just as a matter of a little bit of background for the entire House, was born November 14, 1891, in Alliston, Ontario, at the Banting family farm. He was the youngest of five children. He actually entered school to study arts and to study divinity. What's interesting is that, in his first year of post-secondary education, Banting actually did not pass that first year, but as it turns out, he went on to later study medicine and obviously we are very lucky for that sort of change in career path.

He has a very interesting story, Banting does. It's really phenomenal, the work he has been able to achieve. At the time, he had enlisted twice to go enlist in the First World War and he was turned down. He was actually turned down in 1914 as a result of his eyesight. He required glasses to see, Speaker, and so unfortunately he was not taken up on that offer.

Now, eventually, in 1916, he was able to take his degree. He joined with the Canadian Army Medical Corps and served in France. In 1918, he was wounded at the Battle of Cambrai, and what's interesting is that he was actually hit with a piece of shrapnel and he ended up tending to other soldiers at that time, even though he was wounded—truly a phenomenal individual.

When you look at Banting's history and his life, he relied on a great deal of work of those before him. He relied on the work of Naunyn, Minkowski, Opie, Schafer and others. Banting is most famously known as the father of insulin. With the work that he was looking at, at that time, they believed that diabetes was caused by the lack of a protein hormone secreted by the islets of Langerhans in the pancreas. At that time that Schafer had given the name of the hormone as insulin. It was supposed that insulin controls the metabolism of sugar, so the lack of it results in the accumulation of sugar in the blood and the excretion of the excess of sugar in the urine. Attempts to supply the missing insulin by feeding patients with fresh pancreas, or extracts of it, had failed, presumably because the protein insulin in these had been destroyed by the proteolytic enzyme of the pancreas.

As it turns out, Banting ended up experimenting first with canines—with dogs—and he ended up in a really true partnership when he was able to work with Charles H. Best. It was interesting, because they both had different proficiencies that they were able to almost teach one another. Banting was originally going to perform the surgery and Best was going to measure the blood and urine

sugar levels, but they eventually ended up being good at each other's discipline, which is kind of fascinating. Banting and Best had many experiments; they had a two-stage pancreatectomy, but many dogs unfortunately had passed away because of the summer heat. On July 30, Banting and Best injected diabetic dog 410 with a pancreatic extract that caused a dramatic reduction in blood sugar levels.

It's really a fascinating history when you look at Sir Frederick Banting, because it seems as though he went through many different issues, many different struggles. The financial was one of them that happened many times. As it turns out, with his practice, which was located at 442 Adelaide Street in my riding of London North Centre, he was unable to make ends meet with having a family practice. What he ended up doing was he ended up becoming a lecturer at the University of Western Ontario, which I'm also an alumnus of. He took that on to find extra money, and it was a result of that that really furthered his development of insulin and changed the world forever.

In early September, it appeared that Banting would have no job in Toronto that fall and that any further work he would do on the experiments would be unpaid. But it's almost like he had a miraculous turn of events. Velyien Henderson, head of the pharmacology department, offered Banting a position as demonstrator, and so he was able to continue his work on insulin.

J.B. Collip was also able to purify the extract that Banting and Best were able to create. It was successfully administered to the first human patient, Leonard Thompson, and it also helped build the Connaught Antitoxin Laboratories. Banting's most famous patient was likely the child of United States Secretary of State Charles Evans Hughes and his wife Antoinette Hughes's daughter Elizabeth. Elizabeth, when first arriving to see Dr. Banting, was only 45 pounds. Banting saw Elizabeth on August 16, 1922. Elizabeth remains one of Banting's greatest successes. By the time she had finished treatment with Dr. Banting, she had nearly doubled her weight and was able to return home.

1630

Banting was a fascinating individual for so many different reasons. It's so incredibly mind-boggling to think that, as I said, it was a number of different factors that came together to create the person we now know well in history. His work, actually, in the very beginning, comes from the fall of 1920, when Banting was asked to give a lecture on the pancreas and metabolism. Unlike many people, Dr. Banting admitted that he was not an expert on the topic. He took every single book out on the topic that he could find, and he read articles and surgical journals and adequately prepared himself, and then it led to this life-changing discovery of insulin. Banting's legacy will live on forever, because after discovering this, he knew that people required this to live a full and healthy life, and he sold the patent for insulin for \$1. It is mind-boggling to think, with a pharmaceutical industry such as it is today, that there was an individual with such honour, such goodness of heart and such thoughtfulness, who would not worry about their own financial recompense but would

know that this was required for people's humanity—their right to survive, their right to live. This really informs our Ontario NDP principles of universal pharmacare. Unfortunately, we have seen many different changes in diabetic individuals' ability to receive that life-changing drug and the different therapies that are available.

In October, I had the opportunity to visit the Banting House National Historic Site with the MPP for London West, and I got to participate in an absolutely fascinating and eye-opening round table that was hosted by Diabetes Canada. At that time, we spoke with different patient advocates, different diabetes patients, different diabetes care coordinators, practitioners, nurse practitioners, as well as an endocrinologist. It was really quite disturbing to hear about the struggles that people still face in receiving diabetes therapies. It's estimated that \$50 million a day is spent across Canada related to diabetes. We have seen some changes from this government—such as the ability to get glucose monitors. But we have many individuals who still rely on private insurance to cover those continuous glucose monitors. We heard from John, who suffers from diabetes. Without his continuous glucose monitor, which, luckily, was covered by private insurance, he would be dead. With continuous glucose monitoring, you are able to get notifications to your smart device. That way, his partner was notified that his blood sugar was incredibly low and he needed to be acted upon right away, and she was able to intervene. But there are so many more who are not able to receive that CGM monitoring. That's a shocking fact in a country as wealthy as Ontario—that there are so many gaps within the Assistive Devices Program. What we also learned from that round table was that all expressions of diabetes are different—that there is no one person that you can say, "Well, if it works for them, it works for other people."

When I look at the Less Red Tape, More Common Sense Act, I find that there is a movement towards reducing administrative burden on physicians, which we agree—it is something that I had the opportunity to hear about when I participated on the Standing Committee on Finance and Economic Affairs, when we heard from physicians who are incredibly burnt out. They are working through so many different forms, and they're often doing this after hours. It's an incredible struggle. But there's an administrative burden on diabetes patients. As it turns out, each year, a diabetes patient has to send a letter to their endocrinologist, and it's like they have to continue to prove that they have diabetes. We heard from an endocrinologist who indicated that they have 3,000 patients on their roster. That means they receive 3,000 forms per year, for people to simply state that they have diabetes. That's unacceptable.

The endocrinologist we had the opportunity to speak with talked about so many important things, about the social determinants of health, and how all of those impact diabetes care—whether it's mental health, housing, stability, eating disorders. There are many diabetes patients who are elderly and forgetful—and how them not submitting this form can be a barrier for them to access that

important care. This doctor said that they stay in their office until 10 most nights, simply filling in forms.

The system that we have here in Ontario indicates that you have to see an endocrinologist. I want to give you a layout of how this happens, with their reporting and with the forms that diabetes patients have to go through—or the hoops they have to jump through. As it turns out, the patient will send in their form to their endocrinologist, the endocrinologist will then send it to the diabetes care team, and the diabetes care team will then end up sending it back to the patient. How many times does this form have to be seen for someone to access basic diabetes care? It is ridiculous that that is happening.

So I applaud the government for looking towards removing the administrative burden for physicians—on this side of the House, we absolutely agree. But I would also like this government to look towards the administrative burdens that they're placing on patients within this province.

We also talked to a PhD student at McMaster. It's heart-breaking—this PhD student is actually studying diabetes and is unable to qualify for the Dexcom continuous glucose monitor. Do you know what lengths this young person had to go to to receive coverage for one? Obviously, it was not covered through private insurance. They had to get a muscle biopsy to simply get the best care to manage their diabetes. The Assistive Devices Program that we have here in our province is utterly incomplete. They spoke to the thousands of dollars that private individuals will have to spend simply to have the best health possible. There are a number of different devices that are available. We have flash glucose monitoring, which allows people to check their blood sugar levels at certain times. But continuous glucose monitoring is really the gold standard. It tells people, by the minute, where they're at—if they're trending downwards, if they're trending upwards, if they're going to be in an unsafe situation—and also how to manage their lives. When we take a look at how much cost there is—and not simply the cost, but the human impact, when people are at risk of losing lower extremities and limbs, the impact on their eyesight and quality of life, that constant living in fear, why this government does not fund continuous glucose monitoring for everyone is beyond me. I was glad that I was able to meet somebody who was able to get it and to see that their life was saved, and he would say up and down that he was incredibly lucky and thankful to have that.

1640

But I also wanted to point out, as we discussed Bill 139 and we discussed Sir Frederick Banting, that one of the individuals who participated in the Diabetes Canada round table was a descendant of Dr. Banting. She herself, as a diabetic, was a descendant of Dr. Banting, and she still doesn't qualify for a continuous glucose monitor here in the province. She was practically in tears. To think that your relative's invention changed the world for diabetics—

Ms. Catherine Fife: Sold for \$1.

Mr. Terence Kernaghan:—and sold for \$1, and she can barely afford life. It's almost unbelievable, Speaker, but here we are in the richest province in the country, and yet it spends the least in programming and services for people who need it the most.

Alberta has an incredible system where people do not have the same sort of administrative burden, they do not have the same sort of problematic burden with the Assistive Devices Program, where people are receiving the care they need because not only is there is a human incentive, because people can live a better life, they can be happy, they can be healthy; there's also a financial incentive there too. It simply makes sense.

As well, as we look towards the coverage of diabetes here in Ontario, Diabetes Canada has been very clear. They had a report from a few years back, Diabetes 360°, funded by the Canadian government that unfortunately has largely sat shelved. Diabetes Canada also put forward a pre-budget submission to the 2023 Ontario budget, which I don't see being acted upon by this government. It is incredibly concerning when you think about the financial cost that people have to endure, the burden that is placed upon their lives, the health impacts, the mental health impacts that they encounter simply as a result of being born with or acquiring diabetes.

