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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Monday 24 April 2017

Lundi 24 avril 2017

The House met at 1030.

The Speaker (Hon. Dave Levac): Good morning. Please join me in prayer.

Prayers.

INTRODUCTION OF VISITORS

Mr. Ernie Hardeman: Mr. Speaker, I am pleased to recognize a constituent of mine from Harrington, Harry Jongerden. He is here today at Queen's Park and I want to welcome him.

Mr. Taras Natyshak: Good morning, Speaker, it's nice to see you after the break. I would like to welcome Michellyne Mancini here, with Greendoor Financial. Michellyne is here as an independent financial adviser. She is also the daughter of former MPP Remo Mancini. It's nice to welcome her here today.

Hon. Jeff Leal: I'm not sure which gallery she's in, but I'd like to welcome Linda Gratton here today. She is employed with London Life in Peterborough and is here as part of the Advocis lobby day group.

Mr. Lorne Coe: I'd like to introduce Louisa Majoros, Irene Walsh, Ronald Fennell and Karen Low from the region of Durham. They're here, Speaker, for the Financial Advisors Association of Canada's lobby day. Welcome to Queen's Park.

Mr. Percy Hatfield: We have a number of people here today from the Tourism Industry Association of Ontario from my area: Jim Hudson, Jane Holmes, who is the chair of the board, Pam Belgrade, Michael Bertuzzi, Bonnie Ruddock and Donna Lee Rosen. Welcome to Queen's Park.

Ms. Ann Hoggarth: On behalf of myself and the Minister of Community and Social Services, I'd like to introduce Cindy Scott in the members' gallery, who is visiting the Legislature for the first time today. Welcome, Cindy.

Mr. Randy Hillier: I would like to welcome Sean Lawrence from Lanark–Frontenac–Lennox and Addington, with Advocis, down to see us here at the Legislature today.

Ms. Teresa J. Armstrong: Speaker, I am pleased to introduce one of our page captains today, Eesha Rehan from my riding of London–Fanshawe, who is starting with us. I would like to welcome her and hope her experience is educational and as enlightening as her brother's was. He was a page here before.

I also would like to recognize her parents who are here today joining us, and give a warm welcome to Eesha's parents, Nazish and Rehan Malik. Welcome to the Legislature today.

Mr. James J. Bradley: I'd like to welcome the son of Harold William Walker, a member of provincial Parliament for Welland from 1948 to 1951—his son, Don Walker, is here today, along with grandson, Finley Walker, in the east members' gallery.

Miss Monique Taylor: I am so pleased to welcome the guest of another one of our page captains today, Claire Le Donne—I'll welcome her to the House, as I haven't had the ability to do so. But joining us today is her father, Dino Le Donne, and her sister, Gabrielle Le Donne, who you will know was also a former page here at Queen's Park. The family is back. Welcome back to the Le Donnes.

Mrs. Cristina Martins: Good morning, Mr. Speaker. It gives me pleasure to introduce Peter Tzanetakis, who is here in the gallery. He is VP of government and corporate relations with Advocis, here for their lobby day today. Welcome, Peter.

Mr. Steve Clark: Speaker, I want to introduce to you, and through you to members of the Legislative Assembly, two constituents from my riding of Leeds–Grenville who are here with the Tourism Industry Association of Ontario: Bonnie Ruddock, who is the executive director of RTO Region 9, the Great Waterway, and Kathrine Christensen from the 1000 Islands Accommodation Partners. Welcome to Queen's Park.

Ms. Peggy Sattler: I am very pleased to welcome some folks from Advocis who are here from my riding: Chris James, Curtis Luckovitch and Angel Georgijev.

Mr. Joe Dickson: I would like to introduce the guest of page Charlene Rocha: her father, Cilbur Rocha, who is in the gallery this morning.

Secondly, Mr. Speaker, if I may, I'd like to introduce members from the Durham region Advocis group. They are Chris Hudson, Irene Walsh, Brent Holmes, Sarah Smith, Ron Fennell, Louisa Majoros and Karen Low.

Mme Nathalie Des Rosiers: I'd like to welcome to the Legislature David McGruer from Ottawa, who is a financial adviser and a member of Advocis.

Mr. Granville Anderson: I would like to welcome Brent Holmes, who is here today with Advocis and from my riding of Durham. Welcome.

Ms. Sophie Kiwala: I would like to welcome Will Britton, Ed Bettencourt, Greg Gies, Josh Decaire and David McGruer of Advocis, as well as, of course, Jane Holmes from Colleges Ontario. Welcome.

Ms. Soo Wong: Coming in very shortly are students from my riding of Scarborough–Agincourt. I want to welcome both the teachers and students from Tam O'Shanter public school. Welcome

L'hon. Marie-France Lalonde: Deux annonces aujourd'hui. La première : je suis fière de présenter et de remercier Anick Tremblay, qui travaille pour moi dans mon bureau de commettants à Ottawa–Orléans, pour son excellent travail. Elle est ici avec nous durant notre période de questions.

Also a constituent of mine, Mr. Kris Birchard, who is also the chair of the government relations committee at Advocis.

Mr. Norm Miller: I'd like to welcome Beth Potter, who is in the east members' gallery, who is here for Tourism Day at Queen's Park.

Hon. Bob Chiarelli: I'm pleased to recognize a group of individuals who are here in spirit, the Ottawa Senators, for their big victory; and to the Toronto Maple Leafs, for exceeding their expectations.

Hon. Yasir Naqvi: I want to welcome many friends who are here on behalf of Advocis to meet with members. I want to welcome Greg Pollock, who is the president and CEO; Wade Baldwin, who is the chair of the board of the directors; a good friend of mine, Kris Birchard, who is the chair of the government relations committee; and Linda Gratton, who is the chair of the provincial advocacy committee.

I invite all members to come to the Advocis reception in the dining room today, from 5 p.m. to 7 p.m.

Ms. Sylvia Jones: Please join me in welcoming Michele Harris from the Hills of Headwaters Tourism who has joined us. Welcome to Queen's Park.

The Speaker (Hon. Dave Levac): Further introduction? Seeing no further introductions, it is time for—

Hon. Yasir Naqvi: Point of order.

The Speaker (Hon. Dave Levac): A point of order from the government House leader.

Hon. Yasir Naqvi: I defer, Speaker.

1040

ORAL QUESTIONS

HOUSING POLICY

Mr. Patrick Brown: Mr. Speaker, my question is for the Minister of Finance. The Ontario PC caucus called for action, and we're happy to see the Liberals introduce some of our ideas in their housing plan. But the plan is missing a very important part, and it's failing to address the underlying problems. On Saturday in the Globe and Mail, economic expert Sean Speer put it best: The plan "will ... do nothing to address the underlying supply issues affecting affordability." Let me repeat that: The plan will do nothing to address the supply issue.

Mr. Speaker, why have the Liberals ignored the underlying issues for so long? To the Minister of Finance: Is there any—any—goal of the government to address the supply issue?

Hon. Charles Sousa: I appreciate the question from the man with no plan. Here we have a party that is talking—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. I'm going to interject. I'm going to hold to the tradition and the convention that we respect each other by naming either each other's riding or title. That is going to stay.

Carry on.

Hon. Charles Sousa: The Leader of the Opposition has put forward no plan, Mr. Speaker. Instead, he's going on about what it is that we should still do—a lot of talk, but no action.

We have put forward a 16-point plan that is actionable, that talks a lot about addressing demand and addressing supply. It is why we have put measures in place to inspire and promote more supply into the mix. Vacancy and vacant lots are an issue. We're addressing that in this plan, as well as discounting development charges and other things to try to promote more purpose-built into the mix, Mr. Speaker.

It has been endorsed by economists and endorsed by the Bank of Canada, which recognizes how important it is to put these measures into place. The member opposite and his party have offered nothing, Mr. Speaker.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Patrick Brown: Again to the Minister of Finance: The Minister of Finance is proud of his plan—taxes, taxes, taxes and more taxes—but the economic experts are saying that it doesn't address the issue of supply. At a minimum, a detailed review of policies related to zoning and development should be part of the plan. I think we already know what that review would tell us: too much red tape is suffocating the system.

In the last 10 years in the GTA, we've seen the result of Liberal red tape. At the end of January 2007, there were 18,400 new ground-oriented homes available for purchase for families in the GTA. By January 2017 that number had shrunk to 1,500—from 18,000 to 1,500, and they say there's no supply issue.

I will ask again. Rather than attacking others and hurling insults, my question is: Will they deal with the supply issue that's causing spiralling house prices?

Hon. Charles Sousa: Mr. Speaker, we're taking actions on the supply mix. We've actually pointed out a number of them. They include surplus provincial lands. We've empowered municipalities and cities to provide and expedite vacant properties. We're looking at reducing multi-residential apartment buildings' tax positions. We're investing $125 million in a five-year program to encourage construction of rental properties. A housing supply team is being established, dedicated to this very issue.

I have to say this, Mr. Speaker. I have a quote here. It says this: It "looks like the government listened and are" caring about people who are going to be exempt "from the tax who would contribute to our economy or help our health care system." That is from Tim Hudak, Mr. Speaker. He recognizes that we are doing what's necessary for the people of Ontario.

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. Patrick Brown: Again to the Minister of Finance: The Minister of Finance likes sharing quotes. He just said that he believes there is a supply issue, and they're acting on it.

The Liberal Premier of Ontario—your boss, Minister of Finance—on October 19 said that the housing supply problem is a myth. So I'm glad at least the Minister of Finance recognizes and says that supply is an issue because, do you know what? All of the independent experts are saying that it's a big issue.

The Toronto board of trade said they question whether this Liberal scheme does anything to address the lack of supply to buy or rent in the face of unprecedented demand. I've got a quote here from Jan De Silva of the board of trade: "We've got 80,000 people a year moving into the city. We should have 30,000 new rental units a year coming on stream. Right now"—there are very few—"the average has been 1,500."

This is not helping supply, but we know the government is going to collect a lot of new money. Maybe the Minister of Finance can tell us what all these new taxes are going to result in. How much money will the government get? Because one thing—

The Speaker (Hon. Dave Levac): Thank you. Sorry.

Minister of Finance.

Hon. Charles Sousa: Mr. Speaker, let's put it in perspective. What we're talking about is encouraging supply. The very taxes that he's talking about, that we shouldn't do—again, no plan—are actually curbing and not encouraging supply.

TD Economics says that "the tax on non-residents and 'paper flipping' should together help stem speculative behavior, and cool demand for properties in the greater Golden Horseshoe."

The National Bank of Canada says, "You could do nothing," as is being proposed over here, or "you could take action in the face of pronounced risks, implementing policies designed to both tame speculation and spur needed development, thereby placing the resulting housing market on a more sustainable footing. Ontario's finance minister has opted for the latter course of action, and it's a decision we applaud." That is Warren Lovely from the National Bank of Canada.

OPIOID ABUSE

Mr. Patrick Brown: My question is for the Minister of Health. Since I can't get an answer from the Minister of Finance on supply, I'm going to hope that the Minister of Health will share with us an answer on a very important topic.

According to the Ontario Drug Policy Research Network, this province has more than two people who die each day from an opioid overdose. That's unacceptable. How many more days are we going to have to bear this tragic statistic in the province of Ontario? Can the Minister of Health please tell us how he's going to deal with this crisis?

Hon. Eric Hoskins: We are taking action, on this side of the Legislature. In fact, last fall, we introduced the first opioid strategy in this province's history.

In fact, we are at the leading edge, if not in front, of the rest of the country when it comes to the measures we've put in place to tackle the opioid crisis, which, as we all know, is a national crisis, including here in the province.

We're investing more in our 17 pain clinics. We're investing more in treatment centres for those who face addictions. We're making naloxone available—we have made it available for almost one year—free of charge through pharmacies. More than 1,000 pharmacies in the province are providing this, and they've distributed more than 28,000 life-saving naloxone kits that can literally save a life at that moment of need. We're working on improving prescribing with our front-line health care professionals. There are a whole set of measures.

I hope the member opposite understands that this can't be a partisan issue. This needs to be an issue where we all work together to end this epidemic.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Patrick Brown: Again to the Minister of Health: Last week in Ottawa, there were 15 overdoses in 72 hours. Obviously, this is a crisis. Obviously, we're not doing enough.

Too often, opioid pills are cheap and easy to get, and they're dangerous. A lethal dose of pure fentanyl is as little as two milligrams, the weight of seven poppy seeds. Young people don't realize how dangerous this can be.

The Premier and the minister must crack down on this scourge that is hurting our youth, that is hurting families, that is hurting people in Ontario.

My question to the Minister of Health is: Will he support the official opposition's call to cancel the hydro vanity ads and use the limited advertising budget the province has to raise public awareness on this issue?

Young people are dying, and there is not a proper appreciation for how dangerous this fentanyl is.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Minister.

Hon. Eric Hoskins: Mr. Speaker, if the member opposite thinks it's as simple as simply launching a public awareness campaign, he's dead wrong.

There are so many measures that are required to address this. They include the investments we're making this year in more treatment centres for youth in Ottawa. They include the fact that more than 80 pharmacies in Ottawa are providing, free of charge, life-saving naloxone—available over the counter, with training from the pharmacist—that can save lives.

I'm as concerned as the member opposite about the availability of illicit fentanyl, carfentanil and other narcotics on our streets. We all need to work together to end this scourge. It's something that we've been doing for many years. We have a strategy to address it.

I'd like to know, other than fancy ads to increase awareness, what's in his plan?

1050

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. Patrick Brown: Again to the Minister of Health: There are multiple ways to tackle this crisis. The fact is—

Interjections.

The Speaker (Hon. Dave Levac): Finish, please.

Mr. Patrick Brown: On such a serious issue, they attack rather than want to work together. The member for Nipissing had a great idea on fentanyl patches, the MPP for Kitchener–Conestoga had a great idea on illegal pill press machines—but they attack. They don't understand that there are many ways we can attack this issue, and one of the ways is to stop spending the government's advertising budget on vanity ads supporting the Liberal Party—rather than actually raising awareness for young people. This is not a partisan issue.

So I'm asking again: Will the Minister of Health support our request to use the limited advertising budget to actually make young people aware of how dangerous this is? When I was in Ottawa, I heard about 14-year-old Chloe Kotval and 19-year-old Teslin Russell who died because—

The Speaker (Hon. Dave Levac): Thank you.

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. Be seated, please.

Interjection.

The Speaker (Hon. Dave Levac): The member from Davenport, come to order.

Minister of Health.

Hon. Eric Hoskins: Mr. Speaker, since April 1 of this year, every hospital in this province is reporting, on at least a weekly basis, overdoses that they see in their ERs. We've named the first-ever provincial overdose coordinator. We're working with the coroner to expedite and improve the data that's available for important decision-making. We're doing everything we can imagine.

In fact, the pill press idea, which is a good idea—that the federal government is working on, because that's a federal issue. I'd like to hear more ideas, because in the 10 years when he was a member of a government in Ottawa, I can tell you what he did on the opioid crisis that we've known about for a decade, Mr. Speaker: He did nothing.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Order.

New question.

PHARMACARE

Ms. Andrea Horwath: My question is to the Acting Premier. There are 2.2 million people in Ontario who don't have drug coverage. I don't think those people should have to empty their wallets just to get the kind of medications that they need or, worse, go without the medications that they need.

Does the Liberal government think the same, Speaker?

Hon. Deborah Matthews: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: I applaud the member from the third party for her advocacy on this important issue.

Mr. Gilles Bisson: You can't cross the floor; we won't take you.

The Speaker (Hon. Dave Levac): The member from Timmins–James Bay.

Hon. Eric Hoskins: That member and the third party know that for at least the past three years, our government, myself and the Premier have been strong and relentless advocates in advocating for a national pharmacare program. In fact, I would argue that we have been the largest and strongest political voice nationally on this issue for the last three years.

Mr. Speaker, it's important to all of us in this Legislature—and outside—who believe in the importance of a national pharmacare program and access to medicines. As a health care professional myself, I understand just how critically important that is. It's important we all work together to hopefully meet that vision.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Andrea Horwath: Well, part of the problem is that there's lots of talk, but there's no action.

Today in Ontario there will be people who go to a doctor or a nurse practitioner and they'll get a prescription, and they'll leave that appointment knowing that they can't afford to fill that prescription. That means they won't take the medication that they need.

I don't think that that's right. Does the Liberal government?

Hon. Eric Hoskins: There's no distance between myself and the leader of the third party on this issue. We both agree on how critically important it is that the estimated one out of 10, perhaps more, families across this country that are unable to access medicines because of their socio-economic status—we agree on this.

Even more so, as a practising physician, particularly practising since graduation with lower socio-economic groups, refugees and immigrants primarily from Africa, I know just how vitally real, how absolutely real this challenge is and how important it is that this unfinished business of medicare that was envisioned 51 years ago—that we all work together—

Mr. Paul Miller: Thanks to Tommy Douglas.

Hon. Eric Hoskins: Thanks to Tommy Douglas; there's no question, thanks to Tommy Douglas. It's unfinished business, and I have been championing this issue for three years.

The Speaker (Hon. Dave Levac): Final supplementary?

Ms. Andrea Horwath: In fact, there is a big distance, because we would actually implement universal pharmacare in the province of Ontario, not just talk about it.

Today in cities and towns all across our province, there are people who will get a prescription filled, and when those people get home, they'll sit down at their kitchen table and they'll take their pills from that prescription bottle and they will split each and every one

of those pills in half because the medication is so expensive. In fact, one in four Ontarians right now is forced to do exactly that.

I think people should be able to take the medication they need at the dosage that their physician has prescribed. Does the Liberal government?

Hon. Eric Hoskins: Of course we do, Mr. Speaker. Of course we believe the issue of health equity and access is vitally important. That's why in 2014 I met with the then federal Minister of Health, Rona Ambrose, and our provincial and territorial health ministers and I advocated for national pharmacare. In 2015 I hosted a conference here in Toronto on national pharmacare. In 2015 I advocated again at the federal, provincial and territorial level. In 2016, when we hosted that same group of federal, provincial and territorial ministers, I called for it again.

The member opposite—

Interjections.

The Speaker (Hon. Dave Levac): Finish, please.

Hon. Eric Hoskins: The member opposite knows how important this issue is. I just wish she had been there three years ago, two years ago, one year ago, side by side with me, advocating for this important vision.

PHARMACARE

Ms. Andrea Horwath: My next question is for the Acting Premier, Speaker, but I can tell the Minister of Health that we were there telling them to back off increasing seniors' prescriptions. That's the only thing they did, was increase the cost of prescriptions for seniors.

Tommy Douglas absolutely was the founder of Canadian health care in our country, and we all know that. He famously said, "Let's not forget that the ultimate goal of medicare must be to keep people well rather than just patching them up when they get sick."

Keeping people well means ensuring that they have the medicine that they need to stay healthy. It means universal pharmacare for everyone. It means lower costs for families, less worry for working people and better health care for Ontarians.

Does the Liberal government believe that our health care system should be keeping people healthy, or just patching people up until the next time?

Hon. Deborah Matthews: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: I'm proud of the fact that our drug benefit system in this province is one of the strongest, most generous in the entire country if not the most generous. I'm proud that in last year's budget we announced that an additional 170,000 seniors would no longer have to pay an annual deductible, and their co-payment was reduced from $6 down to $2.

We need to, all of us, be proud of the efforts that we've made over the past decade to expand the availability of drugs. Just recently, after introducing a virtual cure for hepatitis C, we've announced the expansion of that program, at a cost of hundreds of millions of dollars to the treasury, but we're doing that because we know just how critically important it is to provide these life-saving medications.

1100

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Andrea Horwath: As I recall, it was the Canadian Association of Retired Persons, it was seniors across the province and it was New Democrats who forced them to back down from increasing prescription costs for seniors. That's what was in their initial budget, Speaker. I think the minister forgets.

Canada needs a universal pharmacare program. I'm glad that the minister agrees and talks a lot about it. But just because the federal government is dragging its feet, it doesn't mean that the people of Ontario should have to empty their wallets for the medications that they need or, worse, go without them.

Does the Liberal government understand that the people of this province need universal pharmacare?

Hon. Eric Hoskins: We did hear from our stakeholders with regard to our efforts to expand the availability and reduce the cost of drugs. We introduced that in our budget. It led to 170,000 more seniors paying no annual deductible and reducing their co-payment. Mr. Speaker, the third party voted against that measure. They know they did.

But pharmacare is too important to make it a partisan issue. I'm proud of the fact that our Premier and myself, for many years now, have been advocating across this country. We have been the strongest political leadership advocating for pharmacare.

I do not recall having these conversations with the third party three years ago, two years ago or even one year ago, but I'm glad that they've finally come to the table.

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Andrea Horwath: We'll proudly vote against budgets that starve hospitals and cut autism services off for kids over five.

More than 2.2 million Ontarians don't have any drug coverage whatsoever, and the problem is getting worse, not better. As work becomes less stable and less secure, it's harder for people to find jobs with benefits.

I believe that parents shouldn't have to empty their wallets or reach for a maxed-out credit card when their daughter or son is having an asthma attack and they need to go to the pharmacy to get an inhaler. Working people shouldn't have to skip their heart medication because they lost their jobs or their benefits got cut off.

Ontario should be a leader. This province should be a leader. Will universal pharmacare be in this week's budget on Thursday, or will the people of this province be left waiting and suffering yet again by this Liberal government's lack of action?

Hon. Eric Hoskins: Universal access to drugs is a gap nationally in our medicare system, and it needs to be addressed. That's why, in 2015—

Interjections.

The Speaker (Hon. Dave Levac): Minister?

Hon. Eric Hoskins: That's why, in 2015, I convened a round table of some of the leading experts nationally and internationally to get their—

Interjections.

The Speaker (Hon. Dave Levac): Finish.

Hon. Eric Hoskins: And then in January 2016, I discussed the issue again at the FPT level, leading to the creation of a pan-national working group to look specifically at the issue of pharmacare.

The member opposite knows that this is not a simple issue. I raised it again last fall at the FPT level, and our advocacy continues unrelenting.

ONTARIO BUDGET

Mr. Victor Fedeli: Good morning, Speaker. My question is for the Minister of Finance. Last week I wrote to you specifically about northern Ontario, with four budget recommendations: End your hydro crisis, make cap-and-trade revenue-neutral, save our rural schools and take action on the growing debt.

Interest payments on that debt are crowding out the services that people in northern Ontario depend on. You've cut staff at the hospitals in Atikokan, Espanola, Lake of the Woods, Timiskaming, Sudbury, the Soo, Timmins, Thunder Bay and more.

The almost 400 front-line health care workers you've cut in North Bay, including 100 nurses, is having a severe impact on patients' health care.

Will you commit to immediately paying down the province's debt, laying out a long-term debt plan, and stop trying to balance your budget on the backs of patients in northern hospitals?

Hon. Charles Sousa: I do appreciate the question from the member opposite. He has just gone on about how we should not borrow, and invest in hospitals and in schools, because he wants to do across-the-board cuts. That has been their recommendation.

On this side of the House, we don't ascribe to that. We've taken a very balanced approach. We have done a very thoughtful approach to invest to stimulate growth, to invest in those programs and services that Ontarians care for and rely upon.

They opted for 100,000 job cuts in their last election. We didn't do that. We're balancing the books. We're investing in things that matter to the people of Ontario. I'll have more to say about that on April 27.

The Speaker (Hon. Dave Levac): Supplementary? The member from Niagara West–Glanbrook.

Mr. Sam Oosterhoff: My question is to the Minister of Finance. I also wrote to the minister last week. Nurses and doctors in Niagara tell me the same sad story. Front-line health care in the Niagara region is a major concern, but this government has cut over 1,500 nursing positions over the past year. In some cases, there is only one registered nurse taking care of over 200 seniors in a long-term-care facility. This is unfair to our nurses, unfair to our seniors and unfair to the people of Niagara.

While blaming this situation on funding restrictions, this government keeps wasting money on layers of bureaucracy and duplication of services, which only feed frustration.

My question to the minister: Will this government stop wasting the taxpayers' hard-earned dollars on the growth of senseless bureaucracy, and will this budget invest in the front-line health services that actually serve the people of Ontario?

Hon. Charles Sousa: I'm very proud of the work and the increases that we have put in budgets for health care, for front-line services. We have more nurses than we did before. I remind the member opposite, who's new to this House, that they actually wanted to cut 100,000 people on the front lines.

We will continue to invest in our hospitals. We'll continue to invest in our education. We'll continue to build more schools and more hospitals. We're going to continue hiring more doctors and more nurses, as we have year over year.

The people of Ontario rely on those services. We opted to invest in those services, not make the cuts that they've been advocating for.

HYDRO RATES

Mr. Peter Tabuns: My question is to the Acting Premier. Hydro bills at the Sault Area Hospital have jumped nearly $1 million in recent years. It's become clear that the hospital, along with manufacturers and other medium-sized businesses, will not see any bill reductions, despite the Premier's promises.

Late last Friday, the Ontario Energy Board revealed that no one will see the full reductions that the Premier promised would be in place this summer. The summer hydro rates that were just posted by the Ontario Energy Board do not include all of the reductions promised by the Premier.

Why do the Premier's hydro promises keep falling short?

Hon. Deborah Matthews: To the Minister of Energy.

Hon. Glenn Thibeault: I'm very pleased to rise to talk about the 25% reduction that everyone will see come this summer. The OEB rate that was announced last week is an additional 9%, so everyone, on May 1, will see a 17% reduction. When you take the 8% that started in January plus the 9% that's coming, that's 17% with more to come. That's great news for all families right across the province.

I know it's very hard to understand that when it comes from a party that has no plan, no real substance, when it comes to reducing rates. They've got pie-in-the-sky ideas. They want to form a committee and maybe have that committee someday come up with a solution.

Our solution is working, so much so that the OEB already brought forward a 9% reduction on top of the 8%. We're going to see a 25% reduction by summer. That's good for all families, for farms and for 500,000 small businesses right across our province.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Peter Tabuns: Back to the Acting Premier: Starting May 1, hydro disconnections will resume. Thousands of Ontario families will lose their power because they can't afford their soaring hydro bills.

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The Premier could bring Hydro One back into public hands so that ratepayers don't have to pay the 20% increase that Hydro One's private investors are demanding. The Premier could renegotiate her overpriced, privatized power contracts. Instead, she's spending up to $40 billion to get herself out of a political jam while doing nothing to rein in the underlying costs of hydro.

Why won't the Premier put families and businesses first in Ontario instead of the political needs of the Liberal Party?

Hon. Glenn Thibeault: It's families, small businesses and farms that have been put first in this, giving them an average of a 25% reduction come summer—that's putting them first.

For low-income individuals, we've increased the OESP program by 50%, including more families and more individuals who qualify, putting them first. You know where they were in their plan, Mr. Speaker? The last page.

Not even mentioning First Nations—we are making sure we're helping First Nations. We're helping small businesses. We're helping farms.

When it comes to putting families first, when it comes to putting small businesses first and farms first, that is something we do. On the other side of the House, they put them on the last page and forget about them. We have no time to look at pie-in-the-sky ideas like they do. That's why we're acting by summer with 25%.

ONTARIO BUDGET

Mr. Arthur Potts: My question is to the Minister of Finance. A couple of weeks ago, the minister, in a speech to the Empire Club, confirmed that Ontario is one of the fastest-growing provinces in Canada and that our economy continues to outpace Canada and all other G7 nations. We have created almost 700,000 new jobs since the recession, and unemployment is at a 10-year low.

Speaker, these numbers are important. They show that we're on the right track. They show that we are prudent fiscal managers of Ontario's economy. Our government has taken a responsible approach to eliminating the deficit while continuing to invest in key public services. In my own riding of Beaches–East York, we are continuing to invest in critical new investments that will strengthen our community and other parts of Ontario.

Could the minister provide an update on our fiscal plan in advance of the 2017-18 budget?

Hon. Charles Sousa: I'd like to thank the member from Beaches–East York for the question. I am happy to formally announce that this Thursday, April 27, I will deliver the 2017-18 Ontario budget, and it will be a balanced budget.

When the global recession hit, we made a choice to invest in our economy while protecting vital public services like health care and education. Ontario met this challenge head-on. We made a decision to put Ontario first. Our government set a realistic and responsible approach to return to balance by 2017-18 and, this week, our government will deliver on that commitment.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Arthur Potts: That is incredibly great news, and I want to thank the Minister of Finance for his continuing excellent stewardship of our province's economy.

I know I speak for everyone when I say that we are anxiously awaiting the budget this Thursday because we know that a balanced budget means the government will no longer need to borrow to pay for its ongoing operating costs. It means that an important commitment we made in the 2014 election is being delivered on. It means a promise made has been a promise kept. We know that a strong economy, together with a balanced budget, is positioning Ontario for long-term fiscal sustainability.

In my own riding of Beaches–East York, we are already seeing the benefits of our government's increased fiscal flexibility. Would the minister then explain exactly what a balanced budget will mean for the province of Ontario and, particularly, what it will mean for my constituents in Beaches–East York?

Hon. Charles Sousa: Mr. Speaker, it's simple. The member from Beaches–East York noted a balanced budget means more money to invest in health care, education and things that matter most to the people of Ontario. We're no longer working to eliminate the deficit, but our principle remains the same: build Ontario up in a balanced way, to protect our economy, to promote jobs and security.

Because of our balanced budget, there will be new investments in public education, in child care, in transit and in business support. Because of our balanced approach, there will be more investments in health care as well.

The people of Ontario have worked hard to achieve a balanced budget and build a stronger Ontario. We're working with the people of Ontario.

ONTARIO BUDGET

Mr. Michael Harris: My question is to the Minister of Finance. Over a decade of Liberal budgets have meant that Waterloo region residents are working harder, but getting less, as provincial debt interest crowds out services and promised vital infrastructure improvements we all depend on. Patients in Waterloo region are waiting longer for vital procedures. All-day, two-way GO is now not the promised five, but another 10 years away, and promised high-speed rail has hit a speed bump.

From what I heard around the region last week, Liberal caucus members aren't the only ones airing frustrations about lacking Liberal leadership.

Speaker, I wrote the Minister of Finance to tell him that we can't afford to be left behind by yet another

Liberal budget. Will the minister commit today to immediately pay down the province's debt in his upcoming budget to move forward on service and infrastructure investments we require, or will he continue down a budget path that leaves us stuck in reverse?

Hon. Charles Sousa: Mr. Speaker, let's be clear what the member is asking. What the member and the Leader of the Opposition are asking, and what all of them are alluding to: They're asking us to invest more in education, invest more in public transit and invest more in hospitals. But they're asking us to actually do the opposite. They want us to cut our borrowings, all of which is going to do exactly what is going to make us competitive in the long term.

Our debt-to-GDP is strong, and it's improving over time. It actually outpaces—we are leading Canada, we're leading the United States and we're leading the G7 in our economic growth because of the investments that we're making.

The member opposite is asking us to actually make cuts to the very things that he's wanting us to invest in.

The Speaker (Hon. Dave Levac): Supplementary? The member from Haliburton–Kawartha Lakes–Brock.

Ms. Laurie Scott: My question is also to the Minister of Finance. Last week, I wrote to the minister, calling on him to address the real concerns of Ontarians in his budget and not his government's self-serving political priorities.

In my area, the cost of servicing the province's massive debt is hurting hard-working people. We've seen reduced access to health care, including overcrowded hospitals and wait-lists for long-term care that have grown to 4,500. Our communities have been hit by unwanted school closures like that of Lakefield secondary school. Businesses like Cedarvilla Holsteins have seen their hydro bills triple due to the ongoing hydro crisis.

