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Mardi
6 mars 2018

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 6 March 2018

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 6 mars 2018

The House met at 0900.

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

Prayers.

ORDERS OF THE DAY

SUPPLY ACT, 2018

LOI DE CRÉDITS DE 2018

Resuming the debate adjourned on March 5, 2018, on the motion for second reading of the following bill:

Bill 196, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2018 / Projet de loi 196, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2018.

The Speaker (Hon. Dave Levac): Pursuant to standing order 64, I am now required to put the question. Mr. Ballard has moved second reading of Bill 196, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2018.

Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour, please say "aye."

All those opposed, please say "nay."

In my opinion, the ayes have it.

Call in the members, this will be a—sorry. Oh, I see.

A recorded vote will be required and will be deferred until after question period today.

Second reading vote deferred.

ROWAN'S LAW
(CONCUSSION SAFETY), 2018

LOI ROWAN DE 2018
SUR LA SÉCURITÉ EN MATIÈRE
DE COMMOTIONS CÉRÉBRALES

Ms. Vernile moved third reading of the following bill:

Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2018 and to amend the Education Act / Projet de loi 193, Loi édictant la Loi Rowan de 2018 sur la sécurité en matière de commotions cérébrales et modifiant la Loi sur l'éducation.

The Speaker (Hon. Dave Levac): Ms. Vernile has moved third reading of Bill 193.

Ms. Vernile.

Hon. Daiene Vernile: Speaker, I rise in the House today to continue debate on a bill that will, if passed,

affirm Ontario's place as a national leader in concussion management in amateur competitive sport. I'm truly honoured to speak further to our proposed new legislation, Bill 193, Rowan's Law (Concussion Safety), 2017.

First off, I would like to thank everyone who has provided support and input in developing this draft legislation. I'd like to thank Gordon and Kathleen Stringer, the parents of Rowan Stringer, in whose name this legislation has been introduced. I'd like to point out that Gord and Kathleen are here with us today. We just had breakfast downstairs. If you wouldn't mind standing for us, Gordon and Kathleen.

Speaker, before I continue, I should also mention to you that I'm going to be sharing my time with the member for Ottawa South.

I also want to thank the members of our Rowan's Law advisory panel for their important work on this initiative as we fulfill our government's commitment to protect amateur competitive athletes by improving concussion safety on the field and at school.

As members of the House know, it was on May 12, 2013, that 17-year-old Rowan Stringer died as a result of multiple concussions that she sustained while playing rugby with her high school team. Rowan was playing a game that she loved. Not only was she captain of her team, but she also played rugby during the summer break.

A coroner's inquest was convened in 2015 to look into the circumstances of her death. During eight days of testimony, several witnesses, including Rowan's friends, coaches and her mother, testified on the events related to her death. The coroner's jury made 49 recommendations on how government ministries, school boards and school organizations should improve the manner in which concussions are managed in this province. Since the coroner's inquest, Ontario has already implemented several of the recommendations. I want to express our appreciation for the work of the coroner's jury inquest and for the presentation of their findings.

In the summer of 2016, following the jury's recommendations, the Rowan's Law Advisory Committee Act, 2016, was passed, establishing an expert committee to review the coroner's recommendations and to make recommendations to the government. The Rowan's Law Advisory Committee Act, 2016, was passed with all-party support. I'd like to thank MPP Fraser as well as MPP Fife and MPP MacLeod for their work in getting this act passed.

The advisory committee, chaired by Dr. Dan Cass, who is here with us today—I'm going to ask that he stand

and give us a wave; he was very instrumental in this—reviewed the coroner’s jury’s recommendations and developed a report, including 21 recommendations for government. We wanted recommendations that would lead to real change across the amateur sports sector and in schools, and provide momentum for changing the culture and to help build a foundation for world-class concussion prevention and management here in the province.

One important element of this culture shift is to ensure that there is no fear or stigma attached to disclosing a concussion or any symptom of concussion. We have this attitude that if somebody gets hurt while they are playing a sport, you might hear from teammates or from your coach to “walk it off” or to “get back in the game.” This is what we need to look at: We need to have a culture change in this attitude.

Every single one of the jury recommendations was addressed in the advisory committee report and laid the foundations for Bill 193 and for the amendments to the Education Act. The proposed legislation, Speaker, includes four mandatory elements, and I want to share them with you:

- an annual review of concussion awareness resources that help prevent, identify and manage concussions, which athletes, including students, coaches, educators, and parents/guardians of athletes under the age of 18, would be required to review before registering in a sport. They’ll do this for free with an online tool;

- removal-from-sport and return-to-sport protocols, to ensure that an athlete is immediately removed from sport if they are suspected of having sustained a concussion; and

- an established concussion code of conduct that will set out rules of behaviour to minimize concussions while playing sports.

In addition, the proposed legislation would proclaim an annual Rowan’s Law Day to raise awareness regarding the issue of concussions. This would be looked at every fall and help us to remind ourselves of what Rowan sustained and how we can all be part of ensuring better safety in sport in Ontario.

Speaker, this legislation, if it’s passed, would affirm our groundbreaking role as a national leader in concussion prevention and management by establishing minimum standards in amateur competitive sport in elementary schools and high schools in Ontario.

The proposed bill is supported by my ministry, as well as the Ministries of Education, Advanced Education and Skills Development, Children and Youth Services, Municipal Affairs, and Health and Long-Term Care. If this legislation is passed today, our government will continue our cross-ministry work to increase awareness, prevention, identification and concussion management in schools and in the broader community.

Ontario is taking a lead role in Canada on moving forward with a harmonized provincial approach on this serious health issue, and we believe that our approach is one that should be followed right across the country.

0910

If passed, this legislation would be a catalyst for longer term culture change for concussion management and injury prevention in amateur sport and beyond. Through increasing awareness and changing conversations on the field of play, at school and in our homes, we can create a world-class amateur competitive sports system by empowering athletes and Ontario residents to participate safely.

If passed, the proposed legislation will respond to the expectations of every Ontario family that their children and youth are protected by a safe sports system where everyone understands concussions, actively minimizes the risks and knows what to do immediately if someone is suspected of having been concussed.

If passed, the proposed legislation would empower athletes to let someone know if they think they or their teammate might have sustained a concussion. When a parent signs up their daughter or son for a sport, Speaker, in school or outside of school, they want to know that all steps are being taken to ensure their child’s safety. They want to know that they are going to come home for dinner that night.

When a child or teenager steps out onto a playing field, they should know that they will be supported if they are injured or have to be removed from a game. Coaches and officials should have all the information that they need to recognize the symptoms of a concussion and immediately remove an athlete from sport if a concussion is suspected.

Rowan’s Law and related amendments to the Education Act would change the culture of amateur competitive sport in our province, because Ontarians need to know that athletes are protected by a safe amateur sports system where everyone understands concussions, actively minimizes the risks and knows what to do immediately if someone is suspected of having been concussed.

We owe this to Rowan Stringer. We owe it to Rowan’s parents, Gordon and Kathleen, who over the past five years have been the strongest advocates for change in the way that we seek to prevent concussions and in helping to educate others on concussion safety. I thank them very much for their courage and their leadership throughout this process.

We owe this to future generations so that people of all ages and abilities have the safe sports system that they want and deserve in the province of Ontario.

Thank you very much, Mr. Speaker. I know that there are many people who have done the heavy lifting on Rowan’s Law. It is my honour, as the new Minister of Tourism, Culture, and Sport, to step in for third reading. I’m looking forward to working to my colleagues as we get this through third and final reading, as we vote on this and as this bill advances into regulations and we sort out many of the details. Thank you all very much.

The Acting Speaker (Mr. Rick Nicholls): I’ll now recognize the member from Ottawa South.

Mr. John Fraser: Mr. Speaker, it's a pleasure to rise today and participate in third reading debate of Bill 193, Rowan's Law.

In the summer of 2015, I was pleased to be asked by the member for Nepean–Carleton to co-sponsor her private member's bill, the first Rowan's Law. We were joined by the member from Kitchener–Waterloo. It was a partnership that led to meeting Rowan's parents, Gordon and Kathleen Stringer, and hearing at first hand their story.

Their daughter Rowan's death was preventable. The Stringers have pushed through pain and anguish that most of us will never really know to ensure that young athletes are protected from concussions. They are very courageous and committed people. Although I never met their daughter, Rowan, I am sure she had the same courage and commitment. As my father used to say, the apple does not fall far from the tree.

I know that they are with us in the gallery today. On behalf of my family, and indeed all Ontario families, we thank you for your courage in sharing Rowan's story and advocating for what we needed to do to protect young athletes. We know that it has been a journey for you, and we're all proud to have joined you on that journey. Without you, we would not be standing here today on the cusp of Rowan's Law becoming law in Ontario.

I want to say a few thanks. I will say a few thanks to the committee, but I also want to thank, right now—I was talking to Steve Harlow, who is your ADM in the Ministry of Tourism, Culture and Sport. I want to say thank you to all the people inside government, Steve Harlow and all the team, who worked—we were talking about it this morning—at what I would describe as lightning speed in government-speak, in government terms, to move this bill forward. It has taken a lot of work, a lot of collaboration, and we're very pleased that you made it a priority.

The proposed Rowan's Law (Concussion Safety), 2017, is important for the safety of every person participating in competitive amateur sport in Ontario. It is a priority to make the sports system safer for everyone. Ontario confirmed its commitment when we became the first jurisdiction in Canada to task a committee with making recommendations to government about the topic of concussions in amateur sport.

I want to once again thank Dr. Cass and the members of the advisory committee, some of whom are here: Dr. Charles Tator and Susan Kitchen. I haven't got everybody, so I shouldn't have started in the first place. But thank you very much for all the work that you did. You worked at lightning speed as well; a big group of people that came together, which is a very special thing to see in and of itself but especially so for the subject matter that you handled. I'd like to thank you for your work and for recommending actions that have laid the groundwork for this important piece of legislation.

I had the privilege of participating in public hearings on Rowan's Law last week and was impressed by the commitment, dedication and knowledge of all the panel members who presented. From those hearings, the

committee on social policy put forward one amendment, which was unanimously supported. That amendment was the annual public reporting on the progress of the advisory committee's recommendations.

Mr. Speaker, this is legislation that, if passed, will be a model for other jurisdictions in Canada and around the world for preventing and managing concussions. We have taken important steps to increase awareness about concussions. These include a government web portal developed by the Ministries of Health and Long-Term Care, Education and Tourism, Culture and Sport as a one-window entry point to resources on concussion prevention and management. The Ministry of Tourism, Culture and Sport's recognition policy has added a requirement that all sports must have protocols inside their policies to be eligible.

Implementing prevention strategies will help in decreasing the number of concussions that occur. Ultimately, understanding factors that increase the risk of concussion and implementing prevention strategies will help in decreasing the number of concussions that occur.

If passed, this legislation would increase awareness about the importance of prevention, identification and concussion management in organized amateur competitive sport. It would promote the adoption of standardized concussion protocols in the organized amateur sport sector and position Ontario as a leader in Canada in concussion safety in amateur competitive sport.

As we work to make it safer for children and youth in schools and amateur athletes to participate in sports, we rely on the broad support of our partners in the health care sector. Professionals working in the field of neurotrauma have long been partners in developing best practices, provincial standards and clinical guidelines as we work to prevent concussions in Ontario.

If the legislation passes, which I'm confident it will, we will continue to work closely with the health care sector to examine the impacts of this legislation. We are committed to exploring ways to support our health care professionals further should reported cases of suspected concussions increase.

If passed, Rowan's Law would put into place strategies to raise awareness and reduce the risk of concussions for amateur athletes. It would also support concussion management when they do occur. It would give athletes and parents the peace of mind they deserve.

The bill also includes the declaration of a Rowan's Law Day on the last Wednesday of September every year. This will contribute greatly to awareness at a critical time: when students are returning to school. I would also respectfully suggest that the annual reporting be around that time of year as well to maximize public awareness.

Our government is proud to help ensure the safety of every person in Ontario, and I call on all members to join us in that effort by supporting this bill today. I look forward to the vote this afternoon. Thank you. Merci.

The Acting Speaker (Mr. Rick Nicholls): Questions and comments? Questions and comments? Seeing no questions and comments, further debate.

Ms. Lisa MacLeod: It's my pleasure, obviously, to rise today in support of Rowan's Law and to thank my colleague Mr. Fraser from Ottawa South and my colleague Ms. Fife from Kitchener–Waterloo and, in particular, the minister, Daiene Vernile, but also the previous two ministers; I would be remiss not to point out the dedication of her predecessors, both Minister McMahon and, of course, Ministermy A Coteau.

0920

Obviously, it's a profound pleasure for me to be able to rise in debate at any point in time when we are discussing concussions and, in particular, Rowan's Law, first or second iteration. It's obviously always important to me when my constituents Gord and Kathleen join us in the assembly and I have an opportunity to not only speak about their daughter, Rowan—who I never met, but I feel I know—and their dedication and determination in not only fighting for a coroner's inquest being part of that, and then being part of this legislative process.

For far too long, I think, in the Legislature, sometimes we act after a tragedy. It takes great courage for, in particular, parents, but anyone to come forward in such tragic circumstances and really advocate for changes. I've often said that the biggest child advocates, those whom I respect, I think, the most are those who lose a child, yet, day in and day out, persist in trying to make change not because they can bring back their child, but to prevent something happening to another person's child.

I always view the Stringers as heroes in that regard because, each and every day, they show up at the Legislature, they show up at public speaking engagements or they show up at meetings so that my child or any other child in the province of Ontario will not fall to a preventable death. I am always humbled by both of them for their courage, their strength and their determination. I am proud, after the last several years, to consider them to be part of my own family. Our friendship is very deep. They always have a home here in the Legislature, but in particular, in my constituency, they are regarded as heroes.

It is interesting, sometimes in life, that we are full circle. I remember I was the education critic when the first piece of concussion legislation was actually introduced. That was when I first became aware of a world-renowned physician who was doing landmark research here in Toronto for our province of Ontario, Dr. Charles Tator. He was here, I believe, that day. I remember Walter Gretzky sitting in the Speaker's gallery, who was a friend of our permanent Speaker, Dave Levac. I remember that piece of legislation coming forward, and I, as the education critic, stood up. Laurel Broten was the education minister at the time. We were in a minority Parliament.

I remember we were going to support the legislation. I remember thinking I didn't know much about concussions. I knew we were going to support it, because some of colleagues have had concussions. I know my colleague from Leeds–Grenville, who is a big supporter of Rowan's Law, at the time was talking about how he had sustained some concussions. We were going to support it. But I

didn't understand. I believe at that point in time, they were creating an advisory committee, if my memory serves correct. I just remember at that point in time thinking we're starting on a path to take something seriously, but I didn't know at that point in my life what a public health and safety concern it would be.

But I will never forget that day it was tabled, because there was Walter Gretzky in the Speaker's gallery, whose son became the greatest Canadian hockey player, or greatest world hockey player. But on that same day—check the history books—Sidney Crosby had just been cleared from a concussion. I remember how interesting that was.

Now, life happens: We are in a minority Parliament at that particular point in time; the government falls. Actually, the government didn't fall; we prorogued. We ended up with a new session. That bill died on the order paper. Sadly, months later, my constituent tragically died, while playing rugby, from second-impact syndrome.

A lot of that is public. My constituents Gord and Kathleen went through hell. Kathleen had been travelling at the time and had to make her way back home. One of the things we don't talk about as much when we're talking about Rowan's Law but I believe is necessary to mention is that Gordon and Kathleen made the courageous decision for Rowan to be an organ donor. I know that most members—we talk about organ donation a lot. I want to talk about it right now, Speaker, because what was incredible is, not only were Gordon and Kathleen courageous in the last number of years in promoting this, but they made a very courageous decision at that point in time. Someone in this country is alive because of Rowan.

It's not just because we're talking about concussions, and parents now have a better—and there's more literacy—to take their kid off the field when they are hurt, in particular with a brain injury, but it's because of the courage of that organ donation. I think that we owe you a debt of gratitude for that. I don't think we talk about it enough, the other courageous act that you did.

Then it became time for a coroner's inquest. Gordon and Kathleen—anybody would understand if they had said, "You know, this is too much for me. I don't want to go through that process." No one would have blamed you if you had just walked away. But I believe, and if memory serves me correctly, that Dr. Tator reached out to you and encouraged you that this might be part of a good process for you. They decided to take that up and go through the coroner's inquest. A dear friend of mine, Kay Stanley, was part of that coroner's inquest. They went through that process. We're very proud of the work that they all did with the expert witness, Dr. Tator, and the justice there. That was when the 49 recommendations came forward from the inquest on how we can treat, prevent and research concussions.

The interesting thing—and this is one of the things that we learned early on—is that there's no easy, neat way to package up recommendations from a coroner's inquest and then put them into practice. That was the interesting part that we had to grapple with, because after

the Stringers went through that process and the coroner's inquest went through the process—what's next? A great report, a great set of recommendations, but what do you do? That's when they joined me in my office one day.

We were talking about this—I think it was last week—Gordon and I. It was an interesting time in my life. Gordon and Kathleen had come into my office, and my walls had all been stripped bare. I think, Kathleen, you and I had this conversation last week, too. I had been going through depression and anxiety. They had come into my office. I remember looking at them and thinking, “I have to help. I don't know how I'm going to do it,” but they gave me a sense of drive. Since then, they have been back in my office. There are things on the walls again. They said, “What should we do?” I said, “Well, we've got three options. We can get a motion on the floor of the House, which I think I can pass, but there won't be anything called Rowan's Law. We can say that we call for a Rowan's Law, but it won't be enshrined, because a motion in the Legislature is non-binding. I can put forward a private member's bill, but it's very rare that they pass if it's just by one member. The third option is something we might like, and that is to take this set of recommendations, these 49 recommendations, and figure out a way, with all-party support, through three private members—one from each party—that we can usher it through the Legislature.” I remember Gordon saying to me at the time, “Rowan liked to bring people together, so she would like the third option: all the parties working together.”

That was in June. We set about to find some suitable co-sponsors. We were very lucky. John Fraser was the first: very willing to call my office as a local Ottawa member who had been touched by concussion before, who had been reading the local news and wanted to act. He was, and probably still is, the parliamentary secretary to health. That was advantageous to us.

Then we called a friend of mine from the NDP, Catherine Fife, and asked her to co-sponsor, as a mother and a former president of the Ontario school boards' association, which was also fitting, given that health care and education intersected. We knew at that point in time that we had the desire to move forward on these 49 recommendations, but then it became a problem, because not all 49 recommendations actually were part of our level of government. We didn't have jurisdiction over all of them. Some of them we could deal with, with what is called a PPM, or some policy initiatives; others were directives that we could bring forward at the grassroots level; and some of it needed legislation.

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So that became our challenge with these 49 recommendations: How do we make a Rowan's Law out of these recommendations when some aren't necessarily related to our level of government and others don't need to be required in law, but some do? That's when we settled, as we negotiated, on making this an advisory committee with representation from multiple government agencies, so that it could trickle down into amateur sport

and through our education system while supporting our health care system. That's what we did.

I remember, and I'll never forget, the day we decided to launch a petition to support this in my constituency. We had several hundred people stand out in the rain for two hours in support of this; I'll never forget it. They came from all different athletic backgrounds. I was most impressed that it wasn't just the rugby community, but I would be remiss not to say thank you so much to the Barrhaven Scottish rugby and Rugby Canada. They are incredible and have been part of this from day one.

It's easy for a major sports organization to sort of bury their head in the sand. We have seen, with some professional leagues, that it is easier for them to bury their head in the sand. But if I could stand here today and tell you one organization that chose instead to be proactive and is a leader among leaders, it is Rugby Canada. They have been there since day one. If I could appeal to the NHL, to the NFL, to the CFL and to every pro sports league out there: If you actually care about player safety and player health, then give Rugby Canada a call. They have been on the forefront of this tragedy, but also the solution that is coming out of the tragedy.

So we stood there, Speaker, in the pouring rain at what will now be, and has always been after that, referred to as Rowan's Pitch. We had tremendous community support, because people cared about the Stringers and they cared about the story of Rowan. They saw Rowan as Barrhaven's daughter.

We struck up a grassroots committee, and we would meet in a little restaurant that has since closed around an old farm table. We cherished those meetings and we became a real family. And then we had our Queen's Park family, of Catherine and John, and then we added to that family. I see Susan Kitchen is here today; they play a critical role, at coaches Canada.

There's not a person who is coaching in amateur sports today that doesn't go through training—I know because every private member's bill I've either passed or supported, I ended up having to take a course in, as a hockey trainer.

They are doing critical work, because today it is up to the coach and the trainer and any adult on that bench to ensure that their players' well-being is being respected and that that is paramount. The work that those folks have done—Holland Bloorview children's hospital, CHEO, our physiotherapists—they have come onsite, they were early adopters and they all supported us.

We ended up with a wonderful journey, a lot of good feelings and a lot of conversations about how we can best talk about concussion and bring that to the level at our grassroots.

We ended up passing that piece of legislation with all-party support. It was certainly one of the more joyous occasions in my political career—but it came from a tragedy. We were very fortunate in our community in Barrhaven.

I should mention Via Rail was supportive of our first bill. We had a tragedy in Barrhaven with a bus and a train

years ago, many members will recall, and they have done a lot of community development. In those early days, when we were first getting Rowan's Law off the ground, they were always ready to help, to make sure that people from our community could get here to Queen's Park. I would be remiss not to say thank you to them for their support and for some of the—I'll be very frank—more enjoyable trips home that we've had on Via together.

I recall one particular trip—I had my daughter, Victoria, up here, and she's quite fond of Kathleen. Poor Kathleen, for the whole four and a half hours, had to entertain Victoria, who was just sticking to every single word that she said.

Gord is going to be very angry with me on this one. Gord's real name is Ralph. Victoria is the only person who is allowed to call him that. I made the mistake one day of saying it to him, and he gave me the stare. Do you know the stare that moms usually give kids? He gave me that. I said, "Okay. Victoria is the only one allowed to do that."

Mr. John Fraser: I think you're getting that now.

Ms. Lisa MacLeod: Yes, but I've got immunity on the floor of the House. I'm allowed to say anything without punishment—or at least I think so.

Mr. Ernie Hardeman: Don't test the limits.

Ms. Lisa MacLeod: Yes, don't test the limits. That's true.

In any event, we've had this amazing group of people. I encourage the minister to be part of this, because some of the most amazing stuff we've done hasn't actually been from legislation or in the House; it's been working with the Concussion Legacy Foundation and See the Line, which is at Western University, and it's the symposiums. One of the most amazing things that we've been able to do—and I'm only a very small part of it but very proud to have been part of it—is actually to have young athletes and their coaches and their trainers sit there with professional athletes and coaches and hear about what a concussion has done to certain individuals and how it has either limited their career or changed their health.

One of the wonderful things: I was able to participate two years ago in See the Line with Gordon and Kathleen at Western University. Eric Lindros is the honorary chair. He had invited us down. That's where we got to meet Tim Fleiszer, who is with Concussion Legacy Foundation. They have a two-day symposium—they have been doing it for years—and we ended up being part of it. They had a thousand people who were coming out to hear about concussions. They were front-line health care workers, and they were also people involved directly, either on the field, on the court, on the pitch or on the ice. They were learning some high-level research, they were learning about treatment and they were learning about prevention. In all that entire basket, there's a greater degree of what I like to call "awareness." It was pretty incredible to be part of that.

We wanted to do something very similar in the city of Ottawa. I've talked about this a little bit in the Legisla-

ture. Last summer we had a golf tournament and we raised a substantial amount of money so that we could have a Rowan's Legacy Symposium at Algonquin College in Nepean. It was very well attended. What struck me most—and I think I said this before in the Legislature—is that when we were up sitting on this panel, Gord, Eric Lindros and myself, I looked around: It was a packed house. We had the person who got the game-winning touchdown in the Grey Cup, and then we had little ringette players and little hockey players in that same room. They were all there to learn about concussion. There were people there from all the different sports leagues in Nepean and, I think, from different parts of Ottawa. We had clinicians. We had researchers. We had a wonderful discussion about the impacts of concussion.

I think it was a greater degree of awareness. I hope we continue that on. If I may, Speaker, I'd suggest to the minister that this would be a great thing for her ministry to adopt province-wide. It would be really good to continue to support an initiative at the grassroots level like that, with our school boards and our local hospitals.