One of the things that they are asking for is equitable access to those CGM monitors. That can change lives. We also need to look towards easing the burden for people who test in different ways. The notion that people are going to the United States to get insulin or the notion that people even have to pay for supplies for the other testing modes is simply unacceptable. People have to do this in order to live. We have the opportunity here in the province, but we've ignored people with diabetes completely.

I was thrilled, however, during our meeting that we discussed motion 45, which was brought forward by the member from Eglinton–Lawrence. It was an Ontario framework for chronic diseases. I believe that this motion is currently sitting—but I don't know that it has been implemented yet. The motion reads: “That, in the opinion of this House, the Minister of Health and Ontario Health should develop a provincial framework that ensures that every Ontarian has access to quality care for chronic diseases and that is designed to improve chronic disease care, addressing prevention, management and treatment with an initial focus on diabetes and aligned with the existing Indigenous diabetes strategy, and that Ontario Health table its progress through public reporting within one year and provide annual updates on the state of care for persons with chronic diseases in Ontario.”

This is great, but have we seen updates to the Assistive Devices Program?

Ms. Catherine Fife: No.

Mr. Terence Kernaghan: We have not.

I also think back to legislation that I had tabled, prior, working with folks in my riding. They did a brilliant pilot program for mental health. It was smart devices for mental health and it was by Dr. Cheryl Forchuk, in my riding. What they did is they took people who were chronically

unhoused, people who struggled to maintaining housing, people who struggled with their mental health—they had diagnoses such as schizophrenia and a number of different mental-health-related issues. This pilot program was brilliant.

Dr. Forchuk has more titles and chairships than I could even mention. She is truly a phenomenal and wonderful person. Now, what Dr. Forchuk had put forward was that people should be able to be prescribed; that is, when a doctor prescribes someone with a mental health exceptionality, they could have a smart device. In this pilot, they received a smart device whereby they were able to receive reminders for tasks of daily life. They were able to take counselling sessions. It was almost perfect timing because, throughout the pandemic, they were able to gather this information. So not only were people able to do so in a safe way, it also reduced the need for a community mental health worker or someone to come and dispense medication to these individuals who participated in the study, because they also received, in addition to the smart device, an automatic pill dispenser. It would give them their pills at the times when they needed it. They also received an activity tracker, and they received weight scales.

The results of this pilot program were quite a success. I believe almost 80% of people involved in the pilot reported that they had great improvements with their mental health. They were able to maintain their housing. They had that agency and they had that opportunity to really take control of their mental health, take control of their life, take control of their diagnosis and really see a path towards a better life, and that's something we all want for people who are struggling, Speaker. We want them to be empowered, to be able to take control of their life.

Now I brought forward that work within a private member's bill to update the Assistive Devices Program to include devices for mental health as were outlined in this study. Unfortunately, this government at the time voted it down. It was really surprising that they would consider—and I think some of the arguments that were provided at that time were incredibly strange. I was told, or it was argued by the government side, that the Assistive Devices Program is 30 years old and largely covers mobility aids, sensory aids. Well, of course, 30 years ago we did not know that mental health devices could be utilized, that people could have this agency, could have this opportunity to take control of their lives through a smart device.

Let's face it, Speaker, this is something that would be prescribed by a doctor. It was not something that people could simply show up and say, "Hey, I would like one of those." No, this is something that would be controlled by the Ontario medical system. Now, it's very strange to think as well that it's very penny wise, pound foolish to vote that sort of private member's bill down, because we know the cost of a mental health bed, just in the London area, is between \$150,000 and \$200,000 per year for a bed. The cost of that program to provide someone with the tools and resources to take control of their mental health, to be able to talk one-on-one with a mental health care practitioner through a smart device, is \$16,000 per year, including

everything. Think about that cost: \$150,000 to \$200,000 versus \$16,000 a year. But this government voted it down.

It seems as though they're content to not provide people with that agency. So it is surprising to me that we see these motions coming from this government that really aren't addressing all of the concerns that people have within the province.

With Bill 139, we see so many different schedules and ministries that are being affected by this, and I do think this is a distraction; it is a distraction from what is going on here. So, as we dig into the bill, we can take a look at schedule 1.

Schedule 1 is the Agricultural and Horticultural Organizations Act, which includes technical amendments.

We look at schedule 2, which is the Algoma University Act: It allows the chair of the board to sit for a period of up to eight years or to be determined by the board. Now what's also strange is that this schedule could also be accomplished by the institution's board of governors, so I'm not the sure why the government sees fit to put this in there, but one cannot necessarily understand their wisdom.

1650

We also have schedule 3, the Charities Accounting Act. It removes the notice requirement to the public guardian and trustee where, in a will, property or a right or interest in a property is given to a person for religious, educational, charitable or public purpose.

Schedule 4 is the Commodity Futures Act. It reduces the minimum period during which the Ontario Securities Commission is required to give a reasonable opportunity to interested persons or companies to make written representations with respect to a proposed rule from 90 days to 60 days.

Schedule 5 is the Corporations Act. It proposes technical amendments such that the government states will reduce the risk of dissolution of social clubs.

We have schedule 6, which is credit unions. It's a technical amendment; it would make it easier for credit unions to issue shares, to purchase other credit unions, prepare investor offering statements and take deposits from brokers who manage money on behalf of clients. It would also allow a credit union to accept deposits from a member in trust for a named beneficiary.

We also have schedule 7, the Farm Registration and Farm Organizations Funding Act. We have schedule 8, the Financial Services Regulatory Authority of Ontario Act, and schedule 9, the Modernizing Ontario for People and Businesses Act.

I could go on and on and on, Speaker. There's schedule 10, the Motor Vehicle Dealers Act. We have schedule 11, the Niagara Escarpment Planning and Development Act. We have schedule 12, the Nipissing University Act; schedule 13, the Ontario College of Art & Design University Act; schedule 14, the Ontario Heritage Act; schedule 15, the Professional Engineers Act; schedule 16, the Retirement Homes Act; schedule 17, the Securities Act; schedule 18, the St. Lawrence Parks Commission Act; schedule 19, Université de l'Ontario français Act. We

have schedule 20, the University of Ontario Institute of Technology Act.

Speaker, this is quite lengthy and, as I said in my comments this morning, I'm surprised that there's no poison pill that we've found. As we know, majority governments are often fond of hiding a little bit of arsenic in the pie, and it's up to the official opposition to find that on behalf of the people of Ontario. But so far, though stakeholder discussions are still ongoing, we still don't seem to find any sort of major concerns.

Now, to talk about the regulatory or administrative burden upon physicians, they seem to have grabbed on to one of the Ontario Medical Association's recommendations, which I'm very glad to see. That one is to—and this comes from the Ontario Medical Association's Prescription for Ontario report. They indicated that—and it was number 2, addressing the growing “burden of unnecessary administration.”

What I would also like to discuss are the recommendations that the government seems to have ignored or seems to have missed. The first recommendation of the Ontario Medical Association is to “fix the crisis in primary care” to ensure everyone has access to a family doctor. This is something that we have heard many times. We hear from people in our ridings every single day who are unable to find a family doctor, who are unable to receive that important care and, as a result—since they're not able to receive that care, the primary care—they will wait. They will delay, and then they will likely end up in an emergency department, which is the worst situation for people to have, because they should not be ignoring their physical health. They should not be waiting until a situation is in crisis, because there are so many other impacts on the entirety of our system.

The Ontario Medical Association also indicates that, right now, one in five Ontarians are on track to be without a family doctor in the next two years. It's scary to think. In March of 2022, they found that 2.2 million Ontarians are without a family doctor, up from 1.8 million in March of 2020. It's scary to think, but if those numbers weren't bad enough, we also know from the OMA that 40% of family physicians indicate that they are considering retiring in the next five years. That will increase this number in such a huge way.

In terms of primary care, there are many different options that this government could look at. There is currently not enough nurse practitioner-led clinics within the province of Ontario. The government seems to not want to fund this incredible, important and vital way in which we could address the patient backlog and the people who do not have a primary care physician.

Nurse practitioners are able to take 800 to 900 patients. They also have a great level of care. Within their clinics, they have a dietician, they have a physiotherapist, they have a social worker. They are able to take a look at humans as we really are. They don't just look after your physical health; they look at all the different social determinants that make up the incredibly complex organisms that we are.

So this government is taking and cherry-picking just one recommendation from the OMA and completely ignoring the other two.

You know, I know this government is very fond of talking about their private, for-profit clinics, which is disgraceful and makes you think that that's going to increase the ability of folks to receive care within this province, but we know that that will be just more ways in which money will be siphoned off into private shareholder pockets, because those for-profit clinics will be publicly funded—they will be taking money from everyone, but they will only be delivering care to the people who can afford it.

There are great innovations in my city of London. There is the Nazem Kadri Surgical Centre, which is a clinic that is not the exact same as a traditional operating room. They have less equipment. They have only the staff they need. They're able to take care of these minor surgeries in a very scaled-down way. It's cost-effective. We have shown that it works. But it's also connected to the hospital system. If there is an issue, if people require emergency care, they are right within the pipeline to make sure they can get to the place they need to go.

The provincial government also could take a look at the—and I must applaud the government for actually looking towards the assessment of internationally trained physicians and making sure that they get them practising here, within Ontario, but the Ontario Medical Association is asking them to hurry up, to get more, to build on that success.

And I look at the recommendation within Bill 139 about reducing the burden of unnecessary administration, and there are other ways to do that. What concerns me about this government's recommendations is that there's no real benchmarks to it. There's no real way of measuring this. They have committed to that action, but how are we going to be able to tell if they've been successful or not?

Now, during our finance committee's pre-budget consultations, we heard from physicians who talked about the burnout of administration, and from the OMA—my goodness, their figures are staggering. They said that almost three quarters of physicians have experienced some level of burnout in 2021, so 72.9%. So, they were at almost 73%; the year prior, they were at 66%. It's shocking to think that, just in 2020, it was at 29%. So it went from 29% to 66% to almost 73%, and 40% of physicians are considering retiring in the next five years.

To relieve this burden of unnecessary administration, what we heard at finance committee was using medical scribes, using somebody who could do that administrative work for them. But there's also the opportunity to use internationally trained physicians—as they get ready for their practice ready assessment, it would help them in that way—but also making sure, of course, that they're being paid properly. That is incredibly important.