The government's 2017 budget needs to address these failures in management that are making life harder for families in Haliburton–Kawartha Lakes–Brock and Peterborough. Can we expect the government to stop focusing on their own political pet projects and address the real concerns of Ontarians?

Hon. Charles Sousa: It astounds me that the member opposite is asking a question about investing in health care in her community, when we did. We increased it by 10% in her very community. It astounds me that the member opposite belongs to a party where their interest on debt represented 15% of their budget. Today, it's 8.9%. We've locked in a rate for 30 and 40 years so that we can minimize the volatility of interest rates and invest in the very things that they're asking for.

Mr. Speaker, they're sucking and blowing on this one.

The Speaker (Hon. Dave Levac): I would—

Interjection.

The Speaker (Hon. Dave Levac): That's not helpful either.

I would ask the member to temper his comments.

Hon. Charles Sousa: Should I withdraw, Speaker?

The Speaker (Hon. Dave Levac): I would like you to.

Hon. Charles Sousa: I withdraw, Mr. Speaker.

The Speaker (Hon. Dave Levac): I would ask all members to relax a little bit.

New question.

MENTAL HEALTH SERVICES

Ms. Peggy Sattler: My question is to the Acting Premier. Last week, London Health Sciences Centre mental health ER was at 146% capacity, with 18 patients waiting for beds. This was not an isolated spike. As this Liberal government knows, this has been the reality in London for years, yet the ministry continues to sit on a pilot project proposal that was submitted by my community last fall to allow ambulance transfer of non-acute mental health and addiction patients directly to the crisis centre instead of the hospital emergency room.

I understand that there was a meeting last week with ministry staff at which several options were discussed. What was not discussed was the pilot project proposal itself. What my community wants to know is: Is this pilot project on or off the table as a solution to the mental health crisis in London?

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Hon. Deborah Matthews: To the Minister of Health and Long-Term Care.

Hon. Eric Hoskins: Well, Mr. Speaker, we love the pilot project; we just want to support it without breaking the law.

Earlier this year, we put together a proposal, which was rejected by the local community, that if the centre came under the corporate structure of the hospital, we would be able to implement that pilot project immediately.

I know that, later this week, the member opposite will be briefed by my ministry on all options within existing legislative opportunities on how we might proceed with what we all agree is an important project that needs to be further supported.

I'd remind the member opposite that it was this government, two years ago I believe, that invested $1.2 million to create the crisis centre that she is talking about in the first place. We're committed to it. We've demonstrated our commitment, and we're continuing to work with that centre and the LHIN.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Peggy Sattler: Again to the Acting Premier: As the capacity crisis at the hospital keeps getting worse, patients are suffering more, off-load delays are getting longer and the costs associated with the ambulances having to wait at the hospital are increasing. The pilot project could divert as many as 3,000 people a year from the hospital ER, generating savings of $2.5 million. Instead of waiting six hours or more to be seen at the hospital, a patient could access care at the crisis centre in as little as 20 minutes.

This pilot project could be in place within a month, providing an immediate solution to ease some of the pressure on the hospital ER. Will this Liberal government

commit to doing whatever is necessary to allow the pilot project to proceed?

Hon. Eric Hoskins: There's no argument in terms of the value of what is being proposed. However, the regulatory fix that the member opposite has promulgated just doesn't work within the confines of the existing legislation. Were we to take a legislative approach, it could take many months for that process to reach its conclusion.

However, I asked the ministry to brief me on this issue last week. They did. I then asked for them, when several suggestions for promoting it had come forward, to brief the proponents in the field, together with the LHIN. They're doing that this week. The member opposite is being briefed tomorrow. I'm confident, if we work in a participatory way without thinking that there's some quick fix to this, particularly given the absence of workable ideas that she's brought forward, that we can actually support this.

ARTIFICIAL INTELLIGENCE

Mr. Han Dong: My question is to the Minister of Research, Innovation and Science. All over the globe, developed economies are starting to embrace new technologies that will transform many of our most important business sectors. A number of these new technologies are remarkable sectors that have the potential for incredible growth. One area that comes to mind is artificial intelligence, a powerful resource that Ontario is a competitive leader in. If artificial intelligence can be managed properly, it has the incredible potential to keep Ontario firms globally competitive.

Can the minister tell the members of this House how he is ensuring businesses in Ontario will stay ahead in the innovation economy in regard to AI?

Hon. Reza Moridi: I want to thank the member from Trinity–Spadina for that very good question. The member is absolutely right: Artificial intelligence is quickly becoming a business sector capable of massive expansion.

It is my honour to inform the House of the recent announcement on the creation of the Vector Institute. Supported by an investment of $50 million from our government, backed by the federal government and with over 25 private sector investors, we are certain this institute is the first step towards encouraging Ontario as a leader in artificial intelligence. The Vector Institute will collaborate with industry partners from sectors such as health care, banking, accounting, insurance, retail and telecommunications. The opportunities are limitless.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Han Dong: I want to thank the minister for his response. It's great to hear that our government is investing in the tools and resources Ontario firms need to remain globally competitive. It's more important than ever that this government take these steps to stay ahead when it comes to research and development of experimental technologies. Investments like these will help diversify our economy and create the jobs of the future that will be increasingly in demand.

Could the minister please speak a little more about this exciting initiative and how his ministry expects the Vector Institute to improve AI in Ontario?

Hon. Reza Moridi: Again, I want to thank the member from Trinity–Spadina for that question.

Staying ahead of the competition in a world of great economic change requires us to work harder and to work smarter. Artificial intelligence can help us do that. The Vector Institute will help coordinate Ontario's existing artificial intelligence resources, direct investment for research and development, and create highly skilled jobs. An institute of this calibre will attract top artificial intelligence researchers from all over the world, as well as keep homegrown Ontario talent right here in the province of Ontario.

Through the Vector Institute, we will be able to provide Ontario businesses with made-in-Ontario AI tools and to promote the exportation of Ontario technology worldwide.

ONTARIO BUDGET

Mr. Jeff Yurek: My question is to the Minister of Finance. I, too, wrote to the minister last week. People across London and southwestern Ontario are struggling. They're working harder and paying more, but falling further behind.

The province's debt continues to cause staffing and service cuts to London Health Sciences Centre and St. Joseph's Hospital. The hydro crisis has caused businesses like North Star Ice to see their hydro bills increase by 50% in two years. And, after 14 years of scandal, waste and mismanagement, we've created a fast-tracking of school closures, which is gutting rural Ontario, in the Thames Valley District School Board region.

We need a firm commitment from this Liberal government, not pre-election propaganda such as the high-speed rail project promised in 2014, which they have since backtracked on.

Will the Minister of Finance commit to the people of London and southwestern Ontario and include their needs, that I have outlined, in this year's budget?

Hon. Charles Sousa: Mr. Budget—

Interjection: Mr. Budget?

Hon. Charles Sousa: Mr. Speaker.

Interjections.

Hon. Charles Sousa: This budget will speak to the needs of London, Ontario. It will speak to the needs of the people in Windsor, and from Windsor all the way to Kenora, all the way to Cornwall, all the way to Kapuskasing, Thunder Bay, North Bay and everywhere in between.

It's about investing in the people of Ontario. It's about investing in hospitals, investing in education and investing in schools. It's not about cutting, as has been proposed by the member opposite in the past. This is about investing to stimulate growth.

We have over 700,000 net new jobs in the depths of the recession. That's not by accident; that's because we invested.

We believe in Ontarians, and we will continue to support them.

The Speaker (Hon. Dave Levac): Supplementary? The member from Chatham–Kent–Essex.

Mr. Rick Nicholls: My question is to the Minister of Finance. I have written to the minister as well.

Massive cap-and-trade costs are causing havoc in the greenhouse industry that is so vital to my riding of Chatham–Kent–Essex.

Gerry Mastronardi, owner of TG and G Mastronardi greenhouses, has said that his family business will be lucky to survive, after their natural gas bills were doubled by the Wynne government.

Matt Marchand, president of the Windsor-Essex Regional Chamber of Commerce, noted that the result of this scheme is that we're going to export jobs into other jurisdictions, like Ohio, and import their pollution.

Minister, your government's cap-and-trade scheme is ludicrous. To prove this, Carl Mastronardi of Sunrite Greenhouses said that he would have paid less in government fees, had he not installed $2-million worth of energy-saving curtains in his greenhouses. His company could have qualified for savings that are available to larger natural gas users. He said there's no incentive to save energy.

The only green this government is concerned about is money, not the environment. Will the Liberals stop the cash grab and make cap-and-trade revenue-neutral?

Hon. Charles Sousa: Despite the challenges that we've had in our economy as we have got out of and recovered from the recession, we have invested.

The agri-food industry and agri-food processing—we are proud in this country for the tremendous amount of GDP that agriculture brings to Ontario. We invested $19 million just in the greenhouse industry.

We know we lead in foreign direct investment in this province, among all other jurisdictions. Again, it's not by accident; it's because of our encouragement for that economic activity. We'll continue to support, and we'll continue to invest.

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The member opposite makes reference to the fact that jobs are important. They're critically important. That's why we have to embrace the new economy. He's turning his back on that new economy. He doesn't want to go to clean tech. He wants to actually turn around and put his head in the sand.

As the rest of the world leads, Ontario will always lead, Mr. Speaker.

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. Order.

New question.

HOSPITAL FUNDING

Ms. Andrea Horwath: My question is for the Acting Premier. Jamie-Lee Ball is a young woman who found herself in excruciating pain. She was suffering from internal bleeding and complications from surgery, so she went to the emergency room at Brampton Civic Hospital to get some help. But instead of getting a hospital bed, Jamie-Lee was put on a stretcher in a hallway. She was labelled "Hallway Patient Number 1" and she spent five long days and nights waiting for a real hospital bed.

Why does this Liberal government think that hallway medicine is good enough for Jamie-Lee and other patients in Brampton?

Hon. Deborah Matthews: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: I appreciate the leader of the third party raising this. It had been raised earlier in the Legislature as well, and at that time I was able to express my deep concern, and certainly my sympathy and empathy, for this young woman. It's not acceptable that an individual should have to spend that length of time under those conditions. I know that the hospital also is extremely concerned about it and working on the issue, and working with the family as well.

It's important that we find ways, as we increase our investments to hospitals—including significant increases over the last year to the Brampton Civic and the associated hospitals, in the order of $25 million in new funds last year—that we find those solutions so that unfortunate, unacceptable situations like this do not happen in the future.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Andrea Horwath: Speaker, they don't want sympathy. They want change. That's what they want. This government has starved hospitals for years in this province. That's why we're in such a crisis.

Ontario's hospitals have been pushed to the breaking point by this minister and by this government. Hospitals are seriously overcrowded. Surgeries are being cancelled. Patients like Jamie-Lee in Brampton are being forced to spend days, in a situation of complete indignity, in hospital hallways on stretchers.

According to officials at Brampton Civic, the new Peel Memorial actually reduced patient volume for about 10 days—10 days. But now, the civic hospital is back to severe overcrowding that is putting patients in Brampton into hallway medicine, when they deserve so much better.

When will this Liberal government stop the cuts to hospitals, admit that they've created a gridlock crisis and do something about it?

Hon. Eric Hoskins: The member opposite knows that the Peel region is one of the fastest-growing parts of this country. That's why we're responding with the level of funding that we are. For the William Osler Health System, that Brampton Civic is part of, we actually increased their funding last year by 6.5%, or more than $30 million, so that they would be able to address the increased capacity, the volume issues, that they're seeing.

I was very proud to be with the Premier a couple of weeks ago at Peel Memorial. The member opposite seems to discount the importance of that centre to the community population. An incredible facility, the Peel

Memorial wellness centre—which we opened just a couple of weeks ago—is providing a whole myriad of services: cataract surgery, emergency care, a whole set of comprehensive outpatient care.

We know, from talking directly with the patients, the clients and the staff, that that is making a tremendous difference in the region.

INTERNATIONAL TRADE

Ms. Ann Hoggarth: My question is to the Minister of International Trade. As the trade landscape around the world is in constant motion, it is important that Ontario continues to position itself in a way that leverages the strength of our growing sectors.

The minister has long emphasized the importance of diversification in both the markets that we trade and the sectors we promote within those markets.

In the past year, Ontario has conducted a host of successful trade missions to countries like India, South Korea and Japan, promoting sectors spanning from agri-food and financial tech to ICT and clean tech.

Given the success of these missions, I was excited to hear that last week the minister led a mission to China, a priority market for Ontario's exports.

Speaker, can the minister please tell us about the important relationship that Ontario has with China and how businesses and workers stand to benefit from these relationship-building efforts?

Hon. Michael Chan: Thank you for the question, and I want to thank the honourable member from Barrie for asking it. Our future economic growth relies on our ability to compete globally, and that's a fact. China is Ontario's second-largest trading partner. From 2012 to 2016, two-way trade between Ontario and China has increased by a whopping 35%.

The purpose of my latest mission to China was to support Ontario companies in signing new business agreements, strengthening trade and economic partnerships and encouraging investment in Ontario. Expanding the reach of Ontario exporters by connecting them to foreign buyers allows for Ontario-made innovative goods and services to get the exposure they deserve.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Ann Hoggarth: As jurisdictions around the globe aggressively promote their economies on the world business stage, it is reassuring to know that Ontario has taken the steps necessary to not only compete globally, but to lead the charge. It is encouraging to know that our government has made strides in making exporting easier for Ontario's up-and-coming businesses.

As the minister has mentioned, the relationship between Ontario and China in regard to trade and investment is growing yearly. However, it is important to note that developing lasting global partnerships is not something that can be done overnight. It requires regular and meaningful interaction over multiple meetings to develop the kinds of relationships that see significant economic returns.

Speaker, through you to the minister: Can the minister speak to the inroads made by Ontario companies in China?

Hon. Michael Chan: Speaker, thank you for the opportunity again. The member from Barrie is correct: We have made significant inroads in making exporting easier for everyday Ontarians. Last week, in Guangzhou, a city in southern China, I witnessed the signing of an agreement between Ontario-based OTT Financial and Tencent's WeChat Payment. The signing creates an immediate and instant connection between Canadian merchants and Chinese customers, bringing our jurisdictions closer through tourism and trade.

As the mission moved to Shanghai and Jiangsu province I had the privilege of speaking at the official launch of United Power, a company that uses Ontario technology to produce materials and parts for EV batteries. Seeing Ontario companies make connections and partnerships that will help them scale up and succeed in global markets is a testament to this government's commitment to position Ontarians for the economy of the future.

ONTARIO BUDGET

Mr. Lorne Coe: My question is for the Minister of Finance, who I also wrote to last week.

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. Member from Beaches–East York, come to order.

Carry on.

Mr. Lorne Coe: Thank you, Speaker. Due to this Liberal government's reckless financial policies, hard-working families in the region of Durham are struggling. Interest payments on the government's massive debt are crowding out funding for public services, particularly patient care at Lakeridge Health and the Ontario Shores mental health centre. Local businesses are closing their doors due to the excessive hydro costs, as well as the government's cap-and-trade tax-grab scheme. As well, Epsom Public School in Scugog and Thorah Central Public School in Brock are being considered for closure to balance the government's budget.

Speaker, when will this minister address Ontario's massive debt and stop balancing the budget on the backs of hard-working families in the region of Durham?

Hon. Charles Sousa: Speaker, I think it's the last question of the day in this respect. Here is the gist of all of their letter campaigns in a nutshell. They're saying this: "Give me more money in my community. Pay for my hospital. Cut everywhere else."

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That is not what we're doing. We represent all of Ontario on this side of the House. We're taking a balanced approach that ensures that every community benefits from the prosperity of our—

Interjection.

The Speaker (Hon. Dave Levac): The member from Renfrew–Nipissing–Pembroke could actually get himself warned if he carries on like that again, if not named.

Wrap up, please.

Hon. Charles Sousa: I'll wait for the supplementary, Mr. Speaker.

The Speaker (Hon. Dave Levac): Supplementary? The member from Thornhill.

Mrs. Gila Martow: Our Ontario school boards are forced to make unpopular decisions because they need every dollar they can find to fund special needs.

In the suburbs north of Toronto, schools such as Our Lady of Peace in Maple are being shut down, even though they are 90% full. Stornoway Crescent Public School in Thornhill is being considered for closure, even though the community is shut off from all other schools by major thoroughfares.

Four out of five school boards are spending more on special needs than they are getting. This is at the expense of other programming. Will the minister please tell us what his new budget will do to help our schools properly fund special needs programming?

Hon. Charles Sousa: Mr. Speaker, let's be clear: We're balancing the budget, and because we're balancing the budget, we're investing more. We're building more new schools. We're investing more front line. We're supporting more individuals, people and students, especially those with disabilities and learning disabilities. We're taking leadership in this respect. Furthermore, we are investing in and supporting rural Ontario. We've provided predictable funding throughout the past four years, more so than ever before.

We recognize the importance of all of Ontario as we move forward, not just any one particular community.

HEALTH CARE

Ms. Teresa J. Armstrong: My question is to the Acting Premier. The Ontario Association of Non-Profit Homes and Services for Seniors and the Ontario Community Support Association have asked you to protect public health care. Instead, you dropped the requirement that only not-for-profit organizations are eligible for provincial funding to provide community support services.

Minister, you know that privatization costs more, has less oversight, and ultimately Ontario families pay the price. The Wynne government didn't have a mandate to privatize Hydro One and the Wynne government doesn't have a mandate to privatize our public health care system either.

Acting Premier, will you protect Ontario seniors so they shouldn't have to empty their wallets to get the community supports they need? What will it take for the Wynne Liberals to stop public health care dollars from going to profit?

Hon. Deborah Matthews: To the Minister of Health and Long-Term Care.

Hon. Eric Hoskins: We've been listening to our stakeholders as we moved through the implementation of the Patients First Act. It's critically important, the advice that they provide, the experience that they give. That's why today, I wrote a letter to all LHINs across the province, asking them—because we're not making any changes; we're actually maintaining the status quo, and that was important to all parties. But in the interim, as we further consult with all stakeholders over the next several months, I've asked our LHINs not to engage in any new contracts with new community care providers. In fact, I've requested that they implement a moratorium so we can have this consultation. We'll have the consultation with all of our stakeholders to find out the results of that—

Interjection.

The Speaker (Hon. Dave Levac): The member from London–Fanshawe—you asked the question.

Interjection.

The Speaker (Hon. Dave Levac): No, no. It's over.

SPECIAL REPORT, OMBUDSMAN

The Speaker (Hon. Dave Levac): I beg to inform the House that the following report was tabled: The report from the Ombudsman of Ontario concerning an investigation of the Ministry of Community Safety and Correctional Services.

ORDER OF BUSINESS

Hon. Yasir Naqvi: Point of order, Speaker.

The Speaker (Hon. Dave Levac): Point of order, the government House leader.

Hon. Yasir Naqvi: I believe you will find that we have unanimous consent to move a motion without notice regarding Yad Vashem.

The Speaker (Hon. Dave Levac): The government House leader is seeking unanimous consent to put forward a motion without notice. Do we agree? Agreed.

Government House leader.

Hon. Yasir Naqvi: I move that, following the routine proceeding members' statements today, Monday, April 24, 2017, up to five minutes be allotted to each caucus to speak to recognize Yad Vashem, at the end of which the member for Thornhill will recite a prayer in ancient Hebrew.

The Speaker (Hon. Dave Levac): Mr. Naqvi moves that, following the routine proceeding members' statements today, Monday, April 24, 2017, up to five minutes be allotted for each caucus to speak to recognize Yad Vashem, at the end of which the member for Thornhill will recite a prayer in ancient Hebrew. Do we agree? Agreed.

VISITORS
VISITEURS

The Speaker (Hon. Dave Levac): The Ministry of Community Safety on a point of order.

Hon. Marie-France Lalonde: Thank you, Mr. Speaker. I beg your forgiveness. On behalf of the Ottawa caucus—au nom du caucus d'Ottawa, j'aimerais reconnaître la présence, here in this Legislature in the

east gallery, of Michael Crockatt, the president and CEO of Ottawa Tourism. Welcome, Michael. Bienvenue.

The Speaker (Hon. Dave Levac): The member from Renfrew–Nipissing–Pembroke on a point of order.

Mr. John Yakabuski: Yes, thank you, Speaker. It's not a point of order, but I'd like to wish my granddaughter, Lilli Coburn, a happy fifth birthday today.

The Speaker (Hon. Dave Levac): It is not a point of order, but you'd better have done it.

The Minister of Tourism, Culture and Sport on a point of order.

Hon. Eleanor McMahon: Thank you, Speaker. I'd like to welcome to Queen's Park today members of the Tourism Industry Association of Ontario. In fact, 15 members are in the House joining us today, including Beth Potter, the CEO; Johanne Bélanger, the president and CEO of Tourism Toronto; and several board members.

I'd like to invite all members of the House to join us at a reception this evening in rooms 228 and 230.

The Speaker (Hon. Dave Levac): The member from Brampton–Springdale on a point of order.

Ms. Harinder Malhi: Thank you, Mr. Speaker. I'd also like to make an introduction. We have a group of grade 9 and 10 students here visiting us from India today: Vijay Singh Dhanda, Rushal Bansal, Paramnoor Singh Harpalpur, Prabhsimran Birdi, Moksh Gupta, Vijay Singh Sidhu and Deep Satra, and their coordinators, Rajesh Bhatia and Sangita Malik, as well as our local coordinator, the president and CEO of CIAS, Ms. Gursharan Kandra.

Also, my good friend, Ninder Thind, is here supporting her son today, who is a page.

The Speaker (Hon. Dave Levac): The member from Simcoe–Grey on a point of order.

Mr. Jim Wilson: Yes, Mr. Speaker. Totally against her wishes, on behalf of all members of the House, I'd like to wish the member for Dufferin–Caledon a happy birthday. I'm not sure what number it is, Mr. Speaker.

The Speaker (Hon. Dave Levac): That's a good wish, and also a very smart move.

There are no deferred votes. This House stands recessed till 1 p.m. this afternoon.

The House recessed from 1147 to 1300.

INTRODUCTION OF VISITORS

Mrs. Julia Munro: I'm very pleased to be able to have many representatives of STORM, Save the Oak Ridges Moraine—Debbie Crandall—joining us today, as well as a long list of supporters of the Oak Ridges moraine: Kevin O'Connor, Gloria Reszler, Susan Binnie, Susan Walmer, Josh Garfinkel, Joyce Chau, Josh Wise, Amber Ellis, Felix Whitton, Shelley Petrie, Lauren McVittie, Cindy Sutch, Graham Whitelaw, Klaus Wehrenberg, Joseph O'Neill, Michele Donnelly, Art Weis, Erin Shapero, Susan Swail, Ruth Hunt, Richard Hunt, Robert Messervey, John Hassell and Kathy Mills.

Mrs. Cristina Martins: It gives me great pleasure to welcome everyone here in the galleries today for this occasion where we're going to be remembering those who perished in the Yad Vashem. In particular, I want to introduce the Consul General of Israel, who's joining us here today: Ms. Galit Baram. Welcome.

The Speaker (Hon. Dave Levac): Welcome.

Further introductions?

Hon. Chris Ballard: I would like to recognize a couple of constituents from my riding of Newmarket–Aurora. We have Klaus Weinberg, who is here, and Susan Walmer, who is here. Thank you very much for being here today.

Mr. Toby Barrett: There's a reception paying tribute to Holocaust survivors. I wish to introduce and pay tribute to Mrs. Gelbard and her son, Richard Gelbard.

The Speaker (Hon. Dave Levac): Welcome.

MEMBERS' STATEMENTS

RAIL SAFETY

Mr. Monte McNaughton: This is Rail Safety Week. Every year, this week serves as an important reminder for both pedestrians and motorists to be aware and vigilant around railway tracks, especially at crossings.

Our railways are critical infrastructure and an important part of our history, but unfortunately more than 100 deaths or serious injuries occur each year in Canada as a result of collisions or trespassing incidents. Whether you're on foot, in a car, on a bike or a snowmobile, a collision with a train will not end well, so education and mindfulness about rail safety are critical for everyone.

In my riding of Lambton–Kent–Middlesex, there are, I believe, more unprotected level crossings of the CN and CP main lines than anywhere else in Ontario. Unprotected crossings do not have barriers or lights and bells where rural roads meet railway lines, a situation that can be made even more dangerous at times when brush may be high, blocking sightlines.

Tragically, there have been a number of fatalities at these crossings in Lambton–Kent–Middlesex in recent years, which is why I also urge all levels of government to be aware of the danger of inadequate sightlines at crossing as they develop and maintain properties along rail lines.

Trains today are quite quiet and are often moving much more quickly than they appear to be from a distance. Remember: Always obey railway signs and signals, and be vigilant at unprotected crossings and along tracks.

TENANT PROTECTION

Mr. Peter Tabuns: Last week, the Liberals announced a number of changes to rent control legislation in this province. Unfortunately, there was no mention of a very large loophole in the legislation, and that's called vacancy decontrol.

In my riding, tenants report that they deal with landlords who cut services, consistently push for above-guideline rent increases, and carry on incredibly disruptive construction as a way of demoralizing tenants, discouraging them and getting them to move out. Unfortunately, those tactics are successful. They do happen, and people see units that friends and family lived in being rented out to a new person at 30% to 40% above what they were paying previously. This is a huge loophole, one which, if not closed, will result in more and more tenants being pushed out as landlords see the opportunity to cash in on the real estate bonanza that's going on in the GTA.

Tenants worked very hard. They pushed very hard to get protection. They were able to push the Liberals to move some distance, but this loophole still has to be dealt with. This fight is not over. Tenants need the law changed so that their homes will be secure and so they won't be driven out just so that someone can make a killing.

GRANDVIEW CHILDREN'S CENTRE

Mr. Granville Anderson: Last Friday, I had the pleasure of visiting Grandview Children's Centre, located in Oshawa. While I have visited there many times before, this visit was extra special, because I had the opportunity to meet with five mothers whose children attended Grandview Children's Centre. Each parent had a different story to tell of how Grandview helps with their child's development and unique needs.

Grandview Children's Centre is the only children's treatment centre in Durham region that provides specialized programs, outpatient clinical treatment, and support to thousands of children and youth with special needs and their families. Two of Grandview's satellite locations are located in my riding of Durham, and I see first-hand the great work that is being done to support our children. In fact, Grandview Children's Centre has repeatedly stressed how they want to do more but can't due to space constraints.

I'm pleased that the Minister of Children and Youth Services is committed to making Grandview's capital requests one of their top priorities. It is my hope that the five parents whom I met and the many other parents like them will soon see a larger Grandview for their deserving children.

I'd like to thank the Grandview staff at the children's centre for all that they do in our community, as well as their families for their ongoing commitment and dedication to their children.

ARMENIAN GENOCIDE ANNIVERSARY

Mr. Michael Harris: Today, I rise on behalf of our leader, Patrick Brown, of the Ontario PC caucus, to speak to again recognize the very tragic day of remembrance for the Armenian community. April 24, 2017, is the 102nd anniversary of a horrifying eight-year period of systematic deportation and mass extermination of Armenians by the Turkish government at the time.

Beginning with the arrest and murder of many prominent members of the Armenian community, this genocide saw 1.5 million Armenians die through state-sanctioned action that included forced conscriptions and deportation death marches toward the Syrian desert. Men, women, children and the elderly—none were spared by what has been recognized as an attempt to exterminate Armenians in Turkey.

To date, over 28 nations have publicly acknowledged the genocide. Even today, more and more evidence of this terrible crime is uncovered. Just last week, a Turkish historian working out of the USA deciphered Turkish government telegrams providing details on the deportation and murder of Armenians in eastern Turkey. Despite constant denials and refusals from some camps to characterize these actions as genocide, we will continue to recognize and remember these events for exactly what they were.

I stand in solidarity with the Armenian community in commemoration today as we ensure these heinous acts are not forgotten, and we continue to push all governments to acknowledge the genocide so that meaningful reconciliation can occur. I know yesterday, the Armenian communities here in Toronto as well as Cambridge held services. I, again, on behalf of our leader, Patrick Brown, and the Ontario PC caucus, want to recognize what is now the 102nd anniversary of this horrific act.

HAMILTON COMMUNITY FOOD CENTRE

Miss Monique Taylor: I have spoken a number of times in this chamber about the importance of healthy food. Last Friday, I had the great privilege to attend the grand opening of the Hamilton Community Food Centre on Hamilton Mountain. This is a project of our Neighbour to Neighbour Centre, partnering with Community Food Centres Canada. I have to tell you, this is a fantastic addition to our community.

Neighbour to Neighbour plays a vital role serving my constituents. Over the years, they have expanded to provide a number of services that support those in need. Our community food centre is a welcoming and safe space, offering food-based programs that bring everyone together to grow, cook, share and advocate for good food.

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People can take advantage of the after-school program. They can drop in for the global roots lunch or a family dinner. They can get fresh, affordable and nutritious fruits and vegetables offered every week at the good food market and café. The centre also offers a language exchange program and an intercultural community kitchen, as well as support and training advocacy and community action.

The Hamilton Community Food Centre has been two years in the making. It has received support from the Ontario Trillium Foundation and many other contributors. I'm delighted to see the results of that work. It will

be such an improvement and such a great hub on Hamilton Mountain that will play a huge part in our lives.

I want to offer my congratulations and thanks to Neighbour to Neighbour's executive director, Denise Arkell, her dedicated staff, and the hundreds of volunteers who do so much to make our community a better place.

FINANCIAL LITERACY

Mr. Yvan Baker: I rise today to speak about the importance of financial literacy. Teaching financial literacy is so important because it allows people to make the most of their money. It allows them to do important things in life, like go to university or college, to buy a home, to retire or to support their families.

Teaching financial literacy at a young age is that much more important, and that is why I have been an advocate, along with many of my colleagues, to make sure that we do more to teach financial literacy to young people in Ontario. That is why I'm so proud that our government is introducing financial literacy pilot programs in civics classes at 20 high schools across the province, a really important step in that regard.

Recently, I had the opportunity to participate in two great events that do just that—teach young people about financial literacy—that welcomed students from my riding of Etobicoke Centre, but also from across the GTA. For the second time now, I joined the Jr. Economic Club of Canada for their A Day on Bay, where students had the chance to ask me anything about financial literacy. Like in November, when I took part in my first A Day on Bay, I was once again impressed by the curiosity and passion of young students to learn about how to manage their money. I was also thrilled to speak at the Talk With Our Kids About Money event hosted by the Canadian Foundation for Economic Education two weeks ago. I was particularly proud of the first- and second-place winners, as they were from Hilltop Middle School in my riding of Etobicoke Centre.

At both these events, I saw students who were excited to learn about financial literacy and how to manage their money better. Seeing this reminded me of the importance of financial literacy and reminded me that our future is indeed bright.

OAK RIDGES MORAINE

Mrs. Julia Munro: It is my pleasure to rise today to acknowledge an important milestone that has had a long-lasting impact on the protection and conservation of our important natural heritage and water resources in southern Ontario. This weekend was the 15th anniversary of the Oak Ridges Moraine Conservation Plan. I am pleased, as a long-standing member of this House, to have been here on December 13, 2001, when the Oak Ridges Moraine Conservation Act received third reading by an all-party unanimous vote.