I admit readily that we are very fortunate inside the city of Ottawa, because we have a major teaching hospital, we've got two universities, two major community colleges and four very vibrant and very large school boards in addition to professional sports leagues, so it's a bit easier for us, as it might be also for Toronto and for some other larger centres. But if you look at some of the smaller communities across Ontario, they could definitely benefit from something like that.

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That's why I think it's important for us to have a dedicated Rowan's Law Day, particularly in the middle of September, because that's when kids are going back to school and that is when our school sports programs are starting up, hockey is starting up and many of the fall and winter sports are just beginning. It gives us not only an opportunity to reflect about player safety and health but also a way to encourage the kids to be more preventative.

One of the other initiatives that Gordon, Kathleen and I have been involved in with the Concussion Legacy Foundation is something called #TeamUpSpeakUp. That actually encourages the entire sports community to be part of player safety. It's not only up to the coach or the trainer; it's also up to the player and their teammates. We were very much a part of that. I think that it really is going to be up to us, in order to change the culture around brain injury or any kind of trauma to the head, to have that serious discussion. It is part of all of our roles to be part of that.

I think that is going to be a very important piece of this legislation, when it passes after question period today, and I think it can be augmented by some real grassroots initiatives that take hold. I like to say that we can mandate the change in culture, but it's going to be up to the people at the grassroots to embrace that, much like it was for us many years ago—certainly not me; I was just young at the time—in order to make sure we were all wearing seatbelts. It was met with resistance at the time,

but we changed the culture so that now, when we get into our car, we know that we feel safer when we buckle our seatbelt.

We know, for example, that the smoking bylaws and smoking legislation were met with resistance. But now, today, most of us wouldn't dare go into a building where there was somebody smoking. It's just not a thing that we would do. I remember, when I was first elected, we had a piece of legislation where you weren't allowed to smoke in cars with children. That's a no-brainer today, but sometimes it was met with resistance. Drinking and driving seemed to be okay in the 1970s and early 1980s; now it is forbidden.

So with everything, we have to lead the way, but it is up to our communities and it is up to the people we represent to also be there with us and to drive that change and to make it taboo. Whenever I think about concussion legislation, brain injury and brain trauma, it really is—we have to lead here, but at the same time, we have to have leaders in our community who make sure that change and that cultural shift are happening.

I often remember, when we first brought Eric Lindros here, he was the one saying that it has got to be a cultural shift so that it's not okay to get your bell rung and then go back out on the ice. I also remember one of the things that he said at the first press conference when he was here. I thought about it this weekend, actually. Gordon and Kathleen were at the rink with me on Saturday when my daughter was playing. I was thinking about it, because Eric said at the time—and this is a Hockey Hall of Famer, one of the greatest hockey players ever to play. He said at the time that every game, to a 13-year-old girl who is playing ringette, is just as important to her as to an NHLer in the Stanley Cup. I had never thought about that, really. As somebody who played ringette my whole life and who plays hockey, I had never thought about it that way. And then, there we are this weekend: My daughter is in her championship game, and while we were driving to the Minto arena in Barrhaven, she's like, "Mum, this is like the Stanley Cup of peewee hockey for girls."

Mr. Todd Smith: And they won.

Ms. Lisa MacLeod: And they won. They got a gold medal, basically because they have an awesome trainer, in my opinion.

But then I thought: It's so true that every game for these kids is the Stanley Cup final, so it's so hard for them to take themselves out of play.

That's why it's important for us, as the adults there, not only to take them out of play, but also to engrain it in their heads and also in their teammates' heads that if they have a head injury, it is worse than spraining their ankle, and they have to come off and not continue to play until they are medically cleared. Because that game, to them, in their day, in their mind, is the most important game in their life. They don't see two days from now; they don't see two years from now. To them, it's the instant gratification of being there in that moment, and they don't understand the consequences that a brain injury or brain

trauma could bring to them the next day or two years down the road. That's why this piece of legislation is important.

One of the other things I like to remind people is that you cannot put a cast on your head and think that your concussion is going to go away. I've had casts on my hand. I have had knee braces. I have sprained my ankle multiple times playing soccer, and I can put a wrap on it. I can still sort of walk around. I might need some crutches, but I'm going to mend.

Here is the thing with concussions: They might be mild, and in two weeks' time you may have no symptoms and you may be fine. You can have a concussion that is mild or severe, and if you don't take care of yourself, there could be severe consequences. You could end up with depression down the road, maybe CTE or perhaps Alzheimer's. ALS is something they're looking at. And then, as in this most tragic case, second-impact syndrome could lead to death. It could be fatal.

Obviously, you don't really want to scare an 11- or 12-year-old kid at the rink or at the pitch, but the reality has set in that this isn't just something that we're talking about and trying to spook people about. This is serious, so we have to have that conversation.

One of the things that occurs to me, as somebody who's on the bench—and look, there are a lot of parents around here. I know Lisa Thompson's grandson got a gold medal a couple of weeks ago, so she's all about the hockey. She's there and she's watching Declain play.

Ms. Lisa M. Thompson: I've got the video.

Ms. Lisa MacLeod: She's got video. That's good.

But I think when we're there now and we're having this conversation and we see a kid fall, my first concern has become, "Do you have a concussion?" Then I rattle off the five or six symptoms that we know are quite prevalent. In some cases, I've had to take a kid out of play, and in some cases I thought, "Okay, you bumped your head, but I think you're going to be okay." We actually have to have that set of symptoms, more so than anything else.

I've had a kid break their leg on the ice, and it's not pleasant, but I've also had a kid who had a concussion. When we took her back out to do that tryout—because the doctor had cleared her, and she has to have at least one practice before going into play—I asked her to skate from one end of the ice to the other, and she was nearly about to vomit. So I said, "You can't play on the weekend." That's when you get into the case where some parents are going to say, "I paid the 500 bucks." Who cares? Honest to God, I think my daughter has probably already forgotten that she won a gold medal on Sunday. So I think we're going to be okay if we miss a game or the tournament or the season ender, because what's more important is your child's health. That's one of the things that has struck me in this entire debate, Speaker. It's one of those things that we have to be very serious about.

Just before I close, today is a special day for a young man in my constituency. He is the page captain today. His name is Aashaz Syed. I don't know if he's in the

chamber right now. I talked about this coming full circle, with me as the education critic, Walter Gretzky in the stands, and then working here with Catherine and John and having my constituents here. To have this young man here today, who lives in Barrhaven and whose parents, but probably not him, because he's only about 12 or 13—he probably didn't hear about Rowan Stringer until he got to the Legislature. But his mom, who is in the gallery today, would have, because this story impacted our community. For him to be the page captain today, when this legislation will pass and become law, is, in my opinion, very historic for the people of Nepean–Carleton. It's one that I'm very proud to be able to share on the floor of this assembly with not just one person, because he will be on the floor with me, from Nepean–Carleton. That, to me, is historic, because he will represent the next generation that we are trying to get to in our school system—not only in Barrhaven, in our public school system in our community, but across Ontario.

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We are also very fortunate to have so many pages here today who can take on this message, go back to their schools after the March break and talk about something that is real and important in their own communities. Sometimes the brilliance of this Legislature is that we talk about high-level policy, but each one of us has a role to play when we go back into our communities and become those leaders that we need to be on very important public policy issues but, in particular, very important public health issues.

Today, we have that opportunity as MPPs, but I look to my future here as our pages—and certainly to Aashaz—and really encourage you all to go back and carry this message on to your classmates and teammates. I know we have a fellow Nepean Wildcats who's also a page here today, and that's where this full circle comes to be complete.

It started with a young girl in Barrhaven who wanted to be a nurse. She loved to play ringette and rugby. Here we are, today, and we're going to pass this law in her name, so that Rowan Stringer will forever be remembered for the athlete that she was, the compassionate young woman she was and the person who will save future lives.

To you, Gordon and Kathleen, thank you for your determination, your compassion, and your belief in this process.

To my colleagues who have been part of this journey, John Fraser and Catherine Fife, and the three ministers who have helped carry this, thank you all very much. Today will be a victory for all amateur athletes in the province of Ontario.

The Acting Speaker (Mr. Rick Nicholls): Questions and comments?

Seeing there are no questions and comments, I return to the member from Kitchener–Waterloo for further debate.

Ms. Catherine Fife: Thank you very much, Mr. Speaker. It is indeed a privilege to join the debate. I

would also like to echo the thanks to the three ministers, including my colleague from Kitchener Centre, who is the new Minister of Tourism, Culture and Sport, for navigating this piece of legislation through this House so that we will actually pass a law today. It doesn't happen that often.

Obviously for some of us, it's a very emotional process. We've been invested in this journey for quite some time. We formed relationships and have new friendships that we didn't have prior. This is as good as it gets, I think, with legislation and establishing legislation, especially that it has been through all parties, with all-party support.

Today is day six of Brain Injury Awareness Month, and so it's a very fitting month for us to pass this piece of legislation. I truly believe that because all parties were invested in the process, and every member who had been part of this journey has this emotional connection and this commitment to seeing this legislation be successful, it will truly honour the life of Rowan Stringer.

There are a lot of people who need to be thanked. Many of those people showed up to appear before the committee as delegations because they're invested in the process of ensuring that the coroner's inquest recommendations and now the recommendations from the Rowan's Law Advisory Committee will be actionable. That was the whole goal, as stated by the member from Nepean–Carleton and echoed by the member from Ottawa South.

We had the shortest clause-by-clause meeting we've ever had in the history of this Legislature, I'm fairly certain, with only one amendment to the legislation, which received all-party support. I think that's a testament to the work of the committee. To that end, I want to acknowledge the Rowan's Law Advisory Committee, which was headed up by Dr. Dan Cass, who has already been introduced; the director of education from the District School Board of Niagara, Warren Hoshizaki; Paul Hunter; Susan Kitchen; Louise Logan; of course, Gordon Stringer, who played a major role and is thanked by the committee extensively in this document; Kent Bassett-Spiers, who is the CEO of the Ontario Neurotrauma Foundation; Elisabeth White, whom I had the pleasure of meeting at the breakfast that the minister hosted this morning. We have something in common: Both of our sons, at the age of 11, suffered their first concussion. I think that that's one of the important parts, that it is the stories that we share that will inform the public awareness piece.

I was going back and thinking about all of the concussion advocacy that has happened for a number of years. I come to the issue of concussion strategy management through the education system. A long time ago, I was working with Keith Primeau and Kerry Goulet. There is an inspirational quote in the book that they published, which is called *Concussed!* One of the quotes reads, "Our Inspiration." It reads:

"We believe that educating the public of the dangers of concussions will not come from lectures or public service announcements alone; rather, the stories of those

affected by concussions will be the best ambassadors to raise awareness of this issue.”

For me, it has been a full-circle journey to come back to be able to share Rowan’s story and employ that new knowledge, transfer that knowledge in a very actionable way.

When I was speaking with Elisabeth, who is a nurse practitioner at neurosurgical outreach at SickKids—the culture of sports and the physicality of those sports are the reality that we’re dealing with right now. It certainly changed the trajectory of my son’s very short-lived hockey career. But it’s that knowledge that needs to be passed forward and transferred into action, as I have said.

Of course, Dr. Charles Tator, who sat on the committee; Chris Markham, who is the executive director and CEO of Ophea—and Ophea came to the committee as well; Eric Lindros, who did appear before the committee—and I asked Eric at the committee level because there’s this concern that, if you go too far with concussion management and prevention, you will change the nature of sports. This theory—this myth really—has been employed to tamp down some safety measures that should be employed, I think, in the CFL and NHL. He countered that. To his credit, he said that the nature of sport is the athleticism; it shouldn’t be the violence in the sport. This is coming from someone whose career has ultimately been changed. As he said to the committee, it was concussions that ended his career. So I’ll touch back on the value of athletes who have had the courage to come forward in a moment.

The other committee members are Dr. Rosana Salvaterra—she also appeared before the committee; Jennifer Knox of the Ontario Federation of School Athletic Associations; Rosie MacLennan, the Olympic gold medalist from Team Canada. There were also acknowledgments to Duane Jacobs, who was a special adviser on First Nations issues—I think that it was very important to have that voice and that knowledge on the committee—as well as Colin Gray.

Now, the athletes who have had the courage to come forward and talk about their journey: They really do need to be thanked because, as I mentioned, I think that that’s the culture shift that the advisory committee is working toward. We have, in Kitchener–Waterloo, Ben Fanelli, who played with the Kitchener Rangers. His concussion story is very dramatic. But he has transferred that knowledge into the HEAD STRONG program and is promoting brain injury awareness.

When our private member’s bill first came to the Legislature, I had Fitz “the Whip,” a boxer who came to Queen’s Park and told his story. He has been involved in inspiring youth and also raising awareness around brain wellness. Ironically, he was so inspired by his trip here to Queen’s Park that he’s going to be running in Kitchener–South Hespeler as a candidate. You never know where these journeys are going to take you as you move through this place.

Keith Primeau and Kerry Goulet, who worked with Stan Kutcher of Dalhousie University back in 2012 to

really raise awareness for the You Are Not Alone program, were inspirational to me.

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Keith Primeau—of course, an NHL player, well known for the concussions that he suffered—was the first athlete I met who talked openly about the impact of concussion and brain injury on mental health. It’s an important connecting piece; it came up during committee.

I think it’s important that the committee will come back and there will be an annual review because I don’t think that we fully explored the impact of concussions and brain injuries on mental health. That may be the next level that we take the advocacy to.

Andrew Lue, who came to the committee—I mentioned him at breakfast. This is a football player who is an advocate for concussion prevention and awareness. He suffered a concussion, and he told the committee that he was injured in the middle of the game—this is someone who is completely informed—and he couldn’t take himself out because he had a brain injury. This is the importance of the culture shift and the shared responsibility and where we need to take concussion management. It was his coach and a fellow player who recognized he had been injured and he needed to leave the field. That was one of the more powerful delegations that I saw at committee.

Now, in the education system we’ve had a policy program memorandum in place for almost six years. The PPMs are effective when they are applied. I think Rowan’s Law is going to raise the bar on the awareness of the shared responsibility of everyone who has contact with athletes or students who suffer from concussions.

The first phone call that I received as a trustee back in 2010 was from a parent who said the school was not treating her daughter’s concussion as a serious issue and was not willing to make the accommodations to ensure that she could rest and still receive some homework but not to a strenuous level. That culture shift needs to come up from the bottom and it needs to come up from the top. I see Rowan’s Law as really the catch-all for both of those venues: the education system and community sports.

I’m a big fan of evidence-based research in forming policy and legislation. I think that the advisory committee has done a true public service for this province in establishing the guidelines around returning to learn and returning to play, and then navigating the medical system.

There are some things that we haven’t fully explored with this and that will be the financial commitments that will need to be made to ensure that the recommendations can be implemented with some integrity. There are some questions of people having access to medical resources; there are some equity issues that we see across the province.

I’m happy that the amendment was brought forward that we review this on an annual basis, because there will be gaps. I think if we are truly all committed to ensuring

that concussion management is really on the cutting edge and the leading edge in the province of Ontario so that we can shift the culture in the country, then we're going to have to make sure that the goals and the intentions, which are very positive, actually can be met. I, for one, am obviously committed to that, but I really do believe that the ministry and—I had the opportunity to meet with the assistant deputy minister in getting a review of the legislation, which I was very thankful for.

I do believe we have momentum but I feel better that we're going to review the legislation and the implementation of that legislation on an annual basis.

My final words are just a sincere thank you to the Stringers. Thank you to the members from Nepean–Carleton and Ottawa South.

The Acting Speaker (Mr. Rick Nicholls): Questions and comments?

Seeing no further questions and comments, further debate?

Ms. Vernile has moved third reading of Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2018 and to amend the Education Act. Is it the pleasure of the House that the motion carry? I heard a no.

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

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

In my opinion, the ayes have it.

A recorded vote being required, it will be deferred until after question period today.

Third reading vote deferred.

CLIMATE CHANGE

Resuming the debate adjourned on March 1, 2018, on the motion regarding climate change.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Ms. Lisa M. Thompson: I'm pleased to rise today and join the debate with regard to the motion in front of us regarding climate change.

I want to start off by saying that the PC Party of Ontario is absolutely steadfast in its commitment to the environment. I'd like to go back and revisit the fact that it was actually the PC Party of Ontario, under Premier Bill Davis, that created the Ministry of the Environment. We have a strong history of standing up for what's right.

Over and above that, I have to share with you that I have the absolute honour of representing the amazing riding of Huron–Bruce, and I am so proud of the stewards that we have in that riding. We have farmers who lead by example when it comes to stewardship of the land.

Ontario has benchmark after benchmark in terms of what we're doing, in terms of good stewardship for our land. We've got the Nutrient Management Act. We've got the environmental farm act. Jurisdictions around the world look to Ontario farmers to see what they're doing.

But do you know what's sad? Everybody around the world looks to Ontario farmers to see what they're doing

in terms of best practices, but it's the government of the day, the Liberal government under Premier Wynne, who herself was a Minister of Agriculture, that turns a blind eye to Ontario farmers. Ontario farmers have been kept away from the table when it comes to speaking about climate change and the manner in which they mitigate carbon, and that—

Interjections.

Ms. Lisa M. Thompson: It's true. You talk to them. You talk to Ontario farmers. When it comes to the climate scheme, the cap-and-trade scheme, that this government has enacted, they have left farmers off the map, away from the table. The people who are actually doing the best job of sequestering carbon in this province don't even have a voice at the table—

Interjections.

The Acting Speaker (Mr. Rick Nicholls): You know, this Legislature does run very smoothly when we have quiet. I was finding it difficult to hear the member from Huron–Bruce in her debate. I would ask that we continue—

Interjections.

The Acting Speaker (Mr. Rick Nicholls): Order, please. I will return back to the member from Huron–Bruce, recognizing and giving everyone a fine reputation to live up to that we will have order in this House. Back to the member.

Ms. Lisa M. Thompson: Thank you very much, Mr. Speaker. I just want to revisit the fact that it's Ontario farmers who, day after day, are out there sequestering carbon in so many different ways. There's no-tillage, where they do not plow the conventional way. No-tillage has been employed across the province as best practice, actually, for decades, when I think about it.

When I worked for the Ministry of Agriculture, Food and Rural Affairs back in the 1990s, the soil and crop advisers of the day were doing their best to introduce the new best management practices. The industry, in terms of equipment, quickly evolved to enable these farmers not only to employ best practices in the field, but across the province we have farmers absolutely dedicated to preserving wetlands, to making sure that run-offs are inhibited. But again, as I said, this government, time and time again, slaps farmers in Ontario across the face.

Just recently I attended the Huron County Federation of Agriculture MP, MPP and local municipality day. Again, that message was loud and clear. This government, under a former Minister of Agriculture, under Premier Wynne's watch, continued to ignore Ontario farmers. That's a travesty.

Do you know who else they're ignoring? They're ignoring industries that are out there leading the way with sequestering and innovation. Nova Chemicals comes to mind. Over the last number of years, they are very proud of the manner in which they've been able to sequester carbon and bring down the emissions. Yet, do you know what? They worry time and again about the path that this government has chosen to throw Ontarians onto with their cap-and-trade scheme.

Do you know what's worst about their environmental scheme, the cap-and-trade scheme? Hard-earned Ontario dollars are going to California—

Mr. Lou Rinaldi: Wrong.

Ms. Lisa M. Thompson: Okay. I can't believe that members across the floor can't even get it right. They need to take a step back and see what their cap-and-trade scheme is actually doing. Not only are hard-earned Ontario dollars flowing to California, but very much a problem throughout rural Ontario and urban Ontario is the flood of jobs going across the border as well. This is a precarious situation, and I can't even believe that I'm hearing from across the floor that—what I'm hearing is proof that they don't even know what their cap-and-trade scheme is doing. Again, it's a travesty.

When we meet with stakeholders, they're concerned that time and again, this government doesn't consult. They went out in the winter of 2016 and—

Interjections.

The Acting Speaker (Mr. Rick Nicholls): Order, please. Well, I tried to give you a fine reputation to live up to, and apparently that's not working.

Debate deemed adjourned.

The Acting Speaker (Mr. Rick Nicholls): However, it is now 10:15 and this House stands recessed until 10:30.

The House recessed from 1014 to 1030.

INTRODUCTION OF VISITORS

Hon. Jeff Leal: They'll be arriving here shortly; we have distinguished members of the Ontario Federation of Agriculture here today. President Keith Currie and directors Drew Spoelstra, Peter Lambrick, Larry Davis and Crispin Colvin are with us today. Let's welcome them to Queen's Park.

Hon. Daiene Vernile: I'd like to welcome to the House today—either here or arriving very soon for the third reading vote on Rowan's Law—Gord and Kathleen Stringer, Rowan's parents; Dr. Charles Tator, who is here; Susan Kitchen; Elisabeth White with SickKids hospital; Dr. Cass, who is the VP of Sunnybrook and chair of the committee; Kent Bassett-Spiers, Ontario Neurotrauma Foundation; and Steve Podborski.

Ms. Lisa MacLeod: I was able to announce him earlier today, but today is a very important day for Nepean–Carleton as our page captain today is Aashaz Syed. His mother Fauzia Syed is also here in the gallery. It's wonderful, and I want to wish him the greatest luck today in his important role.

Hon. Reza Moridi: Please join me, Mr. Speaker, in welcoming Ms. Eun Hee Kim, mother of page Olivia Kim of Richmond Hill, joining us in the members' gallery.

Mr. Harinder S. Takhar: I would like to extend a warm greeting to the staff and grade 12 students of Our Lady of Mount Carmel Secondary School, who are here today from my riding of Mississauga–Erindale. I would

also like to welcome their teacher, Maria Kreatsoulas, and I want to extend them a very warm welcome to the Legislature.

Mr. Bill Walker: Not an introduction, but I would like to congratulate my colleague Steve Clark from Leeds–Grenville. On Sunday he celebrated his eighth anniversary as an elected MPP.

Mr. John Fraser: I would like to welcome the following representatives from the Ontario Community Support Association, who will be joining us this morning: Deborah Simon, Laura Visser, Jason Lye, Carole Beauvais and David Brazeau. I look forward to a productive meeting with them this afternoon. Welcome to Queen's Park.

Mr. Shafiq Qadri: I also must personally welcome Professor Charles Tator—thank you for the scholarship in clinical neurosurgery, as well as writing my internship recommendations—as well as welcoming Dr. Dan Cass, a fellow classmate of University of Toronto medical school; 1988 was a good year.

Hon. Michael Coteau: I would like to welcome Razia and Michael Ali, who are in the east members' gallery. They are parents to Alicia Ali, who is my press secretary. Like I said to them earlier today, they should be very proud of their daughter for the work that she does here at the Legislature.

The Speaker (Hon. Dave Levac): Further introductions? I'm not—I'm going to hold off for a second. Okay.

We have with us today in the Speaker's gallery several groups that I would like to introduce. I beg your indulgence. Today we have the newly appointed consul general of the Republic of Korea in Toronto, Mr. Tae-In Chung. Welcome. Thank you for joining us. We had a very fascinating conversation, and he credits Ontario and Canada for its success in the Olympics and their success in the Olympics and also the geopolitical success because of the Olympics, and thanks Canada for that. So thank you.

We also have in the Speaker's gallery a delegation of consuls general representing 16 European Union countries who are here to discuss initiatives to increase the relationship between the Legislature and the EU. They represent the countries of Bulgaria, the Czech Republic, Germany, Spain, France, Croatia, Italy, Hungary, Malta, Greece, the Netherlands, Austria, Poland, Portugal, Sweden and the United Kingdom. Please welcome our guests.

I've just been informed that some of the members have indicated that a junket is in order. I'm not sure what that means—

Ms. Lisa MacLeod: No, no, Speaker. It was a study trip.

The Speaker (Hon. Dave Levac): A study trip, sorry. Also in the Speaker's gallery, we have a contingent of MPs from Argentina. Welcome.

Finally, a couple of individuals, friends of mine, and an individual who is a dear friend of mine from years ago: Larry Davis from the OFA and Drew Spoelstra.

Welcome and thank you for joining us. Thank you, Larry.

Mr. Peter Tabuns: I'd like to welcome students from Diefenbaker Elementary School in my riding to the Legislature. I hope you enjoy your time.

Mrs. Liz Sandals: I notice that we've just been joined by members from the OFA, the Ontario Federation of Agriculture. This includes their president, Keith Currie, and Crispin Colvin. I'm sorry, I've lost one name. But anyway, we have lots of people from the OFA here today. Welcome.