So this government has this massive bill which touches many different pieces of legislation and has 20 different schedules.

1700

Bill 139 is one of these bills where they've gone—and it's a doorstopper bill. There's a number of technical amendments. It's strange to me that they're naming it the way that they are, but I also wanted to encourage anyone who might be listening at home, that they can also have their voice heard, that they can be involved in the consultation process with this. If we take a look at this, there will be a consultation period for 45 days from October 29, I believe it is, until December 4, so I encourage everyone at home to make sure that they are putting their names forward if they have any concerns that have been brought forward within this legislation and make sure that they are letting the government know.

So, we look at this bill overall. It tinkers with the agricultural act and it's strange to me because we've seen such a disservice to the agricultural community within Ontario from this government—a way of ignoring them. We've seen the real lack of investment in rural mental health and in rural health care facilities. We see the closure of the Minden emergency room. Across the last number of years, we've seen ERs in revolving closures, and it's because a lack of investment in the health care that people need.

We also saw this carving-up of the greenbelt, which was also a disservice to our rural communities. It makes me think back, as we look to the title of this Bill 139, "common sense" or "common sense revolution," I think of all the schools that were closed under the Conservative government and the schools that were closed under the Liberal government that came after them. Had this government not had the huge public outcry of people who were furious from their greenbelt land swap where they were turning millionaires to billionaires to the tune of—what was it?—\$8.3 billion, but that was 2016 numbers wasn't it? It was, so really that \$8.3 billion number should be far higher.

It's incredible. Now, they have backpedaled. Perhaps it's because they heard the RCMP sirens coming. Who knows? But they have now said that they're going to put that land back into the greenbelt even though it should have never been touched. We consider the impacts from the possible paving over of the Duffins Rouge Agricultural Preserve, how that is a key ecological system, how it contributes to groundwater, the purification of water—and if you listen to some of these developers they would say, "Well, they can recreate a wetland." No, you cannot recreate a wetland. When you weaken one part of a chain, the entire chain is weakened.

Now, it tinkers with university compositions, and it's strange to me that this government is working around the edges of the post-secondary education system. What they're not admitting is that Ontario is the richest province in Canada, yet we spend the least amount on post-secondary education. Clearly, this government cares the least about young people and the least about young people's futures.

In fact, for Ontario to not be last, they would have to increase expenditures, I believe, by 43.5%. That's not for Ontario to be first; that's for Ontario to be second-last.

How is that even possible? How have we ignored young people in this way? I think back to my days as an educator, and I used to see so many kids who were bright, they were smart, they were motivated, they had such a passion for learning, and all I could think was, "My gosh, if you're not born in the right neighborhood with the right last name, you may not get the chance to pursue your dream of post-secondary education." We should make that possible for all young people in Ontario, end-stop. We think about the loss of all the innovation, all of the different developments, all of the ways in which we strengthen our economy, strengthen our society, and just strengthen people in general. Because of the university underfunding, there has been an incredible overreliance on international students, which some have even gone so far as to call predatory. Rather than being the institution for which it was founded, which is for the betterment of, the education of, the enlightenment of different students, university has had to become run like a business—not that I think that there shouldn't be certain financial considerations made to make sure that people aren't being wasteful and that money is being spent in the proper ways. Instead, they are having to supplement their lack of provincial financing here in Ontario by actively courting different international students because they'll pay far more. It's to the point now where, if that revenue stream were cut off—it's almost like universities have become addicts and international students are almost like the drug, which is such a shame, because these are young people who also want to pursue an education.

What is deeply concerning as well is that most often—and this isn't always the case, but the amount of money that international students have to pay means that it is decreasing the democratization of education, which undermines the very nature of education itself. Education should be for everyone. Everyone who wants to learn should be able to, regardless of their ability to pay. But because of these enormous amounts that international students have to pay, it's almost like we're simply asking the 1% of all of these different places to come here to study. That's not always the case. I'm very reluctant to use generalizations. Some people might come from modest means but might be supported by many different people within their family—in fact, entire extended families will contribute to the one person to help them have a better life, which is also a shame, because you think that they're being preyed upon in a way. Really, what it comes down to is not the educational institution; it's the situation that they've been placed in because of government neglect and government underfunding.

What I also find interesting about Bill 139 is that this bill is also reducing consultation periods. The government that is currently under RCMP investigation and that has returned lands to the greenbelt, backpedaled on expanding municipal boundaries arbitrarily and sort of in a "thou shalt" way—they're reducing these consultation periods. I would think that they would go in the opposite direction, but here we have it.

As I begin to wrap up, I just want to mention a few things. I am happy that this government seems to have listened to some of the recommendations during the pre-budget consultations, such as looking at how different circular industries such as MIRARCO can go through mining tailings and grab all the valuable resources that are from there. It's something that will be wonderful for our environment, because those tailings ponds are just growing bigger and bigger and bigger. They run the risk of aging. They run the risk of breaking and causing ecological catastrophe—but it's also something that the government can end up using what is there. Unfortunately, we're reliant on many extractive economies, and those tailings ponds are often full of things that are wasted, things that aren't looked after. If all that effort has gone to pull that out of the ground, why are we not finding all of the economic benefit from it?

Something I am happy about is that this government is looking towards biosimilars and taking a look at the ways in which drugs are submitted, but I also wanted to ask a question in terms of the administrative burden: Why is it that young people who are born with a developmental disability, and after being supported throughout their entire educational life by specialists and by people in the education sector, at the age of 18 have to reapply for Passport funding? They've become the age of an adult, and their parents are just left to have to reapply. They have to actually state that they still have a developmental disability. How does that make any sense? People do not age out of a developmental disability. Why is it that we have a system that has arbitrary red tape in that regard that makes it an obstacle for people? Why should they have to prove that? It makes utterly no sense.

1710

I'd like this government to look towards having a unified database for hospitals. Hospitals have a difficult time sharing the health records of patients; often, they're having to spend a great deal of money as well. In the London area, we're lucky to have great health care systems. London is a health care hub for southwestern Ontario, servicing so many different smaller rural communities that rely upon London for the excellent care that is provided there, but unfortunately sharing that health information with outside places can sometimes be difficult. We're very lucky that they're able to share with one another, but we don't see that across Ontario, which is very strange to me. In a time when we have such technological prowess, an awareness, an ability to share information with one another, we still don't have a unified system across the province of Ontario. It seems arbitrary. It seems ridiculous. It seems wasteful. It seems preposterous to me. But it is the Ontario we have.

I also want to think about another piece of red tape that this government places in the way and one that could have been looked after in Bill 139, which is wage parity. We have health care practitioners in different disciplines—it is an incredibly difficult profession, to care for others; it takes a person who is physically strong, emotionally strong—and yet, between those different disciplines there

is not wage parity. People are not paid the same in different fields.

Sadly, in one of the areas which we should be spending more money, in home and community care, people are paid the least. It might be their passion to deal one on one with individuals in their home, and yet people will become trained, they will become excellent at it, and even though that might be the place in which they want to work, financially it's just not feasible, so people will leave home and community care to pursue, perhaps, a job in long-term care because it pays a little bit more. The gold standard is acute care—and we see the government is really spending money in this way as well. They will throw money at the acute-care system, and I'm not saying that we shouldn't, but the home care system is drastically underfunded within this province. That was another one of the Ontario Medical Association's asks. Health care is itself like an organism with many different inputs and many different things that look after one another, and when one organ starts to fail or one organ is neglected, the others might be impacted. When we don't have enough family doctors, we see a greater burden in our acute-care system, within the emergency room system. When home care is not being funded properly, we also see that impact in acute care. And yet, this government just throws money at acute care without looking after these other different disciplines.

I talked about the Common Sense Revolution a little bit earlier, and I could talk about the financialization of our long-term-care system and how mercenary it has been that we've allowed these private, for-profit companies to squeeze our wonderful senior citizens for money. It is absolutely disgraceful to think that the people who have raised our families, built our province—that we've allowed systems that will squeeze as much money as they can based on their health, based on where they're living. It's shocking and fundamentally wrong.

Speaker, I'm very honoured to have had the opportunity to address some of my concerns for Bill 139. I think this government is really engaging in a distraction. I won't necessarily say it's a pleasant distraction, but a distraction nonetheless, from their greenbelt grab, from the pending RCMP investigation, from so many different scandals that they've been mired in. It seems that this bill is a collection of different things hoping to change the channel. We see different motions that this government is bringing forward. It's like they don't want to admit what is actually going on. They don't want to listen to the RCMP sirens that are directly behind them. But, Speaker, I'm very pleased for a few of the things within this bill—and I thank you very much for your time today.

The Acting Speaker (Ms. Patrice Barnes): Questions?

M^{me} Dawn Gallagher Murphy: To the member opposite: As part of Bill 139, we are streamlining the submission requirements for generic drugs, and this will in turn improve treatment options for Ontarians who rely on life-saving drugs. I will highlight that the changes will be better aligned with existing Health Canada requirements

for approving the sale of well-established drugs right here in Ontario.

My question to the member opposite: Do you agree with us that the province should rely on the same evidence and information submitted to Health Canada for approval?

Mr. Terence Kernaghan: I'd like to thank the member for the question. As I said, there are some improvements within this legislation. I'm not saying it's all bad. I'm not saying it's unsupportable. I'm saying that we are lucky that there wasn't a poison pill included.

But I did want to make sure that the member is well aware of some of the commitments that this government has made, including to make sure that there is better support for individuals living with diabetes. I had many of my comments about the inability of people who suffer from type 1 and type 2 diabetes to have continuous glucose monitors. That is utterly unacceptable within this province, and it's something that they could fix. It's something that should be fixed within Bill 139, something that should be fixed with the motion that has been brought forward. When is that going to be fixed?

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

Ms. Catherine Fife: Thanks to my colleague for making his way through Bill 139. He did mention around consultation, and consultation is actually one of the key parts of a strong democracy, sharing with stakeholders where you're going, what you want to accomplish and getting their feedback.