The Oak Ridges moraine, alongside the Niagara Escarpment, is one of the most significant landform features in southern Ontario. As the headwaters to over 65 river and stream systems and the drinking water supply for over 250,000 people, our government acknowledged that it was time to bring people together to come up with a long-term solution to protect the moraine and its important natural heritage and vital water resources.

In 2000, our Progressive Conservative government of the day announced that a $15-million fund would be established, which led to the creation of the Oak Ridges Moraine Foundation. The foundation has provided essential support to many, many groups. I had the opportunity to introduce visitors today, but we have many more who are unable to join us.

On behalf of the countless numbers of community groups and individuals, I'd like to say thank you. To my colleagues in this House, I urge you to continue to build on the legacy laid down by our government 15 years ago.

ARMENIAN GENOCIDE ANNIVERSARY

Ms. Soo Wong: I rise today in solidarity with the Armenian community here in Ontario and across Canada to recognize the 102nd anniversary of the Armenian genocide. This occasion is an opportunity for us to come together in reflection and to strengthen our resolve to reject intolerance and hatred in all of its forms.

On this very day 102 years ago, troops from the Ottoman empire were dispatched to massacre and remove Armenians from their homes. These innocent people were violently displaced from their communities and many were subject to torture, abuse and starvation. In all, it is estimated that 1.5 million Armenians were massacred during the genocide.

Despite this great tragedy, the Armenian people remained resilient, and many managed to escape this attack against their communities to find homes across the world. In my own riding of Scarborough–Agincourt, we witness the strength and determination of the Armenian Canadian community here in Ontario. Just yesterday, Minister Coteau and I attended the annual Armenian genocide commemorative event hosted by the Armenian National Committee of Toronto. This event not only allowed us to bear witness to the tragedy that struck the Armenian people between 1915 and 1923; it also enabled us to reflect, to remember and to celebrate the contributions of Armenian Canadians to Ontario.

The Armenian Community Centre, where the commemorative events were held, has been seen as a hub for Toronto's thriving Armenian community since it was established in the 1960s. The people of Scarborough–Agincourt, Mr. Speaker, actually receive many, many supports from this exceptional hub.

On behalf of the Legislature, I would like to thank the Armenian community for reminding us of the significance of recognizing this past tragedy. As we celebrate Ontario150, we must keep in mind the importance of education on atrocities such as the Armenian genocide so that we may work towards shaping a more peaceful future and remain steadfast in creating a more just world.

FISCAL RESPONSIBILITY

Mr. Toby Barrett: Last year, Ontario became the first province in Canada to rack up over $300 billion in debt. Worse yet, there are plans to add more debt in the future, with no plans to cut taxes. To paraphrase a famous quote from Ben Franklin, in today's Ontario, nothing can be certain except death, debt and taxes.

This government is mortgaging the future of a generation that really doesn't have a running start due to fiscal mismanagement. It's not only our children, but our grandchildren and future generations who will be burdened with paying off government debt through ever-increasing taxes.

Last week's housing tax is no surprise, as the government solution to any problem seems to consist of taxes, taxes, taxes and more taxes. This housing tax will do nothing to address housing supply and the shortage of residential land.

I do question how many new taxes, like this housing tax, we have seen over the past 13 years of present government rule, and how many tax hikes have we seen under both Kathleen and Dalton, the debt doublers?

The Speaker (Hon. Dave Levac): I thank all members for their statements.

YAD VASHEM

The Speaker (Hon. Dave Levac): Pursuant to the order of the House earlier today under unanimous consent, I will now recognize three members, one from each party, to speak for up to five minutes to recognize Yad Vashem.

I will now turn to the member from Thornhill.

Mrs. Gila Martow: I want to first state that we remember, here on this side of the House, Ted Chudleigh. He was the former member for Halton. He passed Bill 66 in 1998: An Act to proclaim Holocaust Memorial Day–Yom ha-Shoah in Ontario. We want to thank him for his great work.

It's an honour and a privilege to rise each year and to speak before our distinguished guests. We have Galit Baram from the Israeli consulate here in Toronto, as well as many of the board members from the Yad Vashem society and Holocaust survivors, their family, their friends, and good friends of my family, Jocelyn and Jerry Cooper from my riding of Thornhill. Thank you for being here.

There is a movie out in the theatres now called The Zookeeper's Wife. It's based on a non-fiction book written by a poet and naturalist, Diane Ackerman. She's drawing on the unpublished diary of Antonina Żabińska. It recounts the true story of how she and her husband, Jan Żabiński, director of the Warsaw zoo, saved the lives of 300 Jews who had been imprisoned in the Warsaw ghetto following the German invasion of Poland on September 1, 1939.

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Basically, what happened was that the zoo had been bombed and damaged, and many of the animals were killed. This family with their son were obviously not Jewish, but they were fighting with the resistance against the Nazi occupation of Poland. What they began to do is, covertly, they began working with the resistance and bringing Jews who were trying to hide from the Nazis temporarily into the zoo. I haven't seen the movie yet, but I wanted to speak about it today because I want to encourage people to understand that there were many what Yad Vashem terms Righteous Among the Nations, who helped Jews escape and who saved Jewish lives. We always remember them on this day while we mourn those who were slaughtered.

I think it's an interesting story for a lot of reasons—because they had sympathy for animals, and I like to feel that that translates into their sympathy for human beings. They even gave names of animals to the Jewish families that they were hiding. One family was called the squirrels, and things like that. They couldn't keep it up for very long, for the simple reason that they had staff that came during the day who were suspicious about why so much food was being consumed. You could see all the challenges they faced. Their own lives were in danger. In fact, they were punished for what they had done. The story revolves around the fact that she was a very established piano player, and there was a certain song which all the Jews knew meant "go into hiding" if she played that song. She played a different song when it was safe to come out. So we see the resistance that people have—how strong we can be in the face of adversity. I think that that is the message from the Holocaust.

We've also heard many statements today about the Armenian genocide. There are many in the Jewish community who feel that the Armenian genocide encouraged the Nazis to have their own genocide against the Jews. They felt, "Wow. The world didn't care," so they felt very comfortable with what they were doing. Just yesterday, as I believe one of the members mentioned, there was an article in the Toronto Star about a professor who's finding more data on the Armenian genocide. We keep uncovering, unfortunately, more data on the Holocaust as well.

I just want to say that Yad Vashem is an organization as well as a memorial in Israel and, with their beautiful garden, a testament to the Righteous Among the Nations. It's a museum that's—you really have to spend a whole day there, and even then, you haven't touched on all the displays and everything there is to learn and to witness.

It's difficult, but it's important that we not just remember the horrific things that were done to those in the Jewish community, but that we try our best to ensure that this doesn't keep continuing. Unfortunately, Mr. Speaker, we see what's going on in Syria. We saw what went on in Rwanda. It's very heartbreaking for people who went through the Holocaust to wake up in the morning and see that the world isn't perfect—still. After everything that they suffered, I think they really thought, "Well, at least now the world will understand anti-Semitism and understand genocide." Unfortunately, that's not the case.

The Speaker (Hon. Dave Levac): Further responses?

Ms. Cheri DiNovo: Welcome to our distinguished guests, members of the Yad Vashem society and to the consul general. Welcome to Queen's Park.

I usually say, when I stand up, that it's a privilege to rise in the House, but today I'm going to say something different: It's a duty to rise in this House. It's a duty because I'm not Jewish; I'm gentile. It's a duty because I'm a Christian minister. It's a duty because I'm an elected member of a Canadian government. And it's a duty to say, among other things, "Mea culpa, mea maxima culpa—my sin, my most grievous sin," to quote a Christian Latin phrase, because there's lots to be sorry for.

First of all, our history in Canada: Right now, there are eight times more hate crimes against Jews than any other group. That's right now, according to Stats Canada. My father regaled me with stories about anti-Semitism as I was growing up, and one of them was, during his lifetime, in the Beach, on the boardwalk, a sign that said, "No Jews, no dogs."

In my own riding, in Sunnyside, just by the lake, there's Sunnyside pool, which everyone knows in my community. It had signs up where Jews were only allowed to swim at certain hours during the day.

We've had Prime Ministers, we've had Premiers, we've had elected members from all parties who have uttered anti-Semitic remarks in the House over the history of our country.

This was not a fringe aspect of Canadian society; this has been a part of Canadian society, and it's one we have to acknowledge.

And certainly, we see it now. We see it in this last year, with bomb threats at the JCC not too far from here, with swastikas painted on people's doors, and with a barrage of online hatred.

As a Christian minister, of course, I have a lot to apologize for too. In the history of the church, during Nazi times very, very few Christians actually stood up to Hitler. Most churches had swastika flags and had Nazis worshipping in their communities. There was a small minority of Christians who stood up, who were the Righteous Among the Nations: people like Dietrich Bonhoeffer, who was executed—the Confessing Church, a very small minority. He said something very profound. He said, "The most important thing a Christian can say in these days"—this was back in the 1940s—"is that Jesus was a Jew." For that, he was killed himself.

A particular story that I've used in my preaching many times, about a small town in the former Soviet Union: 90 children were holed up in a warehouse, where all of their parents had been killed, and the Nazis who were on duty complained about the crying of the children, that it was bad for their morale, that it kept them awake at night. The chaplains said something—yes, they objected. They didn't object to their parents being killed, but they objected to that. Then, when that objection was overruled, they just went on with their jobs.

Again, mea culpa, mea maxima culpa.

I have had the privilege, and it is a privilege, to go to Yad Vashem in Jerusalem, to walk through all of the rooms there, and there are many: the Hall of Names, the Hall of Remembrance, the Garden of the Righteous Among the Nations—all of them profound, all of them moving. But the most moving is the Children's Memorial. When you stand in that room with five candles lit, magnified by a number of mirrors around that house, and you hear the names of 1.5 million children who were murdered during the Holocaust, continuously, it gives you just the beginning of a sense of the horror that was the Holocaust and that we remember today. Certainly, I think that is something that everyone should do, and I would invite everyone to do that: Go to Yad Vashem in Jerusalem.

It's not enough to apologize. It's really something we have to continue to make sure never happens again, as my friend from Thornhill says—and that is, to put real life to those words "never again," to put real meaning behind them, to make sure that in this day, at this time, wherever we are in all of our ridings, we are a testament to what happened to those who lost their lives, and a commitment to breathe life into the words "never again," and to put everything we have into that sentiment.

In honour of those 1.5 million children, to the six million Jews—to the horror that was and that has been part of our own history that we need to acknowledge—I say again: Never again.

The Speaker (Hon. Dave Levac): Further statements?

Hon. Michael Coteau: It is an honour to join my friends from Thornhill and Parkdale–High Park as we welcome our distinguished guests and the consul general here to the Legislature. It's an honour for me to rise in the House today to recognize Yom ha-Shoah, Holocaust Remembrance Day. For 70 years, this day has been held in the memory of over six million Jewish people who were killed during the Holocaust.

There are no words that I or any person can say to do justice to describe the atrocities of the Holocaust and adequately honour all of its victims, but it is important that we try. It is important that we reflect on and remember what happened and how it happened, and understand its devastating effects.

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In 1933, before the start of World War II, there were over nine million Jewish people in Europe. Only 12 years later, almost two thirds of all Jewish people in Europe had been killed.

Even in Canada, Jewish people were barred from entry to the country in 1939, when they were desperate to escape Nazi Germany during World War II. This is not a history that we, as Canadians, are proud of. Anti-Semitism also meant that Jewish people were routinely denied access to jobs and public services.

Although it has been 70 years since the tragedy of the Holocaust, anti-Semitism has persisted throughout history and continues today. The Ontario Human Rights Commission's creed policy says, "Anti-Semitism can

take many forms, ranging from individual acts of discrimination, physical violence, vandalism and hatred, to more organized and systematic efforts to destroy entire communities, and genocide."

The Toronto Police Service's most recent hate crime report found that 30% of all hate crime in Toronto in 2016 was against our very own Jewish community here in the city.

This is 2017, and this is Ontario. History shows us that the Holocaust started with hateful words and acts. It was nurtured by intolerance and exclusion, and by the willingness of ordinary people to go along with the systemic erosion of Jewish social and political rights, which led to genocide.

When we stand still and turn a blind eye, we are complicit. We risk repeating history when we ignore the hatred and the discrimination that is around us today. We, as a government, stand united in the elimination of racism and anti-Semitism here in Ontario.

There are no excuses. Anti-Semitism is unacceptable. Racism, bigotry and hate crime are unacceptable. So are the systemic barriers and unconscious biases that can perpetuate anti-Semitism and disproportionate outcomes for racialized people in our institutions.

So we, as a government, are taking action. Last month, the Anti-Racism Directorate released A Better Way Forward: Ontario's 3-Year Anti-Racism Strategic Plan, which sets out a road map on how people in the province will combat systemic racism and build a culture of social inclusion and racial equity here in our society.

Mr. Speaker, together, government is working towards eliminating systemic racism. Our three-year plan includes public awareness and education, and initiatives to make people aware that any form of racism is unacceptable.

We have a responsibility, as Ontarians, to stand up and to be bold in the face of racism. Today we remember those who were tragically killed in the Holocaust, and we stand together with the Jewish community against anti-Semitism here in our province, across Canada and around the world.

We cannot be silent to any form of racism or racial discrimination.

The Speaker (Hon. Dave Levac): I thank all members for their statements.

By the same unanimous consent, I now turn to the member from Thornhill to recite the ancient Hebrew prayer. I would ask that all who can please stand and show our respect.

Mrs. Gila Martow: Thank you very much, Mr. Speaker. Normally, the mourners' Kaddish, as it is called, is recited for a close relative. People come to visit—mourners—for a week after they pass away. We call it shiva. "Shiva" is from the Hebrew word for "seven." For 11 months after a close relative, such as a parent, passes away, we recite it. Then we recite it on specific days, on specific holidays, in synagogues or wherever we may be.

Today, we're standing to recite the Kaddish in memory of six million who perished in the Holocaust, who don't have anybody to recite it for them, because not just families were wiped out; entire villages were gone.

Please join me. We're going to break protocol, because normally people can't talk in the galleries. Is it okay with you, Mr. Speaker, if people recite in the galleries? Thank you very much.

Prayer in Hebrew.

INTRODUCTION OF BILLS

RENTAL FAIRNESS ACT, 2017
LOI DE 2017 SUR L'ÉQUITÉ EN LOCATION IMMOBILIÈRE

Mr. Ballard moved first reading of the following bill:

Bill 124, An Act to amend the Residential Tenancies Act, 2006 / Projet de loi 124, Loi modifiant la Loi de 2006 sur la location à usage d'habitation.

The Speaker (Hon. Dave Levac): Is it the pleasure of the House that it carry? Carried.

First reading agreed to.

The Speaker (Hon. Dave Levac): The member for a short statement.

Hon. Chris Ballard: Mr. Speaker, I rise today to introduce the Rental Fairness Act, a bill to amend the Residential Tenancies Act. Our proposed package of reforms would, if passed, make all private rental units subject to rent controls, bring consistency to the province's rental housing market and further strengthen protections for tenants.

STATEMENTS BY THE MINISTRY AND RESPONSES

VOLUNTEERS

Hon. Laura Albanese: People across the country started to celebrate National Volunteer Week yesterday, April 23, and will continue to do so until April 29. This week is an excellent opportunity to thank and celebrate our volunteers, who have such a positive impact in communities in our province.

Almost five million Ontarians generously donate their time and talents every year to a variety of programs, services and causes. Ontario would be a much lesser place, Mr. Speaker, without the efforts of our volunteers to build community and support their fellow Ontarians.

Our volunteers support caregivers, welcome refugees and immigrants, help with teams, assist in school outings, support food banks, look out for our environment and advocate for hundreds of worthy causes. This is just a few of the examples that we could give. All volunteers deserve our recognition, support and heartfelt thanks.

In the coming days and weeks, I will have the honour of recognizing this year's Ontario Medal for Young Volunteers and the June Callwood Outstanding Achievement Award for Voluntarism recipients.

This year's June Callwood awards will be especially exciting because we are celebrating the first-ever recipient of the new Excellence in Volunteer Management category. This category was introduced specifically to recognize outstanding volunteer managers in our province, Mr. Speaker. Volunteer managers provide positive and meaningful experiences that are valuable to both volunteers and organizations, and they are often the key to a great volunteer experience.

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As many in this Legislature are aware, the annual volunteer service awards ceremonies have been held in communities across the province since March 13, and will continue until the end of June. Through the volunteer service awards, this year, more than 11,000 volunteers are being recognized at 55 different ceremonies, for their outstanding community service.

Speaker, I cannot stress enough how vital volunteers are to Ontario's communities. As part of our Ontario celebrations this year, more than 360 community celebration events will mobilize thousands of volunteers. Several Ontario150 grant recipients are volunteer-led organizations, like the O'Hara Volunteers Association in Madoc, and the Volunteer Centre of Guelph/Wellington.

Many projects supported through Ontario150 will encourage youth volunteerism. This July, the North American Indigenous Games in Toronto will recruit and train 2,000 volunteers. The Invictus Games, taking place this September in Toronto, will mobilize and train 1,500 volunteers.

This year is also the 10th anniversary of our ChangeTheWorld campaign. The 10th ChangeTheWorld Ontario Youth Volunteer Challenge begins during National Volunteer Week and runs until June 3. Since 2008, more than 240,000 students have participated in ChangeTheWorld, donating 1.2 million hours. Through ChangeTheWorld, youth gain confidence through volunteering. They develop their talents and skills, expand their personal networks and build valued connections in their communities. This year, ChangeTheWorld aims to engage more than 39,000 young people.

Speaker, volunteers are the heart of our communities. They make our economy stronger. They touch people's lives each and every day, and they are an essential part of life in Ontario. I invite all members of the Legislature to recognize the volunteers in their community this week. I also encourage everyone to attend the volunteer service awards ceremonies taking place in communities across the province over the coming weeks.

The Speaker (Hon. Dave Levac): It's time for responses. The member for Scarborough–Rouge River.

Mr. Raymond Sung Joon Cho: Thank you, Mr. Speaker. I'm very happy and privileged to rise and speak on the subject of National Volunteer Week and the volunteer service awards. I'd also like to thank the minister for her excellent speech.

From April 23 to April 29, we celebrate the hard work, the tireless efforts and time given by our dedicated volunteers across Canada and our great province of Ontario.

Mr. Speaker, if someone asks me to define the characteristics of this great country of Canada and those of our great province of Ontario, it would be three words: freedom, diversity and volunteerism.

An inspirational volunteer to me has been the late Major Abbas Ali, who was the founder of the Muslim Welfare Centre in my riding of Scarborough–Rouge River. Although I'm a Christian, I consider Major Abbas as my mentor. He and his very caring, lovely wife have helped so many less fortunate people locally and internationally by serving food to thousands of families every year through the food bank; opening women's shelters; medical clinics for new immigrants and refugees; building wells in remote parts of Pakistan; and running schools for underprivileged children.

This past weekend, I spent some time with great members of my community, helping clean our local parks and streets. It gave me great satisfaction, gave me a chance to connect with my local residents and was a great form of exercise.

I participated in the 10,000 Trees planting project in Markham. There were over 500 volunteers who attended, as well as a number of representative dignitaries. These volunteers are truly taking care of our environment.

I also had the opportunity to hand out awards at my local community centres, acknowledging and then thanking the hard work done by the many great volunteers in my community.

Many Christian churches, Muslim mosques, Hindu temples and Catholic churches, and many other religious organizations in my riding, provide excellent voluntary services such as through food banks, sport programs for youth, music lessons for children, care for the elderly, resource centres for newcomers, and good Samaritan programs for seniors. All of the above programs and many more are provided by our loving and unselfish volunteers.

Volunteering is a great way for Canadians and newcomers alike to become better connected with their neighbours and communities. It gives people the opportunity to meet new friends, help others and feel great while doing it.

Volunteering is such an essential part of what makes Ontario and Canada so great. We help our neighbours, our community, our province and our country by volunteering. It is in our identity as Canadians to help others. That is why National Volunteer Week and the volunteer service awards give us an opportunity to appreciate and acknowledge those who dedicate themselves to helping others.

Volunteers are the most beautiful, loving, and caring people, who are willing to give their valuable time and love in serving others in need. I think we could say Canada is a proud country, blessed with so many volunteers.

Therefore, I encourage all members of the Legislative Assembly to partake in some form of volunteering in their local communities this week as well as to acknowledge and appreciate the people in our province who have spent countless unpaid hours in volunteering in our communities. We owe them many thanks.

Volunteers are the foundation of any community, and they are the builders of nations. Canada is indeed a proud country of volunteers.

The Speaker (Hon. Dave Levac): Further responses?

Ms. Jennifer K. French: Today, I have the opportunity to rise and speak as the critic for citizenship and immigration, on behalf of Ontario's New Democrats.

Citizenship is about civic participation and involvement. It's about how people live in and join in activities in their neighbourhoods and communities. People choose to participate in so many different ways. They might get involved through their churches and faith spaces, their service clubs, their children's activities. They join an interest group, engage politically or enjoy their public spaces and facilities. They work, they explore, they advocate, they enjoy, and, fortunately for the rest of us, they volunteer.

Here we are, discussing volunteerism and celebrating it. We are marking National Volunteer Week and taking the time here in the Legislature to say thank you.

Every year, we celebrate and recognize volunteers from across our communities at the volunteer service awards. As we have heard, more than 11,000 volunteers will be recognized at 55 ceremonies this year.

At these ceremonies across our communities, people come together and are recognized for their commitment, their time and dedication, their heart, their soul and their love of their community.

We gave out pins for years of service, to first-time volunteers, to youth who are just getting started on their volunteering journeys, and to others who have committed as many as 60 years, if you can imagine, to volunteerism, and everyone in between. I was there with some of my colleagues from the Legislature to enjoy this non-partisan evening. It was just such a celebration of community.

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I want to tell you a little bit about it. We stood there in packed houses full of volunteers, their support networks and the paparazzi. One by one, we recognized volunteers from their community organizations. Their families, their friends and their organization's community all came to the front to take pictures. It was a night of smiles, appreciation and celebration, and something very special to be a part of. It was also very nice to see them formally recognized.

It's my privilege to be an MPP representing my community. We have a tremendous job. We get to meet with individuals, neighbours and organizations that make up the fabric of our communities, on a daily basis. We meet with organizations that serve our communities and make a massive difference, that we'll never be able to measure, in the lives of people across our communities.

But often, we meet with leadership, or the face of the organization. Speaker, we often don't really have a chance to know about all of the work and dedication, or to see what goes on behind the scenes. It's everyone behind the scenes who make our province so great.

It's the board members who love their libraries, art galleries, hospitals and community spaces. It's the moms, dads and grandparents who get up early and stay out late to take the kids to dance and to hockey. It's the volunteers who painstakingly complete the grant applications. It's the mentors and role models who work with our youth. It's the folks who make sure our seniors are healthy and comforted and engaged in their neighbourhoods. It is the advocates who protect our animals, our waterways, our forests and our trails. It is our helpers and friends of new Canadians and new neighbours. It's our coaches and our club leaders. It is our church families and support systems. It's everyone who says, "I care, and I want to get involved, because I am needed." Oh, we need them.

In the province of Ontario, we are talking about the sharing economy like it's a new thing. It's not. The sharing-and-caring economy has been around for a really long time. It is those individuals who care and who share that make us strong and make us richer. We will never be able to measure the work that they do. We need to recognize them all the time, not just today.

I'd also like to thank their support systems. When we were at the volunteer service awards, I asked everyone in the room to put up their hand if they loved a volunteer. Everyone in the room put up their hand, because everyone knows and appreciates those who get up every day and go out into their communities to make a real hands-on difference.

But those folks who support them, who make sure that dinner is on the table, that the kids are organized, that the volunteers are supported, that they have that shoulder to lean on—I don't know whether we call those folks volunteers. But they are the volunteer supporters, and we thank them today as well.

As we know, the government has some great programs. We have great programs in the province of Ontario, but we cannot do it all. If it weren't for the volunteers, our communities would not be nearly so strong.

We, as neighbours and community members, are inspired by volunteers. We're supported, inspired and entirely better for the love and commitment that they pour into our communities.

So thank you, thank you, thank you.

The Speaker (Hon. Dave Levac): I thank all members for their statements.

PETITIONS

ROAD SAFETY

Mr. Ted Arnott: I have a petition to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas there are currently no traffic signals at the intersection of Guelph Street (Highway 7) and McFarlane Drive/Hall Road in Georgetown;

"Whereas Guelph Street (Highway 7) is an extremely busy corridor and the town of Halton Hills mayor, council and staff, as well as area residents have expressed

serious concerns about the safety at the intersection of Guelph Street and McFarlane Drive/Hall Road;

"Whereas existing residents of McFarlane Drive and Hall Road, including many seniors who live in the Sands condominium building, are required to turn onto Guelph Street (Highway 7) at McFarlane Drive/Hall Road to leave their homes;

"Whereas extensive new residential development on both the north and south side of Guelph Street is occurring and will be fully occupied by early 2018, which will only increase the volume of traffic turning onto Guelph Street (Highway 7) and McFarlane Drive/Hall Road;

"Whereas pedestrian volumes are increasing, with a large portion of both seniors and children with no ability to safely cross the intersection of Guelph Street (Highway 7) and McFarlane Drive/Hall Road;

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

"To fund and install traffic signals at the intersection of Guelph Street (Highway 7) and McFarlane Drive/Hall Road as soon as possible."

It's signed by hundreds of my constituents. I agree with it and affix my signature as well.

KOMOKA PROVINCIAL PARK

Ms. Peggy Sattler: I have a petition signed by hundred of residents of London West that is called "Remove the New Fees from Komoka Provincial Park."

"Whereas Komoka Provincial Park has long served residents and visitors to London, offering free access to beautiful views and numerous recreational hiking trails; and

"Whereas evidence has shown that access to the natural environment helps to reduce stress, improve mental well-being, and lower risks for chronic diseases such as diabetes, heart attacks and cancer; and

"Whereas new parking fees ranging from $5.75 to $14.50 for daily use of Komoka Provincial Park have been imposed without consultation and without additional amenities to justify the new costs, appearing to be simply a cash grab by the Liberal government; and

"Whereas the lack of bike lanes and bus routes connecting Komoka Provincial Park to London, and the prohibition on roadside parking, requires almost all visitors to drive to the park and pay to park their vehicles; and

"Whereas the new fees are likely to decrease park visits with negative consequences for community health and well-being;

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

"That the Ministry of Natural Resources and Forestry eliminate the parking fees introduced in August 2016 to ensure that Komoka Provincial Park remains accessible to residents of the city of London and all Ontarians."

I fully support this petition, affix my name to it, and will give it to page Charlene to take to the table.

WATER FLUORIDATION

Mrs. Cristina Martins: If I can just get my glasses on, this would be great.

"Whereas community water fluoridation is a safe, effective and scientifically proven means of preventing dental decay, and is a public health measure endorsed by more than 90 national and international health organizations; and

"Whereas recent experience in such Canadian cities as Dorval, Calgary and Windsor that have removed fluoride from drinking water has shown a dramatic increase in dental decay; and

"Whereas the continued use of fluoride in community drinking water is at risk in Ontario cities representing more than 10% of Ontario's population, including the region of Peel; and

"Whereas the Ontario Legislature has twice voted unanimously in favour of the benefits of community water fluoridation, and the Ontario Ministries of Health and Long-Term Care and Municipal Affairs and Housing urge support for amending the Health Protection and Promotion Act and other applicable legislation to ensure community water fluoridation is mandatory and to remove provisions allowing Ontario municipalities to cease drinking water fluoridation, or fail to start drinking water fluoridation, from the Ontario Municipal Act;

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

"That the Premier of Ontario direct the Ministries of Municipal Affairs and Housing and Health and Long-Term Care to introduce legislation amending the Health Protection and Promotion Act and make changes to other applicable legislation and regulations to make the fluoridation of municipal drinking water mandatory in all municipal water systems across the province of Ontario."

I agree with this petition, will affix my name and send it to the table with page Rishi.

SCHOOL CLOSURES

Mr. Bill Walker: "To the Legislative Assembly of Ontario:

"Whereas under the current Pupil Accommodation Review Guideline (PARG), one in eight Ontario schools is at risk of closure; and

"Whereas the value of a school to the local economy and community has been removed from the PARG; and

"Whereas the PARG outlines consultation requirements that are insufficient to allow for meaningful community involvement, including the establishment of community hubs; and

"Whereas school closures have a significant negative impact on families and their children, resulting in inequitable access to extracurricular activities and other essential school involvement, and after-school work opportunities; and

"Whereas school closures have devastating impacts on the growth and overall viability of communities across

Ontario, in particular self-sustaining agricultural communities;

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

"To place a moratorium on all school closures across Ontario and to suspend all pupil accommodation reviews until the PARG has been subject to a substantive review by an all-party committee that will examine the effects of extensive school closures on the health of our communities and children."

I fully support this, affix my name and send it with page Matthew.

GRANDVIEW CHILDREN'S CENTRE

Miss Monique Taylor: I have a petition to the Legislative Assembly of Ontario.

"Whereas Grandview Children's Centre is Durham region's only outpatient rehabilitation facility for children and youth with special needs; and

"Whereas Grandview Children's Centre's main facility was originally constructed in 1983 to serve 400 children and now has a demand of over 8,000 children annually; and

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"Whereas growth has resulted in the need for lease locations leading to inefficient and fragmented care delivery; and

"Whereas it is crucial for Grandview Children's Centre to complete a major development project to construct a new facility in order to meet the existing as well as future needs of Durham region's children, youth and families; and

"Whereas in 2009 Grandview Children's Centre submitted a capital development plan to the province to construct a new facility; and

"Whereas in 2016 the town of Ajax donated a parcel of land on which to build the new Grandview; and

"Whereas the Grandview foundation has raised over $8 million; and

"Whereas since 2009 the need for services has continued to increase, with over 2,753 children, youth and families currently on the wait-list for services;

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

"That the province of Ontario prioritizes, commits to and approves Grandview Children's Centre's capital development plan so that the chronic shortage of facilities in Durham can be alleviated."

I couldn't agree with this more. I'm going to affix my name to it, and I'm going to give it to the page, Gracin, to bring to the Clerk.

HYDRO RATES

Mrs. Cristina Martins: I have a petition here that is entitled "Support the Ontario Fair Hydro Plan," and it's addressed to the Legislative Assembly of Ontario:

"Whereas electricity prices have increased and in too many cases become unaffordable for Ontarians;

"Whereas Ontario is a prosperous province and people should never have to choose between hydro and other daily necessities;

"Whereas people want to know that hydro rate relief is on the way; that relief will go to everyone; and that relief will be lasting because it is built on significant change;

"Whereas the Ontario fair hydro plan would reduce hydro bills for residential consumers, small businesses and farms by an average of 25% as part of a significant system restructuring, with increases held to the rate of inflation for the next four years;

"Whereas the Ontario fair hydro plan would provide people with low incomes and those living in rural communities with even greater reductions to their electricity bills;

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

"Support the Ontario fair hydro plan and provide relief for Ontario electricity consumers as quickly as possible;

"Continue working to ensure clean, reliable and affordable electricity is available for all Ontarians."

I full-heartedly support this petition, will affix my name and send it to the table with page Gabriel.