Hon. Indira Naidoo-Harris: I'd like to welcome Peter Lambrick, who serves on the Ontario Federation of Agriculture board of directors as director at large. He is from my riding and a good friend. Welcome to Queen's Park.

Mr. Randy Pettapiece: I would like to introduce Sue Christianson, who is here today at Queen's Park. She lives in my riding of Perth-Wellington.

The Speaker (Hon. Dave Levac): Welcome.

REPORT, FINANCIAL ACCOUNTABILITY OFFICER

The Speaker (Hon. Dave Levac): I beg to inform the House that the following document was tabled: report on Ontario service fees 2017-18 from the Financial Accountability Office of Ontario.

ORAL QUESTIONS

MENTAL HEALTH SERVICES

Ms. Lisa MacLeod: My question is to the new Minister of Health. Congratulations, Minister.

Forty per cent of all children who try to access mental health treatment can't get the treatment that they need. There has been a 67% increase in hospitalizations for children with mental health disorders over the last decade. The majority of people being treated in Ontario today in emergency rooms after a suicide attempt are not seen by a psychiatrist within the first six months. That's six months without treatment, Minister. Other wait times are upwards of 18 months for people who are suffering from depression or anxiety. Yet this Liberal government and the NDP refuse to match the \$1.9-billion federal transfer for mental health services.

Why does this government refuse to make the necessary investments into our mental health care system?

Hon. Helena Jaczek: On this very important topic of mental health, I think we really should have some kind of dialogue on the subject, because all parties are absolutely, I think, in the same place on this particular extremely important aspect of our health. My predecessor often said there's no health without mental health. I actually feel that mental health is the most important part of our own well-being as individuals.

Our government has put into place a very comprehensive plan across all aspects of mental health, even starting with research so that we understand the human brain better—significant investments in the brain institute and in CAMH. Of course, we're looking at intervention. We're looking at early identification and treatment. The whole spectrum is being looked at, and we are committed to doing even more than—

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

Supplementary? The member from Lanark-Frontenac-Lennox and Addington.

Mr. Randy Hillier: To the Minister of Health: Mikeal was a young man in my riding and, like many of our youth, he found life was a constant struggle. His parents knew this and they tried to get him whatever help they could. Mikeal met with social workers and doctors many, many times. He confessed to having suicidal thoughts but was told it was "just hormones."

Mikeal would go on to attempt suicide three times over one year. After each attempt, his parents would plead to keep him under supervision. Instead, he would be sent home and they were told to "keep an eye on him" and that he "really didn't have a plan to kill himself."

Soon after, on his fourth attempt, Mikeal did take his own life.

Speaker, the minister must answer as to why a youth who makes multiple suicide attempts and whose family tries and tries to find help are met with indifference—indifference that begins and ends with this ministry and the members opposite.

Hon. Helena Jaczek: Minister of Children and Youth Services.

Hon. Michael Coteau: I thank the member for the question. There's no question, on this side, that a lot has changed in Ontario over the last decade with regard to mental health. There is a lot more demand in the system for help. We know that there are regions where there is a longer wait-list, and that's why we've moved forward with a new strategy for mental health in Ontario.

The Conservatives say that they would invest \$1.9 billion over a decade—

Mr. John Yakabuski: Billion.

Hon. Michael Coteau: Billion; sorry. It is simply not enough. It is not enough of an investment. In fact, Mr. Speaker, over the last—

Interjections.

The Speaker (Hon. Dave Levac): As sensitive as this is, we will still maintain decorum in this House. Please refrain.

Hon. Michael Coteau: The \$1.9 billion is simply not enough money. Over the last decade, this government has increased funding to mental health by \$10 billion. I think that the demonstration of that \$1.9 billion simply shows how the Conservatives are not prepared to govern this province.

The Speaker (Hon. Dave Levac): Final supplementary? The member from Stormont-Dundas-South Glengarry.

Mr. Jim McDonell: Back to the minister: Our new mental health facility in Cornwall brings together many organizations under one roof, as it seeks to be a one-stop shop for residents needing mental health services.

Last year, at the celebration opening, we were reminded how facilities alone aren't enough. A parent rose to ask the following question, and I paraphrase: "Do you mean to tell me that if my child is diagnosed with a mental health issue requiring a psychologist, one will be assigned?" The chief of staff rose and very soberly said, "No, we don't have any to assign."

Speaker, when will this government listen to Ontarians and provide the right mental health services that our residents deserve and need?

Hon. Michael Coteau: Again, I think it's really important for Ontarians to understand what the Conservatives have proposed in their platform. They've proposed a \$1.9-billion investment over a 10-year period.

Mr. Speaker, we've committed over \$10 billion in the last decade, and we've made a commitment—

The Speaker (Hon. Dave Levac): To the Chair, please.

Hon. Michael Coteau: The former Minister of Health has made a commitment and myself and the new Minister of Health: We need to invest more than \$1.9 billion over the next decade.

It's simply not enough to commit money. It's more about how the system is organized to meet the new demands on the system. That's why we've moved forward on Moving on Mental Health. We have lead agencies in every single part of Ontario. That's why we've built specialized—

Interjections.

The Speaker (Hon. Dave Levac): Two quick items: When you refer your answer to the Chair, it helps; and the heckling is going to have to stop.

Carry on.

Hon. Michael Coteau: That's why, Mr. Speaker, we've made an investment into new youth hubs that are built more around the lives of young people and to meet their demands: a 24-hour access drop-in system. This is the way we have to re-approach mental health here in the—

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

MENTAL HEALTH SERVICES

Mr. John Yakabuski: My question is to the Minister of Health. Speaker, my grandmother spent the last 32 years of her life in an institution because of mental illness, from 1929 to 1961, when she passed away. We don't lock them away anymore, and that's a good thing. But we do abandon them just the same.

We allow them to languish in misery and suffer just to survive without offering them the treatments they need so that they can get through life on a daily basis. We have many agencies, agencies in my riding like the Robbie Dean centre and the Phoenix Centre for Children and

Families, but the reality is that this mental health crisis—I agree with and I support the Bell Let's Talk initiative, but it is time to do more than talk. It is time to pay attention to a serious crisis in our society and to ensure that the necessary resources are dedicated to helping these people who suffer from mental illness and end this crisis once and for all.

Hon. Helena Jaczek: I would say that we agree. I think all three parties in this House are on the same page. That's precisely what we've been doing since 2003. We have continued investment ever since we took office. It's grown exponentially in terms of our type of investment.

There have been a lot of questions about children; we have provided more than 50,000 additional children and youth access to mental health and addiction services.

In terms of adults, we are providing supportive housing. There is certainly a huge development that is currently being undertaken, in terms of 1,150 additional supportive housing units, on top of the 1,000 new units that were added over the last three years. This is going to reduce some of the homelessness that we see around, and it will improve the supports for people with mental illness.

The Speaker (Hon. Dave Levac): Supplementary? The member from Elgin–Middlesex–London.

Mr. Jeff Yurek: Back to the Minister of Health: Over the past 11 years, children and youth services in London and southwestern Ontario have become increasingly difficult to access. Demand for these services is on the rise, while funding has remained stagnant. The Auditor General herself expressed grave concerns with the wait times for children and youth to access the services they need for mental health.

Instead, this government invested in bureaucracy and administration, walked away from the community support agencies and froze their funding for over 10 years. In London alone, children can be expected to wait 224 days for counselling and therapy services, and 226 days for intensive treatment services.

My question is to the minister: Does she agree that these wait times are unacceptable and, if so, will she address the issues by committing to add and match our \$1.9 billion in new funding on top of the old funding, to make mental health services better for Ontarians?

Hon. Helena Jaczek: I want to be very clear: Our government will spend more than the proposal that we saw recently by the Progressive Conservatives. We are exactly committed to that and, in our case, we know where we're going to get the funds to do so; which I think is somewhat lacking from the party opposite.

Just to reiterate some of the investments that we've made: We're making additional investments of \$140 million over three years, with an increase of more than \$50 million every year after that, to expand access to mental health services and to reduce wait times. I think one of the very important programs is our province-wide, publicly funded, structured psychotherapy program that will help people with mood disorders like anxiety and

depression with the supports and strategies to manage their conditions.

We're going to do more than the official opposition.

The Speaker (Hon. Dave Levac): Final supplementary? The member from Dufferin–Caledon.

Ms. Sylvia Jones: To the Minister of Health: According to Children's Mental Health Ontario, over the last decade there's been a 67% increase in hospitalization for kids with mental health disorders. Meanwhile, over the last 25 years, there's been a 60% reduction in the capacity of children's mental health services.

When the minister and I sat on the Select Committee on Mental Health and Addictions, all three parties made 23 recommendations to improve Ontario's mental health system. In the report, the minister, myself and all committee members said: "Regardless of our political convictions, we recognized that we must do better."

Does the minister still endorse the 23 recommendations from the select committee?

Hon. Helena Jaczek: Minister of Children and Youth Services.

Hon. Michael Coteau: I just want to say that we've been on a journey here in Ontario to transform mental health services for young people, the way they access those services, and to meet the growing demand that is out there.

We put forward lead agencies right across the province to create a single point of entry for young people who want to access those services. That was backed up through Bill 89. We put a whole new accountability process in place. That transformation piece in Bill 89 that speaks to mental health was voted against by the Conservatives here in Ontario.

In fact, Mr. Speaker, I want to add this one case: The Conservatives proposed a \$1.9-billion increase, but a \$16-billion decrease in funding and cuts. What's going to happen to children and youth services here in the province of Ontario? The proposed cuts they're making through the People's Guarantee—if it's still your guarantee; I'm not sure if it's still the guarantee. But if it is still the guarantee, those proposed cuts alone would wipe out my entire ministry.

1050

We need to know: Is it an increase, or is it cuts?

Interjections.

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

New question.

HOSPITAL SERVICES

Ms. Cindy Forster: My question is to the health minister. Nancy Dmytrow Bilboe is a 68-year-old retired registered nurse from my riding. This past Sunday, Nancy was taken to the Welland hospital by ambulance and spent almost 24 hours in a chair in the emergency department.

Upon arrival by stretcher, she was put in a wheelchair in the waiting room for over four hours. She was in excruciating abdominal pain. She was moaning, vomit-

ing, dry-heaving—all without yet being admitted or given anything for her pain. She ultimately spent hours in the waiting room and then hours in an uncomfortable, hard chair in the hallway of the emergency department with a pain level—on a scale of 0 to 10—of 12, in her words, before she received anything for pain.

Can the health minister explain to Nancy and her family why she received medical care in a chair in a busy ER and not in a room where her privacy and dignity could be protected and her pain management could be controlled?

Hon. Helena Jaczek: Certainly, when we hear very sad stories, as we've just heard, we need to ask about the circumstances. Obviously, this is a particular situation, and I certainly hope that the member opposite is liaising with my ministry, with the MPP liaison, to delve into this particular case.

Certainly we are addressing, in the broader sense, hospital overcrowding. We have made major investments in our hospitals. Just last year, we invested nearly half a billion dollars in Ontario hospitals. In the 2017 budget, we invested over \$500 million, representing a 3.1% overall increase to the hospital sector. These are significant new investments. We are increasing capacity in our hospitals, and we certainly intend to continue to do so.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Cindy Forster: Not only did Nancy receive her medical care in a chair in the ER instead of a bed, she was told by the physician that while her condition warranted her admission and she needed fluid monitoring and pain management, there were no beds.

Nancy had two options: One was she could wait over two days for a bed, along with the 12 other people who were waiting for a bed; or she could go home. She chose to go home because she said she simply couldn't take any more.

Does the health minister think it's okay that the Liberal cuts to our health system have made our hospitals so overcrowded that patients like Nancy go home before they're actually medically ready to do so?

Hon. Helena Jaczek: First of all, I do want to commend all our excellent front-line health care workers. Just last week I was at the Brantford General hospital in the emergency room, where we were actually increasing capacity to improve the services specifically in that hospital. We are doing this type of work incrementally. We know that not only can overcrowding be, obviously, a very difficult situation for patients, but it is also very difficult for the health care staff working in these situations.

I would like to remind the member that we added some 26 beds to the Niagara Health System just last fall. We're working on this issue. We will continue to do so.

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

Ms. Cindy Forster: The 26 beds is not enough, because all sites were actually overcrowded and overflowing. This is not about the Welland hospital administrators or the front-line health care professionals, who are doing their absolute best job with the underfunded resources that they are given. They've had way

too many years of Conservative-style budget cuts and freezes, and they just can't keep up any longer.

Why won't the health minister stop talking about temporary funding, stop letting Ontario families down and do something about the consistent overcrowding problem so that people like Nancy don't have to face this in our hospitals every day?

Hon. Helena Jaczek: We know that our hospitals are facing increasing demands as a result of our growing and aging population. We do commend the front-line medical and nursing staff in all our facilities for the excellent work that they're doing. This year, we also battled one of the worst flu seasons in years.

In response, we have increased capacity across the continuum of care by adding 1,200 hospital beds. That's equivalent to six new medium-sized hospitals. In particular, we have added transitional care spaces outside of hospital for up to 1,700 patients who don't require care in a hospital, some 150 new transitional care beds at the Reactivation Care Centre and acute care beds at Mackenzie Health.

We are working on this issue. We're making incremental improvements as are required. We will continue to build our excellent health care system.

HOSPITAL SERVICES

Ms. Peggy Sattler: My question is to the Minister of Health. By now, this Liberal government is quite familiar with the case of Stuart Cline, a London man who passed away on Saturday.

Yesterday, Stuart's son David went on the radio and asked for an apology from the Minister of Health. David had listened to her response to my question last week and was offended to hear her say that her ministry was "fully engaged in helping to coordinate this individual's return home...." In fact, David says that the minister "did not make one phone call to our family the entire time, neither her nor anyone who worked for her.... I took that as an insult."

Speaker, will the Minister of Health apologize to the Cline family for this insult?

Hon. Helena Jaczek: Of course, the death of a loved one is an extremely difficult and painful experience, and I do send my deepest condolences to the Cline family for their tragic loss. I know that the Premier also expressed her condolences yesterday.

Ontario's health care system does stand ready to support any patient returning home with an illness or injury experienced while travelling. We know that there are beds available for critical care patients in Ontario, and so we would continue to urge travel insurance to work with our LHIN staff and with ministry staff on the ground to offer protection and coordination of medical services for their clients.

I know that this is a really horrible tragedy for the family. Something quite unimaginable happened while their father was out of the country, so I want to again express my deepest condolences.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Peggy Sattler: David Cline said on the radio that it was "inexcusable" for the minister to try to avoid accountability for her government's role in this heart-breaking situation, which is what we just heard again. David Cline stated, "What compounded the problem is [that] the health minister, by not taking responsibility for the problem, made it much worse. She blamed the insurance company," but "the insurance company made multiple phone calls in different cities."

Yesterday in this House, the Premier again pointed the finger at everyone but herself. Why is this Liberal government blaming others instead of taking responsibility for their own failings?

Hon. Helena Jaczek: Mr. Speaker, we need to say again that when you go out of the country and you purchase travel insurance, you are relying on that travel insurer to work with our health care system. We rely on travel insurers to do their due diligence, to engage our network of hospitals here at home. Beds were available, health care professionals were on the ground and there were LHIN staff responsible for regional care coordination. Our staff at the ministry are willing to go the extra mile to ensure the highest quality of care for Ontarians. I certainly am very committed to ensuring that that communication coordination mechanism is strengthened. We will probably have more to say on that topic in the future.

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

Ms. Peggy Sattler: Speaker, for decades Ontario's hospitals have been operating with year-over-year cuts. This has led to hallway medicine and a chronic overcrowding crisis that is hurting families like the Clines. Both Conservative and Liberal governments have made it a habit to cut and freeze hospital budgets.

1100

Front-line health care professionals deserve the resources necessary to treat their patients. And when an emergency happens, whether a person is in Ontario or out of the country, they should be secure in the knowledge that our health care system will be there for them.

David Cline and his family are no longer secure in that knowledge. How does this Liberal government plan to change that?

Hon. Helena Jaczek: Mr. Speaker, I'm going to have to reiterate that there were beds available. At the level 2 and 3 type bed in ICU—on February 26 Toronto had 31 beds, the South West LHIN had 16 beds, the Erie St. Clair LHIN had seven beds, and Hamilton had 34.

We need to coordinate information between travel insurers and the ministry, and we will be working on ensuring that that communication is occurring as well as is possible.

MENTAL HEALTH SERVICES

Ms. Lisa M. Thompson: My question is for the Minister of Health.

Midwestern Ontario has a schedule 1 facility which serves mental health patients in Goderich at Alexandra Marine and General Hospital. I visited that hospital just

before Christmas, but when I got to the third floor, I was very saddened by what I saw. The hospital team were hustling and bustling, and it wasn't because of the Christmas season. They were hustling because they had people waiting in their hallways to be admitted.

That's the reality that Alexandra Marine and General Hospital faces every day. This facility consistently runs at more than 90% capacity year over year, and cases are becoming more complex. The workload for staff has also continued to increase, and in the last two years specifically, it has increased 20% year over year.

Speaker, I have to ask the minister: Why is her government ignoring the growing mental health needs in rural Ontario?

Hon. Helena Jaczek: I would certainly like to reassure the member opposite that we are doing nothing of the kind. We are working extremely hard on improving our services, not only for mental health, but also for acute care in general. We are investing consistently for our hospital sector.

I'm going to have to repeat that in the last budget, the 2017 budget, we invested over \$500 million in funding, representing a significant increase over the previous years.

We are looking at the demographics of individual areas—this is exactly the type of planning that our LHINs are engaged in—and getting the best advice as to where we need to concentrate our additional efforts.

I would like to mention, of course, that as far as I could see, there was no money for hospitals in the PC platform.

The Speaker (Hon. Dave Levac): Supplementary, the member for Bruce–Grey–Owen Sound.

Mr. Bill Walker: Back to the Minister of Health—*Interjections.*

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

We're inching towards warnings.

Mr. Bill Walker: Back to the Minister of Health: Your Liberal government recently borrowed \$25 billion for short-term hydro relief, an election ploy. However, your government refused to match the \$1.9-billion federal transfer for mental health services. As such, your government should have responsibility for the consequences.

Wait for therapy takes too long, and as a result, sadly, suicides are on the rise. Parents like Angela Loughnan, who lost her son Andrew to suicide, want the next person to have a better chance than their child did, because no should feel they are alone. Nobody should be burying their child, Minister, when it could be prevented.

Suicides don't disappear because you refuse to adequately fund children's mental health.

So I say to the minister and her government, you can't afford not to make the needed investment. But since you believe otherwise, can you tell us what could be a bigger priority than saving a young life?

Hon. Helena Jaczek: Certainly, no family should have to endure the pain and heartache of suicide. I think in all of our families or amongst our friends, we have

seen very tragic situations. This is precisely why our government, in 2015, asked the Ontario Hospital Association if there was more that we could do, particularly to work on the situation of suicide prevention. So we did establish a suicide prevention task force. We recently received the report of recommendations from that task force, and we're working with our health system partners to address the recommendations made in the report as part of our ongoing work to enhance suicide prevention in Ontario. I think it speaks to the fact that we really need to come together to talk openly about mental health challenges, not only to destigmatize them but also to provide the supports where and when they're needed.

HEALTHY EATING

M^{me} France Gélinas: Ma question est pour la ministre de la Santé.

On March 31, this Liberal government is cutting all funding to EatRight Ontario, the program that offers free nutritional advice to families across Ontario. My constituents and families across northern Ontario use EatRight extensively, in part because we don't have access to dietitians, but also because we want to make sure that our families are eating healthy foods and getting the nutrition they need. With EatRight, people in Ontario could just pick up the phone, send an email and get instant and reliable information from a registered dietitian about healthy eating, and in many different languages. But on March 31, this program will disappear.

Why is the minister cutting funding to EatRight Ontario and making it harder for Ontarians to eat well and stay healthy?

Hon. Helena Jaczek: While I'm not familiar with the particular service that the member opposite is speaking about, I certainly concur that healthy eating is fundamental to our health. As a former medical officer of health—public health units are very involved in this particular area. We know that we encourage healthy eating across the spectrum, starting of course with our kids. We know that the healthier our kids are, the less chronic disease they will have later on in life.

And so, certainly, with the encouragement of the member opposite—I believe she actually had a private member's bill—we've done things like our menu labeling legislation that came into effect January 1, 2017. This was named the Healthy Menu Choices Act. We're already posting calories on menus to help people make the healthy choices that they should. We are working in this regard across the province.

The Speaker (Hon. Dave Levac): Supplementary?

M^{me} France Gélinas: The Dietitians of Canada, who have run EatRight Ontario for the last 10 years, say they are "extremely disappointed" with the government's decision, and so are the families in my riding, who count on EatRight Ontario to help them stay healthy.

Like the minister just said, healthy eating is a primary factor in maintaining wellness, healthy growth and development, as well as prevention and management of major chronic diseases. You have diabetes, celiac

disease, bowel obstruction? You don't know what food is safe for you? You call EatRight Ontario and they help you. You need to lose weight? You need to prevent heart disease? You want to eat healthy? Call EatRight Ontario. It is there to help—or was there to help.

This is an incredibly important service for the people of Ontario and especially the people I represent in northern Ontario. Why is this minister cutting funding to EatRight Ontario?

Hon. Helena Jaczek: Mr. Speaker, I certainly will investigate this particular situation with—I'm not familiar with precisely this particular agency, but I can say that across this province we do have a number of services to ensure that our population gets healthy food: the student nutrition programs in so many schools that are available, as well as public health units. It's one of the standards under the Health Protection and Promotion Act that we ensure that our population has access to information related to healthy eating.

While we are very conscious that we do have issues, certainly in relation to childhood obesity, we have many programs that are looking to reversing this trend, and we will continue to do so.

CLIMATE CHANGE

M. Shafiq Qaadri: Ma question est pour le ministre de l'Environnement et de l'Action en matière de changement climatique, the Honorable Chris Ballard.

Speaker, the question concerns our remarkable sale of the cap-and-trade auction. Speaker, climate change is real. Extreme weather events, fluctuating temperatures—they all have real effects, including on human health. Our auction was recently a sellout, raising almost half a billion dollars.

1110

But Speaker, a responsible government has to have a credible, costed plan. I've actually been reviewing the People's Guarantee, Speaker, and all I can see from it is a kind of ostrich-like running away from climate change. From what I can see, Speaker, all it does is guarantee—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. First, you're going to have to put that one piece down. I can see that it is a prop, so I'm going to ask the member to put that down. Second of all, as I said yesterday, let's relate it to the government. You can make that short introduction, but talk about policy, please. Carry on.

Mr. Shafiq Qaadri: Thank you, Speaker. I accept your advice and get rid of it right now.

Every cent of those proceeds is required by law to be invested in programs that reduce pollution, and these programs, such as the GreenON climate change program, are improving cycling infrastructure, retrofits for hospitals, schools and transit.

My question to the government minister is this: Can he please explain to the House how our successful plan is reducing pollution in Ontario?

Hon. Chris Ballard: Thank you to the member from Etobicoke North for his passion and that important question. I know that as a medical doctor the member is well aware of the threat that climate change poses to our health.

As the member mentioned, Ontario generated \$471 million in proceeds from our first joint cap-and-invest auction with California and Quebec, Speaker. This goes to show that businesses are confident in our carbon market and that the market is functioning as planned.

We've seen that businesses, as well as independent experts, agree that our cap on pollution is the best way to put a price on carbon. Our program not only reduces pollution from businesses, it does so at the lowest price possible.

In January, the independent Environmental Commissioner of Ontario said, Ontario's linked cap-and-invest program "will save almost all of us money." We're proud to stand on this, Mr. Speaker.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Shafiq Qaadri: Speaker, I find the minister's answer particularly reliable, credible and intelligent, far more sensible—

Interjections.

Mr. Shafiq Qaadri: Speaker, as I was saying, I find the minister's response far more reliable, credible and intelligent than the previous money-back guarantee, which I dare not name any further.

Just yesterday the minister announced the GreenON Challenge, which will award \$300 million to businesses, non-profits and other organizations for projects that will reduce pollution in the province of Ontario. It's about investing in Ontario's future and creating a fairer society, not the ostrich-like approach of others.

Speaker, my question is this: Can the minister please tell the House how our plan is investing in green solutions for the benefit of all Ontarians?

Hon. Chris Ballard: Thank you to the member for Etobicoke North. I agree with everything he said.