I do notice that one regulation related to the amendments to the Mining Act that would eliminate the need for an applicant to file a closure plan to undertake the proposed recovery of minerals. I'm wondering if in your research and in your investigation around this bill you've discovered if Indigenous and First Nations were consulted, because obviously this is a point of conflict for the government and for Indigenous and First Nations, especially around mining and mining rights.

Mr. Terence Kernaghan: I'd like to thank the member from Waterloo, my seatmate, for an excellent question. We see a government that has not abided by the principles of free, prior and informed consent in so many different ways. We have seen that they are trying to pit—and trying to sow dissent between different nations, saying, "This nation is with us; why isn't this nation?" And they haven't engaged in that process.

When we take a look at the closure of a mine, there has to be a robust plan to make sure that there is not an ecological impact for years to come. We simply can't ignore the physical health of our planet and to make sure that places are safe. Mining has such a huge impact in different communities, but mining companies are good at this. Mining companies are better at consultation with Indigenous folks than this government—that's for sure—because they know that it's important to make sure that we are building a prosperous future together.

1720

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

Mr. Andrew Dowie: I want to thank the member for London North Centre for his comments. I was very encouraged, actually, to hear that he saw some good things in this bill. There are certain things—schedule 15, the changes to the Professional Engineers Act: great stuff—and also a few things with respect to permitting, which I know adds a lot of burden for municipalities, particularly, as they try to deliver cost-effective services. One of them has to do with the permitting process of the Niagara Escarpment Program. It's been in place for a long time, since the 1970s, and the burden has been noticed to be excessive, overburdened and outdated.

So these changes are in response to recommendations made by the Auditor General, and I wanted to see if the member opposite actually supports those changes, because they reflect requirements such as publishing notices in newspapers that—I know we're all losing our community newspapers, and so it becomes very difficult to make those advertisements, and everyone does have some degree of access to the Internet, the World Wide Web, so the government of Ontario web site might be a more suitable spot to have that—

The Acting Speaker (Ms. Patrice Barnes): Thank you.

The member from London North Centre.

Mr. Terence Kernaghan: I'd like to thank the member for Windsor–Tecumseh for his question, and I did want to point out to folks who are interested in having their voice heard and being part of the consultation that the amendment to the Niagara Escarpment Planning and Development Act is available and the ERO number is 019-7696.

I think it's important that we take a look at all the different manners and modes in which we notify people, although I don't think selling print media short by removing this requirement makes a great deal of sense. I think print media should be supported by the province; I don't think print media should be ignored by the province. Removing this requirement, while it may be claiming to be moving to the digital age, I think does short shrift to the great people who work in Canadian print news media.

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

Ms. Jennifer K. French: I'm glad to be able to ask my colleague a question after his one-hour lead on this omnibus legislation, although it's 20 schedules, which—well, it's got lots of tinkering and it seems like much of it or most of it all needs to be done. I guess that's part of the work of government, tidying up things. But I did appreciate that in his speech, he gave us a bit of a history lesson and launched into the history of how we treat those with diabetes.

Actually, my grandmother, who is 102 now, her first cousin Barbara Lees was one of the first children to receive insulin. She had a really negative prognosis and lived into her seventies. I got to meet cousin Barbara, and I think—her father and my grandmother's other first cousins will correct me if I'm wrong—but there was a neat connection there. Her father was a doctor who knew the

Banting and Best folks, so there you have it. So, really neat history in this province.

Could you please take the opportunity to share with this government how they could make things better in the next bill?

Mr. Terence Kernaghan: I'd like to thank the member from Oshawa for an excellent question. Diabetes touches so many different people; it affects so many folks within Ontario and within Canada and it's important to hear our family histories. My grandmother, as well, was a diabetic, so I take this to heart.

What this government could do is, through the Assistive Devices Program, provide access to continuous glucose monitoring for all Ontarians, whether it's type 1 or type 2 diabetes. There are too many administrative hurdles.

You know, it's very rarely that I look to another Conservative province to say that they've done it better, but the province of Alberta has a much better system in terms of their diabetes care than what is happening here in Ontario. We could fix it. They need to talk to the folks in Alberta and ask, why is it that they see the human value and the financial value of looking after people with diabetes?

I hope they listen, I hope they learn, and I hope they put that forward in forthcoming legislation.

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

Mrs. Robin Martin: To date, our government has brought forward 11 pieces red tape reduction legislation, 500 burden-reducing actions and \$939 million in gross annual compliance cost savings that not-for-profit organizations, businesses, municipalities, school boards, colleges, universities and hospitals would otherwise have had to pay. Combined year over year, that is \$2.8 billion in costs that we've removed from, as I said, not-for-profit organizations, municipalities, school boards, businesses, colleges and universities since we came to office.

The member opposite has suggested that these bills are simply a distraction, and one of his colleagues said it was tinkering. I just wanted to know if the businesses, municipalities, school boards, colleges, universities, hospitals and not-for-profit organizations in London North Centre don't see the benefit of saving these costs so they can invest them in other things.

Mr. Terence Kernaghan: Thank you very much to the member from Eglinton–Lawrence for the question. I didn't say that this bill was unsupportable, did I? I think there are so many actions that this government could undertake to make sure that they're making life better for people in this province. In fact, I mentioned the member's own motion—I believe it was motion number 45—about the Ontario framework for chronic diseases. We see flimsy window dressing for actual change. We don't see the actual support going to people who need it the most. We have just mentioned, and we've just been discussing, the importance of making sure that all folks who are battling diabetes have access to a government-funded continuous glucose monitor through the Assistive Devices Program—

Ms. Catherine Fife: Which they should get.

Mr. Terence Kernaghan: They should get, they are entitled to get and it's time for that change.

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

Mr. Chris Glover: Okay, so I'm going to acknowledge that I actually got asked to speak about this 15 minutes ago.

We're looking at a bill that talks about—it's a house-keeping bill, basically—our public colleges and universities. It talks about charities, corporations, credit unions; the heritage act, the agricultural act; it talks about farming. It talks about all these different issues, and I'm going to try to string together in a narrative.

I'm going to start with the fact that our economy is no longer working for a lot of people in our province. People with a full-time job can no longer afford food, shelter, clothing. The Toronto Star published a report recently that said that if people on minimum wage were to be able to afford a one-bedroom apartment, minimum wage would have to be raised to \$40 an hour. That's more than double what it is now. People making minimum wage make less than half of what they need just to afford a one-bedroom apartment.

We have a homelessness and housing crisis. During the summer, I was travelling; I went to Kitchener, to London, to Haliburton, to Hamilton, to communities across this province, and everywhere I went, there are tent encampments. The number of people experiencing homelessness is exploding across this province, and the people who can't afford a home, particularly young people who want to start a family and get on with their lives, they can't afford a home anymore. Even with a full-time job, you can't afford a home.

I was at the NDP convention in Hamilton a couple of weeks ago, and just down the street from the convention there was an outdoor food bank, and there were at least 500, maybe 1,000 people lined up at this food bank. These were not people who were obviously experiencing homelessness. These were people with full-time jobs who could no longer afford food, shelter and clothing. So we've got to ask: What kind of economy do we have if people with a full-time job, working full-time, can't afford food, shelter and clothing?

If we want to analyze it, we need to look at some numbers. Our GDP per capita over the last 40 years has gone up by 50%. That means that, overall, there's 50% more wealth in this province than there was 40 years ago, but all of the wealth has gone to the wealthiest people in the country and in the province. The median income has flatlined. Overall wealth has gone up by 50%, and our median wealth, the median income, the average amount—or not quite average, but the median income for people has flatlined. Half the people in this province are making less money on a per-capita basis than a similar worker would have made 40 years ago.

1730

I've delved into these numbers a little bit further, and what I found was that the top—so where has all the wealth gone? A 50% increase over 40 years—where has all the

wealth gone? The 0.01% of income earners—their income over the last 40 years has increased by 750%. The 0.1% of income earners—their income has gone up by 120%. The 1% of top income earners—their income has gone up by 50%. And 90% of the people—their income has been flatlined. So all of the additional wealth that has been accrued in this province over the last 40 years has gone to the top 10%. How did this happen? How is it that we have such an unjust distribution of wealth that all of the additional wealth is going to the very wealthiest, and that full-time workers nowadays cannot afford food, shelter and clothing? The thing that I would argue is that it's because of privatization. I would say that is the number one policy that has led to these incredible economic inequities in our province.

I'll start with housing. Some 50,000 Ontarians a year are moving to Alberta or moving out of Ontario because they can no longer afford housing here. This homelessness crisis is exploding.

Yesterday, my colleague from London introduced a motion for the government to get directly involved in building houses—and it would be the first time in 25 years that had happened in this province.

We've had housing crises in this province in the past. After the Second World War, when the soldiers came back—the soldiers had lived through the Depression, they had lived through the Second World War, and they weren't going to take that kind of economic abuse anymore, and they demanded change. The governments of the day recognized that they needed to make change, so they started building housing. The government directly built housing. They built 1.5 million homes across this country for the soldiers who were returning, and they continued to build housing for the next 50 years, until 1995. They were building, on average, across the country, 16,000 homes per year.

Yesterday, the member from Perth–Wellington—and I think he should really take a look at his history, because yesterday he was actually saying that Leslie Frost, John Robarts and Bill Davis were communists. He said that anybody who thinks that the government should build housing is a communist. Those Conservative Premiers all built public housing during their terms in office.

And then, the Conservative Party got taken over by a more extreme right-wing group, and so did the Liberals. The idea of the government actually serving the province and serving the people of this province was thrown by the wayside.

The privatization of housing started with the federal Liberals in the early 1990s. They cancelled the national housing strategy.

And then, the Conservatives got elected in Ontario in 1995. Up to that point, the NDP, which was in power from 1990 to 1995, built 14,000 co-op housing units. These were housing units for people of all different income levels, and we had 17,000 more in the pipeline, and then the Conservatives got in and cancelled those 17,000. They downloaded public housing—what used to be called Ontario Housing—onto municipalities, so that Ontario

Housing in Toronto became Toronto Community Housing. Municipalities do not have the tax base to even maintain the housing that was downloaded onto them, so that housing has fallen into disrepair, and although the cities and municipalities across this province are doing their best to try to keep up—the irony is that most of our taxes go to the federal government and they deliver the fewest services. The second level of taxes go to the provincial government and they deliver some services, primarily health care and education. But the majority of services—a lot of services—go to the municipalities, are delivered by the municipalities, but most of our taxes don't go there, only the property tax, and then the other levels of government provide funding to help keep up the services.