LONG-TERM CARE

Mr. Jeff Yurek: "To the Legislative Assembly of Ontario:

"Whereas O. Reg. 79/10, s. 146(4) of the Long-Term Care Homes Act, 2007 states that a long-term-care home provider must discharge a resident if they are on a 'medical absence' that exceeds 30 days;

"Whereas residents and long-term-care providers feel this is an unacceptable time frame especially for LTC homes that have palliative and complex-care residents. Many of these residents may need to stay in hospital longer than 30 days to receive the necessary care;

"Whereas if a resident reaches the 30-day mark they could potentially be left homeless and forced to go on a long wait-list to get back into LTC;

"Whereas this causes undue emotional and financial stress on many individuals and their families;

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

"That O. Reg. 79/10, s. 146(4) of the Long-Term Care Homes Act, 2007 be changed to expand the 30-day medical absence to allow individuals more time, if needed, to stay in hospital until they're healthy enough to return to the long-term-care home without penalty."

I affix my signature to this petition and hand it to page Kenna.

EMPLOYMENT STANDARDS

Ms. Jennifer K. French: I have a petition to the Legislative Assembly of Ontario:

"Whereas a growing number of Ontarians are concerned about the growth in low-wage, part-time, casual, temporary and insecure employment; and

"Whereas too many workers are not protected by the minimum standards outlined in existing employment and labour laws; and

"Whereas the Ontario government is currently reviewing employment and labour laws in the province;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to change employment and labour laws to accomplish the following:

"—ensure that part-time, temporary, casual and contract workers receive the same pay and benefits as their full-time permanent counterparts;

"—promote full-time, permanent work...;

"—offer fair scheduling...;

"—provide at least seven (7) days of paid sick leave each year;

"—prevent employers from downloading their responsibilities...;

"—end the practice of contract flipping...;

"—extend minimum protections to all workers...;

"—protect workers who stand up for their rights;

"—offer proactive enforcement of the laws;

"—make it easier for workers to join unions; and

"—all workers must be paid at least $15 an hour, regardless of their age, student status, job or sector of employment."

I wholeheartedly support this petition, affix my name to it and send it with page Matthew.

ELEVATOR MAINTENANCE

Mr. Bob Delaney: I have a petition addressed to the Ontario Legislative Assembly from a number of individuals here in the city of Toronto. It reads as follows:

"Whereas elevators are an important amenity for a resident of a high-rise residential building; and

"Whereas ensuring basic mobility and standards of living for residents remain top priority; and

"Whereas the unreasonable delay of repairs for elevator services across Ontario is a concern for all residents of high-rise buildings who experience constant breakdowns, mechanical failures and 'out of service' notices for unspecified amounts of time;

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

"Urge the Ontario government to require repairs to elevators be completed within a reasonable and prescribed time frame. We urge this government to address these concerns that are shared by residents of Trinity–Spadina and across Ontario."

I have signed the petition and I am sending it down with page Matt.

HOSPITAL FUNDING

Mr. Bill Walker: "To the Legislative Assembly of Ontario:

"Whereas the residents of Meaford and the Blue Mountains and farming communities are in need and deserve access to health care close to home;

"Where the potential loss of the Meaford hospital operating room would deprive the growing retirement communities of an access to critical care close to home;

"Whereas the loss of the Meaford hospital operating room would also reduce the communities' ability to recruit and retain physicians in the area, resulting in job losses and an overall negative impact on the local economies;

"Whereas years of underfunding have resulted in cuts to health care and hurt patient care, resulting in fewer and fewer services, and patients suffering more complications, readmission and death;

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

"To review and fix the hospital funding formula in an effort to ensure our community hospitals have enough resources to continue providing safe, quality and integrated care for local residents."

I fully support this, will affix my name and send it with page Rishi.

PRIVATIZATION OF PUBLIC ASSETS

Miss Monique Taylor: This petition reads:

"Ontario Is Not for Sale.

"Whereas the Liberal government of Ontario is currently reviewing proposals to sell off a significant amount of our shared public assets such as Ontario Power Generation (OPG), Hydro One, and the Liquor Control Board of Ontario (LCBO); and

"Whereas our shared public assets provide more affordable hydro, develop environmentally friendly energy, create thousands of good Ontario jobs, and are accountable to all Ontarians; and

"Whereas our shared public assets put money in the public bank account so we can invest in hospitals, roads and schools; and

"Whereas this Liberal government is more interested in helping out wealthy shareholders and investors than they are in the hard-working Ontarians who are building this province; and

"Whereas Ontario is stronger when there is shared prosperity;

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

"Stop the selling-off of our shared public assets. Keep our public assets in public hands."

I couldn't agree with this more. I'm going to affix my name to it and give it to page Gracin to bring to the Clerk.

WATER FLUORIDATION

Mr. Bob Delaney: I have a petition signed by people from a number of places, including several in the city of

Stratford. It's entitled "Update Ontario Fluoridation Legislation." I'll just read an excerpt of it. It says:

"Whereas community water fluoridation is a safe, effective and scientifically proven means of preventing dental decay, and is a public health measure endorsed by more than 90 national and international health organizations; and

"Whereas recent experience in such Canadian cities as Dorval, Calgary and Windsor that have removed fluoride from drinking water has shown a dramatic increase in dental decay; ...

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

"That the Premier of Ontario direct the Ministries of Municipal Affairs and Housing and Health and Long-Term Care to introduce legislation amending the Health Protection and Promotion Act and make changes to other applicable legislation and regulations to make the fluoridation of municipal drinking water mandatory in all municipal water systems across the province of Ontario."

I have signed and fully support this petition, and I'll send it down with page Gurjaap.

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ORDERS OF THE DAY

MEDICAL ASSISTANCE IN DYING STATUTE LAW AMENDMENT ACT, 2017

LOI DE 2017 MODIFIANT DES LOIS EN CE QUI CONCERNE L'AIDE MÉDICALE À MOURIR

Mr. Fraser, on behalf of Mr. Hoskins, moved third reading of the following bill:

Bill 84, An Act to amend various Acts with respect to medical assistance in dying / Projet de loi 84, Loi modifiant diverses lois en ce qui concerne l'aide médicale à mourir.

The Acting Speaker (Mr. Ted Arnott): I look to the member for Ottawa South to lead off the third reading debate.

Mr. John Fraser: Speaker, I'm pleased today to rise to discuss Bill 84, the Medical Assistance in Dying Statute Law Amendment Act, on the occasion of its third reading. As you know, the legislation before us today would, if passed, support the implementation of medical assistance in dying in Ontario.

Today I'll speak to the specifics of the bill itself, which is significant, and in light of that fact will also try to place Bill 84 into some broader historical contexts.

I do want to say, in advance of that, that over the last day, and a bit this morning, I was at the Hospice Palliative Care conference in Markham. I was really pleased to be there. I was speaking this morning.

It's quite interesting that I'm speaking to this bill this afternoon. My first involvement with palliative care was at the time when the Carter decision was being deliberated. I have always, in some ways, tried to keep them separate. But through this process of debating the bill and the process of working with people like Rick Firth and Jennifer Mossop at HPCO and all the people who come together around palliative care in this province, I've come to learn and have a different point of view. I hope to be able to express that in the bill. I want to thank them for all their efforts, because I know that it's an issue that is a challenge to us individually, a challenge to us collectively and a challenge to us as legislators.

At the outset, I think it's worth noting that we, as legislators, undertake a solemn commitment when we are sworn into office, and that is to consider every issue we are presented with fully, fairly and to the best of our abilities. That holds true for the most straightforward of matters that arise in this Legislature and for the most challenging. Speaker, I know that many of us would agree in here that medically assisted dying falls into that latter category.

I also want to say at this point that I think we had a debate in this Legislature the tone of which we don't hear very often. I want to say thank you to all of my colleagues on both sides for their thoughts as we deliberated this, for their personal stories, and for their commitment to trying to get the right balance.

I think it's important that we take a few moments to recount how we came to this point as a society and as this Legislature.

The proposed legislation before us today is a result of a Supreme Court of Canada decision about a case that began in British Columbia. In Carter v. Canada, the plaintiffs challenged the Criminal Code prohibition against assisted suicide by claiming that the prohibition unjustifiably infringes their rights as guaranteed by the charter.

On February 6, 2015, the Supreme Court of Canada issued its ruling in the case. By unanimous decision, the court declared that the Criminal Code prohibitions against assisting suicide "are of no force or effect to the extent that they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition ... that causes enduring suffering that is intolerable to the individual."

On June 17, 2016, after much debate and deliberation in the House of Commons and the Senate, Parliament passed Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts.

The important goal of the federal legislation is to promote a consistent approach to medical assistance in dying across Canada. The new federal law provides for rules around who is eligible to obtain medical assistance in dying. It spells out the safeguards that must be followed to ensure that vulnerable individuals are protected, and it requires the implementation of a monitoring regime.

To receive medical assistance in dying, the new federal law states that an individual must meet very specific criteria:

(1) Be eligible to receive health services funded by a government of Canada.

(2) Be at least 18 years of age and capable of making health care decisions.

(3) Have a grievous and irremediable medical condition, meaning that to be considered eligible, the patient must have a serious illness, disease or disability, be in an advanced state of decline that cannot be reversed, be suffering unbearably and be at a point where natural death has become reasonably foreseeable.

(4) Voluntarily request medical assistance in dying and provide informed consent to receive medical assistance in dying, meaning that all of the information needed to make the decision has been provided, including information about the medical diagnosis, available forms of treatment and available options to relieve suffering, including palliative care.

The new federal law also puts into place a number of safeguards. These requirements include, first, that two independent physicians or nurse practitioners confirm a patient's eligibility; second, that there must be a mandatory reflection period; and, third, that a request for medical assistance in dying be made in writing and signed by at least two independent witnesses.

Patients must be capable of consenting to MAID immediately before MAID is provided, and the patient must confirm their choice immediately prior to the administration of medical assistance in dying.

I would also like to point out that the federal legislation includes a preamble which provides important information on the context and intention of C-14. I would like to point out one section in particular, where the preamble states:

"Whereas the government of Canada has committed to uphold the principles set out in the Canada Health Act—public administration, comprehensiveness, universality, portability and accessibility—with respect to medical assistance in dying;

"Whereas everyone has freedom of conscience and religion under section 2 of the Canadian Charter of Rights and Freedoms;

"Whereas nothing in this act affects the guarantee of freedom of conscience and religion...."

I would like to take this opportunity to make one thing clear: Our legislation, Bill 84, has been developed not to supersede or impede the federal legislation in any way. I know that in the committee work, if anybody was watching, we couldn't obtain unanimous consent to get this preamble in. I think it was important to be there nonetheless. It holds true whether it's there or not, and I think that's an important thing for all of us to remember.

In fact, the legislation is simply a complement to the federal legislation that is already in place, and is designed to provide more clarity on medical assistance in dying for patients, families and their health care providers.

Bill 84 introduces technical amendments and provides important protections for clinicians, institutions and patients. This legislation in Bill 84 does nothing to affect the guarantee of freedom of conscience and religion, a right that is protected by the Charter of Rights and Freedoms and reinforced in Bill C-14, the federal government's legislation for medical assistance in dying.

That is the context in which our legislation was drafted. It is also the legal context under which other provinces and territories have developed their policies on medical assistance in dying.

It is true that medical assistance in dying is uncharted territory for us. Our government understands the unprecedented and sensitive nature of this legislation. In preparation for June 6, 2016, the day that MAID, medical assistance in dying, became legal, we were ready with a decisive and supportive response.

In advance, the Ministry of Health worked with our province's regulatory health colleges as they advised their respective members on how to proceed in this new legal environment, and ensured that clear guidelines and communication were made to clinicians as they navigated the implementation of MAID.

We also announced that drugs for medically assisted death would be made available to Ontarians at no cost to them. We established a clinician referral service to support doctors and nurse practitioners who may object to providing medically assisted dying services themselves. This service helps to connect clinicians who are unwilling or unable to provide medical assistance in dying with physicians who are willing to complete a physician consultation and assessment. Today, the referral service is in full operation, with physicians and nurse practitioners from across the province registered as willing to accept a referral for medically assisted dying.

In building up our response, we worked hard over the last year to heavily consult on this legislation, to make sure that we get it right. Together with most of the other provinces and territories, Ontario led the creation of a Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying. The group consulted stakeholders from across the country and drafted a report advising us on the implementation of assistance in dying. We also reached out to Ontarians through a survey that over 14,000 Ontarians completed. We received submissions through a dedicated email account that remains active. In addition, a total of over 1,000 people were in town hall public consultations that were held across the province in Toronto, Sault Ste. Marie, Barrie, Kingston, London, Thunder Bay and Windsor. French town hall meetings took place as well in Ottawa and Sudbury.

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The Ministry of Health has met with many key stakeholders on this issue in order to understand their concerns, and continues to remain open to their important feedback. I want to let you know, Mr. Speaker, that anyone who called my office, who reached out to me, who wanted to speak to me or to meet with me, I did my best to meet with. I think I even met two and three times with some people who wanted to come back to talk about it, because I think it's a critical thing that we have an open and healthy discussion about this. It is a challenging thing for all of us. It's a challenging thing for us to get

our heads around and to understand this change. What we heard through the process and what I heard through the process has reinforced our understanding of end-of-life care as an important, complex, deeply personal and emotional issue. The consultation process also reaffirmed our commitment to approaching medically assisted death in a respectful, patient-centred manner, one that supports patient choice while protecting the vulnerable.

We haven't stopped consulting even up until today. Over the past few weeks, we've heard from dozens of presenters at public hearings, and we've received hundreds of submissions. We've heard from doctors who provide medical assistance in dying and work with patients and their families through the most challenging times of their lives. We've heard from religious groups and from concerned doctors about their role in medical assistance in dying and their concerns for conscience rights.

We did have, at committee in the delegations and outside committee, two what I would say are very polarizing points of view. But the one thing about all those people who came and spoke and did a presentation before committee is, the one thing that we had to realize—they all shared three things in common. Those three things were that they were all there out of compassion and mercy and love. That was the thing that was common between them. That was part of the challenge in trying to find that right balance and part of the opportunity in finding that right balance.

We've heard from public citizens, health institutions, and advocacy groups representing clinicians, patients and health institutions. I would like to take the opportunity to thank everyone who came to committee and made a formal decision.

Some context: As I said a little bit earlier in debate, a lot of the work that I've done since the 2014 election, inside government, is around palliative and end-of-life care. So when medical assistance in dying intersected and began to intersect, I had to start asking myself the question and start asking questions of people around me: "What do you think? What would you do?" So I asked my mom, Mary, whom I've talked about many times in this Legislature, who's—still waters run deep. She's a person of very deep faith, and I have a lot of respect for her. She's also very practical and very compassionate—35 years as a nurse at the National Defence Medical Centre. I said, "Mom, do you think you could participate in a medically assisted death?" She said, "Well, no. I don't think I could, because I believe God gives and takes life away." And in the next breath she said, "But there are extreme circumstances."

So I had to think about what she was saying to me. What she was really saying was—and it's the challenge for all of us—"You've just asked me a question to which I have no proximity. If it were there in front of me, I might give you a different answer." That's our individual challenge. That's our collective challenge as a society. It's a collective challenge for practitioners, for family members, for us here in the Legislature. We don't have that proximity yet; most of us don't. I did hear from some of my colleagues in committee about some of their experiences that came close to that, and how they viewed that, and there were different sides to that.

One of the key things in this debate, and as we move forward on this—because medical assistance in dying is going to go beyond the creation of this bill. This is something that we're going to continue to grapple with. We have to find a way forward and make sure that we give ourselves enough space so that we come through this thing together. That's the critical piece, and we heard some examples of that. I'll talk a bit more about what we heard in committee.

As a government, as a Legislature, we need to strike the right balance. We need to balance the rights of patients and clinicians, of families. We need to ensure patient access to care and protect the conscience rights of physicians. After hearing from all parties, as well as patients, families and clinicians, I'm confident that we've found the right balance.

I spent a lot of time thinking about this. My faith has been a very big part of my life since I was a young boy. I had to struggle with this, too. The thing that occurred to me is, this bill is about people, and they are people who are suffering incredibly, who are suffering things that most of us in this Legislature can't imagine or have never witnessed. In the face of suffering, there's an obligation to make sure that that person is safe, that that family is safe, that they get to a safe path, that they get their two feet on that path. It's not just an obligation for a practitioner, whether they be a pharmacist or a nurse or a doctor; it's all of our obligation—to make sure that they get there.

That's why I'm glad that, as we wrote this legislation, we put in law the requirement to have a robust care coordination service that would ensure that people were able to get on a safe path—and that it was a way for those individuals who object to ensure that they're able to do that. Because I think it's a bare minimum. I don't think that it's good enough to say, "Go over there." I don't believe we can do that.

I was informed, and we should all be informed, by the examples of what's happening in a subsidiary way in Ontario. If you look at, in my community of Ottawa, the Ottawa Hospital or you look at the May Court hospice, objecting and non-objecting practitioners have found a way to work together to ensure that people get access to the care that they need. I was at the palliative care—and so was Dr. John Scott of the Ottawa Hospital and Dr. Andrew Mai, who's a physician at the Ottawa Hospital as well—at the May Court hospice. They've found a way to work.

I spoke a bit earlier about palliative care and about how when I got into this, I tried to keep them very separate. But what I realized is, palliative care does not necessarily include MAID, medical assistance in dying, but medical assistance in dying must include palliative care. We know where those pathways are, and we know who has those skills, who has those abilities. We've seen,

in a subsidiary way, in different places and different communities, where people have figured that out, because they know they have what people need and they know that they have to give it to them, that they have to make sure it's accessible to them.

Speaker, that's why I am so pleased that we put that amendment and that the amendment was passed inside that bill. I want to thank all of my colleagues. I particularly want to thank my colleague across the way.

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We did come together around that amendment to make it, I think, a little bit stronger. I think we both came at it from the same way, and we worked together to make sure that's there. It requires us—it requires successive governments—to ensure that pathway is there that people can access on their own, and that objecting physicians can help people get their two feet on that path. So it's there, it's a way forward. It's our commitment to the people of Ontario that we create that path.

Through the act, we have also amended the Excellent Care for All Act to extend immunity protections to institutions, as requested by organizations like the OHA. We have also amended the Freedom of Information and Protection of Privacy Act to provide greater clarity and ensure consistency with other legislation, as requested by the Ontario Hospital Association and the Information and Privacy Commissioner.

Speaker, throughout the committee process, we heard from all parties and nearly every presenter that a care coordination service would help both patients and clinicians improve medical assistance in dying. With this amendment, our government has reinforced our commitment to establishing a care coordination service.

I want to reiterate that it's incumbent upon government, and incumbent upon all of us, that in the face of suffering, we make sure that there is a safe path for people.

I would also argue that, as individuals, whatever side of the spectrum we're on or how we feel about medical assistance in dying, we have an obligation to try and accompany people on that path. That's what many objecting physicians are doing: They are accompanying people on that path as far as they can go.

Speaker, we put a lot of effort into the beginning of life. We just had three grandchildren in our family. We're ready. The schools are ready. The hospitals are ready. We're all waiting. I know the member opposite has grandchildren as well, so he would appreciate this. We are really ready when people come into this world. We have those pathways; we have those avenues. The schools are ready. The health care system is ready. We know what people want.

We're really ready when people come into this world. On the way out, not so much. It seems to me that the care we provide to each other at the end of life deserves the same kind of attention that we give to the beginning of life.

I want to speak a bit about the care coordination service. The work is under way. It will be up and running in May. That is a care coordination service that provides a pathway—a pathway to palliative care, a pathway to end-of-life services and a pathway to medical assistance in dying, if that's what a person chooses.

Speaker, as I said earlier, this bill, if passed, would support the implementation of medical assistance in dying in Ontario by providing more protection and greater clarity for patients, their families and their health care providers.

The proposed legislation aligns with the federal legislation and addresses the areas that fall under provincial jurisdiction. Specifically, our proposed legislation would, if passed, accomplish the following:

(1) It would ensure that the benefits, such as insurance payouts and workplace safety benefits, are not denied only because of a medically assisted death.

(2) It would protect health care professionals, institutions, and those who assist them from civil liability in cases of lawfully provided medically assisted death.

(3) It would help protect the privacy of health care providers.

(4) It would ensure effective reporting and monitoring by the coroner in cases of medically assisted death, and also has provisions to review that after two years.

Finally, as I said, it mandates the creation of a care coordination service to support patients, families and clinicians, with access to information and supports regarding medical assistance in dying and other end-of-life options.

The approach we are taking on medical assistance in dying is part of a much larger, comprehensive and forward-thinking approach that has been under development for some time. Medical assistance in dying is just part of our government's larger effort to develop a comprehensive strategy on palliative and end-of-life care.

As I said earlier, Speaker, palliative care does not necessarily include medical assistance in dying, but medical assistance in dying must include palliative care—one piece of the government's strategy to support patients at the end of their life and to help Ontarians across the province die with dignity, surrounded by the support they need and deserve. In fact, palliative care is an important stage in meeting Ontario's commitment to provide care that respects patient wishes and dignity at every stage of their lives and in every setting.

When I was appointed as the parliamentary assistant, the minister asked me, "What do you want to do?" My immediate answer was, "Palliative and end-of-life care." I feel very fortunate that I got the work I wanted to do and that I got to choose the work inside that mandate.

If I can speak a little bit personally, I had some experience as a volunteer at the general hospital for a few years in the mid-1990s, when I was in my thirties. I ended up there quite by accident. That was my first involvement with palliative care. What I found, what I learned—well, first of all, I left with more than what I think I left behind. In all experiences in palliative care and with people who volunteer and people who work in it, that's what you realize. People say, "How can you do

that? It's so draining." Actually, it's the exact opposite. It enriches your life, and you often leave with more than you feel you left behind.

Palliative care is about dying, but it's also about living. It's about what's important in life. The challenge with the things that are important in life is that we often confuse the immediate with the important. There's nothing that fixates one's attention other than a time limitation. So often, those things that we tend to ignore in our daily lives, we realize are exceptionally important when we're closing in on the end of our lives.

I was lucky enough, as well, when I worked for the former Premier, to be involved with projects in Ottawa: Roger's House, and helping to support the May Court. I got to meet a lot of great people through that experience. It informed me, too.

I fast-forward to—and I feel it's important to tell this story. I was elected in 2013. Two months after I was sworn in, my father was diagnosed with inoperable oral cancer, which was hard, because I was away from home a lot. His oncologist said, "Maybe you have six months." He had some dementia as well, which was providing a challenge to him. He was at home and he was frail. Even though he couldn't tie his shoes or tie his tie, or sometimes he'd get undressed two or three times, he still could think very clearly or lucidly a lot of the time—not all the time.

To follow him through that journey was very informative because I got to see where things really worked inside our health care system and where things really didn't work—the transitions, and access. It confirmed for me my belief that we need to do better, not just from a government point of view and as legislators, but as families, as people, as practitioners, as institutions. We need to do better. We need to make sure, as I said earlier, about making sure people get on the path.

My first real job was in the grocery business. The first thing I learned when I got to that store was if someone comes and asks you where the peas are, well, you take them over there and you make sure they get there. It doesn't matter who you are. It doesn't matter whether you're the 15-year-old stock clerk or whether you're the president of the company. If someone comes to you, that's what you do. That's the rule. That's the ethos. Call it a service rule; call it whatever you want.

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We have a challenge in that in health care. We have a challenge about people saying, "Go over there," or, "I'm going to send you a referral." I had a family example—I won't go into it—of a referral where somebody said, "You're going to die. We're going to start this treatment right away, and someone is going to call you on Friday." Well, by Friday nobody called. By the next Friday, nobody called. It eventually got fixed. But those are the things that don't need to happen. There's a way to make that work, and that's a commitment by everybody, I believe very firmly, to do their best to make sure that people get to where they need to be. It's our obligation to them.

That's what brought me to asking the minister for this file. I feel very honoured and privileged to get it. I feel very proud of all of us in this Legislature. I know we don't all agree on everything in general, but I do appreciate the support that exists for your communities in this Legislature, where we all come around in agreement on this. I know we're going to have a palliative caucus here and that members of each party have agreed to—it will be announced soon. I just announced it, I guess. I was really appreciative of the measures in the budget last year and how they were well received by all the members in this Legislature. What I said this morning at Hospice Palliative Care was, "Here's the good news, folks: It's not partisan. Everybody I work with cares about this. They know it's important. So you should know that there are a lot of good people here. We're not fighting about it."

I spent a lot of time last year doing some consultations around palliative care. I think we did about 16. I met 350 people and did lots of visits. I was out to a few communities of a few members. I was in Windsor, and meeting with people around hospice and palliative care.

Because I was there this morning, I have to repeat the thanks for the work that people do who give people dignity and compassion and love and mercy.

I want to use a quote—and I want to thank him for it—from a fellow named Jim Mulcahy, who was at a conference, Palliative Care Matters. It was in Ottawa earlier this year. If you want to go to the website, there's a video of it. He's a patient. I don't want to tell his story because it's his story, but you should go and listen to that story. It's an important story to listen to. He said two things. He said, "In the end, it is the reality of personal relationships that saves everything." And the second thing that he thanked people for is "having the courage to abide attentively in that kinship of silence," which means that thing that we do by being with somebody without having to talk.

Patients want to die with dignity and with the sense of self that they saw through life. For family and friends, those final moments remain in their hearts and minds for all the years of their life. I spoke a little bit earlier about my father's illness and the path he was on. We ended up in the May Court hospice. As I said, Dr. Andrew Mai was there; he was my father's physician. He was there at Hospice Palliative Care. That was how we got to that safe space; he got us to that safe space. We were caring for my dad at home. We needed to be there. My sisters and I all stayed with my dad in his room for what I thought was about two weeks; some sisters are telling me it was three weeks. We stayed pretty much 24 hours. That experience really informed me about what a hospice is all about. I describe it as, if there are rest stations that exist between heaven and earth, a hospice is certainly one of them. It allowed us to be a family. My father died with dignity. It was incredible, because on his face, you could see on the outside the expression of the thing that was on the inside, but by the time he passed away, we couldn't see that. It had gone. It was peaceful. I'll never forget that. That's what we're trying to achieve here.

Pardon me, Speaker. I just lost my place. Okay. I'm breathing. Okay.

Mr. Jeff Yurek: Time out.

Mr. John Fraser: Time out. There we go.

Well, I'm just thinking. I got lost because I started thinking about—you start talking about things and you start thinking about them, right? Then you get a little choked up, and then your brain goes fuzzy.

But they're beautiful memories. And I've got to tell you, it's not that it wasn't hard and painful for him at times. But here is kind of a context for the kind of dichotomy that exists, that's kind of analogous with some of the debate we're having around this.

My dad had an oral cancer, and he had a tumor that expressed itself. You could see it on the outside. We have kind of a dark sense of humor in our family, so the tumor was nicknamed Earl.

One day, my dad is with my sister Cara, and he says to her, "Earl is being a real buster." I'm using that word because I would have to withdraw if I used the word that he did use, and I don't want to do that. Cara was like, "Oh, Dad," just trying to comfort him.

About five minutes later, my dad says, "I take that back. Earl has been a really good friend." What he meant, because he could still think, was: "I have had all of you around me. You're here. It's important to me. This is really lousy, but if it didn't happen this way, all the stuff that's happening to me right now, by you being around me and with me—the things that are important to me are all happening on the way out."

It's not to say that it's all easy. It's not all roses. But it's important that we respect people's wishes, that we know what people are afraid of and we know what people want. That's the whole point around palliative care and medical assistance in dying.

I've had a lot of conversations here in the Legislature with people around palliative and end-of-life care. I know that everybody has a story. When I get into a cab sometimes or into cars, I talk to people, and everybody has a story.

It happens to all of us. We're all going to die. It's not news. We have to make sure that people have access to quality palliative care. We also have to make sure, for those people who choose medical assistance in dying, that they have access to that as well, and that they have a path they can follow.

Hospices are only one setting where palliative care is delivered. Care is delivered to patients in their homes, led by community care access centres. Long-term-care homes provide palliative services to residents at the end of their life. I've been talking to a number of people and had a couple of consultations around palliative care inside long-term-care homes. There is some really great stuff happening there, but it isn't everywhere. We need to find a way to build that culture, and I'm looking forward to doing that work, or working with people to try and deliver that.

We also deliver palliative care in hospitals. Take a look at St. Joe's in Hamilton. They had a project called the Three Wishes Project, in which they asked people who were approaching the end of life: "What are your wishes? What do you want? If I could do something for you right now, what would it be?"

The incredible thing about that is, it's not big stuff. "I'd like to see my dog." "Could I get this picture from home?" "I need to call my daughter; I haven't talked to her in 10 years." It's not big stuff. It's important stuff, not big stuff.

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Hospital-based teams with expertise in managing care at the end of life help patients and families based on their unique clinical circumstances. Hospital-based palliative care plays a larger role in communities where palliative care options such as hospice care are not available. So in addressing palliative care in Ontario, we need to hear from many different people, in a variety of communities and circumstances. That is how we approached the job of developing the Palliative and End-of-Life Care Provincial Roundtable Report, which I was happy to author with a lot of help from a lot of people inside the ministry and outside through consultations.

We had a good starting point; the starting point was the Declaration of Partnership and Commitment to Action, which was released in 2011. This is a grand coalition of health care providers who deliver palliative care and who believe that it's important as an organization. They've all signed on to: "Here's what we need to do." That work informed Patients First: A Roadmap to Strengthen Home and Community Care, and it's our broad strategy for improving services in the community. It includes a commitment to give Ontarians a greater choice with respect to palliative and end-of-life care. Palliative care is one of the 10 key pillars in the road map.

To produce the round table report, of course, as I said, we held many meetings. I want to thank all of those who participated and shared their personal stories, their concerns and their asks. They really did help to inform our way forward. We also found out where a lot of gaps exist. We learned about how to expand hospice capacity. We also talked about how Ontario needs further public dialogue on death and dying.

One of the challenges with medical assistance in dying is that it has the potential to divide us, to push us apart. But it's also an opportunity to talk about something we never talk about. We call it advance care planning. I call it "the conversation," because it is a conversation. For instance—my mom won't mind me telling this story. She'll probably say, "You talked about me too much today," if she's listening; she's probably not. Good for her. But my mom had a heart attack a couple of years ago. It scared us all a little bit. It was about a year after my dad's passing. So she started being very practical. She started talking to me about, "Here's what I want" and all these things—I won't go into them. Then, one day, in November, I arrive at her house and on foolscap in purple pen, in her nurse's script, is five pages of what she wants. It's great. So we talked about it a bit. She said, "You

know, I don't want you to go to extreme measures to keep me alive." I said okay.

About three months later, I'm walking back from the Leg. I'm going down Bay Street—it's really cold—and I'm talking to her on the phone about a bunch of stuff. This thing comes up—because we talk about it a lot—and so we start talking about it. I said, "Okay, Mom, if you have a heart attack right now, you don't want the paramedics to resuscitate you?" Long pause. Well, that's not what she meant. What she said is, "Don't intubate me. Don't put fluids in me if I'm"—like, don't extend it. So it's important to have a conversation about it. You can put it all down on paper, but if you don't talk about it and you don't make sure that people understand exactly what you want, it's not going to work.

That's one thing we heard consistently through the consultations, that there's a need for all of us as individuals, as a social change, to inform the people who care for us about what we want. Those people are our families and caregivers and professionals. So I would encourage all members of the Legislature—and I'm thinking of doing this myself—to try to hold some sort of public forum in your community. Start a conversation about it. Talk about it. I know that HPCO will be in here later next month, and we can have those conversations then as well.