Speaker, our plan is helping Ontarians fight climate change and save money. Meanwhile, we are so disappointed to see the PCs refuse to take climate change seriously. The environment is too important to be ignored. Climate change is too important to be ignored. A plan that turns its back on climate change and leaves a \$9.6-billion hole, in addition to \$16 billion, is not one that is acceptable to this government or the people of Ontario.

We are investing in this province through our proceeds from cap-and-invest. We are making social housing better and schools better—

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

MENTAL HEALTH SERVICES

Mr. Lorne Coe: My question is for the Minister of Health and Long-Term Care. A 2017 survey conducted by the Ontario Student Trustees' Association found that one in three students concluded that their school mental

health resources and supports were grossly inadequate. More recently, the association's 2018 election platform calls on the government to fund suicide intervention and mental health training programs to deal with this mental health crisis.

The Ontario Progressive Conservative Party has already responded by matching the federal government's commitment of \$1.9 billion for mental health resources, particularly topping up elementary and secondary school mental health supports.

When will the Liberal government finally address the growing mental health crisis in Ontario schools?

Hon. Helena Jaczek: Minister of Education.

Hon. Indira Naidoo-Harris: I want to thank the member opposite for his question. I also want to thank the Ontario Student Trustees' Association for their advocacy. We will absolutely continue to meet with them regularly to look at various ways that we can support our school system, our school community and certainly our students.

Mental health and the challenges our young people are facing today is something that I absolutely take as a priority in our government and in our school system. That's because we know that children are facing more and more challenges when it comes to some of the things and the issues that they're facing today. Schools are dealing with panic attacks. They're dealing with children having anxiety issues. They're dealing with children suffering from depression.

I want you to know that we care deeply and that I care deeply about this. I am absolutely proud to work for a government that has stepped up and is addressing some of these challenges by providing an additional \$49 million over the next three years. I'm happy to talk—

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

Mrs. Gila Martow: To the Minister of Health and Long-Term Care: The College Student Alliance, the Ontario Undergraduate Student Alliance, Colleges Ontario and the Council of Ontario Universities prepared a report entitled, *In It Together: Taking Action on Student Mental Health*. In the report, the four partners explained that providing effective support for student mental health is one of the most pressing issues on college and university campuses today, and that post-secondary institutions have made addressing it a priority but can't meet the challenge alone.

Mr. Speaker, representatives of the organizations visited Queen's Park last fall and shared their difficult stories, including students who volunteered to intervene in crisis situations on our campuses. Will the minister tell our students and educators why they have underfunded campus mental health support, forcing vulnerable students to take care of each other?

Hon. Indira Naidoo-Harris: Minister of Advanced Education and Skills Development.

Hon. Mitzie Hunter: Thank you for the opportunity to rise in the House and to talk about this very important issue. We know that when students go off to a post-

secondary institution, a college or a university, that can be a very stressful and difficult time for them. Oftentimes it's the first time that they're away from home, and they need the supports to be in place as they're away from their families and their friends.

Mr. Speaker, we are well aware of this issue. In fact, our government has taken significant action. That is why, beginning in this school year, we are investing an additional \$6 million annually in mental health supports over the next three years. This brings our total investment to \$15 million annually so that our campuses can be places where students are feeling that they have the supports that they need. They have a 24-hours-a-day, seven-days-a-week help line. We know students need supports around the clock, and those supports are in place.

CHILD PROTECTION

Miss Monique Taylor: My question is for the Minister of Children and Youth Services. Yesterday I raised a question about Kanina Sue Turtle, who filmed her own suicide while she was left alone for 45 minutes in a foster home in Sioux Lookout. Her family wants to know what happened. In response, the minister said that he is always available to any family that wants to connect. This is simply unacceptable. The onus should not be put on a grieving family to reach out to the minister. It doesn't help this family, and it certainly doesn't help the thousands of First Nation and Métis families with loved ones in care.

I ask again, will the minister tell this family what happened to Kanina?

Hon. Michael Coteau: Since becoming the minister responsible for children and youth services in this province, I've found that these types of issues are often the most complex and most challenging.

1120

On the very surface, it is also quite heartbreaking to hear these stories that come from many places across this province. I often think about the family and the pain that they are going through, so my heart goes out to the family. I'll say it again that I've always been willing to meet with any family.

But to have this type of conversation across a Legislature about a personal story that's taking place, this challenge that this one family is going through—this is not the appropriate place to have this conversation. I will meet with the family.

Mr. Speaker, I've met with many families across this province. I've been throughout all of northern Ontario talking to families about the challenges that they're going through.

The Speaker (Hon. Dave Levac): Supplementary?

Miss Monique Taylor: Now that was an inappropriate response. This is the place where we raise the issues of the people of this province.

Last May, in this place, I raised Kanina's death along with those of other indigenous children who died in group homes. At that time I called on the minister to in-

stitute mandatory inquests into the deaths of all children in care. Instead, I understand the coroner is doing a review of 11 deaths, and we're not sure if Kanina's death is one of them. We must know what has happened so that we can stop the deaths of young people in care.

Will the minister find it appropriate to inquire and have a full inquest that is open and transparent so that lives can be saved?

Interjections.

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

Minister.

Hon. Michael Coteau: I think that all young people in this province deserve to feel safe. If they need help or if a family needs help, there need to be places for them to go. That's why we've updated our legislation in the province of Ontario to make sure that there is more accountability and more transparency in the system. We've updated our blueprint that changes the very way in which the whole sector is regulated.

This is a family that has gone through a lot of pain. There are a lot of privacy issues in regard to this particular case. I think it's completely inappropriate for the member to politicize this issue. If she really wants to help the family, then come and talk to me and let's see a way we can do it. If she wants to talk about the policies and regulations that govern the way in which young people are treated in this province, then that's a completely different thing. But stop politicizing this important issue.

ECONOMIC DEVELOPMENT

Mrs. Liz Sandals: My question is for the minister responsible for small business. Speaker, we keep hearing from the opposition—

Interjection.

The Speaker (Hon. Dave Levac): You'll join them.

Mrs. Liz Sandals: We keep hearing from the opposition parties that our economy is struggling and that we're neglecting our business community, but in fact we know that this just simply isn't the case. We know that Ontario continues to drive national economic growth. We've created nearly 800,000 net new jobs since the recession. Our unemployment rate is the lowest in 17 years and has been under the national average for 33 straight months.

It's important that we ensure our businesses and communities are thriving and continue to create good local jobs. Just yesterday the minister was in my riding of Guelph to announce our partnership with Sleeman Breweries.

Speaker, through you, can the minister please tell us how this government is supporting regional economic growth?

Hon. Jeff Leal: I want to thank the member from Guelph for that question. Mr. Speaker, last month the Ontario Chamber of Commerce's contributing BMO economist said that Ontario's underlying macro-economics are the best they've been in decades.

Investing in regional economic development is the smart thing to do. Through our Southwestern Ontario Development Fund, we've committed \$163 million of funding support, leveraging over \$1.9 billion in investments. We're helping to support over 40,000 local, good-paying jobs.

Just yesterday, I had the privilege, in partnership with Sleeman Breweries, to support over 425 local, highly skilled jobs in Guelph, Ontario. Our support will help Sleeman bring back production to Guelph from the United States of 100,000 hectolitres of beer and grow good jobs while investing in advanced manufacturing technology. This is part of our plan to create opportunities for highly skilled workers and to ensure Ontario's food and beverage processors remain the best in the world.

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

Ms. Ann Hoggarth: Thank you, Minister, for your answer. It's clear to me that this government is working diligently to make sure that we're supporting our communities and our businesses.

The opposition parties would like the people of Ontario to believe that we're not doing anything to help businesses invest and grow in this province. This simply isn't true. Unlike their plan that guarantees nothing but cuts, cuts and more cuts, we are investing in jobs right here, right now, at home. Their fearmongering that increasing the minimum wage will force employers to reduce staff by bringing in automation is also false.

Just last week, I was joined by the Minister of Economic Development and Growth to announce funding for Innovative Automation in my own riding of Barrie. This is another great example of how our government continues to support economic growth in local communities.

Will the minister please tell us more about the importance of our regional economic development program?

Hon. Jeff Leal: I want to thank the member from Barrie for that supplementary question. We're working hard to make sure our plan moves everyone forward. We're making sure families can take advantage of our economic benefits. We're also ensuring that businesses keep investing in Ontario.

As the member from Barrie said, last week we announced our partnership with Barrie's Innovative Automation. In this great case, where robots are actually creating jobs, this will create 29 new jobs and keep 102 existing positions. We're helping this facility expand in Barrie and make sure that over 130 people have good-paying jobs in that wonderful community. What's even greater is that Innovative Automation will employ a lot of local talent. About one quarter of the facility staff are Georgian College graduates. The facility also does a large portion of its business within two kilometres of the new location.

This is how our plan is working to help support our local economy and keep Ontario competitive.

MENTAL HEALTH SERVICES

Mr. Sam Oosterhoff: My question is to the Minister of Health and Long-Term Care. I recently had the opportunity to go on a ride-along with officers from the Niagara Regional Police Service. I had the chance on this ride-along to learn more about the cost and impact of inadequate mental health funding in my community.

While I was with these officers, we received an MHA call, a mental-health-apprehension call. These front-line officers shared many real-life stories with me about the harm caused by this government's failure to invest in preventative mental health services. Most calls that these officers receive are to deal with people who are having a mental health crisis, people who could have been helped by earlier intervention.

Will the minister commit today to matching the federal transfer for mental health to help my constituents and to enable the officers of my community to focus on policing?

Hon. Helena Jaczek: The member's question raises an important point. That point is that so many of our individual government ministries are involved in looking at and tackling the issues around mental health.

That's precisely why we've established a mental health wellness table amongst our ministries where, in collaboration, the Minister of Health, the Minister of Education, the Minister of Children and Youth Services and the Minister of Community Safety and Correctional Services are sitting and talking about the issues and how the aspects of mental health do impact so many different government services. This is a very important initiative.

We, of course, have increased our community supports through the years. I'm sure your police force is well aware of that as well. We have had the increase in terms of supportive housing and the integrated youth hubs that my colleague the Minister of Children and Youth Services has announced. So, yes, it's a complex problem, and we're working on it.

The Speaker (Hon. Dave Levac): Supplementary?
The member for Haliburton-Kawartha Lakes-Brock.
1130

Ms. Laurie Scott: My question is to the Minister of Health. The Select Committee on Mental Health and Addictions reviewed front-line services that included 24/7 mobile crisis intervention teams for adults and children, as well as crisis centres. They were interested by the possibility, the services offered were very impressive, and some of the innovative initiatives already in place around the province could help—initiatives like the Crisis Outreach and Support Team, or COAST, which partners health and social service personnel with police officers. In fact, the select committee recommended supporting these models.

Why is the government failing to offer these much-needed mental health support services to our front-line workers?

Hon. Helena Jaczek: Minister of Community Safety and Correctional Services.

Hon. Marie-France Lalonde: Thank you very much for the question, because it gives me a chance to acknowledge what we are hearing all throughout our province, that there is a need to transform our system. Mental health is definitely a key part.

One thing that I'm very proud to share today is that for the first time in our Police Services Act, we're introducing a community safety and well-being plan. This will be something where each municipality looks together with their organizations, with their policing partners and with their mental health organizations, at finding ways and solutions to address what the member opposite is sharing.

I did some ride-alongs myself, Mr. Speaker. To be very frank, the police are asking for us to give tools, to give extra availability, to look at this gap. I'm very proud that our government is taking action.

MENTAL HEALTH SERVICES

Mrs. Lisa Gretzky: My question is to the Minister of Health. Decades of cuts and stagnant funding by this Liberal government have pushed our mental health system into crisis. Windsor seniors are waiting months for mental health services, and many with specialized mental health needs like dementia are being placed in acute care because there is nowhere else for them to go.

But there's an easy way to help alleviate this crisis. Hôtel-Dieu Grace Healthcare in Windsor has available beds. The units are built and ready to go—brand new units. All they need is the financial support of this government so that the beds can be fully operational and seniors can be placed appropriately. Ministry staff have toured the units and acknowledged the need to get them open. The minister herself said this morning that mental health is the most important part of our well-being.

Will the Minister of Health commit today to provide the funds needed for Hôtel-Dieu Grace so that seniors with complex needs can get the help that they need without delay?

Hon. Helena Jaczek: To the member opposite, my former critic and obviously in action here today, I would say that this is a very important question. I know that this is precisely what we are looking at across the province: Where do we have gaps in service, and how can we address them?

She mentioned specifically seniors with complex needs, including dementia. Of course, we've had a very robust dementia strategy in this province, and we have committed to ensuring that people living with dementia and their families feel supported and they continue to be treated with the dignity and respect that they deserve.

Within the 2017 budget, our government announced an additional investment of \$101 million over three years for Ontario's Dementia Strategy. This will improve coordination of care, strong partnerships between primary care and specialist physicians and community care providers.

The Speaker (Hon. Dave Levac): Supplementary.

Mrs. Lisa Gretzky: Back to the Minister of Health: Perhaps she didn't hear me. It's a fully ready-to-go turnkey wing, just waiting for the hospital to receive operational funding so they can bring seniors out of acute care into the care they need to actually provide them the dignity you claim that they deserve.

Seniors who have worked their entire lives to better this province should get mental health services when they need them, and they should expect the same for their children and grandchildren. But we need to do more than just tinker with the same broken system, the same underfunded system. It's time for something completely different. That's why New Democrats have promised an overhaul and, for the first time, a comprehensive ministry of mental health and addictions services.

Will the Minister of Health admit that Windsor families deserve better, give Hôtel-Dieu Grace the financial resources that they need now and commit to our plan to deliver a ministry of mental health and addictions services so we fix this crisis once and for all?

Hon. Helena Jaczek: Our government has made these commitments. We will be looking at all potential applicants for funding over the next short while.

Particularly to the member from Windsor West, I would say that it's absolutely clear that somehow she missed our 2017 budget. We have invested over \$500 million in funding to Ontario hospitals for expansion of services. This is precisely what we're doing. Our transitional care beds, our supportive housing initiatives: This is all part of the puzzle.

We're working hard. We will continue to do so. We are absolutely committed to ensuring that all Ontarians live in the kind of dignity and respect that they deserve.

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Ms. Soo Wong: My question is for the minister responsible for accessibility.

Our government has done more in the area of accessibility than any other previous government. With the creation of the Accessibility for Ontarians with Disabilities Act, our government set forth to make Ontario accessible by 2025. Milestones were set in the form of standards and most have been reached, but there's more work to be done.

In my riding of Scarborough–Agincourt, I know my residents are keen to learn more about this work. In addition to existing enforceable standards that are already in place, Speaker, through you to the minister, can she please inform the House of the status of the standard for accessibility in education?

Hon. Tracy MacCharles: I want to thank the member for Scarborough–Agincourt for this important question and her local work in her community to identify and remove barriers for all people in Ontario.

Speaker, it's Tuesday morning, and I'm asking you and everyone to imagine Ontario's classrooms. Images that are brought to my mind range from kindergarten

students creating finger-painting works of art to high school students doing some last-minute studying before their big math test.

As I reflect on that, I have to reflect on what this looks like for students with disabilities. Are they getting everything they deserve from the education system? Will they have the resources that they need? Are there barriers that they face in being the best students that they can possibly be?

That's why I'm so pleased to confirm that we have established two new standards development committees in the education sector: one for K-to-12 and one for post-secondary. I'll be pleased to speak more about that in the supplementary.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Soo Wong: Thanks to the minister for her response and for providing leadership in the area of accessibility.

The work of the Accessibility Directorate of Ontario is of utmost importance in this government and is continuing to create the most open, accessible and just society in North America.

In my diverse riding of Scarborough–Agincourt, I know my residents, especially young people, are keen to learn more about the new standards as well as the two committees.

Speaker, through you to the minister, can she please inform the House as to the composition of this committee and the work they plan to do in accomplishing this goal?

Hon. Tracy MacCharles: Again, it's a very important topic here to talk about—accessibility in Ontario—and the question about how these committees do their work is an important one too.

These committees help create a more inclusive education system so all students can reach their potential. The diverse committees are made up of different kinds of people—people with lived experience, education administrators, students, teachers and parents. Forming these new standards in the sector is a real milestone in the evolution of the Accessibility for Ontarians with Disabilities Act.

By everyone bringing their skills and experience together, it makes a brighter future for our students, who will benefit from these new accessibility standards in our education sector. That will impact children from when they start school right through to when they go to college and university.

I'm very pleased to confirm that Lynn Ziraldo is chairing our kindergarten-to-grade-12 standards development committee, and that Tina Doyle is chairing our post-secondary accessibility standards committee.

NOTICES OF DISSATISFACTION

The Speaker (Hon. Dave Levac): Pursuant to standing order 38(a), the member for Whitby–Oshawa has given notice of his dissatisfaction with the answer to his question given by the Minister of Health and Long-

Term Care concerning mental health. This matter will be debated today at 6 p.m.

Pursuant to standing order 38(a), the member from Huron–Bruce has given notice of her dissatisfaction with the answer to her question given by the Minister of Health and Long-Term Care concerning rural mental health needs. This matter will be debated tomorrow at 6 p.m.

Pursuant to standing order 38(a), the member from Niagara West–Glanbrook has given notice—

Interjection.

The Speaker (Hon. Dave Levac): I'm not satisfied.

Pursuant to standing order 38(a), the member from Niagara West–Glanbrook has given notice of his dissatisfaction with the answer to his question given by the Minister of Health and Long-Term Care concerning mental health. This matter will be debated tomorrow at 6 p.m.

DEFERRED VOTES

FAIRNESS IN PROCUREMENT ACT, 2018 LOI DE 2018 SUR L'ÉQUITÉ EN MATIÈRE DE MARCHÉS PUBLICS

Deferred vote on the motion for second reading of the following bill:

Bill 194, An Act respecting fairness in procurement /
Projet de loi 194, Loi concernant l'équité en matière de
marchés publics.

The Speaker (Hon. Dave Levac): Call in the members. This will be a five-minute bell.

The division bells rang from 1141 to 1146.

The Speaker (Hon. Dave Levac): All members, please take your seats.

On February 26, 2018, Ms. McMahon moved second reading of Bill 194, An Act respecting fairness in procurement.

All those in favour, please rise one at a time and be recognized by the Clerk.

Ayes

Albanese, Laura	Gates, Wayne	Moridi, Reza
Anderson, Granville	Gélinas, France	Munro, Julia
Armstrong, Teresa J.	Gravelle, Michael	Naidoo-Harris, Indira
Arnott, Ted	Gretzky, Lisa	Naqvi, Yasir
Baker, Yvan	Hardeman, Ernie	Nicholls, Rick
Ballard, Chris	Harris, Michael	Oosterhoff, Sam
Barrett, Toby	Hatfield, Percy	Pettapiece, Randy
Berardinetti, Lorenzo	Hillier, Randy	Potts, Arthur
Bisson, Gilles	Hoggarth, Ann	Qaadri, Shafiq
Bradley, James J.	Hunter, Mitzie	Rinaldi, Lou
Chan, Michael	Jaczek, Helena	Sandals, Liz
Chiarelli, Bob	Jones, Sylvia	Sattler, Peggy
Cho, Raymond Sung Joon	Kiwala, Sophie	Scott, Laurie
Clark, Steve	Lalonde, Marie-France	Smith, Todd
Coe, Lorne	Leal, Jeff	Sousa, Charles
Colle, Mike	MacCharles, Tracy	Tabuns, Peter
Coteau, Michael	MacLeod, Lisa	Takhar, Harinder S.
Crack, Grant	Malhi, Harinder	Taylor, Monique
Damerla, Dipika	Mangat, Amrit	Thibeault, Glenn
Del Duca, Steven	Mantha, Michael	Thompson, Lisa M.

Delaney, Bob
Des Rosiers, Nathalie
Dhillon, Vic
Dickson, Joe
Dong, Han
Duguid, Brad
Fife, Catherine
Flynn, Kevin Daniel
Fraser, John
French, Jennifer K.

Martins, Cristina
Martow, Gila
Matthews, Deborah
Mauro, Bill
McDonell, Jim
McGarry, Kathryn
McMahon, Eleanor
McMeekin, Ted
Miller, Norm
Miller, Paul

Vanthof, John
Vernile, Daiene
Walker, Bill
Wilson, Jim
Wong, Soo
Wynne, Kathleen O.
Yakubuski, John
Yurek, Jeff
Zimmer, David

The Speaker (Hon. Dave Levac): All those opposed, please rise one at a time and be recognized by the Clerk.

Nays

MacLaren, Jack

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 89; the nays are 1.

The Speaker (Hon. Dave Levac): I declare the motion carried.

Second reading agreed to.

The Speaker (Hon. Dave Levac): Pursuant to the order of the House dated March 5, 2018, the bill is ordered for third reading.

TIME ALLOCATION

The Speaker (Hon. Dave Levac): We have a deferred vote on government notice of motion number 63, relating to allocation of time on Bill 175, An Act to implement measures with respect to policing, coroners and forensic laboratories and to enact, amend or repeal certain other statutes and revoke a regulation.

Call in the members. This will be a five-minute bell.

The division bells rang from 1149 to 1150.

The Speaker (Hon. Dave Levac): On March 5, 2018, Madame Des Rosiers moved government notice of motion number 63, relating to the allocation of time on Bill 175, An Act to implement measures with respect to policing, coroners and forensic laboratories and to enact, amend or repeal certain other statutes and revoke a regulation.

All those in favour of the motion, please rise one at a time and be recognized by the Clerk.

Ayes

Albanese, Laura	Dong, Han	McGarry, Kathryn
Anderson, Granville	Duguid, Brad	McMahon, Eleanor
Baker, Yvan	Flynn, Kevin Daniel	McMeekin, Ted
Ballard, Chris	Fraser, John	Moridi, Reza
Berardinetti, Lorenzo	Gravelle, Michael	Naidoo-Harris, Indira
Bradley, James J.	Hoggarth, Ann	Naqvi, Yasir
Chan, Michael	Hunter, Mitzie	Potts, Arthur
Chiarelli, Bob	Jaczek, Helena	Qaadri, Shafiq
Coteau, Michael	Kiwala, Sophie	Rinaldi, Lou
Crack, Grant	Lalonde, Marie-France	Sandals, Liz
Damerla, Dipika	Leal, Jeff	Sousa, Charles
Del Duca, Steven	MacCharles, Tracy	Takhar, Harinder S.
Delaney, Bob	Malhi, Harinder	Thibeault, Glenn
Dhillon, Vic	Mangat, Amrit	Vernile, Daiene
Dickson, Joe	Martins, Cristina	Wong, Soo
	Matthews, Deborah	Wynne, Kathleen O.
	Mauro, Bill	Zimmer, David

The Speaker (Hon. Dave Levac): All those opposed, please rise one at a time and be recognized by the Clerk.

Nays

Armstrong, Teresa J.	Harris, Michael	Pettapiece, Randy
Arnott, Ted	Hatfield, Percy	Sattler, Peggy
Barrett, Toby	Hillier, Randy	Scott, Laurie
Bisson, Gilles	Jones, Sylvia	Smith, Todd
Cho, Raymond Sung Joon	MacLaren, Jack	Tabuns, Peter
Clark, Steve	MacLeod, Lisa	Taylor, Monique
Coe, Lorne	Mantha, Michael	Thompson, Lisa M.
Fife, Catherine	Martow, Gila	Vanhof, John
Forster, Cindy	McDonell, Jim	Walker, Bill
French, Jennifer K.	Miller, Norm	Wilson, Jim
Gates, Wayne	Miller, Paul	Yakabuski, John
Gélinas, France	Munro, Julia	Yurek, Jeff
Gretzky, Lisa	Nicholls, Rick	
Hardeman, Ernie	Oosterhoff, Sam	

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 51; the nays are 40.

The Speaker (Hon. Dave Levac): I declare the motion carried.

Motion agreed to.

SUPPLY ACT, 2018

LOI DE CRÉDITS DE 2018

Deferred vote on the motion for second reading of the following bill:

Bill 196, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2018 / Projet de loi 196, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2018.

The Speaker (Hon. Dave Levac): Call in the members. This will be a five-minute bell.

Interjections: Same vote.

The Speaker (Hon. Dave Levac): Same vote? Same vote.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 51; the nays are 40.

The Speaker (Hon. Dave Levac): I declare the motion carried.

Second reading agreed to.