Not only did the Liberals in the early 1990s cancel the national housing strategy, they introduced legislation to create real estate investment trusts. Real estate investment trusts are corporations that buy up real estate, and they don't directly pay income tax, so it's a really good investment tool. If you want to make money on real estate, then the real estate investment trusts are a good vehicle for you.

But what happened with these is, these real estate investment trusts are now buying up housing en masse in this province. There's one, Core, and it announced a few years ago that it's buying a billion dollars' worth of houses in this province—a billion dollars' worth of houses. It used to be if you wanted to buy a house and I wanted to buy a house, then we would be competing with each other over how much we could pay for that house. But now, if you're an Ontarian and you want to buy a house, you're not competing with just somebody else who wants to buy that house, you're competing with a hedge fund. You're competing with a real estate investment trust that is also going to buy that house, they're going to renovate or demolish the people that are in there and then they're going to jack up the rents. That's a big portion of why our housing prices are getting so out of hand. It's the financialization of the housing sector, and it's not just happening in Ontario or across Canada, it's happening around the world.

This government, they keep talking about supply, and supply for sure is an issue and it is one of the drivers of increasing prices, but it's these other factors—it's the financialization of the housing sector, the privatization of the housing sector—that are driving up the costs.

Interjections.

Mr. Chris Glover: Maybe the members opposite, maybe the Conservative members who are heckling me right now—maybe they can compete with a hedge fund when they want to buy a home, but the majority of Ontarians cannot, because 90% of us have actually had flatlined incomes over the last 40 years.

So privatization is one of the things that's contributing to the incredible inequities in our economy.

And it's not just housing; it's also our universities and colleges. Our universities and colleges used to be public institutions. They were created by John Robarts and Bill Davis. We had some public colleges and universities, but John Robarts and Bill Davis, former Conservative

Premiers, who the member from Perth–Wellington thinks were communists, actually built and expanded our public—Bill Davis, who was the minister, created our public colleges, expanded our universities, expanded the number of universities in this province, and they were all public institutions. The students in the 1960s, 1970s, 1980s, were paying about 15% of the operating costs of our universities. They were publicly supported institutions, and they led to one of the periods of fastest economic growth because we had a populace that was being rapidly educated.

The NDP also supported our public colleges and universities, but in 1995, the Harris Conservatives got elected, and they were big on privatizing everything. They broke up Ontario Hydro and started to sell off the pieces because they wanted to privatize that. They also wanted to privatize our universities and colleges. There are five institutions mentioned in the bill today that are public—well, sort of public—colleges and universities, because they used to be public colleges and universities.

The Harris Conservatives doubled tuition fees. They started off in 1995. Tuition fees were about \$2,500 for universities, about half that for colleges, and that was across the board. Every program—medical school, law school, engineering—everything was about \$2,500. By the time the Conservatives lost the election in 2003, tuition fees for undergrad were \$5,000 and they delisted professional program fees. At the University of Toronto in 2003, law school and medical school were \$12,000. Tuition fees had gone from \$2,500 to \$12,000.

1740

When the NDP was last in power in 1995, student debt was not a big factor. But when you look at the privatization—if you look at our housing, with real estate investment trusts, our money that we spend for housing is now going to these real estate investment trusts. When you look at colleges and universities, you've got to look at this massive debt; it's somewhere around \$25 billion in student debt across this province.

I used to teach a course at York University, and I asked my students, “General Motors sells cars. Sony sells radios and tech equipment. What do banks sell?” Anybody? What do banks sell? Banks sell debt. The more debt you have, the more debt there is in the country, the more money banks are making. If you look at the statistics across this country, the more indebted people are, the more banks are making. So that \$25 billion, if you're going to follow the money and you're going to wonder why the Conservative government and then the Liberal government privatized our colleges and universities? It's because the banks are making a huge amount of money off that \$25 billion in student debt, and that \$25-billion figure is underestimated. It's only the government-held debt; it's not the private debt. So when students have to go to a private bank in order to finance their education, that figure does not include that. And when you figure that at, on average, 6%—or more, now; it's usually 2% over prime. The last I heard, a year ago, students were paying 6% interest on their student debt. Multiply that by \$25 billion and you'll see just how much money the banks are making off student debt.

I did a PhD thesis on the impact of student debt, and it has horrific impacts on students. It means that students, particularly from low- and middle-income families, cannot continue their education. Some don't bother going to college or university. If they do go, they end up with a debt that they're going to be paying off for 10, 15, sometimes 20 years. It's the privatization of our colleges and universities, and the only people that have benefited from it are the banks and the banks' shareholders.

If we're looking at how it is that people are so much more broke than they were 40 years ago, you've got to look at privatization: privatization of our housing, privatization of our colleges and universities. The other one, and I started to mention it before, is Ontario Hydro. When Harris got in in 1995, he started to break up and sell off Ontario Hydro. He broke it into Hydro One and Ontario Hydro and then he started selling off some of the nuclear plants to the private sector. The Liberals got in, and instead of reversing course and making Ontario Hydro a public utility again, they started selling it off and they actually completed the sell-off. The final piece, 60% of Hydro One, was sold off for \$9 billion in 2017. That was the final piece, \$9 billion.

When Ontario Hydro was created by Adam Beck, who was also a Conservative minister 100 years ago, he wanted hydro at-cost. He wanted hydro at-cost because it would be a competitive advantage for Ontario. And it was a competitive advantage for Ontario. From the 1920s, when Ontario Hydro was created, until 1995, when it started to get broken up and sold, we were paying, throughout that 70-year period in Ontario, four cents a kilowatt hour for electricity. Now we pay between eight and 16 cents a kilowatt hour and we are subsidizing a private, for-profit corporation that used to be Ontario Hydro to the tune of \$6.9 billion a year. So, \$6.9 billion of our tax dollars are now going to a private, for-profit corporation that used to be our public utility Ontario Hydro. This is another reason.

When you look at the costs that people are facing—housing costs; university and college costs and student debt; and Ontario hydro costs—privatization is the common thread that's making people broke in this province. And there are other services that are being privatized. Ontario Place is being privatized. We are actually spending \$650 million. This government is subsidizing the Therme spa, a private, for-profit spa, to the tune of 650 million taxpayer dollars and giving them a 95-year lease on a piece of the most valuable public parkland in this province. And what are they going to do with it? They're going to cut down all the mature trees, 850 trees—125 bird species—and then they're going to give it over to this private, for-profit corporation for 95 years. It makes no sense whatsoever.

This government keeps saying, “Oh, we can't afford to invest in public housing. We can't afford to invest in our public colleges and universities.” But they're spending \$650 million and privatizing Ontario Place.

The greenbelt—

Interjections.

Mr. Chris Glover: Do you know what? I've only got 50 seconds. I'll just touch on it, and maybe one of my colleagues will actually ask me a question so I can expand on this, because I am almost out of time—the privatization of health care.

I will tell you, of all the things that I've talked about—the privatization of housing, the privatization of colleges and universities, of Ontario Hydro, of Ontario Place—the privatization of health care is one of the most frightening, because in the United States, health care debt is the number one cause of bankruptcy; 60% of all bankruptcy filings in the United States have to do with health care debt. And that's the road that this government is taking us down.

The Acting Speaker (Ms. Patrice Barnes): Questions?

M^{me} Dawn Gallagher Murphy: And now to the actual bill that we're talking about here: Bill 139, Less Red Tape, More Common Sense—I love that part—Act. One of the items that we're proposing is to modernize and streamline the regulation and processes that apply to credit unions and les caisses populaires. These changes have been made at the actual request of the Canadian Credit Union Association as well as the Financial Services Regulatory Authority of Ontario. What they're going to do—it's going to help provide clarity in the sector, reduce administrative burden, and it will also help the credit union members.

So my question to the member opposite: Have you had the opportunity to speak with your local credit union—maybe the Fort York credit union over there on the Queensway—to find out how these measures are going to—

The Acting Speaker (Ms. Patrice Barnes): The member from Spadina–Fort York.

Mr. Chris Glover: I'm a big supporter of credit unions. The NDP used to be known as the Co-operative party. We grew out of co-operatives. And credit unions are a form of co-operative financial institution. I'm a big supporter.

I'm terrified of that term “common sense,” though, because that was the slogan that Harris used when he got elected. For the Conservatives, “common sense” means, “We're going to privatize Ontario Hydro because people are not paying enough for their hydro bills, and we need to privatize it so somebody can make a profit off it. We're going to privatize our colleges and universities because students are not paying enough for their colleges and universities, and the banks aren't making any money off student debt. So we're going to privatize that.” It meant that they were going to privatize the 407. And now, if you live in the 905 and you have to take the 407, for the next—

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

Ms. Jennifer K. French: I'm very glad to be able to ask a question of the member, who did a great job—a riveting presentation on this bill, Bill 139. I appreciated the history lesson, the academic perspectives on privatization of our public institutions and services, whether we're talking about housing or Ontario Hydro, colleges and universities, health care. I will also say, Speaker, I

appreciate that the government House leader did indeed give him some latitude to tell some of those stories, because I think that all of us could benefit, as we did, with knowing the history and how we got here.

I'll say that with this bill and the line “More Common Sense”—with how little common sense we see from this government, it doesn't take much to be more.

My question is, when we're looking at this bill—you've talked about the history. Please tell us, what do you see for the future of this province with this government at the helm?

1750

Mr. Chris Glover: I appreciate the accolades on that speech, with 15 minutes' preparation.

I mentioned before, the biggest concern that I have with this government's direction is the privatization of health care. They call it innovation, but it's not really innovation. It's actually creating a crisis in our public health care system and directing our staff and our tax dollars over to private, for-profit hospitals, and I will say, it's costing lives. The Minden ER was closed last year. We've had emergency closures across this province.