I don't want to go too much longer, Speaker, but I do want to say that, as I said earlier, I was really pleased at the support for the investments that we made in the budget and the support from the members in this Legislature that we are expanding hospice care. It seemed like the most logical place to go to improve that. We need to expand capacity in hospice. We wanted to increase supports for caregivers that will help families and loved ones support palliative patients at home and in the community. We will also be promoting, as I said, the advanced-care planning conversation so that families and health care providers better understand wishes for end-of-life care.

The 2016 budget included, as well, funding to support the Ontario Palliative Care Network, a new body to advance patient-centred care and develop provincial standards to strengthen services. This is something that I think is a bit like a light under a bushel basket. It's a really critical piece of moving this forward. It's about access, quality and equity, and it's to ensure that there is a place inside government that focuses on this care. You can look them up. You can find them on the web. I was just with them this morning. They also work with local health integration networks, Cancer Care Ontario, Health Quality Ontario, and a broad range of community representatives. The new network is the ministry's principal adviser on palliative care.

I do also want to say that Hospice Palliative Care Ontario has been a great partner to government—actually, to this Legislature as well—to help us work through what the needs in this sector are and try to find a way forward that will expand access, quality and equity in palliative care.

It will promote consistent-quality palliative care programs across the province. It will ensure regional coordination and leadership and it will monitor system-level performance in strengthening palliative care and end-of-life care.

The network is, in fact, informing the ministry's hospice expansion plan. As many of you know, we increased the per-bed funding for hospice. We also increased funding by, I think, about $15,000 per adult bed and about $22,000 per pediatric bed, which is about a 17% increase. We announced 31 new hospice beds in communities.

I was just with the Premier two weeks ago at Matthews House in Alliston, and I had the pleasure of joining the member opposite, the member from—

Hon. Deborah Matthews: Simcoe North.

Mr. John Fraser: —Simcoe North; thank you very much—when we made those announcements there. As I said, it's not really a partisan thing, and he said some really nice things. I won't repeat them here because I don't know if he'd want them in Hansard, but they were genuine, and I know that he's committed to this. I know that all the members in this Legislature are committed to this.

We all share a common understanding of the importance of palliative care. We may hold different positions with regard to medical assistance in dying. We need them to bring us together instead of pulling us apart. We need to remember that people have found a way to work together to deliver those things that people need—people on both sides, people who have a conscientious objection who are on one side, and people who don't. People are finding their way through this. I think it's important to create the environment—the space—that's necessary for us to get through this together. I think we've done that. I think we've struck that balance in this bill.

In closing, I want to reiterate something I said earlier. We're committed to delivering the best possible palliative care services, not just in hospice, not just in long-term care, but in every setting. We realize that there are vulnerable populations. We realize we have to work with our indigenous communities to make sure that we're delivering that kind of care as well there.

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When it comes to medical assistance in dying, the thing we have to remember—I know I've said it a number of times—is that palliative care does not necessarily include medical assistance in dying, but medical assistance in dying must include palliative care. I think this bill has struck that balance. I think we'll need to continue to work to ensure that that's what happens. When we do that, we'll be providing to people that safe path, that safe way they need to die with dignity, love, compassion and mercy.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Bill Walker: It's a pleasure to rise to bring comments to Bill 84, the Medical Assistance in Dying Statute Law Amendment Act, 2016.

I want to commend my colleague from Elgin–Middlesex–London, Jeff Yurek, our health care critic,

who spent a lot of time on this matter, sitting through committee, doing his own research and providing information so all of us in caucus can comment.

I want to start here, Mr. Speaker: This is Bill C-14 that was legislated federally by the federal government; now the intent here of Bill 84 is to provide direction and clarity to patients and medical professionals and groups that provide access to medical assistance in dying. What I have is a concern—it's a very sensitive topic, obviously. Many people have differing views of opinion on it. What I'm concerned with is how the process has happened so far. The Liberals have actually rushed this through committee. They've limited debate. I just listened to the parliamentary assistant using words like "listening" and "working together." In the House, all the time, we hear about partnerships and collaboration. Just recently, I've had a whole host of issues with regard to them not listening on school closures. When I hear those words, I start to get a little bit reticent on whether they're truly sincere and they're actually going to do that.

Our members of our PC Party certainly provided a number of different amendments, and not one of them was accepted, so I have a fundamental issue when they say the words "work together" and "partnership." We put out good amendments that we heard from our stakeholders and frankly from stakeholders across the province, and they won't even put one in.

When they're not listening to the doctors' input—again, the doctors are front line. They are the people who are going to be impacted significantly in this, and they're not listening to them. I hope that has nothing to do with the three years they've gone out of contract, the other issue they're dealing with with the whole doctor community.

They're not committed to enshrining the conscience rights of doctors and health care practitioners. That is something I think we have to do. We have to find balance so that medical assistance in dying can be accessible for those who qualify and want it, without forcing institutions and health care practitioners to act against their beliefs.

In my 20 minutes later, after I hear my good colleague speak for an hour, I'll provide more input.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Jennifer K. French: I'm glad to be able to add a few quick thoughts in response to the member's very personal speech today.

I would like to echo his comments, though, that this has been quite a discussion to this point, certainly in the Legislature. I didn't have the opportunity personally to sit in committee, but I know that in this room, we have brought a lot of personal stories, and that has been much of the journey along the way. As my 96-year-old grandmother, who we were able to snatch back from the brink—well, we didn't; her little spirit had an opportunity to quit and didn't, so we got to keep her. She's 96. As she said on this topic, "Nobody wants to talk about it, but we have to." I said, "Okay, grandma."

Tomorrow I have 20 minutes to talk in this House about this. I'm looking forward to bringing her voice on the topic, because as the member said, one of the next steps has to be about that further dialogue on death and dying, the advanced care planning, to have that conversation. But as he said, at the start of life, we seem to kind of have it covered. I would say "arguably," because we can always improve systems and services, but at the start of life, we have it figured out; at the end of life, as he said, not so much.

I would also say that after life—wait, sorry. I'm not going to start a debate about the afterlife. That's not where I was intending to go. But after death, what happens to the families that are still with us? What does that care look like in terms of support, and also supports for the medical community, the PSWs, the doctors, everyone involved in this process? That needs to be a continuing part of this conversation: ensuring that everyone who is a part of this conversation gets the care and support they need.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Jeff Yurek: Speaker, can we have a quorum call?

The Acting Speaker (Mr. Ted Arnott): We're doing questions and comments.

Questions and comments? The member for Perth–Wellington.

Mr. Randy Pettapiece: I'm pleased to rise and speak about Bill 84, medical assistance in dying.

Speaker, I did take in some of the committee, or I sat in on the committee, on this very bill for a little while. One of the concerns I heard was from a young doctor who came in and had a real issue with conscientious objections to this bill, and whether they would have to participate in this business of assisted dying if they didn't want to. He told a story about a doctor friend of his, who actually worked in the same clinic, who said if that wasn't taken out, if he was forced to partake in this, he would quit. He would quit.

I don't know whether it has been made clear to the medical profession yet. You shouldn't have to partake in this procedure if you don't want to—or refer to other doctors who might help out with assisted dying. I think there's a little bit of cloudiness there.

I would like to talk about palliative care. I think that's a very important part of this whole talk here. I was on the board of directors at a hospice in Listowel, where I live, and my wife currently is on that board of directors. I certainly want to give a shout-out to them and to all hospice organizations for the work they do. Certainly, it's an important part of life's experiences that we should have those organizations that are very strong in our communities and give the care that they do.

Thank you, Speaker.

Mr. Jeff Yurek: A point of order, Speaker.

The Acting Speaker (Mr. Ted Arnott): Point of order: the member for Elgin–Middlesex–London.

Mr. Jeff Yurek: I don't believe we have a quorum in the Legislature.

The Acting Speaker (Mr. Ted Arnott): Could we determine whether or not there is a quorum in the House?

The Clerk-at-the-Table (Ms. Valerie Quioc Lim): A quorum is not present, Speaker.

The Acting Speaker ordered the bells rung.

The Clerk-at-the-Table (Ms. Valerie Quioc Lim): A quorum is present, Speaker.

The Acting Speaker (Mr. Ted Arnott): A quorum is now present.

We have time for one last question or comment.

I now return to the member for Ottawa South to respond to the questions and comments.

Mr. John Fraser: Thank you, Speaker. I'm glad we rang the bells, because I know that the member from Elgin–Middlesex–London is speaking next, so he probably wants a bigger audience. I appreciate it as well.

I just want to say thank you to all the members who spoke—the member from Oshawa, the member from Bruce–Grey–Owen Sound and the member from Perth-Wellington—and just simply finish by repeating what I said earlier. I think we've struck the right balance. I think the care coordination service, and its establishment and enshrinement in legislation, is that critical path and that place where people can get what they need, whether it be palliative end-of-life services or medical assistance in dying.

It's there, and we've created a way and a pathway such that everybody will be able to get people to that pathway, to that safe place.

These are exceptionally vulnerable people. We have to remember this. This is not hypothetical. These are people who are suffering from grievous and irremediable conditions, and what we need to remember is, what many of them often want is control. What they want to be able to do is to have control over the circumstances. They need to have access to palliative services. They need to have access to a range of services. So that pathway is critical.

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I do appreciate the tone of the debate that has occurred and people's interest and willingness in trying to work together. I know that we don't agree on everything. I've spent a lot of time thinking about what the right thing to do is. At the end of the day, at the centre of this bill, at the centre of medical assistance in dying are those patients and families who are suffering, and when we think about this bill, we have to think about them first.

The Acting Speaker (Mr. Ted Arnott): Further debate.

Mr. Jeff Yurek: I'm proud to stand up and begin debate for the official opposition on Bill 84. I want to commend the member from Ottawa South on his hour leadoff for the governing party with regard to palliative care. I wholeheartedly agree with many of his comments. However, this is a bill about medical assistance in dying, and that's where the majority of my comments will be today over the next hour, and we'll be going on from there.

I want to start by saying that I feel like we've been in this situation before. Since 2014, we've seen this government introduce large pieces of legislation transforming the health care system, the financial part of our province, the environment, and what we end up with at the end of the day is limited debate through government pushing to end debate early. We sit at committee and listen to many, many days of deputations, with people from across the province, if they're able to, coming to committee and commenting on the legislation before the committee. As a result, we see amendments coming forward from the opposition side of the House, and when it comes to voting, we see the government not supporting any amendments from either the third party or the official opposition. In essence, they only listen to who they want to listen to at committee, and they've made up their minds on how bills are going to be at the end of the day, without really having the conversation that has been mentioned numerous times with the people in the Legislature.

This isn't new for Bill 84. I'm quite disappointed that this occurred during Bill 84. It happened with Bill 41, which radically changed home care in our province, increasing the bureaucratic structure within our health care system, and with Bill 119, which gave up the privacy of our medical records to the government. And now we're seeing, with Bill 87, that they stopped debate early. We're just in the committee section right now, and over the next four weeks—well, up to four weeks—every Wednesday, we're hearing from stakeholders discussing the implications of Bill 87 and what they feel should be changed. The problem with Bill 87 is that it's an omnibus bill: five different pieces of legislation stuck together in order for this government to push its direction through.

When we hear about conversations and coming together on issues, the government needs to be open to opposing views, different ideas. You throw out an idea to this government, and the first thing they do is break it down and take it down another road. It's quite unfortunate that that is the way this government is acting. Unfortunately, we're here for third reading, when the bill has gone through first reading, second reading and committee, and the government has yet to start listening to other avenues and solutions for unintended consequences that bills that they've created over the past three years are going to cause in our system.

Going back to my second reading—I'll just reread what I had said at that time and, unfortunately, it kind of came true, what I said. I said:

"I'm hoping the government is open to listening to amendments and debate at committee and will judge each amendment as it comes forward—as opposed to what has been the history of dealing with this government over the last two years: They don't listen to what's going on in committee, nor do they ever support any amendments brought forward by the opposition. I'm hoping that, at the end of the day, we can work for the betterment of the patients of Ontario, ensuring timely access to medical assistance in dying while at the same time ensuring the conscience rights of our health care professionals are respected."

Mr. Speaker, it's unfortunate—I thought the government would take the opportunity to prove me wrong in my statements at second reading, but unfortunately they've proven I'm right. I'm pretty sure that when I stand up here for third reading of Bill 87, it's going to be the same story. It's unfortunate for the people of Ontario that we have a closed-minded government that is only willing to listen to themselves.

What does Bill 84 do? Bill 84 provides clarity and legal protections for health care professionals and organizations that provide access to medical assistance in dying. The doctor or nurse practitioner who provides medical-assistance-in-dying services shall notify the coroner with the necessary information to determine whether or not an investigation into the death is necessary.

The Coroners Act is going to be amended to require the coroner is notified, but it is also for the coroner to determine whether or not to investigate these deaths. It also changes the death certificates. Medical assistance in dying do not need to be signed by the coroner, unless the coroner is investigating the death.

We did find out during committee that, at the time, death certificates were signed as the reason of death being by suicide, not medically assisted suicide, but we also heard at committee that the ministry was already working to fix that situation.

Bill 84 also says that a civil claim against doctors or nurse practitioners or others who provide medical-assistance-in-dying services is prohibited, except in the case of alleged negligence. That's going to protect health care providers who participate in medical assistance in dying from any lawsuits, which, from the federal legislation, is part of that legislation.

The other part they're making amendments to is to benefits or other sums provided under contract or statute. Basically the payouts of insurance, workers' compensation, etc. shall not be denied if the deceased person receives medical assistance in dying.

Mr. Speaker, that is what the legislation is doing. What was added also in the legislation at amendment time was the creation of the referral structure to be enshrined in the legislation so people have that access. That's what was spoken about quite a bit during the debate in committee—the balance: ensuring access for people who need and want medical assistance in dying, but at the same time, the same message coming forward was a balance in the protection of the conscience rights of our health care professionals.

Unfortunately, the government voted down each and every amendment we tried to put forward in order to achieve that balance. We've now created a situation, when the bill is passed, that there's not going to be a balance in the health care system.

We've heard from palliative care doctors that they're going to not be in specialty and palliative care going forward if they have to participate in medical assistance in dying. So we're going to see a balance of doctors shift in the system with who provides what service. When you look across the province, northern and rural Ontario, who are already experiencing a shortage of access to doctors, a shortage of access to palliative care, a shortage of access to services in the province, this government has tipped the scales to possibly make that situation quite worse in those regions. I'm sure we'll be back again to discuss how to fix that situation, and hopefully at that time the government takes the time to listen to us.

I also thought I would just run over and give a preview of where health care is today and where this government is coming from.

What we've seen quite a bit over 12 years of this government's management—and we're heading into the 13th year; maybe 14th, really. It keeps adding up quickly. This government has undergone numerous experiments in the management structures of the health care system. It's focused on the structure and not the care.

The changes they've made to the structures—I've just made a quick list. They've eliminated district health councils and created LHINs. They've changed the structure of the Ministry of Health five times. They've changed the roles of CCACs; they've changed the structure of CCACs. They created an eHealth agency, pulling it out of the Ministry of Health. They created the Ontario Health Quality Council. They've created health links. They've created hospital hubs. They then eliminated CCAC boards, and then they merged CCACs with LHINs. Then they changed the reporting structure of the CCACs and LHINs; changed the reporting structure of primary care teams and clinics; created 78 sub-LHINs; changed all local decision oversight to ministry oversight; increased Ministry of Health management structure by 500% since 2003; and increased departments within the ministry by 500%.

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Each and every one of these experiments and changes has taken money away from patient care and decreased services. Each has created instability among providers and rationed care for services for patients. We look at children's mental health. If you need services in Ottawa, it's an 18-month wait; in London, it's a nine-month wait. It's unfortunate that the government doesn't focus on the health care system of delivering care as opposed to creating the structures and building up the management. Just imagine if your child broke his leg and he had to wait nine months or 18 months to see that specialist to get it fixed. You would be in an uproar. It's unfortunate that we don't treat mental health like physical health and it being fine to wait that long. That has to change in this province.

The government has gone to war with our health care professionals, specifically our doctors. For three years, we've gone without a contract with doctors, and instead of trying to sit down and work with doctors, they've publicly gone to the media and pitched a war against the doctors. After cutting over $1 billion in patient services, they decided to sit down and continually begrudge and belittle our doctors.

Mr. Speaker, 13 years in power, $8 billion in the e-health system—$8 billion. It's still not functioning—

Interjection.

Mr. Jeff Yurek: You should have it functioning by now—13 years, $8 billion, and we still don't have a functioning e-health system. We don't have an end date of when that system is going to be completed. It's so unfortunate, the corruption that has occurred under different—

Interjections.

The Acting Speaker (Mr. Ted Arnott): I would ask the House to come to order. And I would caution the member on his language. I would ask him, actually, to withdraw the unparliamentary remark he just made.

Mr. Jeff Yurek: I'll withdraw. Sorry about that, Speaker.

We talk about the knee and hip surgeries that are not happening in this province. Unfortunately, within the LHIN structure, especially in the South West LHIN, the budget for knees and hips is being used up six months into the year. What we're told is, "They're not managing their money properly." Well, what we're seeing is, you're not meeting the demand that is occurring in the system. Because the government has wasted so much and mismanaged money through the experiments I mentioned earlier, they don't have the money to fund knee and hip surgeries 12 months a year or to meet the growing demand in our system.

We have known for decades that when the baby boom generation hits their elderly years, there is going to be a surge in demand in the system. This government has not prepared for that. In fact, I'm frightful what's going to happen in a couple of years, when the Financial Accountability Officer, based on their financial plan—they're going to have to cut another $2 billion from the health care system. I can just imagine how rationed the system is going to become by then.

Through this government, we've also seen the health premium come into effect; $46.2 million cancelled on Panorama; they de-listed physiotherapy in 2013; and, unfortunately, we got, of course, the health tax.

Interjections.

Mr. Jeff Yurek: I'm glad I'm getting some comments from the government. I'm glad they're here to listen to this, because they need to start listening to us.

Back to Bill 84: What has come through this bill with regard to the patient referral service, which we've said at every meeting of the committee, we've said from day one, is what this province needs, based, hopefully, on the Alberta model—we're not sure what we're going to get in May, but we're hoping it's based on that. I thought I would mention how the Alberta model works—I went online and just printed off a few pages—and how much this greatly improves the access for patients that need or want medical assistance in dying.

You can go online, or you can get a phone number. Basically, you can email the coordinator and go to the website and check it out. Or you can telephone—the number is 811—and you'll get access to somebody that will help you through the system. Care coordination service responsibilities—what they do:

"Support patients and families by providing information and access to education and supports, and linkages to all end-of-life care options including medical assistance in dying care and services.

"Support AHS physicians, non-AHS physicians and members of interdisciplinary health care teams across the province in the coordination of care and services related to medical assistance in dying and all end-of-life options, and provide linkages to education, resource materials, and specialty consultation services."

There's even a portal. You can go on a website and look up "I am a patient or family member" or "I am a health professional or volunteer." Or you can just get some answers. Or you can dial 811 and get the same thing.

Mr. Speaker, I want to go to the frequently asked questions for doctors.

"Am I obligated to provide medical assistance in dying to my patients?"

"No, you are not obligated to provide medical assistance in dying to your patients or engage in conversation about medical assistance in dying if doing so would violate your moral conscience or religious beliefs."

"If I decline to provide medical assistance in dying, what are my obligations to my patients?"

"A physician who elects not to participate in medical assistance in dying will provide all other medical care the patient requires that is within that physician's scope until a transfer of care has taken place.

"A physician who does not provide medical assistance in dying for reasons other than moral conscience or religious reasons shall refer the patient to the care coordination service and provide the care coordination service with the patient's relevant information."

Mr. Speaker, we heard time and time again that that is the system that doctors would prefer, that patients would prefer, that family members would prefer. It's a system that works. In fact, we even heard that access to medical assistance in dying in Alberta and BC, which have models like this, is great. There aren't the problems going on that are going on in Ontario. At the same time, they protect the conscience rights of our health care professionals. The referral service and conscience rights protection go together, hand in glove, Mr. Speaker. That's the balance that's needed in the legislation, which is not occurring, and as I said earlier, the unintended consequences are going to be great.

Since the voices of those who spoke at committee weren't heard, I thought that I'd offer to the Legislature and those who weren't present at committee some of the testimony we heard at committee. We heard from the Ontario Medical Association. They stated:

"Protecting the identity of physicians who provide these controversial services is vital. This is not an abstract issue. As an obstetrician/gynecologist, I can tell you that the bombing of the Morgentaler Clinic, the stabbing of a Vancouver doctor, the shooting of an Ancaster doctor, threats to a Vancouver doctor conducting a trial of RU-486 and the shooting of a Winnipeg doctor create real fear among physicians. It is vital that you, as legislators, play your part to protect the profes-

sionals who provide these services so that access is not compromised.

"I'd now like to return to the Supreme Court and its statement that we need to address the issue of conscientious objection. The OMA believes that it is possible to reconcile patient access with physician rights, and we urge you to fill this regulatory gap by introducing an amendment in support of conscientious objection. There are means to ensure access, such as patient self-referral, which have been discussed. There are also services in place, most notably public health units, which have a long track record through their work in reproductive care in helping citizens....

"I would like to end by saying a few words about end-of-life care more generally. The OMA believes that we can and should do better for Ontario patients at the end of life. MAID is a solution for a very small number of individuals. Good palliative care, on the other hand, is something that improves the lives and the deaths of many Ontarians. We must educate our citizens and our health care providers about what palliative care can offer and ensure that palliative care is available across the province. To do otherwise is unethical."

Dr. Wang was at committee as well. She talked about "each one of us, given our broad, multicultural fabric. For many of us in medicine, it is the Hippocratic oath we took on our graduation day—because it is not just a tradition to follow, but it is also a guiding map upon which we could build careers of honour, integrity and service to others. These words echo to us still: 'Most especially must I tread with care in matters of life and death.... Above all, I must not play at God.'

"The Geneva declaration of the World Medical Association was written in the aftermath of World War II and the shocking Nuremberg trials, which showed the disastrous consequences of medicine practised without a moral compass. The declaration states:

"'I will practise my profession with conscience and dignity;

"'The health of my patient will be my first consideration...;

"'I will maintain the utmost respect for human life....'

"'But what is the big deal?' many say, 'The law is not forcing any objecting physician to perform an active MAID procedure. The CPSO is simply saying you must do an effective referral for it, as for anything else.' The reason that we cannot brush this off as inconsequential is because effective referral is collaborating. It is assisting and allowing an action to occur.

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"In the eyes of the law, assisting or permitting a crime to happen itself is a crime. Likewise, forcing me to participate in arranging for a" medical assistance in dying "consultation opposes every fundamental belief I hold about my sacred duty to always act in the best interest of my patient. It forces me to choose between breaking my Hippocratic oath or breaking the law. It forces me to choose between facing the disciplinary committee of the CPSO or facing the judgment of God. It forces me to choose between my career or my conscience.

"Freedom of conscience—and, by that, I mean not just the freedom to hold a certain belief but, most importantly, the freedom to avoid punishment for holding a certain belief—is a fundamental human right. It is the hallmark of what makes a society just and good. It is enshrined in the Canadian Charter of Rights and Freedoms and, in fact, is granted the privilege of being the first right that is mentioned:

"'Everyone has the following fundamental freedoms:

"'(a) freedom of conscience and religion;

"'(b) freedom of thought, belief, opinion and expression....'"

She goes on to say, "Canada has always been a land of tolerance, so it is difficult for me to even believe that today, in 2017, a group of citizens must come forward and plead to the Parliament of Ontario for protection of our most fundamental right as Canadians. It does not have to be this way."

Dr. Ramona Coelho was also there. Part of her deputation:

"Here is a part of the" Canadian Medical Association's submission to the CPSO. It was paraphrased, making her point. "Pitting conscience rights and patient rights against each other, as is done by the CPSO, is not respecting conscience rights in their full integrity and creates a false dichotomy and an unnecessary trade-off. No jurisdiction has a requirement for a mandatory effective referral, and yet patient access does not seem to be a concern.

"We are willing to give information. We are not trying to obstruct. I think this has been a mark of our goodwill and shows that we are trying to find a compromise. The CPSO trying to violate our conscience and coerce us cannot be seen in the same light.

"We might disagree with one another, but in a pluralistic, beautiful society such as Canada, we should try to respect each other's opinions and beliefs. Coercion to act against one's deeply held beliefs is an erosion of our liberties, which we have prized together as a society and which, until now, were greatly admired by the whole world."

For this next one, I thought I'd read most of what he brought forward. This was a rural Ontario doctor, Dr. Philip Drijber, who came to see us. It really brought home some of the issues that had been argued about at committee.

He wrote, "First, I'd like to thank the members of the committee for allowing me the privilege to address my concerns about Bill 84." We received a copy of his submission, and it formed a rough framework for his discussion. "Much of what I will say, however, is not in the submission. It needed to be delivered in person. You, as the committee, need to have a face attached to that message, and that is why I am here. This message is important for me, but is far more important for my patients, who cannot be here. The present policies affect my ability to practise, and therefore their ability to have access, and if there aren't amendments, that will be a big problem.

"Much of the debate centres on rights. Whose rights should be paramount? Is it patients? Is it physicians? Is section 2 of the charter more important than section 7? The real question is, why does there have to be a conflict? Can't the situation be rectified in a way that the rights of all are met and honoured? The answer is absolutely yes. It can be done through an amendment.

"The next concern is that of access. Will offering conscience rights deny access? Will the marginalized and vulnerable be denied access? The truth is that the present policies do more to deny access than granting conscience rights will ever do.

"Another salient point is the difference between" medical assistance in dying "and palliative care. Although the Ministry of Health's and the Legislature's discussion tried to equate the two, they are very different. As a palliative care physician for over 20 years, I understand the difference. Palliative care is patient- and family-centred and focused on allowing a natural death." Medical assistance in dying "is an active decision that hastens death and often excludes family, as even outlined in Bill 84. They represent two distinctive models of care, and all Ontarians have the right to choose their end-of-life plan.

"I now move to the body of my discussion and why amendments need to be made.

"The first is the college policy of an effective referral, which is supported by the ministry through its physician-only access line. The first problem is access to" medical assistance in dying. "The problem with the current policy is that an effective referral limits it to those who have a health care professional. Currently, 8% of people in Ontario do not have a physician. That goes up to 15% in rural areas, where I live, and up to 40% among those who do not have English or French as their first language. This is a far greater inequity than accessing conscience rights, and can be addressed in the proposed amendment.

"The second problem is the conflict it creates between health care providers and patients' rights. This policy states that patients' rights usurp health care providers' rights. I doubt this would be defensible if a charter challenge was made. Regardless, no one wins when the rights of one party are gained at the rights of another.

"The third problem is the college's stance that effective referral is not assisting in medical assistance in dying, which is not even defensible by its own standards. Other college policies indicate that physicians are responsible for the referrals, and have penalties up to and including punishment for professional misconduct for inappropriate referral. The college cannot have it both ways. Either referral is participation or it is not.

"Further, the college's stance is not supported by the standards of Canadian law. Whether one is the hit man or calls the hit man—the effective referral—both are equally responsible. Intent and assisting are equal in the common law, and the courts have always held so. An effective referral is participation, and that's what makes it morally repugnant to health care providers of conscience.

"The fourth problem: The college has stated that those not wishing to participate ought to withdraw from primary-care practice and engage only in those areas of medicine where encountering a request for" medical assistance in dying "would never happen. The alternative would be disciplinary action and loss of licensure.

"That brings me back to my point. Why am I here? I'm here to present the case of a health care practitioner, but more importantly I'm here to represent the faces of some 1,500 patients who cannot be here. If this law and policy go through unchanged, what will it mean? To me personally, it means I will have to stop doing family practice. Will that affect me? Certainly. My passion and life's work has been family medicine. I have a special interest in the care of geriatrics. I am greatly saddened to lose the opportunity to serve the people of my practice.

"I'm lucky, though: I can retire, although it would be a forced retirement. For my patients, my employees and my community, however, that's a different story. My patients will be without a family doctor. They will not only not have access to" medical assistance in dying, "but to any care. My employees will lose their jobs. My local hospital will lose 20% of their active staff. The local nursing home and retirement home where I work will" also "lose their medical director. The 20 or so palliative care patients that I see will have no" doctor. "The vulnerable and infirm, for whom I do house calls, will be denied not only in-house care but all care.

"Now, I ask the committee, what does it want its legacy to be? Do you want to create a situation where those accessing" medical assistance in dying "need only to have the skills to make a doctor's appointment and access is universal? Do they want to create a system that is inclusive for all health care professionals? Does it want to create a system like every other province in Canada where health care professionals, both practising and those entering practice, do not have to choose between practice location and province or conscience? Or do they want to stay with the status quo and see untold Ontarians lose access to health care practitioners? Do they want to explain they did nothing when they had it within their power to change that? Does this committee wish to explain to my patients, who are among the most weak and vulnerable, why they chose not to listen to my plea to create an amendment that would help me and many others continue to provide care?

"What am I asking for? I'm asking for three amendments.

"First, an amendment that would be modelled after Alberta's care coordination service for" medical assistance in dying. "This is a self-referral system.

"Second, an amendment on palliative care services: Palliative care services are woefully inadequate and not universally accessible. It is inconsistent to pass a law that strives to ensure universal access to medical assistance in dying but does not address the universal need for palliative care. A clause in the bill should be made to the effect that we recognize the need for equal access to palliative care. Ontarians need a choice for their end-of-life decisions. Although this bill does not specifically address palliative care services, it is the goal of this bill

to promote equal access to all end-of-life services for all Ontarians.

"Third, an amendment to ensure non-discriminatory practices; an amendment that states and enshrines a policy of non-discrimination with words to the effect that if the goal of this bill is to promote aid, this bill does so in the context of recognizing the rights of people of faith and conscience to refuse to participate in the process, directly or indirectly, without fear of reprisal or discrimination. This bill promotes the rights of all Ontarians, both those wishing to participate and those who do not....

"The Alberta system, the BC system and the New Brunswick system all have a self-referral line. Like I said, you only need to pick up the phone, which is as hard as making a doctor's appointment. If you can pick up a phone, you can access MAID. The feeling that it has to be done through a physician's office or by a physician is ludicrous.

"Take another example, abortion care services, I've never referred anyone for an abortion in my 20-odd year career, but if a young lady comes to me and says, 'Dear Doc, I'm pregnant. I don't want to be pregnant,' I sit down with them and I say, 'Okay, let's look at your options. You could have this baby, you could adopt this baby or you could terminate this baby. That is your choice. If you want me to follow you through your pregnancy, if that's what you really want to do, I'm here for you. If you want me to help you get an adoption, I'll follow through and help with that process. And if you want to terminate this baby, there is a website. There's a number of 800 numbers. You can find them and you can call them.' That's informed consent, but I'm not participating. Since they're capable of coming into my office, they're capable of looking it up on the Internet for the number they want."

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Dr. Tang came and spoke to us as well at committee. Dr. Tang said:

"There are several policies across Canada that explicitly do not require effective referral, including BC, as you mentioned, Manitoba and New Brunswick, and other policies across Canada requesting that physicians provide reasonable access.... If a care coordination system was available that would allow for patient direct access, this issue of going against the conscience of physicians would not really be an issue. I think the fact that other provinces have been able to come together and develop a system that allows for patient access while, at the same time, being respectful of the conscience objections of physicians goes to show that there is a solution that's possible where we can make this work for everybody.