SUPPLY ACT, 2018

LOI DE CRÉDITS DE 2018

Ms. McMahon moved third reading of the following bill:

Bill 196, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2018 / Projet de loi 196, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2018.

The Speaker (Hon. Dave Levac): Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour, say "aye."

All those opposed, say "nay."

In my opinion, the ayes have it.

Call in the members. This will be a five-minute bell.

Interjections: Same vote.

The Speaker (Hon. Dave Levac): Same vote? Same vote.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 51; the nays are 40.

The Speaker (Hon. Dave Levac): I declare the motion carried. Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

ROWAN'S LAW

(CONCUSSION SAFETY), 2018

LOI ROWAN DE 2018

SUR LA SÉCURITÉ EN MATIÈRE DE COMMOTIONS CÉRÉBRALES

Deferred vote on the motion for third reading of the following bill:

Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2018 and to amend the Education Act / Projet de loi 193, Loi édictant la Loi Rowan de 2018 sur la sécurité en matière de commotions cérébrales et modifiant la Loi sur l'éducation.

The Speaker (Hon. Dave Levac): Call in the members. This will be a five-minute bell.

The division bells rang from 1154 to 1155.

The Speaker (Hon. Dave Levac): Earlier today, Ms. Vernile moved third reading of Bill 193, An Act to enact Rowan's Law (Concussion Safety), 2018 and to amend the Education Act. All those in favour, please rise one at a time and be recognized by the Clerk.

Ayes

Albanese, Laura	Gates, Wayne	Moridi, Reza
Anderson, Granville	Gélinas, France	Munro, Julia
Armstrong, Teresa J.	Gravelle, Michael	Naidoo-Harris, Indira
Arnott, Ted	Gretzky, Lisa	Naqvi, Yasir
Baker, Yvan	Hardeman, Ernie	Nicholls, Rick
Ballard, Chris	Harris, Michael	Oosterhoff, Sam
Barrett, Toby	Hatfield, Percy	Pettapiece, Randy
Berardinetti, Lorenzo	Hillier, Randy	Potts, Arthur
Bisson, Gilles	Hoggarth, Ann	Qaadri, Shafiq
Bradley, James J.	Hunter, Mitzie	Rinaldi, Lou
Chan, Michael	Jaczek, Helena	Sandals, Liz
Chiarelli, Bob	Jones, Sylvia	Sattler, Peggy
Cho, Raymond Sung Joon	Kiwala, Sophie	Scott, Laurie
Clark, Steve	Lalonde, Marie-France	Smith, Todd
Coe, Lorne	Leal, Jeff	Sousa, Charles
Colle, Mike	MacCharles, Tracy	Tabuns, Peter
Coteau, Michael	MacLaren, Jack	Takhar, Harinder S.
Crack, Grant	MacLeod, Lisa	Taylor, Monique
Damerla, Dipika	Malhi, Harinder	Thibeault, Glenn
Del Duca, Steven	Mangat, Amrit	Thompson, Lisa M.
Delaney, Bob	Mantha, Michael	Vanhof, John
Des Rosiers, Nathalie	Martins, Cristina	Vernile, Daiane
Dhillon, Vic	Martow, Gila	Walker, Bill
Dickson, Joe	Matthews, Deborah	Wilson, Jim
Dong, Han	Mauro, Bill	Wong, Soo
Duguid, Brad	McDonell, Jim	Wynne, Kathleen O.
Fife, Catherine	McGarry, Kathryn	Yakabuski, John
Flynn, Kevin Daniel	McMahon, Eleanor	Yurek, Jeff
Forster, Cindy	McMeekin, Ted	Zimmer, David
Fraser, John	Miller, Norm	
French, Jennifer K.	Miller, Paul	

The Speaker (Hon. Dave Levac): All those opposed, please rise one at a time and be recognized by the Clerk.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 91; the nays are 0.

The Speaker (Hon. Dave Levac): I declare the motion carried. Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

The Speaker (Hon. Dave Levac): There are no further deferred votes. This House stands recessed until 3 p.m. this afternoon.

The House recessed from 1159 to 1500.

NOTICES OF DISSATISFACTION

The Speaker (Hon. Dave Levac): Pursuant to standing order 38(a), the member from Bruce–Grey–Owen Sound has given notice of his dissatisfaction with the answer given by the Minister of Health and Long-Term Care concerning mental health. This matter will be debated tomorrow at 6 p.m.

Pursuant to standing order 38(a), the member from Nepean–Carleton has given notice of her dissatisfaction with the answer to her question given by the Minister of Health and Long-Term Care concerning mental health funding and suicide prevention. This matter will be debated Tuesday, March 20, 2018, at 6 p.m.

Pursuant to standing order 38(a), the member from Stormont–Dundas–South Glengarry has given notice of his dissatisfaction with the answer to his question given by the Minister of Health and Long-Term Care concerning a mental health funding shortage. This matter will be debated Tuesday, March 20, 2018, at 6 p.m.

MEMBERS' STATEMENTS

MENTAL HEALTH SERVICES IN PARRY SOUND

Mr. Norm Miller: I rise to commend a local initiative in my riding to help bridge the gap in mental health services. The Parry Sound-Muskoka branch of the Canadian Mental Health Association has opened a once-weekly, after-hours walk-in clinic in Parry Sound. The clinic is funded in part by a local golf tournament, the Ridge Golf Classic, organized by the Ridge at Manitou. I want to thank the team at the Ridge for their dedication to this cause.

Local people struggling with mental health issues have faced long waiting lists. A place where people know they can seek help immediately will help many of my constituents.

Research suggests that single-session consultations can be quite successful, and for people who need more than one consultation, this clinic can help connect them with the services they need.

This clinic is a great addition to Parry Sound, but being open only one evening a week means it can serve a very limited number of residents. Clinics like this one

should not have to rely upon donations to offer these essential services.

I'm proud that the PC Party has recognized that mental health is just as important as physical health and has committed to major investments in mental health services. I will advocate for clinics like this to be funded.

I hope the new Minister of Health will consider funding this important project so that the clinic can be open more than one evening.

I commend the community-minded individuals who have worked so hard to make this clinic a reality.

VIOLENCE PREVENTION COORDINATING COUNCIL OF DURHAM

Ms. Jennifer K. French: March 8 is International Women's Day, and I hope everyone is able to make it to events celebrating and supporting women and girls in their communities.

I want to highlight an important campaign launched in Durham region by the Violence Prevention Coordinating Council of Durham. The VPCC is comprised of 32 member organizations committed to addressing the issues of violence in our community. This organization supports women while planning community events and initiatives to increase awareness and make change regarding violence in Durham region.

From a presentation given by the VPCC, I'll share some of the realities faced in our area:

In Durham region, the police respond to an average of 21 domestic calls per day.

Twenty-five per cent of all calls for violent crime are domestic violence cases.

In Canada, a woman is murdered by her intimate partner every six days. In the last year, we have had four murdered women in Durham.

Durham region's four shelters housed 608 women and 320 children this past year. Even harder to imagine is that the shelters turned away 1,080 women because they were already over capacity.

The Canadian Centre for Policy Alternatives conducted a study and ranked Oshawa second worst out of 25 cities to live and work as a woman. Durham region was ranked last for personal security.

The Violence Prevention Coordinating Council is working with partners and community to change those stats.

Join us in supporting the #loveshouldnthurt campaign to ensure that love doesn't hurt and to eliminate violence against women. Become a champion; be part of the solution. Support this campaign and all calls to end violence against women. And because love shouldn't hurt, I will stand in this Legislature and use my voice to help end violence against women. What will you do?

CHINESE NEW YEAR

Mrs. Amrit Mangat: I rise in the Legislature today to talk about Chinese New Year.

It was my pleasure to attend the Mississauga Board of Chinese Professionals and Businesses—known as CPB—Chinese New Year banquet this past weekend.

This year is the Year of the Dog. Known to be honest, friendly, faithful, loyal and smart, dogs also have a strong sense of responsibility.

I would like to thank Judy Yeung and the whole team at CPB for hosting such a wonderful event in my riding of Mississauga—Brampton South. All of the proceeds from this event went to the Yee Hong Centre for Geriatric Care, which is located in my great riding of Mississauga—Brampton South. Yee Hong is a long-term-care centre and a non-profit seniors' organization which has been operating since 1994. Yee Hong annually serves about \$15,000 individuals in the GTA. They provide a number of services, including adult day programs, active senior programs, chronic disease self-management and many more.

I would like to extend my best wishes to all those who recently celebrated the lunar new year.

GODERICH AND CLINTON

KINSMEN AND KINETTE TV AUCTION

Ms. Lisa M. Thompson: I'm pleased to rise today to speak about the 27th annual Goderich and Clinton Kinsmen and Kinette TV auction.

I had the pleasure to announce the items in the auction, and let me tell you, there were so many good things: from a doll high chair that was handmade, through to autographed basketball jerseys, gift certificates and even vacations. In fact, more than 900 items were auctioned off, thanks to generous donations from across the community.

This year, the Clinton and Goderich Kinsmen and Kinettes set a new record: Their auction actually raised a record number of donations, which translated into an amazing fundraiser for the club. These funds will be used to support local projects, such as outdoor ice rinks, playgrounds and community events. The money will also be used to support Cystic Fibrosis Canada, the Kin Canada project that is supported by clubs throughout Canada. In fact, they've been supporting cystic fibrosis for over 54 years, and over that time have helped raise \$45 million for research on cystic fibrosis.

I would like to recognize the volunteers, the community leaders and everyone who made a purchase, and all who participated in the 27th annual Goderich and Clinton Kinsmen and Kinette TV auction, as well as the volunteers in the nearly 500 Kin clubs nationwide. The work you do is truly remarkable, and we thank you.

TENANT PROTECTION

Ms. Cindy Forster: I dedicate my statement today to a senior, an 81-year-old former constituent and friend of mine whose name is George Radick. George is retired and living on a pension. He lives at Anchor Pointe in St. Catharines and received notice for a rent hike in the

retirement facility he lives in. The rent increase alone is 7.5%, well above the 1.8% limit for 2018 set by the Residential Tenancies Act, and translates into almost \$500 a month.

My office contacted the Retirement Homes Regulatory Authority, only to find out that Anchor Pointe is not considered a retirement home as defined under the Retirement Homes Act because the home does not provide two of the 13 criteria required to have it regulated. That means it falls into a grey area that seems to allow landlords to bypass rent increase limits set by legislation, giving these retirement facilities free rein to charge whatever they please. We were told to contact the Landlord and Tenant Board, but after two hours of getting a busy signal, we gave up.

On behalf of George and countless other seniors in our province who find themselves falling between regulatory gaps, will the ministries responsible for regulatory changes—the Ministry of Health and Long-Term Care and the Ministry of Housing—please review and amend the legislation to protect vulnerable seniors such as George Radick across this province?

INTERNATIONAL WOMEN'S DAY

Mrs. Cristina Martins: This Thursday, March 8, marks International Women's Day. Since 1914, this important day has been celebrating women around the world.

To pay tribute to this occasion, I will host my monthly art gallery at my constituency office tomorrow, Wednesday, March 7. The gallery will exhibit the work of a number of women from the Toronto School of Art, a fantastic organization in my riding of Davenport.

1510

The exhibit will also display several pieces of pottery from Inspirations Studio. For 23 years, the studio has supported hundreds of low-income women impacted by poverty, homelessness, trauma and mental health issues in my riding of Davenport and across Toronto. The studio helps women learn to craft ceramic goods and develop business skills so they can earn supplemental income. As one member expressed, "I own what I do and I earned it. I'm in a happy place in my life. I haven't been homeless again. It has given me purpose. Inspirations saved my life."

In 2016, the program lost its funding and was at risk of closing, but thanks to a rent commitment from Sistering and \$84,000 in funds raised via crowdsourcing, private donations, the city of Toronto, Friends of Inspirations Studio and outstanding levels of community support, Inspirations Studio has secured the funds necessary to continue through 2018.

Finally, the opening night for this month's art gallery will serve as an opportunity to formally recognize seven outstanding leaders in my community of Davenport. Mr. Speaker, indulge me so I can list all seven. Phoi Nguyen, Juta Mason, Lourdes Fuentes, Mariela Soto, Mary Oko, Angela Machado and Alicia Vianga are all recipients of

the Leading Women/Leading Girls awards. Congratulations to them.

COUNTY ROAD 43

Mr. Steve Clark: I rise on behalf of North Grenville residents, who will be watching this year's budget closely for funding to finally expand County Road 43.

It may surprise a government so fixated on the GTA to learn this, but rural and small-town Ontario have transportation infrastructure needs. Nowhere in my riding is it more evident than on County Road 43, a vital link between Kemptville and Highway 416. I'm so proud of how Mayor David Gordon and his council have worked to make North Grenville one of the fastest-growing communities in eastern Ontario. However, that growth and future economic development requires the province to be a partner in upgrading local infrastructure.

For years, the municipality and the united counties of Leeds and Grenville have identified expanding County Road 43 to four lanes as their top infrastructure priority. For years, provincial budgets have come and gone with no funding for this badly needed, \$30-million project to get in gear.

Quite frankly, the municipality is tired of waiting. On any given day, 18,500 vehicles travel this busy highway. There is congestion. It's a barrier to growth. It's a public safety issue for motorists and pedestrians—it puts them at risk. But you know what, Speaker? All the work has been done. This is a shovel-ready project. It's finally time for the finance minister to give the County Road 43 expansion the green light.

LYMPHEDEMA

Mr. John Fraser: March is lymphedema month in Canada and around the world. I'd like to recognize the lymphedema community, as today, March 6, is world lymphedema day, which helps spread awareness about the seriousness of this chronic disease.

Lymphedema is an accumulation of high-protein lymphatic fluid that causes swelling in the legs, arms, trunk, head or neck. It is a chronic condition. It can be an inherited condition, or it can be acquired through surgical procedures, cancer treatment or infection. It impairs mobility and function, can cause pain and significantly impacts the quality of the sufferer's life. Many people who suffer do so silently.

Lymphedema is not well-known or understood by the broader community. Unfortunately, many of those who are diagnosed are stigmatized or marginalized in society as a result of their disability, and living with this chronic disease has negative physical, emotional, psychological and financial impacts.

I'd like to thank my constituent Stephen Kelland for bringing lymphedema to my attention and for bringing to me his own personal story, which is quite compelling. I'd like to thank him for his strong advocacy on behalf of the lymphedema community. I'd also like to thank caregivers

and family members for all the work that you do to help those who have been diagnosed with the disease.

NOBLE VILLENEUVE

Mr. Jim McDonell: I rise today to acknowledge the passing of a great champion of agriculture and rural Ontario from my riding of Stormont–Dundas–South Glengarry. Noble Villeneuve, former MPP and Minister of Agriculture and francophone affairs, passed away in Maxville just last Wednesday. Noble was born and raised on a farm in Moose Creek, and began a career in farming and real estate before being elected to the Legislature in 1983.

Noble understood the issues facing farmers and was a strong advocate for rural issues. I remember meeting Noble at the Good Roads convention in 1996 and saw first-hand the dedication and hard work that he brought to the job. He stopped into the wardens' room one night to meet his constituents, but was whisked away by staff within minutes to his next meeting.

As the Minister of Agriculture, he provided a strong voice in support of the farmers of this province suffering from high interest rates and low commodity prices. Through his role in francophone affairs, he was instrumental in securing equal funding for French-language schools.

We will sorely miss his insight, wisdom and integrity, as he was a role model for how elected officials should serve their communities and the province that he was called upon to steward. Noble was a dedicated family man, and our heartfelt condolences go out to his wife, Elaine, and family. May he rest in peace.

INTRODUCTION OF BILLS

PAY TRANSPARENCY ACT, 2018

LOI DE 2018

SUR LA TRANSPARENCE SALARIALE

Mr. Flynn moved first reading of the following bill:

Bill 203, An Act respecting transparency of pay in employment / Projet de loi 203, Loi portant sur la transparence salariale.

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

First reading agreed to.

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

Hon. Kevin Daniel Flynn: The Pay Transparency Act, 2018, establishes requirements relating to the disclosure of information about the compensation of employees and prospective employees. In doing so, it seeks to address biases in hiring and in pay-setting. It promotes fairer compensation practices in the private and public sectors. The bill establishes requirements that would ensure that all Ontarians, including women and

other groups who have been disadvantaged in the workplace, have equal opportunity to get hired, negotiate fair wages, and progress in their career based on merit. Through measures set out in the bill, it will help address the gender wage gap.

MINISTRY OF NATURAL RESOURCES
AND FORESTRY SPECIAL PURPOSE
ACCOUNT TRANSPARENCY ACT, 2018

LOI DE 2018 SUR LA TRANSPARENCE
DU COMPTE À DES FINS PARTICULIÈRES
DU MINISTÈRE DES RICHESSES
NATURELLES ET DES FORÊTS

Mr. Yurek moved first reading of the following bill:

Bill 204, An Act to amend the Fish and Wildlife Conservation Act, 1997 / Projet de loi 204, Loi modifiant la Loi de 1997 sur la protection du poisson et de la faune.

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

First reading agreed to.

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

Mr. Jeff Yurek: The subtitle for this bill is the Ministry of Natural Resources and Forestry Special Purpose Account Transparency Act. This bill will amend the special purpose account to increase the transparency and restrict how the money will be spent to ensure that it is solely spent on fish and wildlife resource management. At the same time, it will establish an advisory committee to advise on the operation of the separate account and a procedure for receiving complaints from members of the public about decisions that the minister makes regarding payments made out of the separate account.

1520

COMBATTING EATING DISORDERS
IN ONTARIO ACT, 2018

LOI DE 2018
SUR LA LUTTE CONTRE LES TROUBLES
ALIMENTAIRES EN ONTARIO

Mr. Baker moved first reading of the following bill:

Bill 205, An Act with respect to digitally altered or retouched photographs and videos, the recognition of actions related to eating disorders and the establishment of an eating disorder awareness campaign / Projet de loi 205, Loi concernant les photographies et les vidéos modifiées ou retouchées par des moyens numériques, la reconnaissance des mesures liées à la lutte contre les troubles alimentaires et l'élaboration d'une campagne de sensibilisation aux troubles alimentaires.

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

First reading agreed to.

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

Mr. Yvan Baker: Speaker, I've witnessed at first hand the devastating impact of eating disorders and have heard too many stories of young people who have taken drastic action to conform with unrealistic conceptions of beauty and body image. There are about one million people in Canada who have an eating disorder.

If passed, this bill would require that a digital-modification disclaimer be placed on any photo or video advertisement and any other commercial content where a person's image has been digitally modified or retouched, and would require consideration of disclaimers or other regulations to address unrealistic and unhealthy conceptions of beauty promoted within commercial film, television and video. It would establish awards under the Ministry of Health and Long-Term Care for individuals and companies who take meaningful action to reduce the prevalence of eating disorders, and require the ministry to conduct an annual awareness campaign on eating disorders with emphasis on promoting healthy perception of body image and beauty.

MOTIONS

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon. Michael Coteau: I believe that we have unanimous consent to put forward a motion without notice regarding private members' public business.

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

Minister.

Hon. Michael Coteau: I move that, notwithstanding standing order 98(g), notice for ballot items 37 and 39 be waived.

The Speaker (Hon. Dave Levac): The minister moves that, notwithstanding standing order 98(g), notice for ballot items 37 and 39 be waived. Do we agree? Carried.

Motion agreed to.

ADJOURNMENT DEBATE

Hon. Michael Coteau: I believe that we have unanimous consent to put forward a motion without notice regarding tonight's late show in the name of the member from Elgin–Middlesex–London.

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

Minister.

Hon. Michael Coteau: I move that the adjournment debate standing in the name of the member for Elgin–Middlesex–London, Mr. Yurek, be addressed to the Minister of Health and Long-Term Care in the place of the Attorney General.

The Speaker (Hon. Dave Levac): The minister moves that the adjournment debate standing in the name

of the member from Elgin–Middlesex–London, Mr. Yurek, be addressed to the Minister of Health and Long-Term Care in the place of the Attorney General. Do we agree? Carried.

Motion agreed to.

STATEMENTS BY THE MINISTRY AND RESPONSES

EMPLOYMENT STANDARDS

Hon. Kevin Daniel Flynn: Good afternoon. I'm honoured to stand in the House today to talk about changes that our government has brought forward to strengthen our workplaces, to promote fairness and to build up our economy.

I'm proud, as the Minister of Labour, to stand up and talk about why raising the minimum wage to \$14 an hour this past January was the right thing to do, and why increasing it again, to \$15 an hour, next January is another vital step towards giving all workers in Ontario a fair shot at prosperity.

Speaker, over the past three years, our government has been listening to everyday Ontarians. We listened to their concerns but also their hopes for a better life within today's workforce.

The Ontario economy is booming. The unemployment rate is the lowest it has been in well over a decade, exports and business investments are increasing, and we're leading the G7 in economic growth. But the fact is that not everybody is seeing those benefits. The truth is that, in this growing economy, the growing prosperity that we are seeing is not affecting everybody equally. Some are being left behind.

We're not alone in this, Speaker. If you look around the world, if you look around the continent, you will see that this is happening in other jurisdictions. It's happening in places that include our neighbours to the south, for example. You see that vulnerable and precarious work has become more prevalent.

I've met with people who are no longer able to count on that full-time, secure job or stable work to provide for themselves or for their family. I've met moms and dads who are trying to raise a family on minimum wage. These hard-working Ontarians tell me that they're anxious. They're anxious about their jobs. They're feeling nervous about their future and about their children's future.

It's at times like this, in times of uncertainty for some people, that government has a responsibility to protect those people. We have a responsibility to be a positive force for change. Fairness and decency must continue to be the defining values of our workplaces. That's why we introduced Bill 148, the Fair Workplaces, Better Jobs Act, and it's why we will continue to fight for working families in this province.

On January 1, we raised the general minimum wage to \$14 an hour. It's going up to \$15 an hour the following

year. After that, it will once again be tied to the rate of inflation, to the CPI, to give business the predictability that they've told us they need.

The reality facing us today is that almost one out of every 10 workers in this province was earning the general minimum wage in 2016. In that same time frame, three out of 10 workers earned less than \$15 an hour. That's 30%. It includes the mother who has to work an overnight shift or has to work on call to support her two children. She has to pay for food, she has to pay for rent, she has to pay for daycare, for child care, and there is nothing left over. It also includes the restaurant worker who would like to go back to school, for example, but is now working two jobs just to put a roof over her head. It also includes those workers who work at the minimum wage but still have to use food banks and still have to use grocery vouchers so that they can put food on their table.

Speaker, the higher minimum wage is helping people like them. It gives them a real chance to get ahead in this life. By raising the minimum wage, the government is putting more money into the pockets of people who spend it very, very quickly. When you're earning at the lower income levels, like a lot of folks who this would impact, you make those expenditures very quickly. You pay your food; you pay your rent; you go see the landlord; you're at the Shoppers Drug Mart; you're at the Sobeys; you're buying diapers—you're buying the basics that allow you to support your family.

By raising the floor, we're supporting working people so that they can thrive and they can contribute. We know that increases to the minimum wage in the economy are good. They're good for the economy and they're good for all workers. Studies written over the past number of years, including work done by the OECD, the Center for Economic and Policy Research and the Canadian Centre for Policy Alternatives, lay out the long-term benefits of higher wages for low-income workers. They also lay out the economic benefits that come when you alleviate that problem.

Recent analysis of wage levels in the province of Ontario shows that low wages are bad for the economy. This was outlined in a letter that was published by 53 economists who support a \$15 minimum wage. That letter read, "There are good economic reasons to raise the incomes of low-wage workers. Aggregate demand needs a boost. While Canada escaped the harshest impacts of the 2007-08 financial crisis, our country has also seen a slowdown in growth. We risk further stagnation without reinvigorated economic motors. As those with lower incomes spend more of what they earn than do those with higher incomes, raising the minimum wage could play a role in economic revival, improving macroeconomic conditions."

Aside from experts, the increase to the minimum wage obviously is popular with working people across this province. The people of Ontario agree that low-wage earners needed a boost. They agree that everybody in Ontario deserves to make a decent wage. And they agree that a \$15-an-hour minimum wage is the right thing to do.

1530

It's only one part of our government's progressive plan to create more fairness in our workplaces. Personal emergency leave is being expanded to 10 days, including two paid days. Minimum vacation entitlement in the province will be increased to the Canadian average, three weeks a year, from two after five years. We are giving people affected by domestic and sexual violence 17 weeks of job-protected leave, including five paid days. At the beginning of April of this year, part-time workers who are doing the same job as full-time workers will be entitled to the same hourly wage.