The biggest fear that I have with the privatization of health care is—we are already seeing costs being downloaded onto people. There's an agency that's advertising \$3,000 a year—you can pay a fee and you will get front-of-the-line service. So if you're waiting for an operation, you just pay this \$3,000 and you will get that. It's an absolute abomination in a country that prides itself on our public health care system.

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

Mr. Amarjot Sandhu: Thank you to the member from Spadina–Fort York for his remarks on this very, very important legislation, which is focused on reducing costs for people and businesses by reducing red tape.

Madam Speaker, since we took office in 2018, our government has focused on cutting red tape, cutting unnecessary regulations, making life easier for the people of Ontario, and also cutting costs for businesses. As the Premier always says, the government does not create jobs; the government can only create the environment for businesses to come and invest in Ontario. And this is exactly what this government is doing. We're cutting red tape. We're cutting unnecessary regulations. We have achieved over \$939 million in savings each year, and we're going to continue moving forward with this important work.

Will the member opposite support our continued efforts to make it easier for people and businesses to work with government?

Mr. Chris Glover: I would dispute what the member just said—and I thank him for the question. Government can cut costs. There are competitive advantages—and our public sector services are our competitive advantages. The reason that we've got such a strong and fast-growing tech ecosystem in this province is because we've got public colleges and universities, which this government is privatizing—which the Liberals were privatizing, and this government is trying to finish that off.

When I talk to tech companies into my riding, they say the biggest competitive disadvantage is housing costs. But this government refuses to directly build affordable housing so that we can attract talent from around the world for our tech industry and other industries as well.

I'll leave it there. I've got more to say. We've got another question.

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

Mr. Sol Mamakwa: Meegwetch. It's always important to stand up for the people of Kiiwetinoong—especially this “less red tape, more common sense.” Sometimes I think about, what benefit does it have for Kiiwetinoong?

Today, as we speak, I have 12 First Nations that have long-term boil-water advisories. Would it be common sense to fund, without using jurisdiction as an excuse—boil-water advisories in the north: I have one First Nation that has had 28 years of boil-water advisories. Is that the red tape: using jurisdiction? Would it be common sense to remove that red tape and fund water treatment plants in the First Nations in Ontario?

Mr. Chris Glover: I thank the member for Kiiwetinoong. We are all very fortunate to have you in this House—and to bring your insights into it.

I won't comment on what is happening in Kiiwetinoong, but I will ask questions, because I do want to listen and learn from you.

The very first question you posed to this government when we were both elected in 2018 was, what is this Conservative government going to do about the boil-water advisories in northern communities? The response from the government was—I'll summarize it. It was basically, “Well, that's not really our jurisdiction, but we'll help you write a letter to the federal government.”

The question I have for the member from Kiiwetinoong is, if this Conservative government five years ago had said, “You know what? It's absolutely heartbreaking that people do not have access to clean drinking water. We're going to bring clean drinking water to those communities,” would that have built trust among those communities so that when they were trying to negotiate agreements for the mining opportunities in the north, they would have found a far more receptive—

The Acting Speaker (Ms. Patrice Barnes): Thank you.

Further questions?

Mr. Andrew Dowie: I want to thank the member from Spadina-Fort York for his comments. Undoubtedly, health care is a top issue in many of our communities, and really, what I've heard for the last year and change since I've been here from our local physicians is the amount of paperwork that is required. Bill 139 reflects a lot of consultation with the Ontario Medical Association, and there's an expectation that we could save doctors up to 95,000 hours each year on the paperwork burden that is taking them away from their patients.

So my question to the member opposite is, are these savings worth pursuing, and as a result, will that make this red tape reduction package worthwhile to support?

Mr. Chris Glover: I've also spoken with doctors and the Ontario Medical Association, and they did talk about that. They said that the burden of paperwork actually discourages people from going into family practice, and we need more doctors to go into family practice. So that's something that needs to be done.

The other thing that we need to do to address the crisis in our health care system is we need to pay our PSWs and our nurses more, because they are leaving our system in droves. We need to increase their—

The Acting Speaker (Ms. Patrice Barnes): Thank you. Seeing the time, we're going to move on to private members' public business.

Second reading debate deemed adjourned.

PRIVATE MEMBERS' PUBLIC BUSINESS

PROTECTING VULNERABLE PERSONS IN SUPPORTIVE LIVING ACCOMMODATION ACT, 2023 LOI DE 2023 SUR LA PROTECTION DES PERSONNES VULNÉRABLES DANS LES LOGEMENTS SUPERVISÉS

Mr. Burch moved second reading of the following bill:
Bill 38, An Act to establish a framework for the licensing of supportive living accommodation / Projet de loi 38, Loi établissant un cadre pour la délivrance de permis d'exploitation de logements supervisés.

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

Mr. Jeff Burch: It's a privilege to speak today about my private member's bill, Bill 38, Protecting Vulnerable Persons in Supportive Living Accommodation Act. Supportive living homes provide low-rent accommodation to vulnerable tenants who are considered high need. In many cases, they serve as a response to affordable housing shortages across the province while catering to high-need adults who may not qualify for long-term care as well as those with mental health and addictions issues. These shared rental accommodations traditionally include any combination of room, room and board, or room and board with additional levels of support.

Due to the lack of regulation and oversight of these services, some tenants have been subjected to horrific living conditions resulting in physical harm and, tragically, even death. My bill, if passed, would provide a regulatory framework requiring all supportive living home operators to be licensed. Failure to have a license will be a punishable offence, including a fine of up to \$1,000 per day. It also creates a framework for inspection and complaint protocols, which will allow individuals and family members to address substandard and abusive conditions.

Recently, the Toronto Star did a thorough investigation into these homes to report on what was really going on

behind the scenes. They obtained health inspector records for an SLA home in St. Thomas through a freedom-of-information request. What they found was gut-wrenching:

They found “rodent activity all around the property, and later discovered a dead rat in the basement longer than a football....

“Circular fields of thick mould bloomed from the ceiling in every direction....

“They found soiled mattresses and furniture. Bedbugs. A broken water heater that hadn’t worked in weeks....

“They walked toward a pair of chest freezers. One hadn’t worked in at least a month, a staff member said. Thawed bags of corn and carrots had turned black with mould. Dead bugs lined the freezer’s interior seal. An inspector gagged” it was so bad.

1800

I want to thank Toronto Star reporter Diana Zlomislac and other media outlets and journalists for the interest and care they’ve shown in exposing these horrendous living conditions.

This reflects what we’ve heard from people across the province residing in unlicensed supportive living accommodations. In Niagara alone, we’re aware of 19 of these homes.

In November 2019, Beatrice Manor in Welland was fined \$35,000 for non-compliance with the fire code. Chief Brian Kennedy said they had had five years to make the required changes, but they chose not to do so. It’s largest fine he has ever seen.

The Toronto Star also looked into one of these homes in Port Colborne, in my riding of Niagara Centre. They said, “At Lakeside Terrace in Port Colborne, residents Gerald Gibbons and his wife Lucille Stewart took photos of the rotten banana and grey-tinged corn they received from staff—one of many problems the couple documented, including mould and bedbugs.”

The point of sharing these tragic stories is to highlight to this House that these unregulated supportive living homes are falling into a regulatory grey zone and are putting tenants at an enormous risk. My bill, Protecting Vulnerable Persons in Supportive Living Accommodation Act, would create a regulatory framework to address these issues. Some municipalities have started to regulate these homes due to multiple issues, including failure to comply with fire regulations. Following the death of David MacPherson, the city of London put bylaws in place. However, municipalities are asking for provincial regulation of these homes. This bill provides that framework for operators and sets minimum standards that must be met so that vulnerable tenants no longer suffer from a broken system. My office hears countless stories from family members of individuals living in these homes across the province.

I want to take a moment to share what Karen Barry sent me. In October 2017, her father was discharged from a lengthy stay at Grand River Hospital. He was unable to return to his apartment and was unable to live independently without assistance. Ineligible at that time for long-term care, he was placed in an unregulated group home in

St. Thomas. The home assured Karen that he would be provided with support, trained staff, three meals plus refreshments and a snack daily. It sounded suitable for him until he could secure a room in long-term care. What resulted was months of concern for his well-being, safety and security. Almost every cent of his pension was handed over to a for-profit supportive-living organization that is operated by a wilfully neglectful and absentee owner. The home was owned by Vishal Chityal. At the time, he was operating under an alias, “Charlie Duke.” In this home, there were bedbugs, garbage piled up for weeks, and shortages of hot water. The basement beneath them was used for food storage but was infested with rodents. Frequently, there would be shortages of food for the residents. The list goes on and on. Karen said, “He lived in fear and neglect and he paid a significant amount each month to do so. What was supposed to be a supportive living accommodation for him ended up being a nightmare I can’t forget, I don’t think he can either.”

Just this month, I brought the story of Gerald and his wife, Lucy, to this House.

Many people who have complex needs but who don’t qualify or can’t get into long-term care end up in these supportive living homes, as I’ve mentioned. In many cases, they serve as a response to affordable housing shortages across the province, while catering to high-need adults who may not necessarily qualify for long-term care. The lack of regulation and oversight of these services for our most vulnerable citizens have, in some cases, like those I’ve mentioned today, exposed tenants to sub-standard living conditions resulting in physical harm and, tragically, even death.

Countless organizations and municipalities support regulating these homes. I’m going to share some of the statements of support that my office has received for this bill. From Community Living Ontario: “If passed, Bill 38 will provide much-needed regulation and oversight of supportive living operators that have flown under the radar for far too long and will provide for increased safety and security for people with disabilities.” That’s from Chris Beesley, the CEO of Community Living Ontario.

From Bridges Community Health Centre: “Bridges Community Health Centre fully supports MPP Burch’s proposed legislation to establish a framework to ensure that minimum standards of care are established in private support supportive living homes.”

“Many of the individuals living within them are the most vulnerable in our society, including seniors who are single and have no family support, disabled individuals, those suffering from mental health issues, and people receiving social assistance....