"At the end of the day we're all here because we care about our patients; we want to work together. I think if we're able to implement a system that allows us to provide care for our patients and allow patients who wish to have access to MAID to have access to it, this would be the best solution possible.

"I think the reason why we need to have legislation within provincial law to protect and uphold conscience rights is because, as I said in my presentation, college policies change every few years. Five or 10 years from now, I don't know what the landscape is going to be like in medicine. At that point in time, will policies change to say that we need to be performing medical assistance in dying?

"I know that the Supreme Court ruling and Bill C-14 said that no physician should be compelled to do this, but it's almost like a sliding slope right now where, very slowly, policies are starting to encroach upon freedom of conscience. That's why I think it is a responsibility of government to enact legislation to uphold freedom of conscience and to protect it."

Patients Canada also spoke. Mr. Ignatieff said:

"Access must not depend on a physician who is unwilling to have a role in physician-assisted death for whatever reason. Forcing a doctor to do what goes against their belief system, including referring, will not work for the patient. Therefore, in this case we ask for a process that is independent, whereby patients can be immediately directed to a practitioner within easy reach and willing to help ensure a dignified end to life at an opportunity of the patient's choosing."

Mr. Speaker, in this legislation, we were looking for that to be enshrined, that we will have a patient access system, but what was missed out during the committee and in the clause-by-clause and the amendments that went forward was the protection of the conscience rights of our health care providers in this province. It's unfortunate that we're sitting here today debating third reading of the bill with that section missing, at the end of the day.

What was also talked about in this legislation was access to palliative care. Through some of those deputations that I read in the Legislature, into Hansard, we have realized that it's not universal in this province; we have plenty of have-not areas that don't have access to palliative care. It needs better support. It needs less red tape for medical professionals in ensuring that patients have access to palliative care. We need to ensure that the patients have as many options as possible in their end-of-life journey and ensure the equality of palliative care in northern Ontario, rural Ontario and eastern Ontario—including Toronto and the GTA—and that it is accessible by all who need to access it.

It's very important, going forward, that we don't mix the two: medical assistance in dying and palliative care. We need to fight just as hard for access to palliative care throughout this province, just as much as people are working as hard as they can to have universal access to medical assistance in dying.

Back in my riding, we've been pushing really hard to ensure we have a hospice built in the South West LHIN. We're now working together to prepare for some funding we hope to get in the next year or so to ensure that we can have a hospice built in Elgin county; currently anybody in Elgin county who is needing palliative care

and needing a hospice either has to go to one or two beds in London that are available to them or into Woodstock, which creates quite a hardship. It kind of removes the ability of family to be at the patient's side in a readily quick time frame.

We're hoping, as we draw closer—the committee I'm on with the LHIN—that we have a hospice plan in place and funding available so that we can go forward and ensure that that part of rural Ontario has a hospice in place to add that extra option to those at their end-of-life journey and access to great palliative care.

Mr. Speaker, I also wanted to touch upon some of the solutions that we heard during the committee, during the amendments. Dr. Andrea Frolic was there, and I'm going to speak about her. She's from the Ottawa area. She said:

"For example, at our hospital and other hospitals, we've developed an interprofessional team model of willing providers, to be able to receive requests and to be able to receive referrals from those clinicians within our organization who are conscientious objectors. That interprofessional team model allows us to recognize that assisted dying is always a team. It always involves a physician. It always involves a nurse.... It always involves a pharmacist, and consultants, usually, with palliative care, as well as psycho-emotional supports to wrap around that patient and the family at this crucial moment, as well as psycho-emotional supports to wrap around the clinician team.

"Dying an assisted death is a death unlike any that we've seen before. It is a profound moment. I have sat at the bedside of patients with their mother, their spouse and their children. The moment of assisted death is a moment of legacy, and it can reverberate down multiple generations. It is essential that we have structures of support—mandatory education, standards of care, quality standards—in order to make this a positive generative experience for our patients as well as for our providers. It asks something of you, as a provider, to facilitate the death of a patient you've developed a relationship with. How are we supporting those clinicians?"

A hospital in Ottawa can develop a system that works, without penalty to those doctors and health care professionals that don't want to participate. I don't know why we can't have the same province-wide. BC and Alberta, as we heard at committee, have excellent access to medical assistance in dying for all who want to access it. They also have protection of conscience rights for their health care professionals. They will not be penalized; they will not be disciplined; they will not lose their licence; they will not have to change their career if they don't want to participate in the effective referral.

Another thing that we learned at the committee is that those who say, "Effective referral isn't really participating"—as Dr. Drijber had mentioned earlier, doctors get penalized for inappropriate referrals. But what also happens is that when a doctor makes the effective referral, their billing number sticks with that patient for the entire procedure going forward, until medical assistance in dying occurs. So not only do they feel morally part of it, but technically, through the billing system through the government, they are connected and part of that process going forward. We can do much better with regard to creating a system in this province that benefits those seeking medical assistance in dying, and also protecting and ensuring conscience protection for our medical professionals.

I've got some quotes here on freedom of conscience:

In Canada, "conscientious beliefs which are not religiously motivated are equally protected by freedom of conscience."

"Freedom of conscience in a democratic society is said to be the 'freedom to have, hold and act upon ... one's conscientiously held beliefs.'"

"What is freedom of conscience? The existing case law and authorities seem to suggest that freedom of conscience and freedom of religion can be separate and should not be conflated. In addition, they hint that freedom of conscience would embrace strongly-held moral and ethical beliefs."

We are a country of freedom. We're also a country of caring, loving people. Our health care professionals are dedicated to ensuring that patients receive the care they want and the care they deserve, and they do so working day in and day out with patients and with family members. They have shown through this process that they're willing to work with the government to come up with a solution that not only holds their conscience and moral beliefs, their religious beliefs—keeps them from conflicting against those—but also ensures that access to medical assistance in dying is there. They're not saying, "We don't want to be a part of it." They're saying, "Please work with us to ensure that patients access what they need, but please protect my freedoms. Please protect my freedom of conscience, my freedom of religion, which is being trampled upon in this legislation."

1550

I also want to just quickly read over parts of an article from the Toronto Star on the issue of conscience protection:

"No one can imagine coercing doctors to perform" medical assistance in dying, "any more than one can fathom requiring them to perform an abortion if they believe it, rightly or wrongly, to be the taking of a human life. The more difficult question is whether a doctor should be required to refer a patient to another physician who will carry out the patient's wish....

"Equally, some Ontario doctors are in a quandary because the College of Physicians and Surgeons, which regulates their practice, has ruled that if they refuse to act on a" medical assistance in dying "request, they must provide a referral to another practitioner who will. This seems an abuse of authority.

"It behooves doctors to help patients, notably young women, who seek contraceptives. If a physician cannot bring himself to distribute the pill, or refer to someone who will—knowing that this has always been among his duties—he should opt for pathology instead of family practice. But to abruptly demand that a doctor now do the

precise opposite of what he believes he was trained to do crosses a line.

"That doesn't mean that patients, as a practical matter, cannot get what they want or need. It could mean additional steps, but where there is a will to die, there is now a way.

"No right is absolute, and matters of conscience should not be arbitrarily circumscribed if reasonable compromise and accommodation is possible. Digital technology has made the matter of referrals less daunting than before: Belatedly, Ontario's ministry of health is now promising a referral service to access willing doctors via telephone hotline or online, reducing the need to compel holdouts.

"There is no perfect solution to the challenge of" medical assistance in dying, "only the recognition that the perfect is the enemy of the good. There are, however, good and practical solutions that have been found.

"Other provinces have found workarounds through online or hotline referrals, mobile teams of physicians and simple hospital transfers—a daily fact of life and death—without compelling doctors or institutions to do what they cannot or will not do.

"Coercion is a solution in search of a problem, a dead end given that we have other pathways to get people where they want to go. To die.

"It is possible to accept dying with dignity, while also embracing the principle of live and let live for doctors—and hospitals—of faith."

That was quite a compelling article that I wrote—I didn't write that; Regg Cohn wrote that. I don't want to take credit for that one—that I read, and I believe it served this argument right. It brought a different perspective to it.

Mr. Speaker, when I heard the government, in their speech an hour ago, say that they've taken care of that issue—that is not entirely correct. What they've done is they've created the patient referral system, which I think all three parties have advocated and I believe the majority of people coming to committee advocated for. It's a model that Alberta created and has been working on for some time now. We're behind the eight ball in this province, and people have fallen through gaps. They haven't been able to seek the services they need, because there was no patient referral service.

But what this government hasn't done is ensure that the conscience rights of health care professionals are preserved. I heard that they're not intending to affect the conscience rights of doctors. Well, it has happened. The College of Physicians and Surgeons has come out and said they have to participate through the effective referral. So either it's the federal government's and Justin Trudeau's fault—they're blaming him—or they need to act.

I think we have the opportunity with Bill 84 to act and fix this problem with conscience protection. It's not being held in this province. So for this government to step forward and say they've dealt with the issue is wrong.

We're not going to let that slide. We're not going to let that be the norm that is repeated out there. They have not dealt with this issue. They've turned their back on health care professionals. They've turned their back on caring doctors, caring nurses and caring pharmacists who, through no conscience protection, through no method of their own, wanting to bring care to their patients—they turned their back on them, walked away and said, "We fixed the problem."

That is not how it works in this province. There's a balance, hand in glove, between the self-referral system and the protection of conscience rights, and unfortunately, this government failed to do so in this legislation. They ignored the people who came forward, the people delivering the care to the people of Ontario.

You know what they should also be doing, Mr. Speaker? Not only did they ignore the people, but they talked a lot about palliative care. This government is a failure, over 14 years, in palliative care. I wish they worked just as hard on other issues as they do with palliative care. I hope they start working on it—not because an election's coming, but because Ontarians deserve access to palliative care. Whether they live in northern Ontario, whether they live in southern Ontario, rural Ontario, Toronto, the GTA, or eastern Ontario, they deserve access to that care. They're not getting it at this point, and this government is not protecting conscience rights. It's going to make it worse for those areas of this province that do not have access to those doctors, that those doctors who, through no fault of their own, are going to have to walk away from the profession they love or change their specialty because the government does not support them. They had their opportunity, and they walked away.

I wish they could have listened—listened to the opposition, listened to the stakeholders coming forward and perhaps, working together, we can fix the solution in the next few weeks. Perhaps we can sit down and pass the legislation that's coming forward and, together, we can work towards a solution that fixes the problem they ignored in this legislation.

Mr. Speaker, I look forward to listening to questions and comments from the people of the Legislature. I know I've heard a little bit of feedback during my speaking, and I'm hoping that I'll hear it through a microphone so I can fully understand what they're trying to say.

The Acting Speaker (Mr. Ted Arnott): Questions or comments?

Ms. Catherine Fife: It's a pleasure to join the debate this afternoon on Bill 84, the medical-assistance-in-dying statute, and to respond to the comments by the member from Elgin–Middlesex–London.

I will, at the onset, say that I think we share—genuinely so—the frustration around the committee process. Our critic on this is Ms. Gélinas, the member from Nickel Belt, who brought forward several amendments to the committee and who was shut down on almost all of them, with the exception of one around care coordination. But the one that we really, genuinely felt the gov-

ernment could have listened to was the process around "registered nurse" as a definition.

I just want to point out that I think the clock is wrong. It's saying that I have 14 minutes to respond to Mr. Yurek.

Ms. Cindy Forster: She'll take it.

Ms. Catherine Fife: I could speak for 14 minutes in response, but I think I just have two minutes.

Our member from Nickel Belt said that for the hundreds of people who have already accessed medical assistance in dying, a nurse was present, so it would follow that they ought to be included in the legislation. All the amendments that would add "registered nurse" to the definitions had the support of the Registered Nurses' Association of Ontario. They are present; they are part of the process; they needed to be respected in the process of this legislation. Quite honestly, there's really no good reason for us not to accept it.

Now I have one minute.

The argument, of course, was that the professional who is most likely to be there when medical assistance in dying is provided is a registered nurse. They deserve to be protected by all of the protection that this act gives physicians and nurse practitioners. I believe this amendment was supported by the PC caucus.

This is part of the frustration that we have in this current context here at Queen's Park: that we have this ongoing conversation about how death and dying should be non-partisan. And if so, then why not take the recommendation from the health care professionals, from the nurses who are there in the room, as they often are, doing amazing work, and not see that this recommendation could have been accepted?

There is a disconnect here in this place when we hear the government side of the House saying, "Let's do this together. Let's make this legislation stronger," and then when a basic amendment is brought forward, it's not received positively by the government side of the House.

The Acting Speaker (Mr. Paul Miller): The member from Ottawa South.

Mr. John Fraser: Just to respond to the member from Kitchener–Waterloo: I think we got advice at committee from both the ministry's lawyers and legislative counsel that changing that wording in relation to the federal legislation, which specifies nurse practitioners and doctors, could be problematic, and it was not advisable to do.

I will respond to the member from London-Middlesex with regard to—

Mr. Bob Delaney: Middlesex-London.

Mr. John Fraser: Middlesex-London—thank you very much to my colleague for correcting me.

We are creating a care coordination service. My colleague knows that. It is a service that will provide a pathway, access to palliative and end-of-life care, those things that people need—as I said earlier, a safe place for people to be. I think we have the balance and have created space where objecting and non-objecting practitioners can work together, a path that's safe, that people can get to, like they have in Alberta. I'd suggest you might want to read the Alberta legislation regulations with regard to what the responsibilities are. You should take a good, hard look at that.

1600

What I do want to talk about is patients. Let's remember who we're talking about here: We're talking about patients and families who are suffering incredibly. We have to put them at the centre of what we're doing. We've done that with the care coordination service. But you know, the provisions around insurance, WSIB, around the coroner, around liability—we're not going to put up any more speakers on this side because those provisions are important. Right now, you have to get a waiver of liability, which puts both patients and practitioners at risk because we don't have, in legislation right now, that protection. We need to get that done.

The Acting Speaker (Mr. Paul Miller): The member from Haldimand–Norfolk.

Mr. Toby Barrett: I've had a number of meetings with Dr. Philip Drijber, made mention of by our critic, Jeff Yurek. As Dr. Drijber would explain, he's not able to participate in euthanasia for a number of reasons of conscience and ethics, religious conviction, the Hippocratic oath. He goes on to say during the testimony that "the feeling that it has to be done ... by a physician" or through their office "is ludicrous."

He uses the example of abortion care services. He indicated, "I've never referred anyone for an abortion in my 20-odd year career," but if someone comes in and says, "'I'm pregnant'"—he would sit down with them: "'Let's look at your options. You could have this baby, you could adopt this baby or you could terminate this baby. That is your choice. If you want me to follow you through ... I'm here for you.'" He could assist you with arranging for adoption. "'If you want to terminate this baby,'" in that case, "'there is a website. There's a number of 800 numbers,'" as he said. "'You can find them and you can call them.' That's informed consent, but I'm not participating." I'm quoting Dr. Drijber. As he indicated, if "they're capable of coming into my office, they're capable of looking" up the various services for an abortion on the Internet and getting the number that they want.

So just to reiterate, as he indicated, "The feeling that it has to be done through a physician's office or by a physician"—he puts that in the category of being "ludicrous." He very clearly considers referral of any kind as a form of participation in euthanasia.

The Acting Speaker (Mr. Paul Miller): The member from Welland.

Ms. Cindy Forster: The member from Kitchener–Waterloo and the member from Ottawa South had a little bit of a debate, through the Speaker, of course, with respect to the issue of definitions and that including the word "others" actually includes registered nurses and nurse practitioners, but could also include, as the member from Kitchener–Waterloo said, the gardener, the dog walker—I mean, whoever happens to be around at the

time. I think that really is a slight to registered professionals in this province to not include them in the definition.

I can tell you, from my many years of working as a nurse, most of the time there was never a doctor around when a patient actually passed. It often happens in the middle of the night; it almost always happens when the family isn't present. We all know how difficult it is to find palliative physicians. I often hear about patients being discharged from the hospital on pain medication and not being able to see a palliative physician for three or four days after that. So it is problematic.

I hope that I get an opportunity—I've certainly had lots of letters in my riding from regular folks, retired nurses, a Brock University professor, from just, you know, regular people in my riding actually speaking to the issue of care coordination and the rights of physicians to not have to deal with their moral or religious conscience beliefs.

In addition, I met with Dr. Isabel Nunes in my riding who was very concerned that the government wasn't going to actually change this legislation. I think it would have been much easier had they done it to start with as opposed to creating more controversy around this bill.

The Acting Speaker (Mr. Paul Miller): The member from Elgin–Middlesex–London has two minutes.

Mr. Jeff Yurek: I'd like to thank the members from Kitchener–Waterloo, Ottawa South, Haldimand–Norfolk and Welland for their thoughts on my discussion.

Just to hear right now that the government wants to rush this through because all of a sudden they realize that there are problems in the system because they didn't act on it last June when this passed—where have they been for the last 10 months? Why is it all of a sudden a rush? Can't we have normal debate? You can say anything is a rush to pass through any type of law.

Let's go back to where we were before, in a minority government, per se, where we actually spent time debating the legislation. We spent time listening at committee and taking amendments from all three parties and we spent time debating at third reading. We passed legislation—whether you liked it or not—where all three parties had a say in what was actually going on. We are in a system right now, since 2014, where this government looks at themselves and decides what the law is going to be, and forget about anyone else. They do it time and again.

I take exception with the member from Ottawa South saying that it's about the patients. It is about the patients, but I hope he's not implying that the doctors who want to protect their conscience rights are against their patients, because that's wrong. They're some of the most caring people I've ever met. The health care professionals who are looking after their patients, deserve their conscience rights protected, just like a referral source that is needed in this province; they go hand in glove. The government missed the ball on this one. Hopefully we can rectify this situation.

The Acting Speaker (Mr. Paul Miller): Further debate?

Ms. Catherine Fife: Mr. Speaker, I believe we have unanimous consent to stand down the NDP one-hour lead for this afternoon's debate.

The Acting Speaker (Mr. Paul Miller): The member from Kitchener–Waterloo has asked for unanimous consent to stand down their one-hour lead. Is everyone okay with that? Agreed.

The member from Kitchener–Waterloo.

Ms. Catherine Fife: It's my pleasure to join the debate today on this important piece of legislation. I think it's a very emotional debate. There is a lot at stake. When this was at second reading, people were trying to navigate how they felt about the legislation and they were trying to bring the voices of their own constituents to the debate. Really, we are in a bit of uncharted territory here in Ontario. Other jurisdictions, however, have done a very good job of navigating this legislation.

I'm going to start off by addressing—and it's a privilege to do so—the voice of a constituent from Kitchener–Waterloo, and their experience, having gone through the medical assistance in dying process that exists currently in the province of Ontario, because I think sometimes what happens in this place is that we think about the legislation and we lose that lens of viewing how that legislation affects families and individuals on the ground.

I will tell you that this was prompted because my friend Karen came into my office in Kitchener–Waterloo and said, "My dad will be dying next Thursday." Then she sat down, and then I sat down because that's a heavy, heavy statement to make. It was emotional. We didn't speak for a little while because we were processing it. She explained where she was, as the daughter of Keith Coviello. It was a brave thing to say, but I raise it in this House because it's new territory. It's a new expression that we have now.

Her dad was Keith Coviello, and he did die on January 26, 2017. She gave me permission to share this story here in the Legislature—very generous to do so. It is a huge responsibility, also, to share this story. Ultimately, this is a story about a man who wanted to live and die with dignity. I think that we need to take the debate back to that place.

1610

I just want to tell you a little bit about who Keith was. He came into the world in an unconventional manner and chose to exit in a similar style. Keith's birth coincided with a fierce prairie snowstorm, leading to an emergency delivery on the family farm in Birsay, Saskatchewan. The consequences of his birth were dire in the short term, as Keith suffered a severed brachial plexus, leading to a lifetime with one functional arm.

Yet, in the long term, Keith's injury opened the door to a world of incredible possibilities, far away from the family farm. He became the first and only child in his immediate family to reap the benefits of a university education, and went on to earn a wall full of degrees in mathematics, physics and education.

Keith was adept at all sports, and given some duct tape and a few scraps of wood, he could physically alter any

piece of sports equipment to suit his specific physical needs. He was an avid and skilled athlete, surprising many by playing competitive hockey and baseball and enjoying many rounds on the golf course.

I had the pleasure of meeting Keith on several occasions—I always like when a parent shows up to his daughter's town hall—because Karen was his councillor for a while. He was the first one to ask her a question in the public forum. My mother would appreciate that story, because she texts me as I stand here in my place.

After watching his mother-in-law, Viola, suffer a long illness and prolonged death, Keith became a passionate supporter of medical assistance in dying legislation. His reasoning was clear: He wanted to preserve his autonomy and dignity from the start to the finish of his life.

Time was not kind to Keith's body. He suffered small strokes, was diagnosed with dementia and Parkinson's disease, and dealt with the repercussions of a long-ago car accident that left serious lesions on his brain. His balance was precarious. Sometimes he fell three or four times in one day. His family became accustomed to seeing him patched up, with Band-Aids from his latest tumbles.

The emotional and psychological scars were even more painful for this proud and accomplished man. He hated the disintegration that he was enduring. He worried about his wife and the toll that his illness was taking on her health. He wanted his children and grandchildren to remember him as a strong and capable man.

The federal government's Bill C-14 received royal assent and became law on June 17, 2016. After extensive conversations with his family, Keith applied for medical assistance in dying support to end his life on his own terms. After a very thorough and compassionate vetting process, several assessments and interviews with all his family members, he was granted approval, and his "departure date," as he liked to call it, was set for January 26, 2017.

When asked, his family will tell you that the very best outcome of this process was watching Keith regain control of his life. Once MAID permission was granted, his family contacted family and friends to let them know what Keith had decided to do. Then, the letters began to arrive—nieces and nephews, old friends, neighbours, colleagues, former students, all expressing their love and admiration for him, as well as deep respect for the brave decision he was making. They thanked him for everything he had done for them, for his family, for his students and for the community. Keith's self-esteem was boosted, and his dignity was restored once again.

January 26, 2017, came quickly, following a myriad of visits, of family celebrations. The process that day was personal, respectful and very professional. At all times, Keith was offered the opportunity to change his mind, but he knew what he wanted to do. He assured his family that he was okay. He would be looking for his parents, two of his best friends and every family pet they ever owned on the other side. Keith went on his own terms, and for that, his family is enormously grateful.

As I tell this story, I hope that we, collectively as legislators, understand the weight of this responsibility to get this legislation right. It takes a lot of courage to share such a personal story, and I want to thank Karen for that.

She also told me, when we were discussing this process, that he would have wanted this story told. It's an important piece. It's the personal, the emotional component of the legislation. It's an opportunity for us to learn and to educate ourselves, but also to be mindful of the ethics, the resolve, the need for clarity as this legislation moves forward, as people navigate this decision, and as we, as legislators, navigate the legislation.

It is a privilege to have shared this story, and I hope I have honoured the memory of this amazing man today. But it is an important part of getting Bill 84, the Medical Assistance in Dying Statute Law Amendment Act, correct and right.

As I mentioned, we have some other jurisdictions—ironically Saskatchewan, where Keith is from. They've been able, actually, for quite some time now, to be part of the care coordination: how a patient's family, personal support workers, social workers, anybody can gain access to medical assistance in dying through care coordination. But they've done way more than this in Saskatchewan and Alberta.

I know the committee heard a lot about Alberta. In Alberta, they have a physician and family support group, so that when a physician, a nurse practitioner, a nurse, a pharmacist, a registered nurse or a social worker goes through this experience—this very dramatic experience—for the first time, there are people there who will help them. When a family chooses to have medical assistance in dying as an option, there are supports for them that are put into place, that are set up so that it's easier after the death happens. Because you have to admit, just as I described this conversation that we had around when Karen's dad would die, that this is new territory altogether.

And you counter the Saskatchewan and the Alberta experience with us: For us, what will happen is that we go to the coroner. Our health critic from Nickel Belt has said, on the record, that she has problems with that. In other provinces, they have put in a medical-assistance-in-dying regulatory review committee that looks at the review, looks through so that they can learn from it, but within the health care system, not with the coroner. For us, it's as if we knew that we had to work to protect the people who want access to something that Canadians and Ontarians have been wanting to have access to for a long time. We knew we had providers who had conscience objections, and we did nothing but open it up for 50-some-odd people to come and talk to us for three minutes at a time through the committee process. I know the member from Nickel Belt has a lot of frustration with that.

Because this legislation deals with very vulnerable people in our society, because it deals with the medical profession—which has been fairly vocal about their concerns—because there are issues of legal liability, and

because there are issues of insurance and when insurance would cover such things, I had asked my OLIP intern, Emily, who's amazing, to look into this academic paper. I'll give them credit here; I'll just make a note of it. This was a report called An Ethics-Based Analysis and Recommendations for Implementing Physician-Assisted Dying in Canada. It was authored by Nadia Incardona, Sally Bean, Kevin Reel and Frank Wagner. They go through six overarching principles that should be applied through the lens of medical-assistance-in-dying legislation. They talk about the need for accountability. They talk about the need for collaboration and the coordination piece. They talk about dignity, equity, respect and transparency. This legislation, as it is crafted, does not meet the test of these ethical principles and associated goals.

1620

They do talk about the two different perspectives, and I think this is the time and the place to discuss this. They mention that from the perspective of a health care provider, conscientious objection can be justified under the Charter of Rights and Freedoms. Ethically relevant considerations include protecting the clinician's moral integrity, respecting the clinician's autonomy, and improving the quality of medical care by promoting a medical environment that respects diversity of opinion and culture.

On the other side, there is a responsibility on the part of the physician to provide patients with treatment that is in their best interest; to provide vulnerable patients who lack the choice of clinician with advance notice of the clinician's conscientious objections; and prevent excessive hardship on other clinicians or institutions.

Whatever side of the issue you may fall on—and this is from this paper—it is important to have the space to have these types of conversations. Instead, what we saw in the committee was the Liberal government saying that the bill was very technical in nature, as a justification for not really engaging in those tough conversations.

I'll go back to the amendment that the member from Nickel Belt brought forward with regard to including registered nurses as part of the legislation.

Language matters in legislation; it does. We've seen the government craft legislation—like on the e-cigarettes, for instance, where they left out four words, so that people could actually smoke marijuana in restaurants using some of these devices. So they had to go back and fix it.

What we had hoped to do at the committee level was ensure that we closed some of those loopholes. As I mentioned, having registered nurses specifically included as their professional title in the legislation—what we saw was that there was quite a lot of resistance from the government when it came to including a registered nurse in any of the definitions. Instead of referring to them by their professional title, they refer to RNs as "others" or "those assessing a physician or a nurse practitioner." Ultimately, the Registered Nurses' Association of Ontario felt that Bill 84 was insufficient in many ways, and we agree.

I know the member from Ottawa South, who has done a lot of work on this legislation, had said that the lawyers were consulted, and they thought that the definition as it is described in Bill 84 would suffice.

I feel that not having accurate language—a professional designation—actually leaves the legislation open for interpretation. I think that the lawyers are going to be pretty happy about that—not to give lawyers a bad reputation, but you can see that if there's an "other" person in the room, defining who those "other" people are—there is a need for clarity in this legislation.

What we really need to do in this place is make sure that the rights of the patients, those vulnerable patients, are matched with the responsibility of the medical profession and the need for care coordination.

Our critic, France Gélinas, said, "Really, on something as non-partisan as life and death, we are left with the only process where medical assistance in dying was ever open to our community." She really feels that this legislation could be stronger, it could have greater clarity, and the care coordination piece is still very loose.

The example I brought to the floor of this Legislature, as it relates to Keith Coviello—this was a well-coordinated, well-supported and well-informed process. Not every family in Ontario is going to go through the process and it's going to look like this, especially when you weigh in those individuals who have severe mental health issues and who have not been able to access quality palliative care.

We have known that people have wanted medical assistance in dying for a long time. I once had a constituent who did go to Switzerland to go through this process. I think he would be relieved, in many respects, that Ontario now has a framework for this, but I think that we need to be very cognizant about the fact that there is still resistance out there in the province of Ontario. We need to get this right, because it's too important not to.

The Acting Speaker (Mr. Ted Arnott): Questions or comments?

Mr. John Fraser: It's a pleasure to respond to the member from Kitchener–Waterloo. I want to thank her and to thank Keith and Karen for sharing that story, because I think those stories are important to tell and to focus on the people whom we are writing this bill for.

I do want to speak directly to the insinuation that there was not enough consultation on this bill. I think I said earlier in my remarks that we had 14,000 submissions. We had 12 town halls—we had two in Sudbury, which is pretty close to Nickel Belt: one in French and one in English. I agree: There can't be enough conversation, not just in here but around this province about this, because we're going to have to come through this together. But I don't accept that we did not do those things in advance of this.

In relation to, and I'll use the words "the accusation" that we don't respect nurses, that's not true. My mom was a nurse. Not changing this in the legislation does not mean that we—you know, my mom was a nurse, and I know the importance of the work that nurses do, not just

in the system, but in my family. It is important. It's important to have that relationship, to understand that because I'm the son of a nurse that I respect them.

Nurses are not identified in federal legislation as providing—providing—medical assistance in dying. They assist. To put it in the legislation the way that it was written, the advice that we got from the ministry lawyers and the legislative counsel who was there is that you could have an unintended consequence. It was not about respect; it was about making sure we got the words right in the law. I just want to make sure that the other side understands that.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Pettapiece: It's a pleasure for me to stand and offer my comments to the speech given by the member from Kitchener–Waterloo. I listened to the story. That was someone who, to me, had planned everything as best he could. It was a story that, to me, meant a lot. It certainly means something to this legislation that we, as legislators, need to listen to those types of stories, because no matter how perfect you try to make a bill, it's difficult to do that.

We've seen that there are some issues with this bill that we don't like. It's too bad the government refuses, not only on this bill, but certainly on a lot of other bills, to take our amendments into consideration. It's very frustrating because we believe, as an opposition party—and certainly members of the third party I think would agree with this—that we have some good input to these bills, and yet we are refused. We can't participate by the amendment process because the government always thinks that they have things right.

I'm sure this bill is going to pass, but I would urge the government that in the future, if there are comments about the way this bill is implemented, that they listen to those who are in the medical profession and maybe change things, if need be changed. I think that's maybe something that will happen in the future.

We have to ensure, especially when we're dealing with issues that are very personal and hard to make, I'm sure, that the legislation that allows these things to happen is crafted in a way that is as close to—I hate to use the word "perfect," but as close to it as we can get. I would hope that in the future, if the medical profession has any issues with the way the bill is presented, the government will at least listen to them if they don't want to listen to the opposition parties.

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The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Jagmeet Singh: I'm honoured to rise and respond to the wonderful statements and speech given by our member from Kitchener–Waterloo.

The issue is very sensitive, as our member indicated, and the story that she shared was very touching. The part of the story that was very moving to me was the idea that throughout his life, the individual that the member from Kitchener–Waterloo referred to, when faced with adversities, was able to conquer those adversities and succeed in life. Later on in his life he was losing control, something that he had spent a lot of time to be able to establish—that ability to have control in his life, to be someone strong for his family—and in losing that wanted to leave this world on his own terms.