Many businesses in Ontario already know that paying your employees well, treating them fairly, treating them with respect and with dignity is good for their business. I see groups like the Better Way Alliance and the Ontario Living Wage Network. They've been sharing the stories of their members with us since Bill 148 was tabled last June.

I personally have had the opportunity to visit a number of those businesses. I've travelled around the province. I've seen people who are already paying their workers above \$15 an hour. They're very profitable businesses, Speaker; they're productive businesses.

There are some employers that seemed to abandon the spirit of the legislation soon after it took effect on January 1. We've all seen and heard the stories in the media over the past couple of months. They've been disappointing, to say the least, but quite frankly, I think, they've made the Premier, myself, other members of this House and people around the province of Ontario very angry, that somebody would treat their employees that way.

Working people in Ontario deserve much better than that. Governments are responsible for legislating workplaces in a free market economy to ensure that fairness prevails and decency continues to be the defining value. The vast majority of businesses in this province live up to their duties and their responsibilities as well.

Unfortunately, some do not. A small minority of businesses think the rules are for somebody else. They do not represent the vast majority of business in this province, but simply put, this kind of behaviour will not be tolerated by our government.

Our plan is to increase enforcement. We have been asked to increase enforcement. We're hiring more employment standards officers to make sure that workers' rights are protected. It will also level the playing field, so businesses—those good, smart, decent businesses that follow the rules—are not put at a competitive disadvantage to those that think the rules apply to somebody else.

We have the ability to do this—to raise the minimum wage, to support families and build opportunity for people—because we balanced the budget. It's allowing us to do a host of other things as part of our plan to build a better and a fairer Ontario, things like free tuition, expanded child care, free prescription drugs for anybody under 25, a basic income pilot, our fair hydro plan and the women's economic empowerment strategy that the Premier announced just this morning.

Creating fair workplaces and better jobs is a critical part of our work to build an Ontario where greater opportunity and greater security is available for everybody in this province.

Not everybody is standing up for workers alongside us, and that's regrettable. It's unfortunate the Progressive Conservatives decided they would vote against Bill 148. They would rather we not raise the minimum wage to \$15 an hour. They don't believe that workers should get paid sick days. They don't believe in providing leave for victims of domestic and sexual violence.

Let me be clear that the approach of the members on the other side of the House means some very certain things. It means that more people will continue to live in poverty. More of our neighbours will struggle to put food on the table and shoes on the feet of their kids. It's going to stagnate the economy for years to come, and it's the wrong way to go.

Raising the minimum wage was necessary to create greater equality, and economic equality is necessary for a strong economy. The men and the women who received a raise on January 1 are spending that raise right in the communities, right in the BIAs, right on the main streets and right in the chamber areas of the communities in which they live. They're buying groceries. They're buying clothes for their kids.

By creating more customers, we are creating more opportunities. By creating more equitable workplaces, we're making Ontario an even more attractive place to live, work and do business.

The alternative—the cost of doing nothing—is simply too high: too high for the working people of this province and too high for the economy. Changes like a higher minimum wage are truly historic, and they're needed. Bill 148 was a landmark piece of legislation. It's going to give unprecedented protection to millions of workers who didn't have that protection before.

There's a motion before the House right now concerning support for the \$15 minimum wage. I hope that some people in this House change their minds and I hope we're able to unanimously tell Ontarians that we're all fighting for them. I hope we can all affirm our support for a \$15 minimum wage. But, given debate thus far and threats being made across the floor to roll back the minimum wage, that simply does not look very likely.

Decent work and a good job should be the right of every hard-working Ontarian. Our government is going to continue to fight for these values. In a changing world where work is not the same as it used to be, we need to create a fair and better balance. A \$15 minimum wage, as part of the Fair Workplaces, Better Jobs Act, will do just that: for workers, for employers and for Ontario.

CLIMATE CHANGE

Hon. Chris Ballard: I wanted to take some time today to talk about carbon pricing. I'll start off by addressing the very real threats that climate change poses. Ontario residents are anxious about the threat of climate

change. They're concerned about the impact on our economy and the impact on their lives.

We've all seen the horrific devastation from out-of-control wildfires in California and the fury of record-setting hurricanes in the Gulf of Mexico. Images of beleaguered refugees and the destruction wrought by the fires around and in Fort McMurray a couple of years ago are still fresh in our minds.

Here in Ontario, we're seeing an increase in flooding, more intense storms, shorter winter road seasons, the proliferation of devastating invasive species and an increase in certain vector-borne diseases. I'm not alone in believing that climate change is the greatest threat to our security and prosperity.

Ontario residents are looking to their elected officials and business leaders to confront the challenge and seize the opportunities. I am optimistic because the road we've travelled is hard and we will have to make changes, but our journey so far is bringing me some hope.

Last week, Speaker, the iconic twin smokestacks from the Nanticoke coal-fired electricity plant were demolished. I don't know if you caught the video. The stacks came tumbling down. It was quite an incredible sight. The action is a powerful and symbolic image of ending coal-fired electricity in Ontario.

Closing down coal-fired generating plants was one of the largest-ever greenhouse gas reduction initiatives in North America. It was the equivalent of taking seven million vehicles off our roads. At the same time, it has really helped to clean our air. In 2005, there were 53 smog days in Ontario; in 2017, there were none—zero.

Today we can say that Ontario's electricity system is more than 96% free of greenhouse gas pollution. Thanks to these actions, Ontario is recognized internationally as a leader in the fight against climate change. I know this because, when I travel outside of Ontario, people ask me how we did it. It's a huge difference, and no one will benefit more than our children and grandchildren. Now kids can play outside without their health being threatened by that orange haze I once saw—and we all saw—hanging over much of southern Ontario.

Building on the coal ban, we introduced our cap-and-invest plan in 2016. Speaker, we're capping the amount of greenhouse gas pollution that businesses can emit and investing the proceeds from our carbon markets into projects that reduce pollution and help make life easier for Ontario residents.

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Just what is cap-and-trade? With our carbon market, if a larger emitter exceeds their cap on pollution, they have to buy allowances in an open market either at auction or from other companies that have come in under their cap. I know that cap-and-trade or cap-and-invest is not an easy concept to explain. It doesn't lend itself to a five-second TV sound bite, but we chose this plan because it guarantees reductions every year as the cap on pollution decreases, and because it delivers significant reductions at the lowest cost to Ontario families and businesses.

We've held five carbon market auctions to date, generating about \$2.3 billion in proceeds. Last week, we

held our first linked carbon market with Quebec and California, joining a best-in-class carbon market, according to the independent Environmental Commissioner of Ontario.

Let me remind you: We are required by law to invest every penny of the proceeds from our carbon market revenues into green projects that help us reduce greenhouse gas pollution even further. With the climate change action plan's 90-plus measures, we're investing in Ontario and reducing our dependency on imported fossil fuels. I'll tell you, Speaker, between 2014 and 2016, Ontario purchased about \$58 billion worth of fossil fuels from outside Ontario. We have a real plan to fight climate change and to reduce our imported fossil fuels dependency.

Let me spend a minute, because I only have a little more than a minute, to talk about carbon market investments. So far, we've announced more than \$1.5 billion worth of investments that reduce greenhouse gas pollution and other nasty air contaminants, while at the same time these investments are improving social housing, improving our schools, making bike lanes more common, supporting indigenous communities; they're improving patient care, modernizing our industry, piloting innovative, clean technologies, partnering with municipalities and helping residents improve their homes.

I spoke earlier about the importance of not just fighting climate change, but of also seizing the opportunities. Ontario is now home to 3,000 clean-tech companies employing some 65,000 people and generating about \$8 billion in annual revenues. Not long ago, this sector was considered a niche industry, but that's no longer the case. It employs 65,000 people. Today, our companies are exporting \$1 billion worth of made-in-Ontario solutions every year. Our cap-and-invest program is spurring the development of new, clean technologies, bringing Ontario jobs and economic benefits in the growing market for climate-friendly products.

I'll simply say that Ontario residents are well aware of climate change. They are anxious about climate change in an era of increasing global competition. When we hear about NAFTA discussions and trade disputes, we really need leadership to step up and fight climate change. I am concerned, as many of us are concerned, that I don't see any PC candidates who are stepping forward and talking about climate change.

The Speaker (Hon. Dave Levac): Now it's time for responses.

CLIMATE CHANGE

Mr. Ted Arnott: With this afternoon's announcements, the Liberal government shows it is becoming more desperate by the day. Today, the government has ministerial statements on climate change and labour law which, not coincidentally, are also the subjects of two government resolutions that we've been debating for the past couple of weeks, and which are still on the order paper. The government House leader has tabled these

motions and initiated debate on them as time fillers, quite simply because the government has exhausted itself. They have run out of ideas for a legislative agenda. In short, when it comes to any new legislation, they are basically done.

At any time during the debate on the climate change motion that I mentioned, the government could have put up a speaker to say what the Minister of the Environment and Climate Change just said now. So why do we have these statements today by the ministry?

It's no secret that our party is in the midst of a leadership campaign. Our new leader is scheduled to be announced on March 10. Over the past few weeks, our leadership candidates have been engaged in a vigorous debate on all the issues concerning Ontarians. When our new leader is elected, we will move forward to review all of the issues and offer our solutions for the consideration of the people of Ontario leading up to the June 7 election.

We look forward to March 10, May 9 and June 7 with excitement, and anticipation that the people of Ontario want a change of government. We seek the trust of the people of Ontario, and we ask them to join us to restore trust in the Premier's office and confidence in Ontario's future, to bring ability, integrity, competence, experience, sincerity, dedication and compassion back to the government of Ontario.

Of course our caucus acknowledges that climate change is a fact. I've repeated this statement many times in this House going back a dozen years. I say again: 12 years. Of course we acknowledge that the vast majority of climate scientists say the earth is warming and that human activity and our greenhouse gas emissions are significant contributing factors to climate change. Of course we acknowledge that even though Ontario represents a very small fraction of worldwide greenhouse gas emissions, we must do our part to reduce greenhouse gas emissions as part of the worldwide effort to combat climate change.

But this is where we diverge with the government. Unlike the current government, we also know that whatever we do to combat climate change, we need to ensure that Ontario's families are not hurt and that our businesses remain competitive in a dynamic global economy. We need to protect jobs even as we reduce emissions.

We know that the federal government is attempting to force carbon pricing on all provinces in Canada, but some provinces are questioning whether or not the government of Canada has the constitutional jurisdiction to force carbon pricing across the country. It appears that in the coming months, all of the provinces will have to respond.

It's no secret that within our party, there is strong opposition to a carbon tax. Why is that? Under the current government, taxes, fees, hidden taxes, more fees, hydro bills, auto insurance rates and the cost of living generally have skyrocketed because of mismanagement, scandal and non-existent oversight of expenditure. This is why family budgets are stretched to the limit and why people can't afford another new tax.

While we have made great progress in reducing greenhouse gas emissions, we need to continue to find new ways to reduce emissions. We can do this through technology and innovation, and through the co-operation of our people. Let us challenge our finest minds in science and engineering, in our universities and colleges, in the private and public and non-profit sectors, to bring this issue to the forefront, and through technological advancement, find the solutions that will help us to combat climate change.

Together we can meet this challenge and all of the other challenges as well, as we reach out to the promise of the future.

EMPLOYMENT STANDARDS

Mr. Steve Clark: Bill 148 was passed in this Legislature. Despite the minister's fear-mongering, nothing is going to change that. The minimum wage is \$14 as of January 1 of this year.

However, a lot has happened since January 1. We lost 51,000 jobs in Ontario in the first month of the year alone. How has life improved for those families?

I know government members have been hearing from local people in their ridings. Many people have had their hours reduced. Again, a number of small businesses have contacted us. Last week I spoke about the impact of Bill 148 on libraries. They've seen thousands of dollars in cost increases to their budget. That's the reality.

Whether you're a part-timer who lost your job or had your hours reduced or whether you're a library that has to face service cuts or other reductions, everyone is telling MPPs the same thing: Life is harder under this Liberal government.

EMPLOYMENT STANDARDS

Ms. Cindy Forster: I'm proud of the years of New Democrats' advocacy and commitment to a \$15 minimum wage. While it is a positive step, the rest of the bill, the landmark bill that the minister spoke about today, Bill 148, doesn't do much for people in precarious jobs.

What was asked for is very different from the final version of the bill, so the NDP tabled amendments during that whole process to strengthen the bill and to provide more protection for workers, things like:

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- a universal minimum wage that applied to students and to servers;
- guaranteeing five paid sick days;
- 10 days' leave for victims of domestic violence;
- three weeks' vacation after one year, because precarious workers don't last in jobs for five;
- card-check certification;
- banning replacement workers during strikes;
- defining "independent" and "dependent" contractors so millions of workers actually are covered by the Employment Standards Act;

—successor rights for those areas where there is “contract flipping.”

The Liberals say that they listened. The Liberal government would have supported these amendments had they listened. Stakeholders, labour groups and progressive advocates called for all of those things in Bill 148. Instead, the Liberal members on the committee and the Liberals in the Legislature voted down all of those amendments, which would have improved the lives of workers in the province.

Today they tabled the transparency bill. This is the same bill that the Liberals tabled back in the 1980s and then retracted. If it didn't work then, it certainly isn't going to work now.

They have not consulted with any of the experts around gender pay gaps or pay equity. Speaker, it's 30 years—almost 30 years, 1989—after pay equity legislation was introduced in this Legislature, and today we have non-profit community social services workers and many others in the private sector that still have not achieved pay equity 30 years later because of frozen budgets and budget cuts to the Pay Equity Commission and to the tribunal so that they don't even have the staff to actually hear these cases. Thousands of women have not achieved it.

The minister's own review, the Changing Workplaces Review, warned of the dangers of precarious work in small workplaces, and yet this new legislation tabled today is only going to apply to workplaces that have 500 or more workers, which is not the majority of workers in this province.

Those are my comments today. I hope that the government is listening and that they realize that pay equity is still an issue for workers in this province.

CLIMATE CHANGE

Mr. Peter Tabuns: Speaker, I read the speech notes from the Minister of the Environment and Climate Change. I listened to what he had to say. Not once did he say how much reduction there would be in greenhouse gas emissions from the programs that are being put in place—not once. His own consultants have said that the emissions reduction would be far less than is necessary to meet the climate targets that this government has set out.

The reality is that Ontario will not reach its climate protection targets other than on paper, and on paper is not good enough. The minister outlined the frightening consequences of failing to act on climate change, and he's totally right. He's totally right. He was right about the consequences of failure: a bitter future for ourselves, for our children and for generations to come. If we don't take effective action, it won't matter how beautiful or exciting or wonderful the program sounds; the damage will happen.

Yes, coal-generated power is over. It was a useful thing to do. But you can't stop there. You have to continue at that level of reduction of emissions year after

year after year if you're actually going to protect the climate and this society.

We are at a point when the stability of our society is at risk, and yet the actions taken by the Liberals will do little to avoid that risk. To say you have a plan that doesn't actually protect us, what you are saying is that you have a plan that's simply a delusion, a very dangerous delusion. The people of Ontario deserve far better.

PETITIONS

ALZHEIMER'S DISEASE

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

“Whereas Alzheimer's disease and other dementias are progressive, degenerative diseases of the brain that cause thinking, memory and physical functioning to become seriously impaired;

“Whereas there is no known cause or cure for this devastating illness; and

“Whereas Alzheimer's disease and other dementias also take their toll on hundreds of thousands of families and care partners; and

“Whereas Alzheimer's disease and other dementias affect more than 200,000 Ontarians today, with an annual total economic burden rising to \$15.7 billion by 2020; and

“Whereas the cost related to the health care system is in the billions and only going to increase, at a time when our health care system is already facing enormous financial challenges; and

“Whereas there is work under way to address the need, but no coordinated or comprehensive approach to tackling the issues; and

“Whereas there is an urgent need to plan and raise awareness and understanding about Alzheimer's disease and other dementias for the sake of improving the quality of life of the people it touches;

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

“To approve the development of a comprehensive Ontario dementia plan that would include the development of strategies in primary health care, in health promotion and prevention of illness, in community development, in building community capacity and care partner engagement, in caregiver support and investments in research.”

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

POET LAUREATE

Mr. Percy Hatfield: “To the Legislative Assembly of Ontario:

"Whereas poets laureate have been officially recognized at all levels of Canadian government and in at least 15 countries around the world; and

"Whereas the establishment of our own poet laureate for the province of Ontario would promote literacy and celebrate Ontario culture and heritage, along with raising public awareness of poetry and of the spoken word; and

"Whereas Gord Downie was a poet, a singer and advocate for indigenous issues, and designating the poet laureate in his memory will serve to honour him and continue his legacy; and

"Whereas Bill 186, An Act to establish the Poet Laureate of Ontario in memory of Gord Downie, will establish the Office of Poet Laureate for the province of Ontario as a non-partisan attempt to promote literacy, to focus attention on our iconic poets and to give new focus to the arts community in Ontario;

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

"To support the establishment of the Office of Poet Laureate as an officer of the Ontario Legislature and that private member's Bill 186, An Act to establish the Poet Laureate of Ontario in memory of Gord Downie, receive swift passage through the legislative process."

Obviously, I fully agree. I'll sign it and give it to Bavan to bring up to the desk.

CHILD PROTECTION

Ms. Ann Hoggarth: "To the Legislative Assembly of Ontario:

"Whereas habitual absenteeism often results in students leaving school early and subsequently having significant gaps in both the knowledge and skills necessary to achieve future success;

"Whereas habitual absenteeism may be an early indicator that a child is experiencing difficulty in the home, including substance abuse and addiction, neglect, and/or abuse;

"Whereas there is a need to improve communication between education and child protection workers;

"Whereas it would be beneficial for child protection agencies to be empowered to investigate such habitual absenteeism when it cannot be resolved by the school system;

"Whereas when a child is subject of or receiving services through the child welfare, justice and/or education systems, intervention at the earliest opportunity puts the child at the centre and could identify dysfunction, provide help to the child and family, and promote better outcomes for children;

"We, the undersigned, petition the Legislative Assembly of Ontario to make chronic absenteeism and lateness from school, when it cannot be resolved by the school system, a child protection issue."

I agree with this petition. I affix my name and send it with page Klara.

HOSPITAL FUNDING

Mr. Jim Wilson: "To the Legislative Assembly of Ontario:

"Whereas Collingwood General and Marine Hospital is challenged to support the growing needs of the community within its existing space;

"Whereas a building condition assessment found the major systems of the hospital will require renewal within the next 10 years;

"Whereas substandard facilities exist in the emergency department; there is no space in the dialysis department to expand, and there is a lack of storage and crowding in many areas of the building; and, structurally, additional floors can't be added to the existing building to accommodate growth;

"Whereas there is no direct connection from the medical device repurposing department to the operating room;

"Whereas there is a lack of quiet rooms, interview rooms and lounge space;

"Whereas Collingwood General and Marine Hospital deserves equitable servicing comparable to other Ontario hospitals;

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

"That the government immediately provide the necessary funding to Collingwood General and Marine Hospital so that it can build a new hospital to serve the needs of the community."

I certainly agree with this petition. I will sign it.

INJURED WORKERS

Miss Monique Taylor: I have a petition to the Legislative Assembly of Ontario entitled "Workers' Comp is a Right."

"Whereas about 200,000 to 300,000 people in Ontario are injured on the job every year;

"Whereas over a century ago, workers in Ontario who were injured on the job gave up the right to sue their employers, in exchange for a system that would provide them with just compensation;

"Whereas decades of cost-cutting have pushed injured workers into poverty and onto publicly funded social assistance programs, and have gradually curtailed the rights of injured workers;

"Whereas injured workers have the right to quality and timely medical care, compensation for lost wages, and protection from discrimination;

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"We, the undersigned, petition the Legislative Assembly of Ontario to change the Workplace Safety and Insurance Act to accomplish the following for injured workers in Ontario:

"Eliminate the practice of 'deeming' or 'determining,' which bases compensation on phantom jobs that injured workers do not actually have;

“Ensure that the WSIB prioritizes and respects the medical opinions of the health care providers who treat the injured worker directly;

“Prevent compensation from being reduced or denied based on ‘pre-existing conditions’ that never affected the worker’s ability to function prior to the work injury.”

I couldn’t agree with this more, Mr. Speaker. I’m going to give it to page Michael to bring to the Clerk.

FETAL ALCOHOL SPECTRUM DISORDER

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

“Whereas individuals with fetal alcohol spectrum disorder (FASD) and families are not being properly supported in southwestern Ontario;

“Whereas the Ministry of Education, the Ministry of Health and Long-Term Care, the Ministry of Children and Youth Services and the Ministry of Community and Social Services need to develop a comprehensive care strategy that appoints a lead ministry with responsibility for coordinating FASD management and prevention efforts;

“Whereas the provincial government needs to reallocate funding to increase FASD diagnostic and treatment capacity in Ontario, increase community and educational supports and increase prevention efforts across the province;

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

“That the government of Ontario take a cross-ministerial approach in developing a comprehensive care strategy that supports and promotes best practices in FASD management and prevention and provides appropriate supports for individuals with FASD so that they may access the necessary services.”

I agree with the petition and affix my signature.

LONG-TERM CARE

M^{me} France Gélinas: I would like to thank Marg MacLean from Capreol in my riding for the petition. It reads as follows:

“Whereas there continues to be a shortage of long-term-care beds in Ontario, resulting in the inappropriate use of acute care beds in Ontario’s hospitals; and

“Residents who do ... secure long-term care are often forced to move away from their communities, families and friends;”

They petition the Legislative Assembly as follows:

“To lift the moratorium on long-term-care licences so that the inventory of long-term-care spaces can be brought to a level that will ease the burden placed on Ontario’s hospitals; and

“Ensure that licences are granted for the creation of long-term-care spaces not only in cities but in smaller communities where residents are being forced to abandon everything they’ve ever known.”

I fully support this petition, will affix my name to it and ask the page to bring it to the Clerk.

ACQUIRED BRAIN INJURIES

Mr. Steve Clark: I have a petition to the Legislative Assembly of Ontario.

“Whereas every three minutes in Canada someone suffers a brain injury (as a result of motor vehicle accidents, assaults, workplace accidents, concussions, falls and illnesses such as strokes) and many of these individuals face significant challenges obtaining appropriate services and securing affordable housing;

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

“(1) Provide suitable affordable housing in the Champlain LHIN;

“(2) Develop more residential options (group homes, supported housing, specialized long-term-care units, a behavioural residential centre) in the Champlain LHIN;

“(3) Provide additional specialized support services specific to the needs of persons with a brain injury offered by staff with acquired brain injury training in the Champlain LHIN.”

I’m pleased to affix my signature. I’ll send the petition to the table with page Michael.

PHARMACARE

Miss Monique Taylor: I have a petition that reads, “Universal Pharmacare for All Ontarians.

“To the Legislative Assembly of Ontario:

“Whereas prescription medications are a part of health care, and people shouldn’t have to empty their wallets or rack up credit card bills to get the medicines they need;

“Whereas over 2.2 million Ontarians don’t have any prescription drug coverage and one in four Ontarians don’t take their medications as prescribed because they cannot afford the cost;

“Whereas taking medications as prescribed can save lives and help people live better; and

“Whereas Canada urgently needs universal and comprehensive national pharmacare;

“We, the undersigned, petition the Legislative Assembly of Ontario to support a universal provincial pharmacare plan for all Ontarians.”

I wholeheartedly agree with this petition, will affix my name to it and give it to page Olivia to bring to the Clerk.

WASAGA BEACH

Mr. Jim Wilson: “To the Legislative Assembly of Ontario:

“Whereas the town of Wasaga Beach relies on the largest freshwater beach in the world to attract visitors and drive its economy; and

“Whereas the town does not have traditional industry for jobs and employment and relies on tourism to maintain its business core; and

“Whereas the areas of the beach maintained by the province are in poor shape, overgrown with weeds and other vegetation; and

“Whereas the provincial government has been promising for years to replace old, vault-style washrooms with modern facilities; and

“Whereas Wasaga Beach is one of the most popular summer tourist destinations in the province of Ontario;

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

“To ask the government to take immediate action to properly maintain beach areas under its control in Wasaga Beach and that funding be provided as soon as possible to build new, modern washroom facilities to better serve the needs of the community and visitors to the beach.”