“Safe, affordable housing is a basic human need. It is also an important social determinant of health. As a health care organization that works with many vulnerable populations, we see, first-hand, the poor health outcomes that many individuals living in these facilities suffer. Regulation and oversight of these facilities is required, in order to ensure basic standards of care relating to the quality of care, quality of food, staff qualifications, treatment, ser-

vices provided, and the broader quality of life and well-being of tenants are met.”

From the Thorold Professional Firefighters Association, one of the many fire associations who are supporting this bill:

“MPP Burch has shown ... persistence and fortitude in his efforts to ensure our communities continue to become a safer place for ... citizens.... Bill 38 would be an incredible step forward for all Ontarians that are in need of supportive living. This bill would give much-needed peace of mind to the families, knowing that each operator will be licensed and certified to provide the care that is needed. MPP Burch and Bill 38 have the full support of Thorold Professional Firefighters Association Local 1182.”

I should note the city of Port Colborne, the city of Port Colborne’s fire department and many other fire services support the bill.

Now is the perfect time, Speaker, to address this gap in policy and join other jurisdictions like Alberta in regulating these homes. The last time this bill was voted on, it received all-party support—and I should say that my predecessor Cindy Forster brought this bill when she was the MPP here. It passed with Conservative support and died in committee. I brought the bill forward last term. The same thing happened: It was supported by the Conservatives—all parties supported the bill—and it died in committee again. This is the third time this is coming forward, and things have gotten worse and worse and worse for vulnerable citizens.

I hope this House will join me in this effort and pass Bill 38, Protecting Vulnerable Persons in Supportive Living Accommodation Act, and bring justice for vulnerable citizens who have been suffering under these conditions.

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

Mr. Matthew Rae: I appreciate MPP Burch, the member from Niagara Centre, for bringing this bill forward: Bill 38, Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2022.

I think everyone in this House can agree that we want to ensure that our most vulnerable members of our community have a safe home to live in. And while this proposed legislation is well-intentioned, that’s precisely what it fails to consider: Service managers and our municipal partners are the best ones positioned to address and assess the unique local needs of their communities.

As the member will know, the province does not directly deliver housing and homelessness services. The ministry does not currently issue licences for any type of housing, facility or supportive services. The responsibility for delivering housing services in Ontario rests with the municipal service managers and Indigenous program administrators. This gives the decision-making power to our local communities so they can identify the greatest needs in their communities.

Some service managers may choose to license the process and establish a process for supportive housing services in their communities, for example, through a municipal bylaw. If the provincial government were to establish

a licensing requirement, it would be a departure from the flexibility which MMAH typically offers our service managers and Indigenous program and administrators.

Speaker, all this said, this does not mean the province cannot do more to support the most vulnerable in our communities. This is why I was pleased to see our government increase the Homelessness Prevention Program and the Indigenous Supportive Housing Program by an additional \$200 million in budget 2023, a 40% increase of funding to support the most vulnerable in our province.

The province now spends almost \$700 million annually through these two programs. This is in addition to the nearly \$4.4 billion we invested over the past three years to enhance and grow community and supportive housing, address homelessness and respond to, obviously, the pandemic. Service managers were also provided notice last spring on the amount of funding they would be receiving over the next three years. I know my local service managers appreciate this information and the certainty that it provides them. It allows them to plan for the future.

1810

A 2021 Auditor General report on homelessness found that homelessness prevention funding as implemented under the previous government was “primarily based on historical spending, rather than local need,” with instances of undocumented decision-making and no written justification for certain funding allocations.

I’m glad our government has taken action on this file. We have implemented and updated the Homelessness Prevention Program. We increased the transparency and brought in an evidence-based funding model that’s based on community share of homelessness supportive units, low-income households and housing that is deeply affordable to the needs in our community.

I know I meet with my local service managers often, as I’m sure other members do in this place. I also meet, obviously, with my local municipal colleagues on a regular basis. And I look forward to working with my municipal partners to encourage them to allow for licensing and zoning of more facilities and homes as well.

As the member for Niagara Centre actually mentioned in his remarks, some municipalities already license these homes. Obviously, this will take some time and discussions with the Association of Municipalities of Ontario and, specifically their policy group. But I also think with individual municipalities that comprise upper-tier governments, it would also be helpful to engage with them, because not all of them are going to be able to participate in a standing committee, which would be the form if this bill was to go forward.

We need to work with our service managers to continue and expand the good work that they are doing in our communities. There needs to be a balance so that those who provide a high standard of care can continue to do so in an expanded capacity, instead of having to shift the focus of their staff to filling out paperwork and complying with duplicative regulations.

I know in my community, capacity is a challenge, and it would be a shame to see some of the service providers

have to put additional money into doing administrative work rather than supporting front-line services. We need to empower them to continue to pass bylaws and to provide safe, affordable housing in their community. We need to empower them to help vulnerable members of our communities stay safe and have easy access to services. Our government will continue to empower and support our municipal partners and service managers in this regard.

Our government will always work to improve the lives of the most vulnerable people in our province. We'll continue to support these Ontarians, continue to help them find a safe and secure home, and we'll do that by working with our municipal partners and service managers, who are the ones best positioned to hold bad actors to account and those who prey on the most vulnerable in our society.

The Acting Speaker (Ms. Patrice Barnes): The member from Stormont–Dundas–South Glengarry.

Mr. Nolan Quinn: Our government has, from day one, been committed to the most vulnerable in our society. It was this government that made the two largest increases to ODSP rates in the history of the program, and we did it back to back. Put together, that means rates increased by almost 12% in a one-year period.

On top of that, we aligned ODSP rates to inflation to keep up with future increases in the cost of living. Going forward, as inflation rises, so will the rates. That was a move the Daily Bread Food Bank called “laudable.”

We've raised the ODSP earned income threshold by 400%. People can now earn \$1,000 a month without any impact on their financial benefits. Mark Wafer, the interim CEO of the Abilities Centre at the time, described that action as a “game-changer.”

What has the net effect of these increases been? It has put more money in the pockets of those people who need it the most. Those who can and want to work can earn more money than they were in 2022, and those who cannot work are receiving more than they were in 2022.

Those increases are in tandem with initiatives by the Minister of Municipal Affairs and Housing. Through both ministries, we have taken action to support vulnerable people and to make their lives better. With our government, ODSP recipients have more money in their pockets, and people at risk of homelessness have more opportunity to receive the critical support they need.

To take another example, when we formed government, we saw that adults with developmental disabilities were facing the same challenges they had been 10 or even 15 years earlier. So we introduced Journey to Belonging, our vision for the future of developmental services. We backed up Journey to Belonging with significant investments. In this year's budget, we invested \$3.4 billion for developmental services, an increase of \$734 million from 2018-19. This provides over 205,000 people with developmental services and supports across our province. Of that investment, \$2.1 billion funds accommodation that meets the needs of adults with developmental disabilities, an increase of \$497 million from 2018-19.

We're not just throwing money at the sector; we are supporting targeted programs to match people with

housing that meets their needs. Through budget 2021: \$13 million over three years to help more people with developmental disabilities find community housing to support their independent living through an expansion of the Adult Protective Service Worker Program. This investment means more than 1,200 people with developmental disabilities would be receiving the help they need to find accessible and affordable housing to be part of their communities and live the lives they choose.

As I was going through that list, it got me thinking: The opposition has voted against every single one of these initiatives, in every single iteration. The government does not need lessons from members who voted against one of these initiatives to improve people's lives, let alone seven of these initiatives.

As the Minister of Community, Children and Social Services noted this morning, provincial law requires landlords to ensure that their property meets health, safety, housing and maintenance standards and has clear stipulations regarding pests, plumbing and health and safety hazards. These are not an option; they are the law.

As we continue our ongoing efforts to improve the lives of Ontarians who need a hand, we will keep upholding high standards for those who house vulnerable people.

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

Mr. Terence Kernaghan: I'm happy to rise in support of this motion today, and I thank the member for Niagara Centre for bringing Bill 38 forward.

Supportive housing is a critical part of the housing spectrum. Supportive housing focuses on some of the most vulnerable members of our communities and helps them thrive through rehabilitation and community integration. We as a Legislature have a moral and ethical responsibility to pass this legislation here today. Everyone needs safe, decent, stable housing, but for some, it can be difficult to maintain a stable home without additional help. For some of our most vulnerable—folks struggling with mental illness, chronic health conditions, histories of trauma and other struggles—a home helps them get adequate treatment and start on the path towards recovery.

Supportive housing is a highly effective strategy. It combines affordable housing with intensive coordinated services. In an ideal arrangement, supportive housing staff are an incredible and caring asset, trained in social work and psychiatric rehabilitation. A broad body of research shows that supportive housing effectively helps people maintain stable housing. Service providers can help people with mental illness pay their rent on time and understand the rights and responsibilities outlined in a lease or can make sure people with chronic illnesses manage their diet and medicine properly, which can help keep them out of hospitals or long-term-care homes.

Living without stable housing can drastically worsen health. Homelessness can exacerbate mental illness, make ending substance abuse difficult and prevent chronic physical health conditions from being addressed. People with these and other health issues often end up in crisis

situations while living on the streets, and emergency rooms may be the only health care they are able to access.

I'd like to thank the member for Niagara Centre for also mentioning David MacPherson, who unfortunately died in a fire in an illegal, unregulated home. This is why we have to act: People are dying.

Supportive housing works, but with no licensing and little regulation in the sector, we are leaving some of the most vulnerable members of our community without meaningful protections or recourse. The bill provides a framework for operators. It sets minimum standards that must be met so that vulnerable tenants are no longer at risk. Who, in their heart, could fight that? It creates a framework for inspection and complaint protocols. It's hard to imagine why this is even up for debate.

I'd like to thank the member for bringing this forward, for continuing the push. I look forward to all members listening to their heart, listening to their conscience and voting in support of this important legislation.

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

Ms. Peggy Sattler: I'm pleased to rise in support of the bill that is before us this evening, brought by my colleague the member for Niagara Centre.

I think we really have to think carefully about what we're talking about here. We are talking about supportive living accommodations, unregulated, unlicensed, for the most vulnerable citizens in our province. These are people who have nowhere else to live. They are often on a wait-list for a long-term-care facility. They can't live independently but they don't have family members they can live with. They need a place to live that they can afford and that will provide them the kind of support they need with daily living.