There's something very powerful about that story. It really speaks to me, and I think it should speak to people in this Legislature, about how important it is that we have that respectful and dignified way we approach end of life. This legislation provides an opportunity to do that. We need to make sure we take our role here in this Legislature very seriously with respect to making sure this law, in all avenues and all ways, respects that dignity of life and the dignity of people who choose to end it on their own terms.

In the same way, the member talked about other sensitivities with respect to those who may have concerns around how this operates, and the ability and the rights of people to be able to live in a manner that's consistent with their beliefs as well, in terms of medical professionals.

This is a very important bill. It's going to take a lot of work to ensure that we move forward in the right way. We have a number of suggestions, and I hope the government will take heed of the recommendations we bring forward.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Shafiq Qaadri: I appreciate the opportunity to speak on Bill 84, medical assistance in dying. Speaking, of course, as both a physician and a parliamentarian, and with a certain amount of life experience in this domain, I think that this particular bill and my colleagues who have weighed in on it on all sides of the House—I would compliment all individuals who have been speaking to this bill—have the right sense and the right measure of offering a medically needed service and also being, of course, extremely mindful of the many, many issues that this touches upon, whether it's religious beliefs or personal convictions, and even inherently some of the—as was mentioned, I think—unintended potential consequences of a bill like this.

Unfortunately, Speaker, as you will know, there are a number of medical conditions—for example, metastatic cancer, which means the cancer that's left home from its primary place, let's say in the liver or the lung, and has gone elsewhere, whether it's to the brain or the bone; other forms of blood cancers; other forms of paralysis and so on—in which the individual who has, yes, up until now, like the individual from Kitchener–Waterloo mentioned, lived a dignified, struggling, striving life, really loses control and is living essentially in ceaseless pain and suffering.

We as physicians see this, being mindful of the fact that individual physicians may not necessarily want to offer this service, but in a publicly regulated, publicly funded system, they are yet obligated to offer the referral for the service, or at least the kind of tracking pathway.

That occurs for other things, whether it's cosmetic surgeries, to which many people object, or things like abortions, which people object to for various reasons. We don't question their objection; we simply implement the pathway of referral.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. We return to the member for Kitchener–Waterloo for her response.

Ms. Catherine Fife: Thanks to the members from Ottawa South, Perth–Wellington, Bramalea–Gore–Malton and Etobicoke Lakeshore for their comments.

Mr. Shafiq Qaadri: Etobicoke North.

Ms. Catherine Fife: Etobicoke North.

I just want to say—I mean, I'm not saying that the member from Ottawa South doesn't like nurses. I know that he likes his mom. He loves his mom. I'm saying that including them in the legislation would have actually made the legislation stronger. I maintain that and our critic maintains that as well.

I will say that, at the end of the day, it is important that the issue of medical assistance in dying is approached not as a problem of intractable competing rights, but rather as a reasonable balancing of the rights and interests of both the patient and health care provider. I will tell you this was clearly articulated in the report, An Ethics-Based Analysis and Recommendations for Implementing Physician-Assisted Dying in Canada. So there is a lot of expert advice out there.

The process around consultation: Yes, there was a lot of consultation around the province prior to the legislation being crafted. Once it had passed through second reading and it went to committee, there was a document in front of informed, intelligent, caring Ontarians who wished to change the legislation. They wished to make it stronger, like the Registered Nurses' Association of Ontario, and they were given three minutes to do so—three minutes of consultation in that regard.

From our perspective, there has to be a better way. This is a transformative piece of legislation which changes the process of dying in the province of Ontario, and Ontarians want us to get it right. They want the clarity, and they want to know that the insurance piece will be covered. They want to know that there won't be a coroner's inquest. They don't want to transfer that stress and leave that stress in this world.

I don't think the legislation has got the balance piece right. I know Ontarians still want to weigh in on this issue because the letters continue to come into our offices.

Finally, I just want to thank Karen Scian for sharing her story about her dad. It was a privilege to be able to bring it here to the Legislature. I hope that it informs the government going forward.

As always, it's a pleasure to bring the voices of Kitchener–Waterloo to Queen's Park.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Bill Walker: I'm pleased to rise and participate in the final and third reading debate on Bill 84, the Medical Assistance in Dying Statute Law Amendment Act, 2016.

First, I would like to thank my colleague and friend Jeff Yurek, the member for Elgin–Middlesex–London and our health critic, for all the work and time that he has invested in this bill, and also his staff, our policy staff and all of the people, frankly, who appeared before committee, whether it be in a written submission or whether they appeared live. There's a lot of interest in this. It's a very sensitive topic since the federal government has passed it at their level, bringing it back to the provincial level.

I'm going to recap a little bit of what my colleague Mr. Yurek, from Elgin–Middlesex–London, said, and then I'll go on to some other new stuff as well.

As you heard, Bill 84 first and foremost provides directive and clarity—or that was the intent to provide—to patients and medical professionals and groups that provide access to medical assistance in dying, as legislated federally by way of Bill C-14. As all members are aware, the Supreme Court ruling on MAID prompted the federal government to pass legislation last June related to medical assistance in dying, specifically to make it a legal service that must be available and delivered in accordance with the law. Bill 84 is in response to the federal legislation that makes MAID legal in Canada.

Professionals included in Bill 84 are clinicians, doctors and nurse practitioners who provide MAID services, and coroners, who will not be required to sign death certificates for MAID deaths in Ontario. Also, Bill 84 will prevent doctors or nurse practitioners who provided or assisted in MAID services in Ontario from lawsuits and criminal prosecution. Furthermore, with regard to insurance payouts and other similar benefits, such claims will not be denied to families looking to collect insurance benefits if the policyholder received MAID in Ontario.

With regard to identity protections for medical professionals who provide MAID, their identity will be exempt from the Freedom of Information and Protection of Privacy Act. And finally, workers receiving MAID will be deemed to have died as a result of their injuries or disease that made them eligible for MAID, and from any other cause.

While well-intentioned and designed to protect patients, Bill 84, in its final form, sadly remains without conscience protection for doctors. There are a number of concerns that have been raised, and I believe it bodes that we need to be speaking about them. The whole intent of our democracy is to be able to debate fully and wholeheartedly until we get the legislation so it's the best that it can possibly be for Ontarians.

During second reading debate and in committee, we kept hearing concerns from those who believe that medical assistance in dying should not be forced on medical professionals if it goes against their conscience and that it should be respectful of other people's constitutional rights—of all people's constitutional rights. There are some long-serving health care professionals who object

to providing medical assistance to terminally ill Ontarians who want to end their lives with a doctor's help, and I've met some of them to understand their issues. I sat through parts of committee, and I remember vividly hearing particularly one doctor from Alberta, where they are using a system where they've been able to accommodate both. They've been able to find that balance where people—the patient who wants to end their life for all of the right reasons, in their mind, and it's their right—have been able to do that, and yet they've been able to honour the medical professional who does not want to be complicit in doing that.

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They have a number called 811, so you're able to call that. In fact, I asked that doctor on the phone if you even have to go through your doctor, and actually you don't. If you decide and you can meet all the criteria, you can pick up the phone and you can go through the process. You can actually do it online if you so choose. So there is an ability to do this. It baffles me, Mr. Speaker, when we bring in legislation and there's another jurisdiction in our great country here that actually is working for the people we're all elected and given the privilege to serve, and yet we can't find a way to utilize what's already in front of us, for whatever reason. I can't understand, from the Liberals' perspective, why they will not take a look and at least do more research into doing that.

For reasons of conscience, ethics, religious conviction or the Hippocratic oath, they feel that a referral of any kind is a form of participation in medically assisted dying, and they asked specifically for conscience protection amendments to Bill 84. They say, "It's working." I asked the doctor on the phone, "Is it working? Have you heard any concerns where this is not working for both sides?" That doctor shared with us that, no, it is working. It has been tried. There have been many people who have been able to utilize the service and find what they want. I don't understand why we can't find that here. With all of the submissions—I believe the parliamentary assistant said 14,000 submissions have been made—I can't believe that out of all that we can't find a way to do this.

BC, the province of British Columbia, has a system. It's slightly different, not quite the same as Alberta's, but at the end of the day they, again, do not penalize those medical professionals and practitioners who choose not to participate, and yet the patient is still able to go forward on their terms and on their condition if meeting all the criteria.

I feel that this is a balance that can and should be achieved, and a right that we need to protect. I don't, again, understand from the Liberal perspective, and hopefully, as we continue to debate, they'll be able to share with me why they will not be willing to look at another system that's in our own area, in our own country, that can work for the people of Ontario who we are given the privilege to serve.

I feel this is a balance, as I said, that we can and should achieve, and a right that we need to protect. Our Charter of Rights and Freedoms says the same: that we have a duty to protect them from being forced to do things against their conscience. Mr. Speaker, it's a fundamental part of our Constitution. Why can we not, in their words, collaborate, work together, listen and collaborate to ensure that the legislation is serving the needs of all people involved? In other words, our medical assistance in dying should be accessible to those who qualify and want it, without forcing institutions and health care practitioners and professionals to act against their beliefs.

We in the PC caucus respect the conscience rights of health care professionals. Doctors objecting to Bill 84 should be able to continue to serve their patients and have their conscientious objections legally protected. This is why we've called on regulations to ensure a balance between individual rights, including recognizing the conscience rights of health care practitioners and facilities, while protecting vulnerable individuals. It's also why we were extremely disappointed the Liberal government voted against our amendments that would have removed requirements for health care professionals to participate in medical assistance in dying.

Mr. Speaker, it's hard to hear the words—collaboration, partnership, listening, "we want to do the right thing"—when we go to committee and, just because it's a PC amendment, not one amendment was accepted. Now, I can't fathom, in the spirit of collaboration, that you can't find one good thing. There's no one in this House, no party in this House that owns the whole licence on an idea. They have to be able to reach out and find a way, that there's something that they can take and truly be able to stand up, truly and proudly, and say, "We have collaborated. We have worked with all three parties to be able to find this." But in this case not one single amendment in committee was actually accepted. That tells me that they've already decided that they're going forward. It's going to be on their terms. They know better than anyone else, and that's disrespectful to many, many people.

We had a number of people coming to make deputations to the committee. We've had people write in. Some 14,000 submissions, I believe, it was quoted. We have certainly received them in our office, giving us ideas and thoughts from people that we are given the privilege to represent. I can't fathom that you couldn't find at least one amendment. This isn't just with this bill. So then it becomes, "Is this is a partisan thing?" Is this something where we're just trying to go forward and say, "Forget anybody else. We're going down the path."

It's like selling Ontario Hydro. It's like closing schools, which this government continues to do without consultation. They've put legislation in place with the school closures, just for a matter of context and comparison. They said, "We're going to close," and two years in now they're going to send three people from their caucus out to listen to the people and see what they can hear. Well, Mr. Speaker, those schools have been closed; there are more that are going to close, and yet now they're sending people out to listen. Why didn't they listen in the consultations in the first place? Why didn't they

encourage the two opposition parties to be part of that process before they rolled out their actions?

I fear with this one, Mr. Speaker, that once again they're doing the same. It's, "We know better. We're going down this path. We don't need to listen to anybody else because we have a majority." That's not democracy at its finest. There has to be the ability to listen and to truly work and collaborate with both ourselves—the PC opposition—and the third party, the NDP.

We in the PC caucus respect the conscience rights of health care professionals and practitioners. Doctors objecting to Bill 84 should be able to continue to serve their patients and have their conscientious objections legally protected. That's a balance. It's a big concern that we're hearing out in the public. We already have doctor shortages in many places across our province. We're hearing from doctors saying that this is it: "If they do this and they're going to force me to do that against my conscience, against what my beliefs are, I'll either stop practising or I'll move or I'll go into a specialized service." That's not going to help the bulk of Ontarians—not, again, when there's a viable solution that they could actually enact that would allow both parties to receive what they want and what they need.

We've called on regulations to ensure a balance between those individual rights and that person who has made the decision—and there's very extensive, stringent criteria that they have to meet to be able to do this. This isn't just on a whim that somebody is going to be able to do this. Obviously, a person who wants to end their own life is in a situation where they have to be given utmost respect and adherence to what their wishes are. Yet, on the same coin, we have to give that utmost respect and adherence to the values and the beliefs of those practitioners and the facilities, while protecting those vulnerable individuals.

I go back again to those amendments. It continues to baffle me that not one amendment could be found that could actually be—I respect the parliamentary assistant who is responsible for this. I know he looks out. He comes to us individually and asks. So I can't understand, unless there is a directive from the top saying, "No, we're not going to do that; we're just going to keep bulldozing ahead," why they would not listen and truly make this legislation that can work for both. It's especially troubling that they voted down our conscience protection amendment to the legislation, even though Health Minister Hoskins, responsible for Bill 84, is on record stating, "We have an obligation to put safeguards in place for those health care professionals who choose not to participate."

So what's changed, and who's in charge? If he believes that, if he's truly sincere in believing that, and we have an example from the Alberta model that could work, why would we not be moving forward on that? Why would they not step back? As I've said in this House on a number of occasions, it's never too late to do the right thing. It's never too late to do the honourable thing and say, "We were going down that path, but we've heard more thoughts. We've heard more balanced discussion, and now we're prepared to step back and actually accept that amendment. It's going to be better for the people that we are given the privilege to serve, that being the Ontarians who put us here."

The final version of Bill 84 undermines physicians and nurses by ruling out choice and conscientious refusal. It's a move that was criticized by numerous stakeholders, like the Registered Nurses' Association of Ontario, who questioned why the government chose to not address how to proceed when health practitioners have conscientious objections. The Ontario Medical Association supports the freedom-of-conscience choice and has advised the College of Physicians and Surgeons of Ontario to revise their effective referral approach.

As I've said, many other provinces, such as Alberta, have adopted alternatives to effective referral, and no foreign jurisdiction, to my knowledge, that allows assisted suicide or euthanasia requires effective referral. So again, what's the driver of this? If they could explain to us why this is absolutely paramount, and that they believe the bulk of Ontarians truly want this, then I'm actually prepared to listen to them.

I'm going to use another example in contrast: 85% of Ontarians are telling them not to sell Hydro One, but they're steamrolling forward on that one. At the end of the day, government and democracy is about listening to the people that we're given the privilege to serve. I truly and explicitly ask this government to actually take a sober step back, to actually give more thought to this before they finalize.

The College of Nurses of Ontario supports and recognizes a nurse's freedom of conscience. The Ontario Medical Association supports the efforts to ensure patient access, but recognizes that some physicians believe the act of making a direct referral conflicts with their fundamental beliefs. The OMA—the Ontario Medical Association—does not support CPSO's effective referral policy. So you've got a fairly significant group of people, and, again, respect for those physicians, those people that every day of their lives are dealing with the front line, with those patients, and hearing the true needs of people—it doesn't seem to me that they're being listened to. It doesn't seem like they're being respected. At the end of the day, I hope this has nothing to do with the separate issue of their contractual situation, in which those doctors have been serving for three years without a contract in place. I hope this government is not greying and blurring the lines and going vindictively against the doctors to try to win that battle on this one, because this is about the end of people's lives. It's a very, very sensitive situation.

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I trust and I hope that everyone in this Legislature will step up and do the right thing for the people they're serving, those people who have asked for this to be a balanced piece of legislation, and honour and respect the rights of both sides.

It's for this very reason that we will not be able to vote in support, certainly from our perspective, unless they're

going to step up and consider some of these concerns and the good rationale for ways that we can improve the legislation so that it's representative of all people and respects those who wish to take their own life and also those who don't wish to participate in that process.

As I've said over and over in my short 20 minutes here, we have a system that's actually working for the people of Alberta. Why would the people of Ontario not deserve the same ability—the health practitioners and professionals and those who are seeking medical assistance in dying?

It's for this reason that our health critic and MPP for Elgin–Middlesex–London, Jeff Yurek, will be introducing a private member's bill to protect conscience for those who object.

Mr. Speaker, I have talked about a number of things and I'm going to recap a few here.

We have the ability to respect the patients' wishes while not infringing on the freedom of conscience. We have the ability to respect our health care practitioners and professionals and ensure that they don't have to do something where they cannot look in the mirror and live with themselves every day.

I'm concerned that the Liberal government is not committed to enshrining the conscience rights of doctors and health care professionals in this province. Why will they not listen to a body that—again, that's their life; that's their vocation. They wake up in the morning every day, and go to work, wanting to save or help in the life of an individual that they're given the privilege to actually be the doctor for, and yet it's like we're not listening to them. We know that they have a diagnosis that can actually work and be the right thing—in this case, it's actually to allow them to help end a life. But at the end of the day, whether it's that or saving a life, why would we not respect those doctors? Why would we not ensure that we have the ability to meet the needs of both parties? Alberta, as I have said, has done it. BC has a slightly different model that's doing it. We want to ensure, from my perspective—listening to the people that I have been given the privilege to represent in Bruce–Grey–Owen Sound and across the great province—that we actually do that.

I mentioned briefly the concern of the loss of doctors. I have certainly heard from doctors saying, "This is the last straw. We have felt for three years that we don't have the respect of the government. They're not willing to come to the table. They've been very, very aggressive in the media, trying to paint a picture of something that isn't true in all cases." They feel that they've been victimized by the government, so at this point, they're coming in and saying that this is going to be the last straw: "If you make me vote and penalize me, frankly, for doing something that I cannot live with, I will stop practising, I'll leave the province and go somewhere else, or I'll go to a specialty." Again, that leaves a wide gap in those people who currently—I have a lot of people in my riding who don't have a family physician at this point. This is just going to add to those waiting lists, to the needs of those people. It's not acceptable when we have a viable alternative.

As I referenced earlier in my talk, when I spoke with that doctor from Alberta—they've had it in place now for a while. I asked him point blank: "Is this working? Is this serving your needs and the needs of the people of Alberta?" His answer was, "Absolutely, it is. It's very effective." He's not hearing complaints from his medical professional community or from the people he's given the privilege to serve that this is not working.

So why would we in Ontario, with a model that's working almost right next door, not step back and forget the ideology of where we may be starting and say that there are better ways? There is actually food for thought from the opposition side that we can truly work together on and collaborate on in the best interests of the people of Ontario.

The parliamentary assistant, I believe, in one of his remarks, suggested—14,000 submissions were given—that they feel there has been lots of input on this. But it begs the question—the Liberals have stopped putting up speakers. So if there was that much input, if there was that much interest in this, why are the people over there who represent the people in their great ridings not stepping up and voicing their opinions? I can't fathom that there hasn't been someone, in all of the ridings of the Liberals, who doesn't see that there's a better way to do this legislation, that they aren't concerned in the same way as people coming through my office. So why are they not taking this very important and sensitive issue and standing up and representing the rights and the words and the concerns of their residents and their voters?

Mr. Speaker, I'm going to go back again to my colleague the member from Elgin–Middlesex–London. He has put in a lot of time, a lot of effort. He got fairly passionate in his speech.

He was very concerned that this government is not listening, that they rushed it through committee, that there has been limited debate and zero amendments accepted from our PC Party. How can they talk about the spirit of partnership and collaboration, yet they will not step back and take one amendment? They won't step back and say, "You know what? That's good feedback. We never thought of that," or "That can actually enhance and make our legislation even better."

I commend my colleague Mr. Yurek, who will be introducing that private member's bill, because that's the route he has now been forced to take. He tried to do it through an amendment, to say, "This can be a better piece of legislation. I want to add to the value of this legislation and ensure that both the patient and the doctor, the professional practitioner, are being respected and getting what they need with this piece of legislation."

The Liberals flatly denied that. They said, "No, you don't know. We're going down the road we wanted to, and we're not going to listen to you."

So he's now being forced to use his private member's bill, which is honourable. Again, he's very good. He got his Ryan's Law through, for asthma protection in all the

schools across Ontario. It's hard to believe that it wasn't already there, but good for him for doing that. He's now going to step up and he's going to make sure that conscience rights protections are going to be in place for those public professionals, those medical professionals and practitioners.

I implore and I ask the government one more time in my final few seconds, Mr. Speaker: There is balance here. The people who are wanting medical assistance in dying want to be able to have the choice, and we need to do that. We also have the medical practitioners and professionals who are saying, "We need the ability to honour and respect our conscience rights."

We have a model in Alberta that's working; we have a model in Alberta that's working for both sides.

I implore the government of the day to step back, to actually listen to the other side—not to us, necessarily, but to the people who are giving their feedback through us to them, to say that there is a way we can honour both sides here.

There's no reason, if they truly want to make it a piece of legislation that works for the two key parties involved, that they can't do that. If they'll come to the party with a willing, "I want to work with you; I want to collaborate," we can do it, if we put our minds to it.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Cindy Forster: I thank the member from Bruce–Grey–Owen Sound for his remarks.

We've had a lot of debate on this bill. This is probably one of the more controversial bills—perhaps the most controversial bill—regardless of which side you take in this debate.

We have had a lot of experts weigh in, we've had a lot of health professionals weigh in, we have had many stakeholders weigh in, and we've had a lot of regular people from our ridings weigh in.

I wanted to take my minute or two just to acknowledge the people from my riding who have written to me, because I think it's very important that we hear from grassroots people who this bill is going to perhaps affect—or maybe they've already had a situation in their life.

I heard from Mrs. deJonge from St. Catharines, who contacted me as well as other members from the Niagara riding. Her closing comment was, "I ask that you make every effort to support, and encourage your colleagues to support, an amendment to Bill 84 that would provide robust conscience protections for health care workers in Ontario, to ensure they are not forced to refer for, perform or assist against their will, and that they are not discriminated against in any way for taking this stand." She thanked us all for the efforts that we put forward on behalf of Ontarians.

I also heard from Dr. Isabel Afonso Nunes. I heard the member from Owen Sound talk about people leaving the profession. In my office, she specifically told me that if this amendment didn't pass in a way that would protect her, she actually would retire. She would not be able to continue to practise, although she isn't by any means near retirement age.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to respond to the member from Bruce–Grey–Owen Sound. I appreciate his remarks very much.

On this side, we listen. I heard from people on both sides, both in committee and coming to my office, as I said earlier. Anybody who wanted to talk to me or meet with me about this, I met with them at least once; some people, two or three times.

I want to reiterate that, in the face of the kind of suffering we're talking about—this bill is about those people. In the face of that kind of suffering, we have to ensure that people are on a safe path, and that's what this care coordination service is going to do. It's going to enable objecting practitioners and non-objecting practitioners to work together to follow people along a path that's safe for them. So I want to reiterate that. I know that I've said it about four or five times already today. It's important that we all have that duty to make sure that people are at that safe place. It's not good enough to say, "It's over there."

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I do want to remind the member opposite, as well, that we did mirror the federal preamble, which we tried, twice, to get into the bill. We couldn't obtain unanimous consent. I think that's unfortunate. Having said that, those rights are already protected. It didn't have to be there, but I felt that it was very important to make that statement so it would give some reassurance to people. People are not forced to participate. They are protected by the charter. What is at issue here is making sure that people get on a safe path.

I think that it's critical in this debate, again, to remember the people that we're writing this legislation for. Those measures that we have in there to protect people around insurance, WSIB and liability, ensuring they're able to get fast access to service by not having to go through waivers, which are not going to help them right now—we need to get this legislation passed so we'll have that protection. Thank you.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Norm Miller: I'm pleased to have the opportunity to comment on Bill 84, An Act to amend various Acts with respect to medical assistance in dying. I thought the member from Bruce–Grey–Owen Sound did an excellent job of raising concerns of constituents in his riding. I met with doctors in my riding of Parry Sound–Muskoka early on, before the legislation was even crafted. One of the doctors I met with was recommending a system where there were centres of excellence, sounding very much like a care coordination system, like—as was described by the member from Bruce–Grey–Owen Sound—in Alberta.

It seems like the government went partway towards that with this: "The minister is required to establish a

care coordination service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options." But they didn't go far enough to protect against requiring doctors to do an effective referral. I don't really understand why they wouldn't take that extra step. I don't understand why they didn't accept the amendments that were put forward by the PC Party. I think that would improve the legislation, and it would certainly make a lot of doctors in this province feel a lot more at ease if they knew that their conscience rights were being respected.

I know the member from Bruce–Grey–Owen Sound talked about many different groups that have voiced concerns, which you think the government would listen to, like the Ontario Medical Association. He listed off many of them. So I am disappointed that the government didn't pass some of the amendments put forward and listen to the doctors who were concerned about having their conscience rights respected.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Catherine Fife: I listened intently to the member from Bruce–Grey–Owen Sound. He always is able to get at least 30 minutes into a 20-minute hit. I give him credit for that.

I think that we share the frustration, in the third party, about the process. Two specific examples: I think our member from Nickel Belt really addressed the issue around the language in the legislation, around not including "registered nurse" as a professional designation in the definition within the legislation. That's an issue for us. She raised the issue of moving "that section 13.8 of the Excellent Care for All Act ... as set out in subsection 2(2), be struck out" and replaced with a more robust immunity for health care practitioners. This was to make sure, as she says in Hansard, "that the intent that we have for this bill—that if you provide medical assistance in dying, you will not find yourself in front of the court." That's very important. The legislation as it's crafted right now is weak in that.

Finally, that all MAID deaths will go to the coroner, as the legislation is crafted—it should not go to the coroner—who can potentially open an investigation into the death: This differs from other provinces, which have regulatory oversight over MAID deaths.

The conscientious objections, which the member raised, were not adequately addressed in the bill.

But I have to tell you that where we are right now—in this place, at this stage of this legislation—this government is not going to listen to the PC Party. They're not going to listen to New Democrats.

They are set. The legislation as it is drafted right now, with all of its flaws, with all of its gaps, with all of its loopholes, will go forward. They have a majority. They are going to do it. They're going to push it through.

It will be up to the next government of the day to fix it and bring the voices of the people to that legislation, including the doctors and including the most vulnerable citizens in this province.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. The member for Bruce–Grey–Owen Sound has two minutes to reply.

Mr. Bill Walker: Thank you very much, Mr. Speaker. I'll get three minutes in that two minutes.

I'd like to thank the member from Welland. She talked about controversy and two sides here. That's the spirit of collaboration. What democracy is all about is bringing all of those thoughts to the table and having good, robust debate and finding what can work.

She talked very specifically about the amendment for conscientious objection. That is what a lot of the debate is about today. I can't understand why the Liberals will not listen to that.

She stated unequivocally that a physician came to her and said, "If they do not put that in, I will retire." That community will suffer with one less physician, and that's going to happen across this province.

The member from Ottawa South is suggesting that he met with a lot of people. I applaud him. Frankly, our job is to listen to people. To meet with people is not the same as listening, though. He's not listening to the people.

He suggested, or implied, that I think that, yes, there are people who are suffering in a very severe state, and that he needs a safe path. Is he suggesting that the people of Alberta aren't in a severe state, and that they're not getting the service they need to be able to end their life, if that's what their choice is?

He's suggesting that rights are protected. The medical community, and certainly the professional practitioners, are arguing that. I believe my colleague from Elgin–Middlesex–London suggested that there's even a court case pending because of this. I'm not certain how he can stand that firm, saying "the safe path," if it's working in Alberta.

My colleague from Parry Sound–Muskoka—again, thank you—brought up the issue that they would not accept any amendments from our Conservative Party, which becomes a little bit that it's just a smear about partisan politics as opposed to about the people who were given the opportunity to choose. He suggested that they could listen to the Alberta model, as I did. He implored them to listen to the doctors and other organizations who want that conscience protection in there.

The member from Kitchener–Waterloo spoke about the member from Nickel Belt, I believe it was, and immunity, to protect people—for conscience rights—who object to this.

I'm going to summarize, at the end of the day, and ask the government—it's never too late to do the right thing. Put conscientious objection back into it. Make sure that amendment is there so that it protects everyone: the person who wants to end their life, and the medical practitioner.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mme France Gélinas: It will be my pleasure to share a few thoughts on third reading of Bill 84, An Act to

amend various Acts with respect to medical assistance in dying.

This has been a very difficult process with this bill. I am so sorry that we are here in third reading with a bill that continues to divide more than it helps. Some of the provisions in the bill to protect workers are needed.

But the fact is, we all knew for the last two years that this was coming. We knew there was a case in front of the Supreme Court. We knew the federal government was going to legislate and make medical assistance in dying a legislated medical act that is allowed. We knew that there was what I would call a pent-up demand out there for legislators to address this issue. We also knew that there were some serious issues with people who oppose medical aid in dying.

What did the government do? What did the leadership of this province do to prepare Ontario for this bill? Nothing. Not a thing.

What have we got? We've got a medical workforce that is so divided on the issue that I know, and the member from Welland knows, that we are going to lose access to good primary-care provider physicians because of this piece of legislation, but what we also know is that all of this could have been avoided—all of this. There was an easy fix to all of this.

1710

What did I do? I went onto the College of Physicians and Surgeons of Alberta website. You're heard many of my colleagues make reference to the Alberta model. Let me read into the record what the Alberta model is all about. I'm reading from page 2 of medical assistance in dying from the College of Physicians and Surgeons of Alberta:

"A regulated member who receives an oral or written request from a patient for medical assistance in dying and who declines for reasons of conscience or religion to provide or to aid in providing medical assistance in dying must ensure that reasonable access to the Alberta Health Services medical assistance in dying care coordination service is provided to the patient without delay."

Because Alberta set up their coordination services before they put the bill forward, when the bill came forward in Alberta it was a non-issue. Why? Because the government had done their homework, because the government had shown leadership and because the government had already put into place care coordination services that help even the most isolated, the most destitute and the most dying patients gain access at the same time as allowing physicians who oppose on conscience rights to provide this service. That's all.

Ontario is working on such a thing, but two years too late. Why couldn't we have done the exact same thing in what Ontario's about to do? I still don't know exactly when. I have asked for a briefing on this since March 23. It is now April 24 and I have yet to receive a briefing as to what care coordination for medical assistance in dying is going to look like. I have a sneaking suspicion that I haven't gotten a briefing on this because it doesn't exist and they are making it up.

The nice thing is, just copy what Alberta has done. We've had numerous people on the record who felt that if we had in Ontario what they have in Alberta, they would feel comfortable to continue to practise in Ontario.

Let me give you more details as to what this looks like because, frankly, it doesn't look that difficult to do.

I'm on page 2 of a briefing from Alberta Health Services called "Frequently Asked Questions for Physicians After June 17, 2016." I want to read the date into the record: June 17, 2016. The Alberta government sent all of their physicians, way ahead of June 17, 2016, exactly what they had to do. They knew the service was in place, it was working, and they had peace. Not in Ontario. Let me read some of that for you. I'm on page 2 of Alberta Health Services.

Question number 5: "If I decline to provide medical assistance in dying, what are my obligations to my patients?"

Answer: "A physician who elects not to participate in medical assistance in dying will provide all other medical care the patient requires that is within that physician's scope until a transfer of care has taken place.

"A physician who does not provide medical assistance in dying for reasons other than moral conscience or religious reasons shall refer the patient to the care coordination service and provide the care coordination service with the patient's relevant information.

"A physician who has a moral or religious objection to medical assistance in dying is not required to provide a referral for their patient, however, must provide the patient with the contact information for the care co-ordination service and provide the care coordination service with the patient's relevant information. The care coordination service will provide information and support for individuals seeking to consider the option of medical assistance in dying."