I certainly agree with this petition and I will sign it.

GASOLINE PRICES

M^{me} France Gélinas: I'd like to thank Suzanne Legault from Val Caron in my riding for this petition. It reads as follows:

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

“Whereas five provinces and many US states already have some sort of gas price regulation; and

“Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices”;

They petition the Legislative Assembly of Ontario to:

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I support this petition, will affix my name to it and ask page Noor to bring it to the Clerk.

HYDRO RATES

Mr. Todd Smith: “To the Legislative Assembly of Ontario:

“Whereas electricity rates have risen by more than 300% since the current ... government took office; and

“Whereas over half of Ontarians' power bills are regulatory and delivery charges and the global adjustment; and

“Whereas the global adjustment is a tangible measure of how much Ontario must overpay for unneeded wind and solar power, and the cost of offloading excess power to our neighbours at a loss; and

“Whereas the market rate for electricity, according to IESO data, has been less than three cents per kilowatt hour to date in 2016, yet the Liberal government's lack of responsible science-based planning has not allowed these

reductions to be passed on to Ontarians, resulting in electrical bills several times more than that amount; and

“Whereas the implementation of cap-and-trade will drive the cost of electricity even higher and deny Ontarians the option to choose affordable natural gas heating; and

“Whereas more and more Ontarians are being forced to cut down on essential expenses such as food and medicines in order to pay their increasingly unaffordable electricity bills; and

“Whereas the ill-conceived energy policies of this ... government that ignored the advice of independent experts and government agencies, such as the Ontario Energy Board (OEB) and the independent electrical system operator (IESO), and are not based on science have resulted in Ontarians' electricity costs rising, despite lower natural gas costs and increased energy conservation in the province;

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

“To take immediate steps to reduce the total cost of electricity paid for by Ontarians, including costs associated with power consumed, the global adjustment, delivery charges, administrative charges, tax and any other charges added to Ontarians' energy bills.”

I agree with this petition, Speaker. I thank you for recognizing me this afternoon. I will sign this as soon as my friend Steve Clark loans me a pen, and will hand it to page Reed to deliver to the table.

INJURED WORKERS

Mr. Percy Hatfield: “To the Legislative Assembly of Ontario:

“Whereas about 200,000 to 300,000 people in Ontario are injured on the job every year;

“Whereas over a century ago, workers in Ontario who were injured on the job gave up the right to sue their employers, in exchange for a system that would provide them with just compensation;

“Whereas decades of cost-cutting have pushed injured workers into poverty and onto publicly funded social assistance programs, and have gradually curtailed the rights of injured workers;

“Whereas injured workers have the right to quality and timely medical care, compensation for lost wages, and protection from discrimination;

“We, the undersigned, petition the Legislative Assembly of Ontario to change the Workplace Safety and Insurance Act to accomplish the following for injured workers in Ontario:

“Eliminate the practice of ‘deeming’ or ‘determining,’ which bases compensation on phantom jobs that injured workers do not actually have;

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“Ensure that the WSIB prioritizes and respects the medical opinions of the health care providers who treat the injured worker directly;

“Prevent compensation from being reduced or denied based on ‘pre-existing conditions’ that never affected the worker’s ability to function prior to the work injury.”

I fully agree. I’m going to sign it and give it to Michael S. to bring up to the table.

OPPOSITION DAY

MENTAL HEALTH SERVICES SERVICES DE SANTÉ MENTALE

Mr. Victor Fedeli: I move that, whereas, this year one in five people will experience mental illness; and,

Whereas, of all children who try to access mental health treatment, more than 40% are unable to access the treatment they need; and,

Whereas, there has been a 67% increase in hospitalizations for children with mental health disorders over the last 10 years; and,

Whereas, the majority of people treated in an Ontario emergency room after a suicide attempt are not seen by a psychiatrist within six months; and,

Whereas, the Liberal government and the NDP refuse to match the \$1.9-billion federal transfer for mental health services;

Therefore, the Legislative Assembly of Ontario calls on the government to make the largest investment in Canadian provincial history to help treat and support mental health.

That’s addressed to the Premier.

The Acting Speaker (Mr. Rick Nicholls): To the member: I believe you may have missed a line in there. We will point that out to you and give you an opportunity to state it. Please, go ahead.

Mr. Victor Fedeli: I’ll take this opportunity to amend the record and add the fifth paragraph:

“Whereas, the majority of people treated in an Ontario emergency room after a suicide attempt are not seen by a psychiatrist within six months”—I thought I read that one.

Ms. Sylvia Jones: The next one.

Mr. Victor Fedeli: I read the next one. That’s the matching—

Interjections.

Mr. Victor Fedeli: Thank you. I’d like an opportunity to amend and add: “Whereas, individuals seeking treatment for mental illness face extensive wait times upwards of 18 months; and,”

The Acting Speaker (Mr. Rick Nicholls): Mr. Fedeli moves opposition day motion number 2.

Mr. Fedeli, back to you, sir.

Mr. Victor Fedeli: Merci beaucoup, monsieur le Président. It’s a pleasure to rise today in support of the Ontario PCs’ opposition day motion.

Today, we are calling upon the government to provide the services families and children desperately need and deserve. We are calling on the government to match the

federal government’s \$1.9-billion investment in mental health.

This government likes to talk a big game on mental health, but let’s start by running through the facts.

Sur tous les enfants qui tentent de recevoir un traitement pour la santé mentale, plus de 40 % sont refusés.

In the past 10 years, we have seen a 67% increase in hospitalizations for children with mental health disorders.

Once people are treated in an Ontario emergency room after a suicide attempt, the majority are not seen by a psychiatrist for upwards of six months.

This is no way to treat society’s most vulnerable.

It’s one thing to hear these shameful stats, but it’s another thing entirely to look someone who’s suffering in the eye and hear their personal stories. This was a common theme at almost every pre-budget hearing in January. Speaker, I personally attended those and heard these attempted-suicide stories first-hand from the people themselves. It was so moving. What was so hurtful that day was that we heard individually from them that this government is not doing enough for mental health.

The words of a 17-year-old student in Sudbury who decided to share his story left a lasting impression on everyone in attendance, myself included. He said, “I attempted suicide. I’m extremely fortunate to be here today. I felt utterly alone.” He went on to explain that most youth are unsure of what to do and where to go when they need help. Too often, they don’t know the resources available to them, and sometimes they can’t access these resources.

Another presenter told us how his battle with depression led him to try to take his own life. He described our mental health system as a “broken system that has, and will, continue to take more lives if we don’t start acting now.” We cannot—we must not—let these words ring hollow.

But perhaps the most tragic story was about an individual who couldn’t be there to share their own story. A London health care worker explained how a lack of resources has meant turning away people at the doors of his hospital’s urgent care department. One of those poor souls committed suicide in the parking lot. Mr. Speaker, when you hear stories like this, it just breaks your heart.

It has become a dirty little secret in Ontario that we’ve abandoned people who have the courage to confront a mental health challenge. The PCs have proposed a solution: \$1.9 billion over 10 years. It would mean matching the federal government’s commitment. Ce serait le plus important engagement envers la santé mentale de l’histoire provinciale.

The potential is enormous. It would close the mental health gap; pour qu’un trouble mental soit traité aussi sérieusement que tout autre problème, and so that we support our health care providers in their efforts to deliver the services Ontario’s families require.

Yet when we asked the Liberals to match our commitment to invest \$1.9 billion in mental health, the former Minister of Health’s response was to make jokes. It was

dismissive and it was insulting to every single person who has struggled and is struggling with mental illness.

Today, we are giving the government the opportunity to do the right thing. This can't be a partisan issue. This is something that members of all parties should be able to get behind and support. No more platitudes. No more broken promises.

Ms. Ann Hoggarth: It's disgusting.

Mr. Victor Fedeli: Yes, that is disgusting; the broken promises are disgusting.

Thank you very much, Mr. Speaker.

Interjection.

The Acting Speaker (Mr. Rick Nicholls): The member from Durham will withdraw.

Mr. Granville Anderson: I withdraw.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

M^{me} France Gélinas: It is, I guess, with mixed emotion that I answer to this motion tabled by the Conservatives, talking about mental health.

The first thing I want to say is that I am really pleased that this chamber will talk about mental health, because if we don't talk about it, who will? I was one of the fortunate ones on the Select Committee on Mental Health and Addictions. The select committee did its work, did the recommendations, and I think we sort of opened the door to say that this is the responsibility of this government. It is the responsibility of this chamber to fix our mental health and addictions system.

Actually, I shouldn't even call it a system, because we don't. When you look at what has happened—when we look at how, for the past eight years, those agencies never got a base budget increase, some of them—and the government will say, “Oh, we added money.” Yes, you added money to handle more volume, but you never gave a base budget increase.

What does that mean? That means that the cost of hydro has gone up, the cost of staff has gone up, the cost of everything has gone up, and their budget has not. Just to pay the rent, they now have to start laying off staff, laying off hard-working mental health and addictions workers because this government never saw fit, for the last eight years, to give them a base budget increase, and we have what we have now. We have a system that fails people, often with catastrophic outcomes because the help is not there.

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In their motion, when they say “individuals seeking treatment for mental illness face extensive wait times upwards of 18 months,” they're talking about my community right here, right now: Young people needing mental health support, needing addiction counselling, will be referred. They will be assessed, and if they are high enough on the priority list, they will be put on an 18-month wait-list. If they're not that high on the priority list, there's a good chance they will go without care.

What happens during those 18 months, Speaker? Well, the first thing that happens is, the parents are at wits' end. They have a child who is sick. They try bringing them—

him or her—to emerg. Emerg will keep them for a day or two. Most of the time they send them back to the community and say, “He or she will get the care they need in the community.” But all they get is a number on a wait-list that is not measured in days or weeks and months; we measure them in years, and then conflict starts within the family because they don't know how to care for somebody who has a mental illness. They start to fight between themselves. Often the family will break up during those 18 months. The child will start to get bullied at school. Chances are, he doesn't want to go to school anymore because not only does he have a mental health problem that he needs care for, but now he doesn't have friends anymore, or she doesn't have friends anymore.

All of this could be avoided if only they gain access, but we're not going to be able to fix this without fixing a system that doesn't exist, making sure that we support the agencies with base budget increases, that we support the agencies to make sure they have enough resources to meet the needs of the ever-growing—I'm really proud of Ontarians who have finally turned the page and are reaching out for mental illness and mental health care. I never thought I would see the day that a 60-year-old man—no offence—would come out and say, “I need mental health care.” But we are there, and I'm proud of them. But then what happens? They are put on a wait-list, and this wait-list never gives them the care they need. It's all for none. We have to do better. We cannot let this go any longer. And \$1.7 billion over 10 years is probably not enough, Speaker—probably not enough.

As I said, I'm happy we're talking about it. I'm happy that, finally, the Conservatives and the Liberals are talking about mental health. It's high time we start acting. I can guarantee you, an NDP government will get to work on mental health the day we get elected.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Mr. John Fraser: It's a pleasure to rise today to speak to this motion. I want to thank the member for bringing it forward. There are some things in that motion that concern me. I have to say I'm concerned about the comment about the previous Minister of Health that was attributed to him. I think that was not only unfair, but it was also unkind, and I don't think it needed to be in this debate, and here's why.

We all agree here that there's a challenge with mental health in the province of Ontario. We know it because some of us know it in our families. We know it because there are people who come to us in our community offices, or people we meet. We know there's a challenge out there, and we know we have to try to meet that challenge.

Later, I might want to debate the premise in the bill that \$1.9 billion is enough, but I want to talk a little bit about what I saw last Saturday night at the Royal Ottawa Inspiration Awards Gala. What I saw were eight people who—six of whom were people who suffered with mental illness, who had overcome or were overcoming their suffering, and were contributing to the community.

It was really quite incredible. There were some researchers as well who were doing research into things like sleep disorders and the effect that that can have on a person's mental health and well-being.

There's a great groundswell of support in our communities to support mental health, much more than there was 10 years ago, 15 years ago, 20 years ago. In my own family, my grandmother, who suffered from depression, was hospitalized. She was hospitalized in Brockville and she had electroconvulsive therapy. But that wasn't stuff that you talked about. You didn't talk about ECT. You didn't tell your neighbours, "I went to this place, I stayed there, and then I had ECT."

It was beneficial to her. I mean, it's not all One Flew Over the Cuckoo's Nest, which I'm not sure how much that opened up an insight. It opened up a certain insight into the world, but not the broader community and how people suffer silently. We all know in this Legislature that we have and still have colleagues and people who work for us and who suffer, who suffer daily. It's a struggle.

I think, when we're in this debate, we have to really be careful not to ascribe motive to the people on the other side. Now, in fairness, this is a partisan place. Emotions can get up.

Miss Monique Taylor: Oh, it's political.

Mr. John Fraser: It is a partisan place. But we're talking about something that we all agree on. So I guess my point is, let's not get too personal. Maybe I can put it that way. I think the earlier comment by the interim Leader of the Opposition was personal, uncalled for and unnecessary. On that point, the kinds of things that are happening in mental health in our communities is—Speaker, there are great partnerships, great partnerships—

Interjections.

The Acting Speaker (Mr. Rick Nicholls): Order.

Mr. John Fraser: —that are forming in our communities.

I'll give you an example. In Ottawa, we have something called the step program, which is actually directed towards youth addictions, counselling and education, and treatment in all of our high schools in Ottawa. That's a partnership with the provincial government, Ottawa Public Health, which is also 75% provincial money, the school boards and the United Way. Every young person that goes to school in the city of Ottawa has access to that, and they have had that for about seven years. So I would encourage members in this Legislature to take a look at the results from that step program. I think it's something that we have to look at for Ontario. I think there are great possibilities. That's all because the people in the youth addictions world in the Champlain LHIN decided they were going to work together, and when they decided to work together, with the help of the resources from the provincial government, the city government and the school boards, they were able to come up with this program.

We've done the same thing around suicide prevention. Through the Youth Services Bureau, with the Royal and

Ottawa CHEO and United Way and the province of Ontario, about seven years ago we started a suicide prevention program that has blossomed out. It is still being funded by those partners, but there is additional funding that's coming to it and it has helped a lot with navigation, peer support and ensuring that in places like schools there are resources for people to go to. That's a partnership that was built locally, and I think that's one of the important things that we have to focus on when we look at mental health and addictions.

You know, I do a lot of work in palliative care; that's my mandate inside government. I look at the level of collaboration and how communities come together and say, "Here are the resources we have. Here are the people that we have and here is the challenge that's in front of it," and they combine that in different ways to get the outcome. That's a model that we need to use for mental health.

We also have to realize that psychiatrists are not the only people who can help people with mental health. They help people with really complex mental needs, but so do psychologists, so do nurses, so do social workers, so do peers, so do people who are educators who are trained to do that. So when we talk about people having access to care, let's remember that there's a broad scope of people who are able to care for those people.

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I think the motion is narrow in that regard. I wish that it had mentioned those things as well.

I don't think that \$1.9 billion is enough. We're committed to doing more than that. If you look over the last 10 years, we've spent \$10 billion. But let's not fight over money, okay?

Interjection.

Mr. John Fraser: Well, you guys have got a \$16-billion hole in your plan, and inside that hole are people, people's jobs and the services that people need. If you want to have a debate about money, we can have a debate about money. But what I'm saying here is that it's incumbent upon all of us to work together to help develop in our communities—

Mr. Jeff Yurek: Do as I say, not as I do.

Mr. John Fraser: Well, do as I say. Take a look at what's happening in my community. Do you want to come over? I would be glad to show it to you: every single piece of collaboration and investment by the provincial government, the city government, the school boards and all sorts of people—hospitals—who came together to meet the need in the community.

That's the solution to this. The solution to this is empowering people in their communities to come together, to pool resources, to add resources to them, and to make sure that they can solve their problem by using their capacities the best way that they can.

It has really been a pleasure to speak to this motion today. I want to thank the Leader of the Opposition for putting it forward so that we could have this discussion. I look forward to the rest of the debate. I want to thank you very much for your time, Mr. Speaker.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Mr. Jeff Yurek: I'm proud to stand and support our motion put forth by our leader, Vic Fedeli. I think the key to this motion and the key to the discussion is the \$1.9-billion investment that our party has committed to match the federal government's \$1.9 billion. You'll hear quite a bit from the government side saying, "Oh, we've done billions and billions, and that's not enough." This is \$3.8 billion total of new spending that has the support of CMHA, and of Children's Mental Health Ontario as well. We have those organizations' support. It's new funding that this government does not commit to.

We can hear about how this government has invested tens of millions of dollars, but where that money has gone has not been to front-line care. Thirty-nine cents of every dollar went to the CCACs. The community service organizations throughout this province have had frozen base funding for over 10 years while demand has increased. It's criminal to hear those words spoken from those agencies.

Funding is great to add in. We're glad that we're being part of it. I like the NDP talking about mental health; I'm glad that they are here to talk about it. But their idea of what to do with mental health—it's unfortunate that they are not supporting our \$1.9-billion investment or matching it. What the NDP want to do is take that money and create a whole new bureaucracy. That money will not reach the front lines, and that's unfortunate. I'm glad they are talking about it, but unfortunately, they want to create more bureaucracy, much like this government has done over the years.

This government has talked a lot about the money they have invested, but they haven't measured the results. I'm going to give them some results that we're seeing in this province.

The results are that we have increased bureaucracy. We've gone from five assistant deputy ministers to over 20 assistant deputy ministers. Our bureaucracies in the LHINs have grown to 84 sub-LHINs.

If you look at the data, emergency department visits have increased 63% in this province for children and youth seeking mental health. Hospitalizations for children and youth have increased 67%. When you look at any other condition that children and youth experience, they're down 18%.

So there is the measurement of this government's investment in mental health for children and youth. They have failed tremendously. In my riding alone—

Mr. Steve Clark: Miserably.

Mr. Jeff Yurek: Miserably; thank you.

The London service providers of children and youth mental health wrote a letter last November to the Premier and stated that they are on the brink of bankruptcy because of this government's failure to fund properly our community agencies. These are the agencies that are supporting children's mental health. In London alone, it's over 200 days to get the counselling services you need. If that same child broke his or her leg, we'd have that fixed

within the same day. If that child has a mental illness, you're going to have to wait six months to see a doctor or a health professional. That is totally unfair. This government should be ashamed of its record and it should be ashamed to talk badly about our promise of \$1.9 billion into the marketplace.

In Elgin county alone, we have one agency which is overworked. Children are forced to go to London, where they're turned away because it's not in their catchment area. I had a pediatrician in my office just a few months ago, almost in tears, saying that she is lost and her patients have nowhere to go. She's forced to do what she can to get them by.

It's affecting our school system, it's affecting our justice system and it's affecting our families across the province. This government is a shameful, shameful, shameful government that has ignored the people, ignored the children and youth of our province, and you're letting us down.

Thank goodness there's an election in June, because the people of Ontario are going to speak. The people of Ontario are going to support our promise of \$1.9 billion. I look forward to sitting on that side of the House and fixing the problems of this province.

The Acting Speaker (Mr. Rick Nicholls): Further debate? I recognize the member from Windsor-Tecumseh.

Interjections.

The Acting Speaker (Mr. Rick Nicholls): Could I have order, please?

Mr. Percy Hatfield: Thank you, Speaker. Let me tell you about an amazing place in Windsor. It's called Maryvale. The dedicated people who work there deal with children and youth with mental health challenges. They see 450 kids at their facility a year, and when a child psychiatrist admits 320 other kids with serious mental health issues to a hospital, they attend to them as well. On top of that, their five child psychiatrists see 350 kids a year when their family doctors have noted serious concerns.

Here's the kicker, Speaker—and the Liberals have to wear this; there's no way around it: Maryvale has not had an increase in their base budget for 15 years. Fifteen years and not one penny, despite the rising cost of utilities, insurance, WSIB, maintenance and repairs—not one cent in 15 years. They survive because of their fundraising from the public.

I don't know if you're aware, Speaker, that children's mental health is not a mandated service in Ontario; it's discretionary. The Liberals should be ashamed of that. It's a discretionary program, not a mandated program. The Liberals are failing our children and youth, as they have been at Maryvale for the past 15 years when it comes to their base funding. They have turned their backs on Maryvale.

What can we do about it? For one thing, we can find half a million dollars. They have 69 young people waiting for outpatient counselling. The wait-list is five to six months. They have 23 kids waiting for day treatment.

They have to wait as long as a year. Money is needed for four and a half full-time counsellors to keep teens safe and enrolled in school. They need two to pare down the waiting list for outpatient counselling. Two counsellors are needed to service Essex, Harrow and Kingsville. Speaker, in your riding, a half-time equivalent is needed to increase to a full-time position in Leamington. They need money for two child and youth workers to service the outpatient needs of the 23 youth waiting for day treatment.

Our friend the former Minister of Health from the riding of St. Paul's used to say, "There's no health without mental health." He was absolutely right, of course. What is baffling to some of us is why it took so long for the Wynne Liberal government to say that. For the past 15 years of Liberal rule, they've left us in a crisis in mental health. If, indeed, there is no health without mental health, where have they been for the past 15 years? Why are young people in Thunder Bay waiting 208 days—more than half a year—for life-saving mental health treatment? Why are they waiting a year in the Barrie area and, for goodness' sake, why in the affluent area of Ottawa do young people with mental health problems have to wait 575 days—a year and a half—for counselling and treatment?

What is wrong with this picture, Speaker? What is wrong with the Liberal agenda on mental health? Why does it take six months or more after someone attempts suicide and gets sent to the hospital for them to get their first appointment with a psychiatrist?

My constituency staff are working with a mom whose daughter suffers from depression as well as agoraphobia. The doctors have told her that the waiting list for the dual-diagnosis program is two years. They're also assisting a mother whose son has had problems since he was eight years old; he's 16 now. It started with ADHD, anger issues, anxiety, frustration, trouble with the law—a probation officer. Medication gets prescribed but, so far, they can't find the right combination for those drugs. Suicide has been threatened—incidents of self-harm, cutting. The mum reports that when she goes with her troubled child to the ER, they just get sent away from the hospital. Too unstable to go to school, yet the probation officer says go to school or be arrested. There aren't a lot of places to go for counselling, and the wait time to see a counsellor is long.

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Why are we failing this 16-year-old youth? Why has Ontario's health care system fallen on such bad times?

For 15 years, the Liberals have messed up this file, just as they've messed up hydro and education. They've bankrupted health care. They've now let down so many people. They've disappointed so many parents who were hoping for better from this government.

Speaker, I have a friend in Windsor—schizophrenia runs in the family. Years ago, his brother and his wife committed suicide. My friend adopted their children. They grew up, got married and had kids of their own. Five years ago, his eldest daughter took her own life—as

well as her two children. She had three university degrees and was a pastry chef and a synchronized swimmer. She had been diagnosed with chronic mild depression. She was prescribed an antidepressant. She improved, but she obviously relapsed. My friend asked for an inquest to determine if the medication played a role. The coroner said no. The drug was a selective serotonin reuptake inhibitor. Clinical studies have shown that the brake that controls our behaviour disappears in some patients taking these SSRIs. Even healthy volunteers put on these drugs have committed suicide. Why isn't a family member told to look for signs of trouble when these drugs are prescribed?

Speaker, if we have stage 4 cancer, we're at death's door. With stage 4 mental illness, suicide can be just around the corner.

At the children's regional centre in Windsor 10 years ago, we had 18 clinical psychologists; we now have two, and 530 kids waiting for help. We need an assessment centre for immediate help and referral, and we need it in my area now.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Ms. Lisa MacLeod: It's my pleasure to join the debate today on what I consider to be a very, very important motion here today with respect to the inability of many people to access mental health treatments across the province, and the fact that many of our children are being hospitalized across Ontario without adequate support—whether beforehand or after, they are dealing with it.

Speaker, one of my first interventions on mental health was several years ago in this House regarding suicide prevention. It was because a 16-year-old young man in my community, Jamie Hubley—he was 15, actually; he didn't make it to his 16th birthday. He should have had a sweet 16. But the level of service was very difficult for him. And he also dealt with bullying. So it was a very important issue for me to be involved with, and it was one that I worked extremely closely with the government House leader on—because we're both from Ottawa—in working with the Youth Services Bureau, the Royal Ottawa mental health facility and CHEO, among others, in order to bring a suicide prevention plan to our city. It was almost like we needed a road map for parents when their children were suffering from depression or suicidal thoughts. That was my first big revelation of how challenging this could be.