1820

Often, these are the lowest-income people in our society because the supportive living accommodations that are available are often in the most deplorable of conditions. One of those facilities was the place that David MacPherson from London was living in back in 2014 when a massive fire broke out. There were 26 charges laid against the operator of that home, and then two other properties that were managed by the same operator in London also ended up facing charges—fire code violations, bylaw infractions.

In response to this fire, the city of London stepped forward and implemented its own informal residential care facility bylaw to require some licencing of these supportive living accommodations. They were stepping up to fill the gap that has been created by the province's failure to put in place a provincial regulatory framework. But I have to say that what happens when you have municipalities like London stepping forward is you create a patchwork of regulations, a patchwork of protections, with people in some communities having the protection of a bylaw and people in other communities not having anything.

Even in London, even with London's bylaw, there was another horrible exposé of a home also in the city just a year ago in September where, again, people were living

with rodents, bug infestations, lack of healthy food—and that was with municipal enforcement. We need a provincial framework that is going to protect people across this province, protect the most vulnerable people so that they can have a safe, healthy and supportive place to live.

The Acting Speaker (Ms. Patrice Barnes): The member from Thunder Bay—Superior North.

MPP Lise Vaugeois: Now, in my riding, I'm actually not aware of any unlicensed supportive living homes. However, I'm very aware of the extreme shortage of supportive-living spaces, and I know of people with complex disabilities who are waiting years and years and years in the hopes of getting a space.

Also, there is nothing that guarantees a minimum level of care, even in licensed homes. As we know, unless PSWs are working within a hospital setting, they're not paid well. They are not even paid for their time travelling from client to client—an unconscionable off-loading of expenses onto already underpaid workers.

So it is no surprise that there's a severe shortage of PSWs for supportive living, and when there aren't enough PSWs available, particularly at night, residents are left in their wheelchairs for entire nights, not able to use the washroom, not able to lie down. Can you imagine having to sit up all night and soil yourself because there's no one to help you get into your bed or go to the washroom? This is in a licensed home, by the way. And when there is so little choice about where one can live as a person with complex care needs, don't complain or you may be harassed out of your home.

Speaking of choices, it's obvious that people living in homes that are unsanitary and unsafe are not there by choice but because there are no other options. One of the most egregious regulations imposed on people reliant on ODSP for survival is the clawing back of their income the moment they live with someone else. This is, frankly, a human rights violation. There is no other category of person who is not allowed to pool their resources with someone else in order to improve their quality of life. Is it any wonder, then, that people who need complex care wind up living in unlicensed and dangerous places when they don't even have the right to live with someone else without losing their financial independence?

I fully support this motion from the member from Niagara Centre and hope the government will stop punishing vulnerable people and make sure that all supportive living homes are regulated, regularly inspected and mandated to provide a guaranteed minimum level of care.

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

M^{me} France Gélinas: I must say that I was quite disappointed to listen to what the members of the PC caucus had to say about this bill. We have a responsibility. There are many things that happen in our province where—the government doesn't control sewage and water in municipalities, but you still set standards, you still set environmental guidelines. It is our job to do this right now because there are vulnerable people who have no choice but to go into supportive living accommodations, who we all know are not getting the care they deserve, the care they need, and many of them are being abused.

Before I was an MPP, I was the executive director of the community health centre in Sudbury. We offered the Corner Clinic. The Corner Clinic was a place for people facing homelessness to gain access to health care services. We worked with a model of housing first. If you want to get someone healthy, they have to have housing. We dealt with a lot of private supportive living accommodations. Some of them were good, but some of them were awful—awful to the point where a woman came to me and shared with me the abuse that she had been living through in this private supportive living accommodation. I had to go to the Sudbury police and make a declaration. Finally, the Sudbury police did a good job, went into this home, shut things down, went through court and the guy went to jail.

But there are many, many more. Just in my community, we would have public health, we would have social services, we would have many people who tried to help people, knowing full well that this private supportive-living accommodation was not providing quality care, was abusing the people there, abusing their money, abusing the care they were supposed to get, the poor quality of food—really, really poor—and there was nothing any of us could do to enforce any of this. We would end up calling the fire department, saying, “You have to help us.” They would go in and do an investigation and assessment of the place and shut them down under the fire code.

What is this, Speaker? We are here as legislators. We have a responsibility to help people in need and this is what it will do. All we ask is to set minimum standards and make sure that they are enforced, make sure that all of the homes are licensed. Because I guarantee you, every single one of us could find a home that is not licensed, that is not providing the care that they’re supposed to, and that is taking advantage of very vulnerable people.

We have a chance to do the right thing. It passed second reading when Cindy Forster was here. It passed second reading the first time. Let’s bring it to the finish line and then you can all go back to your riding and say, “We passed this bill. We set regulations for the municipalities to follow.”

By the way, not every territory in this province has a municipality. Foleyet, Gogama, Biscotasing, Westree, Shining Tree, Benny, Cartier: None of them are municipalities. They depend on the government to set the rules so that they can be enforced.

Please do this. There are people’s health and lives that hang in the balance.

The Acting Speaker (Ms. Patrice Barnes): Mr. Burch has two minutes to apply.

Mr. Jeff Burch: First of all, I want to thank my colleagues from London North Centre and London West for their words and their support for vulnerable persons in London, a place where folks have actually died in these homes, as well as compassionate words from my friends from Thunder Bay–Superior North and Nickel Belt, and my colleagues in St. Catharines and Niagara Falls for being here and their support.

Speaker, I’m really disappointed by what I heard from the member from Perth–Wellington and the member from Hastings–Lennox and Addington. Many members sitting here have voted for this very bill before. I think one or two of them have even voted for it twice in the past, and here, they don’t even have the guts to send it to committee to kill it. It sounds like they’re going to kill it here.

Passing this off to municipalities when the municipalities are literally asking them for help, pretending that it’s not a provincial responsibility when they know very well that other provinces like Alberta have already passed legislation to protect vulnerable persons in these situations, it shows a lack of compassion and a lack of courage that really is appalling.

I mentioned a person named Charlie Duke, which is an alias, is making money off these vulnerable persons while they’re being abused. It’s incredible that this government won’t recognize the need for this bill. They might as well walk up to these vulnerable, abused Ontarians and slap them right in the face. It’s really disappointing.

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

Mr. Burch has moved second reading of Bill 38, An Act to establish a framework for the licensing of supportive living accommodation. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour, please say “aye.”

All those opposed will please say “nay.”

In my opinion, the nays 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): This House stands adjourned until 9 a.m. tomorrow, Thursday, October 26, 2023.

The House adjourned at 1831.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.

Speaker / Président de l'Assemblée législative: Hon. / L'hon. Ted Arnott

Clerk / Greffier: Trevor Day

Deputy Clerk / Sous-Greffière: Valerie Quioc Lim

Clerks-at-the-Table / Greffiers parlementaires: Julia Douglas, Meghan Stenson,

Christopher Tyrell, Wai Lam (William) Wong

Sergeant-at-Arms / Sergent d'armes: Tim McGough

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barnes, Patrice (PC)	Ajax	Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Présidente du Comité plénier de l'Assemblée législative
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Bell, Jessica (NDP)	University—Rosedale	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Bowman, Stephanie (LIB)	Don Valley West / Don Valley-Ouest	
Brady, Bobbi Ann (IND)	Haldimand—Norfolk	
Bresee, Ric (PC)	Hastings—Lennox and Addington	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Byers, Rick (PC)	Bruce—Grey—Owen Sound	
Calandra, Hon. / L'hon. Paul (PC)	Markham—Stouffville	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement Government House Leader / Leader parlementaire du gouvernement Minister of Legislative Affairs / Ministre des Affaires législatives
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough- Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Hon. / L'hon. Stan (PC)	Willowdale	Minister of Long-Term Care / Ministre des Soins de longue durée
Clark, Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	Third Deputy Chair of the Committee of the Whole House / Troisième Vice-Présidente du Comité plénier de l'Assemblée législative
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Dixon, Jess (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Dowie, Andrew (PC)	Windsor—Tecumseh	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fife, Catherine (NDP)	Waterloo	
Flack, Hon. / L'hon. Rob (PC)	Elgin—Middlesex—London	Associate Minister of Housing / Ministre associé du Logement

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario Premier / Premier ministre Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales
Ford, Hon. / L'hon. Michael D. (PC)	York South—Weston / York-Sud—Weston	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	
Gallagher Murphy, Dawn (PC)	Newmarket—Aurora	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Hon. / L'hon. Parm (PC)	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hazell, Andrea (LIB)	Scarborough—Guildwood	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Jama, Sarah (IND)	Hamilton Centre / Hamilton-Centre	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Minister of Health / Ministre de la Santé Deputy Premier / Vice-première ministre
Jones, Trevor (PC)	Chatham-Kent—Leamington	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
Karpoche, Bhutla (NDP)	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première Vice-Présidente du Comité plénier de l'Assemblée législative
Ke, Vincent (IND)	Don Valley North / Don Valley-Nord	
Kemaghan, Terence (NDP)	London North Centre / London-Centre-Nord	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Hon. / L'hon Andrea (PC)	Barrie—Innisfil	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lumsden, Hon. / L'hon. Neil (PC)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (IND)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Hon. / L'hon. Todd J. (PC)	Durham	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
McCrimmon, Karen (LIB)	Kanata—Carleton	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	President of the Treasury Board / Présidente du Conseil du Trésor Minister of Francophone Affairs / Ministre des Affaires francophones
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
Pierre, Natalie (PC)	Burlington	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Mines / Ministre des Mines
Quinn, Nolan (PC)	Stormont—Dundas—South Glengarry	
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (IND)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Northern Development / Ministre du Développement du Nord Minister of Indigenous Affairs / Ministre des Affaires autochtones
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Minister of Transportation / Ministre des Transports
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Skelly, Donna (PC)	Flamborough—Glanbrook	Deputy Speaker / Vice-Présidente Chair of the Committee of the Whole House / Présidente du Comité plénier de l'Assemblée législative
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Smith, Laura (PC)	Thornhill	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée déléguée aux Petites Entreprises
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	