That's not a big system to set up. We already have in Ontario a 1-800 number for physicians only. We already have a system of telehealth in Ontario, where anybody can phone in and ask any questions they want about any health care services whatsoever, and this service is available throughout Ontario 24/7. It's not like we don't know how to put together a care coordination service. It's because we never had the leadership with the Ministry of Health. We never had the leadership within the Ministry of Health to do the right thing: to show respect for people, for Ontarians who have been wanting to gain access to medical assistance in dying. They want this service to not be criminalized. They want this service to be accessible to them, if they so choose to end their lives that way, but also to make it in a way that people who are opposed to such a service can transfer the care. It is all there; it is easy to do.

I'll continue with the Alberta model. I'm still on page 2.

Question number 7: "What are my responsibilities upon becoming aware of the intent of a patient to seek medical assistance in dying?"

"Upon becoming aware that a patient is intending to seek medical assistance in dying in an AHS facility or

using AHS resources you are required to notify the care coordination service. This is to allow as much time as possible to ensure operational readiness. The care coordination service will work with the designated operational and medical directors in the zone to assist the physician with operationalizing the request, including providing access, where necessary, to relevant other providers, drugs and protocols that may be required."

I'll continue going. I am on page 4 of the Alberta Health Services.

Question 13: "Are there any reporting requirements?"

"All medical assistance in dying events must be reported to the Office of the Medical Examiner and to the Medical Assistance in Dying Regulatory Review Committee."

So you have a place that keeps track. Given that this is a new medical service, it is a good idea to keep an eye on it, to see how Ontarians—in this case, Albertans—are using this new service. How is it being provided? Are there things to learn? We can always improve.

I'm reading that into the record, Speaker, not because I want to move to Alberta or anything of the sort—mind you, they have a pretty good government, let me tell you. This Rachel Notley is certainly a very good Premier, and so is the entire government. But the reason I wanted to read that into the record was to show that other provinces were ready. They did the work.

Ontarians are no different than other Canadians when it comes to medical assistance in dying. I would say that the requests for this service go from coast to coast to coast. Canadians from every province and territory have been asking for this service to be decriminalized. The Supreme Court responded. The federal government changed the Criminal Code. During all of that time, the Ontario government did nothing. They continued to look at an issue that was polarizing Ontarians and let them go further and further apart. They never provided a safe ground for people to have a debate, for Ontarians to find their middle ground, for care coordination services to be put forward, for reporting agencies to be put in place. It's not like we don't know what to do. It's not like Ontario hasn't got the means to do this. We did not have the leadership or the respect to do the right thing. Now we find ourselves at third reading, with a majority Liberal government, which, from beginning to end, has refused to listen.

1720

So what is in Bill 84, medical assistance in dying? The first part of the bill talks about the Coroners Act; it is organized in sections. Basically, if somebody avails themselves of medical assistance in dying, the provider has to contact the coroner once death has taken place. A lot of people, a lot of families, are not exactly comfortable with the idea that you report the death to the coroner. A lot of people know that a coroner carries a lot of power: the power to do an autopsy, if they so choose; the power to request the body and not leave it forward for the family to do a burial or funeral at their time of choosing.

A coroner has lots of power, and I don't begrudge this. There's a reason why coroners in Ontario have a lot of power to investigate suspicious death. But medical assistance in dying does not fall within suspicious death. Why does it have to be reported? Not only is it reported that way, but on the actual form that people use to report the death—mainly nurse practitioners and physicians—there is some serious issue with it because nowhere on the certificate can you actually say that it was medical assistance in dying. On the certificate you fill out for the coroner, you will have to tick a box that says "suicide"—not exactly what the people have in mind, not exactly what the families have in mind.

How come we have not seen fit, if we're going to send it to the coroner, to at least change the form so that medical assistance in dying will be there? We have a bill that mandates all of those deaths to be reported to the coroner, but yet we have a form to report those deaths to the coroner that doesn't talk about medical assistance in dying whatsoever.

Did I mention that the government did nothing to prepare for that, Speaker? If it's not clear that the government has done nothing to prepare for medical assistance in dying, adding a box on a form that is quite comprehensive and quite thick, that says "medical assistance in dying," is not that hard. It can be done, but you have to pay attention to this. You want to be prepared for this, not just put a piece of legislation forward that says you will have to report the death to the coroner and then not change the form to allow you to do that.

Other provinces have made those changes. Other provinces have actually created a completely different way of reporting so that the province can learn from what is happening in their own jurisdiction. In Alberta, it's called the Medical Assistance in Dying Regulatory Review Committee. I think that's a good thing. I think when we bring forward a new program such as medical assistance in dying, to report to a review committee is not a bad idea. I certainly hope that at some point in the near future the Liberal government will find the time to pay attention to this issue and actually add a box on the coroner's form, if we have to continue to report to the coroner, but also put forward a review committee that is there for medical assistance in dying so that we learn from it, we get better and we make changes as we see fit. We are all human beings. Are we going to get it 100% right the first time? Maybe yes. But if we don't, then at least give us the tools to learn from what we do.

Ms. Cindy Forster: It would be nice if we could get it 98% right.

Mme France Gélinas: Ninety-eight per cent right? Yes, it would be.

That was the first part of the bill. It talks about the Coroners Act. A lot of people from a lot of agencies have come in front of the committee and asked that that be changed. I have to say that I put forward such amendments, and the Liberal government voted them down.

The second part of the bill talks about the Excellent Care for All Act. In the Excellent Care for All Act, they

will define "physician" and "nurse practitioner," but they never talk about registered nurses, to explicitly include them in provisions to protect them from litigation. It's the same thing under "immunity." In the bill, under the section for the Excellent Care for All Act, the bill gives immunity to physicians and nurse practitioners who take part in medical assistance in dying so that they are protected from litigation if they do their work in good faith.

Let me be clear: Most of the time—and we've had close to 200 cases where medical assistance in dying has been provided in Ontario—there was a registered nurse at the bedside. Most of the time, it was a registered nurse who started the IV. Most of the time, it was a registered nurse who was there through the entire process. I'm not saying that the physicians were not there or that the nurse practitioners were not there, but the chances that a physiotherapist, an occupational therapist, a massage therapist, a speech-language pathologist, an audiologist, a Chinese medicine practitioner etc.—any one of the 27 regulated health professionals—will be there is pretty slim. I have never seen a physiotherapist start an IV, and I sure hope I never see one. It's the same thing with audiologists or massage therapists or anybody else—

Ms. Cindy Forster: Dietitians.

Mme France Gélinas: —dietitians and the other 27. But you know what, Speaker? I would say that 90% or more of all IVs ever started in this province are done so by nurses. We know that registered nurses will be there. They will be part of providing medical assistance in dying. But we never name them to make sure that they are defined, that they enjoy the same immunity as physicians and nurse practitioners and that they are protected from litigation.

I don't understand why we insist on naming nurses as "other health practitioners." They have a name. They are the ones who will be there providing the IV. We should have responded to their request to be included in the bill. We should have included them in the legislation. I put an amendment forward to do just that, but the government voted it down.

The next part in the medical assistance in dying bill has to do with the Freedom of Information and Protection of Privacy Act. We all know that this is a contentious issue. There are people who are really opposed to it, and there is always, at the back of everybody's mind, this element of protection of the practitioner, so that we wouldn't be able to request specifically from a physician or a nurse practitioner who provided medical assistance in dying, and I have no problem with that. We don't need to know that. A person who wants access will get to know who gives access, but the rest of it, frankly, is none of our business.

1730

The part I don't get is why we cannot file a freedom of access to information to find out which hospital is open to providing this care. It is a little bit silly because if you go on the Internet right now, a lot of people have already started to list all 150-some-odd hospitals in Ontario and show which ones have procedures in place to provide medical assistance in dying and which ones don't. But the government, in their refusing to listen mode—I wouldn't call it wisdom—has decided that we won't be able to put in freedom of access to information.

Let me tell you, Speaker, that I am a very big user of freedom of access to information. When I look in my chequebook at the number of cheques for $5 for freedom of access to information, it is pages and pages. I don't write too many cheques but, man, do I write $5 cheques for freedom of access to information. I think the only reason that I still carry cheques, Speaker, is so that I can file freedom of access to information. I do lots of them. I also do appeals; $25 for appeals. So—remember the chequebook—every now and again there's a $25 one in there.

Hospitals fully know that if they feel that there is the perception of what could be a danger to anyone in sharing information, they will use the provision of the freedom of access to information to deny you information. If there is any suspicion that sharing information about medical assistance in dying that people are requesting could put the hospital, their board of directors, their staff, their physicians' staff or anybody at risk, there is already, within the freedom-of-information law, provisions for that, and they would be fully within their rights to refuse to share information. The privacy commissioner would sign off on that and say if the hospital feels like there could be a risk of a threat—it doesn't even have to be real; it only has to be perceived—they are within their right to deny freedom of access to information.

So why are we further limiting access to information? A lot of people find that our hospitals are already not transparent enough, that they are not accountable enough, and here we have a government that basically said a big chunk of hospital business won't be accessible to freedom of access to information, when there is already a provision if anybody is worried about anything. I don't get this. I disagree with this, but the government wouldn't listen.

We have had many talk to it, including the Ontario Hospital Association. If the Ontario Hospital Association, which represents all of the hospitals in Ontario, felt that this did not need to be there, Speaker, and everybody else who has looked at the law feels that it didn't need to be there, why is it that the Liberals feel that it has to be there? I don't know. I really don't know.

Ms. Cindy Forster: What did the freedom of information commissioner think?

Mme France Gélinas: The commissioner felt the same way. The freedom of access to information commissioner felt exactly the same way, that the provision that exists in the freedom of information act already covers it and we did not need to add—well, to take away, really—access of information to our hospitals, that the law already would protect. But they refused to listen. I have put amendments forward to do this, and the Liberals voted them all down.

The same thing would apply to the Municipal Freedom of Information and Protection of Privacy Act. Just so people understand, the Freedom of Information and Protection of Privacy Act applies to our hospitals, to our long-term-care homes and to many different facilities. If you had a municipal home for the aged, which is one type of long-term-care home in Ontario, then information about that home is available to you through a bill that is called the Municipal Freedom of Information and Protection of Privacy Act. Same thing: The Liberals added that no freedom of access to information could be done through the Municipal Freedom of Information and Protection of Privacy Act that is targeting the municipal home for the aged. The commissioner said that this was not needed, that the law already protects facilities refusing to share information.

We had a number of agencies and individuals come forward to remove the facilities from those exceptions. We have no problem with protecting practitioners themselves—the nurses, the physicians, the nurse practitioners—no problem. But to protect a facility, really, to not know which facilities offer the service and which facilities don't, because—I should have said this earlier, I guess: A facility has the right to refuse that medical assistance in dying be done within their facility. Don't you think that this is important information for people to know?

We have a bill that gives facilities the right to exempt themselves from providing medical assistance in dying, so we can think of Catholic hospitals—Catholic-run long-term-care facilities have already said on the record that they don't intend to participate in medical assistance in dying, but if you ask for that information through a freedom of access to information request, you're not going to get that information. But if you go on the Internet and look at people who are trying to put that information together through word of mouth, you will. I don't like this way of doing things. It should not be up to citizens to ask their neighbours, their good friends, their nurse who works there and happens to know a physician or happens to know a nurse who works there, to find out what is what. This information should be available directly from the hospital, in writing, to people who make this request. But no, we have a bill that won't allow us to do that. I don't know why. I don't agree.

Then we have Part 2, which covers other recommendations. One recommendation that we heard over and over by many, many people: protect conscience rights, and the requiring of a referral. So we have it both ways. We have a number of people who want protection of conscience rights for the medical profession so that they are not required to give an effective referral. They have asked to develop a direct access service. In this, the Alberta model was often cited, and that would respect religious rights and personal choices and ensure that medical professionals are not forced to leave their profession or choose other specialties. Many people requested that.

On the flip side, we had required referrals: "require effective referrals by medical professionals who object to medical assistance in dying. Patients should not be expected to find the service themselves while they are suffering and vulnerable." I'm reading that into the record to show that this is something that is polarized. This is something where people don't want to give an effective referral; it is against their conscience rights. And then we have others who want to make sure that an effective referral is done.

We knew this was coming. We knew this was polarized. We knew that this needed to be addressed, and yet the only safe place—and "safe" is a bit of a misnomer at this point. The only place where the people of Ontario had an opportunity to be heard on this topic was in second reading of the bill. In second reading of the bill, where you come in front of committee, you have all of six minutes to say what you have to say. You are timed and cut off, whether you're in mid-sentence or not, after your six minutes. Then every party has three minutes to talk to you. Really, Speaker? For some people, their conscience rights are so strong, it consumed them. They came in front of committee and had so much to say to us, and the Chair—I wouldn't have wanted to be Chair on that committee. I think the member who did chair cut them off after six minutes and went on to say, "What kind of questions have you got?"

1740

Just to give you an example, Speaker—I have been here for 10 years. I have had the health portfolio for all of those years. I have handled many, many bills. I have never seen the Assembly of Catholic Bishops of Ontario come and do a deputation. I have never seen the Archdiocese of Toronto come and do a deputation.

Should I continue? Those people came because they were truly worried. Those people came because that was their only opportunity to be heard on this topic because there has never been a safe ground developed where they and many other people could get together to see: How do we move this forward? How do we respect the fact that the federal government has said that medical assistance in dying, in response to the Supreme Court, will be a service available to Ontarians, and protect conscience rights? That was the first time they had an opportunity to be heard.

Let me tell you, Speaker, it was a bit of the eleventh hour on this, and it didn't work. None of them got heard. None of the amendments that we put forward were actually carried. When I say "we"—that is, none of the amendments that the NDP put forward and none of the amendments that the Progressive Conservative Party put forward. They were all voted down by the majority of committee members on that committee. So the polarization continues to be there.

We had Dr. Kulvinder Gill, who held a media conference here in the media studio with three of her colleagues to talk about the effect this was going to have on palliative care physicians. Palliative care physicians find themselves in the position where they are the most likely to be asked about medical assistance in dying. Many of them are primary care physicians who have provided top-

notch palliative care services, and now they find themselves closing their practices, which means that people like me—I represent the riding of Nickel Belt, where 25,000 people do not have a primary care provider; 25,000 people do not have access to any services except to go through a walk-in clinic or through the emergency room of our hospital. Well, more and more of them will find themselves in the same situation, and it is no fun.

Health Quality Ontario just released a report to show the huge difference in health and in health outcomes between the people of the north that I represent and the people of the south, who live mainly in our bigger centres.

Ms. Cindy Forster: It's terrible.

Mme France Gélinas: It is horrifying. "It's terrible," my colleague from Welland is saying, and I agree with her. Why is it that we don't have equitable access to services? I choose to live in northern Ontario. I wouldn't live anywhere else. I love it. This is my life. This is where my family is. This is where my life is, and this is where the lives of many other people are. There are ways to bring equity of access to the people of northern Ontario and to people in rural Ontario so that our health outcomes are at least in line with the health outcomes of people in southern and urban—

Ms. Cindy Forster: Do you have that PET scanner yet?

Mme France Gélinas: No, we still don't have a PET scanner after eight years of waiting for it. We still have to wait.

That being said, more and more people will be added to that list of no access to primary care and no access to care, because of that bill. The bill never took the time to do its work because the minister and the ministry never showed the leadership needed to put in place something as simple as care coordination. I could go on, but some of my colleagues already have.

We also heard from people who wanted to broaden the eligibility for medical assistance in dying to include, for example, advance directives. Right now, you have to be able to give consent until the minute that you receive medical assistance in dying. You will have to give consent a number of times during your journey to gain access and be provided with medical assistance in dying. Those who are not able to provide this consent until the very minute that the act is carried out do not qualify. We have seen some horrifying stories in the paper of good people taking the lives of their loved ones because they could no longer give consent and no longer qualified for medical assistance in dying.

In Quebec, they went at it a very different way. They have provided a safe place for people to talk about it, to develop this middle ground that allows people access while also respecting people who object on conscience rights. They did a first round of consultations, they provided a document and they shared the document very widely. They went on a second round of consultations to see if they should make some changes. They made many, many changes after having listened to it. The law changed for them with the Supreme Court and the federal government on June 17, 2016—same as us—and they have already started a second round of negotiations. Now that the service has been available in their province, they've learned from it. They want to hear from their residents in order to make changes. For Ontario, we are not there. We haven't even put into place our care coordination service.

When we talk about eligibility, I had one family reach out to me who was trying to gain access to medical assistance in dying. Their family physician was not opposed to it, but was not willing to provide this service. So they phoned the 1-800 number for physicians. After phoning the 1-800 number to see if we could get two physicians to do an independent assessment of this man—he was a young man with a terminal disease—we were able to identify one physician. I think he was in southwestern Ontario around Windsor someplace. He telemedicined in and did the first assessment.

Through this process we discovered that in all of the North East LHIN—North East LHIN, remember, the size of France—in all of the North East LHIN, there are zero physicians on the list to provide medical assistance in dying. That was a bit of an eye-opener, where I realized that this service has to be accessible to all, but we have zero practitioners in northeastern Ontario.

When time came to have the second assessment done, they could not find a second physician to do the assessment. And that was with a very good primary care physician who was there with the family every step of the way, who consulted with his colleague, who phoned the 1-800 number, who phoned me. I went and saw the minister. We went and talked to the MPP liaison. We tried everything we could. Everybody was working together to try to help this man and this family, and we were not successful.

1750

So here we are in Ontario, where medical assistance in dying is a legitimate program that people should be able to gain access to, but depending on where you live, this access may work out or may not.

In other parts of Ontario, we're starting to see more and more hospitals taking the lead where the ministry did not. They are putting inside their hospitals their own MAID team—medical assistance in dying, shortened, makes MAID—so that if anybody requests it, then they know who within their hospital is part of a team that provides the service and can do the two assessments, can verify eligibility and that can also talk about what other types of services are available and accessible.

If the decision is made to carry through, then they also have the resources for this to be carried through. That includes making sure that the prescriptions for the drugs become available, that the drugs are available in a timely manner and can be dispensed in a timely manner, and that a team is there to start the IV, to check one more time for consent, and then to carry out MAID.

But none of that works in Ontario. It works in a few hospitals, here and there, that have taken it upon them-

selves to make the system work where the government has let them down.

Under part 2 of the bill, there was additional immunity protection, mainly required by registered nurse practitioners, who wanted to have occurrence-based professional liability protection. That came from the Nurse Practitioners' Association.

Although medical assistance in dying could be provided in a long-term-care facility, OANHSS made it clear that the Long-Term Care Homes Act needed to be modified so that we can ensure immunity for long-term-care homes.

At that time, the nurse practitioners still did not have the ability to prescribe controlled substances. I'm really happy to report that after years and years and years, the government finally saw fit to give nurse practitioners the ability to prescribe controlled substances if they have the proper training to do this. I thank the government for finally moving forward on this. For a lot of people that I represent, nurse practitioner-led clinics are used heavily. I can tell you that I have three just in my riding. I have one in Capreol, I have one in Lively, and I have one in Alban. We could use another 10 quite easily, if there was funding for them to open up more.

One of the arguments put forward was for people who have a disability. They wanted the bill to be stronger, to protect vulnerable people from being induced to ask for medical assistance in dying, by ensuring that they are provided with adequate information about support related to their disability.

Here again, we don't know what will be part of the care coordination service. I have asked, since March 23, to get a briefing on the care coordination service. I still haven't got it. The Ministry of Health is usually very good with me. When I ask for a briefing, they try to accommodate the crazy schedule of an MPP and they make it happen. Now, it has been over a month. I had quite a bit of flexibility in the week that we were not here, but it did not happen. I am guessing it did not happen because it does not exist.

I see that time is running out quickly, and there is a whole bunch of other things that I wanted to talk about.

I want to talk a little bit about the witnesses. I have mentioned that the Assembly of Catholic Bishops of Ontario came; the Archdiocese of Toronto came; and people came who are not frequent users of the deputations in second reading, to say the least. But I also want to say that there were 51 other groups, organizations and individuals who wanted to be heard, who never got an opportunity to be heard.

You got two days for deputations. We were able to gain a little bit of extra time by starting half an hour early and sitting through routine proceedings, to have a little bit more time. But it was basically two marathon days of deputations. I think we had close to 50—43, actually—groups and associations and individual members who came and did deputations. We had 51 who asked to come and present, within the deadline for presentations, who never got a chance to be heard.

Not everybody, Speaker, is familiar with the process of second reading and deputations and putting your name on the list and how it's done. It should be that in a democracy like Ontario's, when people want to be heard, especially people who never participated in the legislative process before—this is the first time that a bill called to them. They wanted to be heard. They wanted their government to listen to them. They had something to say. For 51 of them, we said, "Sorry, there is no room."

Really, what harm would there have been to give a chance to everybody to be heard? To me, that was the only chance for anybody in Ontario to come and be heard. It will further polarize this issue and make it even harder for everybody to move forward in a way that supports them all.

You're looking at me like you want to stand up, so I will sit down.

The Acting Speaker (Mr. Ted Arnott): I enjoyed your speech very much. Thank you very much.

Third reading debate deemed adjourned.

The Acting Speaker (Mr. Ted Arnott): It is close to 6 o'clock, and this House stands adjourned until tomorrow at 9 o'clock.

The House adjourned at 1758.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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Speaker / Président: Hon. / L'hon. Dave Levac
Clerk / Greffier: Todd Decker
Deputy Clerk / Sous-greffier: Trevor Day
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Albanese, Hon. / L'hon. Laura (LIB)	York South–Weston / York-Sud–Weston	Minister of Citizenship and Immigration / Ministre des Affaires civiques et de l'Immigration
Anderson, Granville (LIB)	Durham	
Armstrong, Teresa J. (NDP)	London–Fanshawe	
Arnott, Ted (PC)	Wellington–Halton Hills	First Deputy Chair of the Committee of the Whole House / Premier vice-président du comité plénier de l'Assemblée
Bailey, Robert (PC)	Sarnia–Lambton	
Baker, Yvan (LIB)	Etobicoke Centre / Etobicoke-Centre	
Ballard, Hon. / L'hon. Chris (LIB)	Newmarket–Aurora	Minister of Housing / Ministre du Logement Minister Responsible for the Poverty Reduction Strategy / Ministre responsable de la Stratégie de réduction de la pauvreté
Barrett, Toby (PC)	Haldimand–Norfolk	
Berardinetti, Lorenzo (LIB)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bisson, Gilles (NDP)	Timmins–James Bay / Timmins–Baie James	
Bradley, James J. (LIB)	St. Catharines	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Brown, Patrick (PC)	Simcoe North / Simcoe-Nord	Leader, Official Opposition / Chef de l'opposition officielle Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
Campbell, Sarah (NDP)	Kenora–Rainy River	
Chan, Hon. / L'hon. Michael (LIB)	Markham–Unionville	Minister of International Trade / Ministre du Commerce International
Chiarelli, Hon. / L'hon. Bob (LIB)	Ottawa West–Nepean / Ottawa-Ouest–Nepean	Minister of Infrastructure / Ministre de l'Infrastructure
Cho, Raymond Sung Joon (PC)	Scarborough–Rouge River	
Clark, Steve (PC)	Leeds–Grenville	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Coe, Lorne (PC)	Whitby–Oshawa	
Colle, Mike (LIB)	Eglinton–Lawrence	
Coteau, Hon. / L'hon. Michael (LIB)	Don Valley East / Don Valley-Est	Minister of Children and Youth Services / Ministre des Services à l'enfance et à la jeunesse Minister Responsible for Anti-Racism / Ministre délégué à l'Action contre le racisme
Crack, Grant (LIB)	Glengarry–Prescott–Russell	
Damerla, Hon. / L'hon. Dipika (LIB)	Mississauga East–Cooksville / Mississauga-Est–Cooksville	Minister of Seniors Affairs / Ministre des Affaires des personnes âgées
Del Duca, Hon. / L'hon. Steven (LIB)	Vaughan	Minister of Transportation / Ministre des Transports
Delaney, Bob (LIB)	Mississauga–Streetsville	
Des Rosiers, Nathalie (LIB)	Ottawa–Vanier	
Dhillon, Vic (LIB)	Brampton West / Brampton-Ouest	
Dickson, Joe (LIB)	Ajax–Pickering	
DiNovo, Cheri (NDP)	Parkdale–High Park	
Dong, Han (LIB)	Trinity–Spadina	
Duguid, Hon. / L'hon. Brad (LIB)	Scarborough Centre / Scarborough-Centre	Minister of Economic Development and Growth / Ministre du Développement économique et de la Croissance
Fedeli, Victor (PC)	Nipissing	
Fife, Catherine (NDP)	Kitchener–Waterloo	
Flynn, Hon. / L'hon. Kevin Daniel (LIB)	Oakville	Minister of Labour / Ministre du Travail
Forster, Cindy (NDP)	Welland	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Gravelle, Hon. / L'hon. Michael (LIB)	Thunder Bay–Superior North / Thunder Bay–Superior-Nord	Minister of Northern Development and Mines / Ministre du Développement du Nord et des Mines
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Hardeman, Ernie (PC)	Oxford	
Harris, Michael (PC)	Kitchener–Conestoga	
Hatfield, Percy (NDP)	Windsor–Tecumseh	
Hillier, Randy (PC)	Lanark–Frontenac–Lennox and Addington	
Hoggarth, Ann (LIB)	Barrie	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Recognized Party / Chef de parti reconnu Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Hoskins, Hon. / L'hon. Eric (LIB)	St. Paul's	Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
Hunter, Hon. / L'hon. Mitzie (LIB)	Scarborough–Guildwood	Minister of Education / Ministre de l'Éducation
Jaczek, Hon. / L'hon. Helena (LIB)	Oak Ridges–Markham	Minister of Community and Social Services / Ministre des Services sociaux et communautaires
Jones, Sylvia (PC)	Dufferin–Caledon	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Kiwala, Sophie (LIB)	Kingston and the Islands / Kingston et les Îles	
Kwinter, Monte (LIB)	York Centre / York-Centre	
Lalonde, Hon. / L'hon. Marie-France (LIB)	Ottawa–Orléans	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels Minister Responsible for Francophone Affairs / Ministre déléguée aux Affaires francophones
Leal, Hon. / L'hon. Jeff (LIB)	Peterborough	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales Minister Responsible for Small Business / Ministre responsable des Petites Entreprises
Levac, Hon. / L'hon. Dave (LIB)	Brant	Speaker / Président de l'Assemblée législative
MacCharles, Hon. / L'hon. Tracy (LIB)	Pickering–Scarborough East / Pickering–Scarborough-Est	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs Minister Responsible for Accessibility / Ministre responsable de l'Accessibilité
MacLaren, Jack (PC)	Carleton–Mississippi Mills	
MacLeod, Lisa (PC)	Nepean–Carleton	
Malhi, Harinder (LIB)	Brampton–Springdale	
Mangat, Amrit (LIB)	Mississauga–Brampton South / Mississauga–Brampton-Sud	
Mantha, Michael (NDP)	Algoma–Manitoulin	
Martins, Cristina (LIB)	Davenport	
Martow, Gila (PC)	Thornhill	
Matthews, Hon. / L'hon. Deborah (LIB)	London North Centre / London-Centre-Nord	Chair of Cabinet / Présidente du Conseil des ministres Deputy Premier / Vice-première ministre Minister of Advanced Education and Skills Development / Ministre de l'Enseignement supérieur et de la Formation professionnelle Minister Responsible for Digital Government / Ministre responsable de l'Action pour un gouvernement numérique
Mauro, Hon. / L'hon. Bill (LIB)	Thunder Bay–Atikokan	Minister of Municipal Affairs / Ministre des Affaires municipales
McDonell, Jim (PC)	Stormont–Dundas–South Glengarry	
McGarry, Hon. / L'hon. Kathryn (LIB)	Cambridge	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
McMahon, Hon. / L'hon. Eleanor (LIB)	Burlington	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
McMeekin, Ted (LIB)	Ancaster–Dundas–Flamborough–Westdale	
McNaughton, Monte (PC)	Lambton–Kent–Middlesex	
Milczyn, Peter Z. (LIB)	Etobicoke–Lakeshore	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Miller, Norm (PC)	Parry Sound–Muskoka	
Miller, Paul (NDP)	Hamilton East–Stoney Creek / Hamilton-Est–Stoney Creek	Third Deputy Chair of the Committee of the Whole House / Troisième vice-président du comité plénier de l'Assemblée législative
Moridi, Hon. / L'hon. Reza (LIB)	Richmond Hill	Minister of Research, Innovation and Science / Ministre de la Recherche, de l'Innovation et des Sciences
Munro, Julia (PC)	York–Simcoe	
Murray, Hon. / L'hon. Glen R. (LIB)	Toronto Centre / Toronto-Centre	Minister of the Environment and Climate Change / Ministre de l'Environnement et de l'Action en matière de changement climatique
Naidoo-Harris, Hon. / L'hon. Indira (LIB)	Halton	Minister of the Status of Women / Ministre de la condition féminine Minister Responsible for Early Years and Child Care / Ministre responsable de la Petite enfance et de la Garde d'enfants
Naqvi, Hon. / L'hon. Yasir (LIB)	Ottawa Centre / Ottawa-Centre	Attorney General / Procureur général Government House Leader / Leader parlementaire du gouvernement
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent–Essex	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Oosterhoff, Sam (PC)	Niagara West–Glanbrook / Niagara-Ouest–Glanbrook	
Pettapiece, Randy (PC)	Perth–Wellington	
Potts, Arthur (LIB)	Beaches–East York	
Qaadri, Shafiq (LIB)	Etobicoke North / Etobicoke-Nord	
Rinaldi, Lou (LIB)	Northumberland–Quinte West	
Sandals, Hon. / L'hon. Liz (LIB)	Guelph	President of the Treasury Board / Présidente du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	
Scott, Laurie (PC)	Haliburton–Kawartha Lakes–Brock	
Sergio, Mario (LIB)	York West / York-Ouest	
Singh, Jagmeet (NDP)	Bramalea–Gore–Malton	Deputy Leader, Recognized Party / Chef adjoint de parti reconnu
Smith, Todd (PC)	Prince Edward–Hastings	
Sousa, Hon. / L'hon. Charles (LIB)	Mississauga South / Mississauga-Sud	Minister of Finance / Ministre des Finances
Tabuns, Peter (NDP)	Toronto–Danforth	
Takhar, Harinder S. (LIB)	Mississauga–Erindale	
Taylor, Monique (NDP)	Hamilton Mountain	
Thibeault, Hon. / L'hon. Glenn (LIB)	Sudbury	Minister of Energy / Ministre de l'Énergie
Thompson, Lisa M. (PC)	Huron–Bruce	
Vanthof, John (NDP)	Timiskaming–Cochrane	
Vernile, Daiene (LIB)	Kitchener Centre / Kitchener-Centre	
Walker, Bill (PC)	Bruce–Grey–Owen Sound	
Wilson, Jim (PC)	Simcoe–Grey	Opposition House Leader / Leader parlementaire de l'opposition officielle
Wong, Soo (LIB)	Scarborough–Agincourt	Deputy Speaker / Vice-présidente
Wynne, Hon. / L'hon. Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Première ministre Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
Yakabuski, John (PC)	Renfrew–Nipissing–Pembroke	
Yurek, Jeff (PC)	Elgin–Middlesex–London	
Zimmer, Hon. / L'hon. David (LIB)	Willowdale	Minister of Indigenous Relations and Reconciliation / Ministre des Relations avec les Autochtones et de la Réconciliation
Vacant	Sault Ste. Marie	

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Soo Wong
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Randy Hillier, Monte Kwinter
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Peter Tabuns
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