I've been very outspoken about my own mental health challenges. I'm doing quite well, but working on your mental health is something you have to do every day. You have to have strategies, and you have to have a great level of support.

I know that many people want to talk about the flaws in the system, and I've seen them too. One of the things we have to do as legislators, in my opinion, and as people who have a microphone, is actually talk about taking away the stigma. As we take away the stigma, then there becomes a greater reliance on our mental health facilities,

whether they're for children, youth or adults. I just wanted to say that the more people talk about this, the better it is for all of us, which is why I think this motion is very important.

I think it's really regrettable that there are certain members of this assembly right now who are angry that my political party, the Ontario Progressive Conservative Party, wants to add an additional \$1.9 billion. I don't think that it—

Interjections.

Ms. Lisa MacLeod: No, don't you dare. Don't you dare. You have no right to heckle that. That's an extra \$2 billion, and you can either get on side with it or not. But don't, for the love of God, suggest that you shouldn't be doing it as well and criticize it. There are lots of things we could criticize in this assembly, but giving an additional \$2 billion dollars on top of what we're spending for mental health is not one of them.

We can be better than that, Speaker. We can be much better than that. And I can tell you one thing: Where we could put this money is the Youth Services Bureau of Ottawa, where I personally visited with my own family in order to deal with things like anxiety, in order to deal with things like bullying. There is an opportunity on mental health for us in this assembly to do the great work the select committee did with the member from Dufferin–Caledon, the former member from Whitby–Oshawa and the current Minister of Health. There are lots of opportunities for us to do great work, like we did earlier this morning, on mental health.

I have no idea why anybody would criticize this motion put forward by my leader, Victor Fedeli, on making sure we invest \$2 billion more into mental health. I think we all agree that we need to do more. I don't understand where the criticism has come from, and I reject that criticism. I only wish I had 20 more minutes in order to be able to do that, but time is of the essence, and I want to congratulate my colleague, Vic Fedeli, for putting this forward.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Miss Monique Taylor: I am pleased to rise today to speak to this motion in regard to mental health. The members here today will know that just last Thursday, the Legislature debated and passed my private member's motion to eliminate the wait-list for children and youth mental health services. This was a motion I tabled back in December of last year, and I'm delighted that mental health is getting some attention in this chamber because it most definitely needs our attention. For too long, it has been pushed to the back burner. It's time to bring that to an end and to give it the priority it deserves.

Let's start with a bit of good news, and that is that we are talking about it. We are talking about it in our schools, colleges and universities. We are talking about it in our communities. But despite that good news, the stigma associated with mental illness continues to be a problem.

It has been reduced thanks to the courageous people who are prepared to speak to their own truth, people who

put their lives out there so that all of us may have a better understanding of what exactly it means to live with a mental illness, exactly what it's like to live with the effects of being forced to settle for a lack of mental health and addiction supports. We owe a debt of gratitude to those who show tremendous courage in bringing their stories to us. They remind us that mental illness is just that, an illness—an illness that deserves to be treated in the same way that we treat any other illness.

Make no mistake, it does take courage to speak out. The stigma associated with mental illness is still a barrier—a barrier that we have started to knock down, but it's still there. For example, the Centre for Addiction and Mental Health reports that 39% of Ontario workers say they will still not tell their managers if they are experiencing a mental health problem. Speaker, it's hard to imagine that there's a family out there who hasn't been affected in some way by mental illness.

Today's motion makes mention of the fact that in any given year, one in five people will experience a mental health or addiction problem. In addition to that, CAMH also says that by the time Canadians reach the age of 40, one in two will have or have had a mental illness. This prevalence of mental illness might be the reason that so many more people understand that mental illness deserves to be treated in the same way that we treat physical illness.

In our minds, we have crossed that bridge, but not when it comes to the delivery of mental health services. Two weeks ago, the former Minister of Health, presumably speaking on behalf of the government, said this in the Legislature: "I think all of us understand that mental health and physical health are two sides of the same coin," as my colleague had also said. He continued to say, "We need to demonstrate that same vigour, intent and determination on mental health as we do in providing health services for those with physical ailments." That's what he said.

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Yet when the Wynne Liberals were asked to act, when the all-party Select Committee on Mental Health and Addictions provided recommendations, they ignored them. According to the data, just a few years ago Ontario spent \$1,361 per capita on health care versus \$16.45 on mental health. That's shameful, Speaker, and it has to tell us something.

Speaker, my motion from last week focused specifically on mental health for children and youth. It's an area of particular interest for me. It's also crucial—many of us know and understand that here in this Legislature—because if it's not treated early, the problems not only continue but magnify as time goes by.

We know that 70% of mental health conditions in adults start in childhood and adolescence. The lack of treatment for children and youth with mental illness has a significant ramification for those people as they reach adulthood.

I want to take a little bit more time to talk, again, about children and youth specifically. According to

CMHO, Children's Mental Health Ontario, there are 12,000 children and youth waiting for community-based mental health services in the province. Some are waiting for up to 18 months. We have about 6,500 who are waiting at least a year. This is completely unacceptable. This government is failing Ontario's children and youth suffering from a mental illness. They are getting sicker, they are suffering, and in too many—way too many—cases, they are dying.

That is the result of chronic underfunding on the part of the Wynne Liberals. A government that has only provided two increases to the base funding of community-based mental health centres in the past 25 years: If you do the math, they've been there 15, so they were there before that and no base funding from them either—"them" would be the Conservatives, Speaker. In 2003, 3%; in 2006, 5%, and that's it. Inflation over that same period has increased costs by over 55%. Demand has increased by 10% annually for the past number of years. The lack of services that are available and the lack of funding that has been provided have created major problems because with funding, inflation and demand, it means service providers are operating at about half the capacity that they were previously.

The government talks about the work they have done on Moving on Mental Health. I'm not going to criticize the thought behind that strategy, but I will criticize the results we have seen thus far and I will criticize the Wynne government's abject failure to get the results children and youth desperately need. They said we would see a program within three years that would deliver early and appropriate help for each child and youth who needs it. That was six years ago, and we're still waiting.

When I talk to providers in Hamilton, since we've moved on Moving on Mental Health, we've closed 24 beds, just recently. That's because of this Moving on Mental Health that we've had to close beds, because of the lack of funding that this government has provided.

I took part in the Standing Committee on Public Accounts when it met last year to consider the Auditor General's report on children and youth mental health. Diane Walker from the Children's Centre Thunder Bay told us this:

"I really agree, in part, with the ministry that Moving on Mental Health has the real potential to change things. I really want to work collaboratively ... I believe in it and I love doing it and I love creating systems that work for kids.

"Here's the truth: I'm going broke. I'm not trying to be dramatic. I'm not trying to be difficult. I'm not trying to throw the ministry under the bus. My agency is closing programs because, although there have been investments in children's mental health—and they've been important ones—they aren't investments in the core, core services we deliver."

I think that says it all. I know other speakers want to have some time on the clock. I thank you for the opportunity. We really do need to get down to business and ensure that kids and people in this province get the mental health services they need, and get it now.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Hon. Dipika Damerla: I'm delighted to stand and speak to this again. I spoke to this last week, and I'm happy to speak to this again.

I think it would be fair to say that, on all sides—not just government, but society as a whole—we've done a fairly good job of destigmatizing mental health issues. Because we have been reasonably successful—there's still stigma; there's still work to be done—now people are more confident in coming out and admitting that they have mental illness.

So there is this demand that we have created, and we need to make sure that when people come forward, we have the services. We need to make sure that when somebody comes forward—and it's still a very difficult decision to come and seek help for mental health issues. It becomes doubly difficult when you make that decision and say, "I need to seek help," but then you can't find the door because it is so difficult to navigate the system. I recognize that. We all have friends, family and constituents who often make that difficult decision that they're now going to seek treatment, only to find that they are not entirely sure where you can go.

I'm really pleased that, as a government, we have recognized these gaps and we're working to fill them. I think it has been said many, many times today in the House that the former Minister of Health, Minister Eric Hoskins, captured the sentiment so well when he said, "There is no health without mental health." That is why our government has truly taken a multi-faceted approach to investing in mental health. That's why we introduced a comprehensive mental health strategy—Open Minds, Healthy Minds—that is helping to guide the strong action that we are taking to expand access to mental health services and reduce wait times.

We have made the largest mental health investment in our province's history, investing over—I can see that my talk is riveting—\$10 billion more into the mental health system since 2008. We're also making additional investments of \$140 million over three years, with an increase of more than \$50 million every year after that to expand access to mental health services.

We are the first province in Canada to begin developing a province-wide, publicly funded, structured psychotherapy program. This is a program that is going to help people who have mood disorders like anxiety and depression and give them supports and strategies that they can use to manage their conditions.

We are creating a network of integrated youth service hubs that will provide one-stop access to mental health services, as well as peer-to-peer employment and housing supports for young people. We also know that housing is a key part of the mental health equation, and that is why we are supporting the development of up to 1,150 additional supportive housing units. That is in addition to the 1,000 new units already added over the last three years to reduce homelessness and improve supports and outcomes for people with mental illness.

This really is an important issue because mental illness is such a broad range and spectrum of illnesses. We have to look at providing treatments, but we also have to look at, “Can we do more in prevention?” That is why things like social isolation—we know that social isolation can be a high risk factor for people, for instance, developing depression. What can we as a government and what can we as society do to recognize this and to tackle that social isolation early on so that we can prevent individuals from suffering from that sense of loneliness and the depression that can come with it?

It’s important for us to provide treatments to people who need those treatments, but it’s equally important for us to also recognize that we have to sometimes tackle some of these other issues that can act to help prevent somebody from—some of them; obviously not all mental health issues are preventable. Some are; some are not. It’s a broad spectrum. But we need to focus both on providing the appropriate treatment as well as, where possible, also trying to provide them supports that would help with prevention.

1700

So I’m really, really pleased. Many of our social programs that we have brought in, whether it’s the basic income pilot, whether it’s the minimum wage—so much of it really does impact our mental health. If you’re struggling to put food on the table after working for 40 hours a week, that is going to make you, perhaps, anxious, or it’s going to have some impact on your mental health. Sometimes we may look at a particular policy in isolation. The same people who say, “We need to invest more in mental health” ought to ask themselves: If you believe so much that we need to invest in mental health, why would you not invest in raising the minimum wage so people don’t have to feel so anxious about their lives all the time?

It’s really important to connect the dots. That’s where I think the Liberal government has done such a good job, because we’ve actually connected the dots. We don’t look at it in isolation.

I really have to ask the party opposite. Every single day they stand up, and have recently become champions of mental health. I just want to ask them one question: If you support mental health so much, why would you be against the minimum wage? Because raising the minimum wage actually reduces anxiety levels for people.

I leave that thought with people to think about. I’m really pleased to speak to this.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Mr. Steve Clark: It’s an honour to rise on behalf of the people of Leeds–Grenville to support this motion.

There is not a person in this Legislature today or among those we represent whose life hasn’t been touched by a mental illness. Thanks to the incredible courage of the families and individuals who have shared their personal, often tragic stories, the discussion about mental health is moving out of the shadows. Although stigma remains a tremendous concern in society, more people

feel safe and supported enough to come forward for help. Doing so takes incredible strength, and I want to commend all those who have spoken out. Their advocacy and their voices have truly saved lives.

However, while we’ve made great strides in our understanding of mental illness, our health care system is failing them when it comes to treatment. For too many in Leeds–Grenville and across the province, that means that the suffering continues as they desperately wait for help.

I’m proud that our Ontario PC Party is leading the way to change with our motion calling on the government to match the \$1.9-billion federal transfer for mental health services. I can’t think of a more needed investment than front-line mental health services to ensure that everyone in a crisis finds help.

Next week, I’m meeting with a constituent who shared her story about the incredible difficulty she had accessing treatment for a mental illness. What shocked her is that she’s a health care worker. She had the advantage of knowing the system but still struggled to access services. Here’s part of what she wrote to me:

“What I was not aware of is the obstacles that one has to go through to receive [help]. What would have happened if I were in a place of mind to take my own life?”

“How do citizens with even more severe disorders survive?”

“Now that I have put the deeply personal part of my life out there, I hope it does not fall on deaf ears. Our mental health system is disintegrating and it needs to be rebuilt.”

Thankfully, she’s in recovery after her painful journey. For too many families and individuals who are failed by the system, the ending is tragic. The powerful words of my constituent are a call for us to do better. We can start with all three parties supporting our motion today.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Ms. Cindy Forster: It’s my pleasure to get up and spend a few minutes talking about the mental health oppo day motion from the PCs.

More than 12,000 youth and children are currently on wait-lists for mental health services here in Ontario, and I can tell you: That list continues to grow. I think it was in 2011 or 2012 that I did a survey about health care services in my riding. It was a time when the Liberals were proposing to close my local Welland hospital. As part of that survey, I focused in on mental health services as well in the Niagara region.

From the survey I sent out to more than 60,000 homes, I got back 1,400 surveys. I asked a question about children and their mental health services: “Has your child ever required mental health treatment? If so, did they get that treatment?” Some 75% of those parents said that their child never got even an initial assessment when they required mental health services, and another, I think, 25% said that the wait time was extremely long. And 50% of the adults who responded to the survey about their own mental health services, or their families’, said that they

were not able to access the services they actually needed in the Niagara region. So here we are, seven years later, and we're still talking about this issue.

The Conservatives, of course, when they were in power under Mike Harris, closed hundreds and hundreds of mental health beds across the province, and they did not reinvest those dollars into community services. They invested some of the dollars, but they did not take all of those dollars and actually invest them into programs that people could access, which is why we ended up with so many homeless people in so many of our communities. Then the Liberals, for the last 15 years, have continued to close hospitals and mental health beds.

I'll bring you back to the Niagara region. At the Welland hospital, we used to have 25 or 30 mental health beds—in the St. Catharines hospital, in the Niagara Falls hospital. When the new hospital was actually built in St. Catharines, they moved all of those mental health services in the Niagara region, which has, I think, a 400- or 500-square-kilometre radius. It's difficult for people in Niagara, because we don't have a full, up-and-running regional bus service. All of those beds were cut down to probably 30 beds at most in the St. Catharines hospital, and now people living with mental health issues have to find transportation to get from Fort Erie to St. Catharines or Port Colborne to St. Catharines, which is really problematic for people.

I want to talk about a positive thing that happens in the Niagara region. We call them the unsung heroes at the Niagara region public mental health programs. They run a myriad of programs and learning groups for people with anxiety, and one constituent I've been dealing with is with the early psychosis intervention program. They have one psychiatrist—just one psychiatrist—who comes one day per week from Hamilton. The rest of the program is done by registered nurses and social workers. They also run an education program for families of patients, to support them.

The vast majority of that caseload is young people—a high percentage of university-aged males with marijuana-induced psychosis, which they believe can be mitigated, and recurring psychosis episodes prevented with adherence to their treatment, to their medication, and consistent follow-up with staff. In the beginning, they followed patients for three years, but recently, according to the psychiatrist, they have experienced a falling back of these young men in general. They're hoping to be able to expand that program for up to five years, but to do that, they need money, and we all know that the public health budget is less than 1% of the entire health care budget.

Although there are great programs that exist and there are great workers in mental health, there are not enough of these programs out there to actually meet the demands of all of the people who have mental health issues.

The building where my constituency office is located was built as a supportive living unit. There are 70 apartments; I think about 62 or 63 of them are for adults living with mental health issues. When it was first built, there were two support workers built into the budget to

run that program. But after 20 years, governments actually required that they tender that work out, and they lost these two long-time support workers who reduced the need for them to cycle in and out of psychiatric inpatient units. So an important piece of the mental health issue is also to make sure that there are supports in place if we're actually going to build accommodations and be able to integrate people in living spaces to make sure that those supports are available to them.

Thank you for the opportunity to speak to this very important issue.

1710

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Hon. Michael Coteau: It is an honour for me to rise today in the Legislature to speak to this motion. I think every single person in this Legislature, and across this province, believes we need to do more to support mental health services and support families and individuals who are going through challenging times because of their experience with mental illness.

As a government, we've been taking on the challenge through our Ministry of Health but also through my Ministry of Children and Youth Services. As you may know, Mr. Speaker, my Ministry of Children and Youth Services is responsible for young people who have any form of mental health challenges, and we've put forward a plan in Ontario that's called Moving on Mental Health. The plan is to look at the system as a whole, to look for ways to improve the system by, number one, putting in place 33 lead agencies right across the province—so far, we have 31 of the 33 in place—to better coordinate services on the ground.

Like many of our agencies and programs that exist here in Ontario, they've come from legacy systems. A lot of the organizations that are servicing our communities are through not-for-profits, community-based organizations. They may be government-based organizations—extensions of medical services through hospitals. There are many different options that are available, but the big problem is that the coordination is not as good as it should be.

For example, in my very city, Toronto, a city I love—this week is Toronto's birthday. I love this city, but we have a problem in this city in regard to the coordination of mental health services. That's why we have East Metro Youth Services providing that lead-agency leadership to better coordinate services.

It is not fair for a family, when they're in crisis and they have the young person who needs help, to open up the white pages, go on the Internet, or go into a doctor's office and see that there are so many different forms of options. There needs to be a very clear entry point into the system, and we've put forward lead agencies so families can better navigate through the system.

Some people believe you can just throw money at the system and it's going to be better, and it's not the truth. The Conservatives have put forward a motion to invest \$1.9 billion into mental health services. This was part of

Patrick Brown's vision for Ontario through his People's Guarantee platform that the Conservatives have endorsed, but it doesn't do enough. It's a very simplistic way of looking at a problem that goes way beyond just the dollar amounts.

On our side of the Legislature, we know that it has to be a system shift that takes place. When we came into government the wait times in Ontario at our hospitals were the longest in the country. Today, according to a Fraser Institute report, we have the shortest wait times in the country. That's system transformation. That doesn't happen by just throwing money into the system. It's about reorganizing the entire system.

The \$1.9 billion that the Conservatives have suggested as the solution is not the solution, Mr. Speaker. We need a lot more money than that. This motion says—I'll read the part where it says that they ask the government to match their \$1.9-billion commitment. They ask the Liberal government to match it.

We're very clear, Mr. Speaker, that we need a lot more money than that, and we've made a commitment that the investment we'll put forward will be more than what the Conservatives are suggesting. They don't understand the transformation, the journey we've been on for the last several years, transforming the system. We've always made a commitment when it comes to youth mental health that, at the end of that transformation, there would be a funding formula shift that would take place. We've done some preliminary calculations. We've spoken to the Ministry of Health and we know that there is more money needed to help the system, but also coordination.

I know that now that the Conservatives—I don't know what they're going to do with the People's Guarantee. I don't know if their platform collapsed and they'll rebuild it. We've heard things. We don't know where they're going. But maybe there's an opportunity for them to match our investment in mental health at this point.

I don't want to make this a political back-and-forth, but you can't just say—the NDP say, "We'll create a new ministry. That's the answer." That's their solution to mental health. The Conservatives say, "Let's just throw in \$1.9 billion. That's the answer."

Mr. Speaker, system transformation takes a lot of time. It takes the sector participating in that transformation. You have to have conversations with people and stakeholders across the province. You actually have to put in a strategic plan. That's what leads to system transformation. It's not about just renaming something—that a new ministry is going to solve everything—or throwing in \$1.9 billion; it takes time and dedication for system transformation.

Look at what we've done in public education in this province. When the Conservatives were in power, 66% of young people were graduating; today it's 86.5%. There was system transformation that took place.

The Ministry of Health went from the longest wait times in 2003—when the Progressive Conservatives were in power, we had the longest wait times in the country.

We've transformed the entire system to the shortest wait times in the entire country.

So it's not about renaming ministries. It's not about throwing a bunch of money that's not even the right amount of money—it's actually way too low. That's not the solution. The solution is working with the sector, taking the time to build a strategy, and moving forward together to build a system that actually improves the lives of people.

Mr. Speaker, I'm sharing my time with the Attorney General. I think he's going to say a few words after.

The one thing that really scares me about the Conservative Party's approach to this problem—and I've seen this play out before. I used to be part of the literacy sector. I was an executive director for a literacy-based organization. I saw the Conservatives in Ottawa wipe out the entire sector—\$27 million with the Harper government—and before that with Mike Harris and the Progressive Conservatives, when they made cuts in the system. The part that really disturbs me, and it actually gets me a little emotional when I think about it—because the party opposite cut 7% to people who needed developmental services, when they were in power. Think about that for a second, Mr. Speaker. How can you trust that party that cut 7% from our most vulnerable?

When we talk about people who are on social assistance—I believe there was a 23% cut to that budget line.

And at the same time, they're spending, they're proposing deficits. They've got a \$16-billion shortfall. We know what happens at the very end of that. We've seen this all play out before. We've seen this movie before. They get into power, and what they do is they make cuts, and at the same time they hurt families.

I'm surprised that they even have the audacity to think that they have something positive to say when it comes to helping our most vulnerable, because the track record of that party in the past has been so hurtful to the people of Ontario who are the most vulnerable. I would never trust them to run this province.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Mr. Bill Walker: Only one in five youth affected by mental health will get access to treatment in Ontario because of a lack of services and long wait times.

In my riding of Bruce-Grey-Owen Sound, children and families continue to struggle to access services. If you look at the map provided by Children's Mental Health Ontario, you'll see a huge gap right in and around Bruce-Grey-Owen Sound. That huge gap means that the most vulnerable children in their time of crisis will not get access to treatment—not in Grey and Bruce. They'll have to seek help in London, where, regrettably, they can be expected to wait 224 days for counselling and therapy services and 226 days for intensive treatment services.

1720

Does this government find these wait times acceptable? Does this Liberal government not think children and saving young lives is a priority?

Parents want to know why this government is refusing to match the \$1.9 billion in federal funding for mental

health. It's interesting, Mr. Speaker: They found \$25 billion to borrow against the youth of the next generation for a hydro rebate for two years in the year of an election. How interesting is that?

Just now, the Minister of Children and Youth Services was talking about our record. How can he stand there and be proud to spend \$13 billion a year on interest payments because of their debt while these children go without? He talked about deficits. He knows what happens; he should know what happened. People are going without services. He talked about system transformation. The debt of the province is the worst transformation of a system that we've seen under a government in our history. He spends more money on debt servicing—\$13 billion a year—than the whole community and social services ministry that he's responsible for, and he's telling us that we should be looking backwards? It's unacceptable.

I recently sat down with a local dad, Matt McCoy of Owen Sound, who, as a result of the huge gaps in access to mental health, started an outreach program called Addicts Attic Outreach Services. Matt says that the worst place to be in a time of crisis is to be alone. He knows from lived experience that “the scariest place for an addict to be is in his own head.” He wants to be sure that if someone needs to talk, they will not be alone.

He relies on his own money and fundraising, just like other parents doing mental health outreach, including—and I want to acknowledge Yolanda and Jamie Cameron, who set up the WES for Youth talk line after losing their son, Wes, to suicide. Yolanda and Jamie and Matt and all other parents doing outreach know that their work is critical, but more needs to be done.

While we have excellent providers—who, in fact, recently amalgamated into one; Canadian Mental Health Association Grey Bruce, G&B House and Hope Grey Bruce Mental Health and Addiction Services, in partnership with Grey Bruce Health Services, recently finalized an amalgamation—we still need the government to make the proper investments so that we can get better access to mental health treatments and beds in Bruce and Grey. It is not good enough to tell children to wait 224 days for counselling or therapy services and 226 days for treatment. It is not enough to promise 61 new mental health hospital beds when we have 12,000 kids on the wait-list in Ontario.

I told the minister in question period today that since her government refuses to match the \$1.9-billion federal transfer for mental health services, she and her government must accept responsibility for the consequences. The wait times for therapy take too long, and as a result, sadly, suicide is on the rise.

Angela Loughnan, who lost her son Andrew to suicide, wanted me to share this with you:

“Over the last two and a half years of my son's life, he struggled from extreme anxiety and depression.

“During the two and a half years, I called every resource I could within the area to get my son the proper care.

“With no child psychiatrist in the area, my son received a referral to see a psychologist.

“It took almost a year for my son to even get a referral from the psychologist to see a psychiatrist and another three months to speak to one.”

Think of that, Mr. Speaker: that you have to wait three months just to get the referral in there when you're in a crisis situation.

“The appointments with the psychiatrist were via teleconference once every four to six months.

“My son would be put on a new medication and shown the door, with no follow-up until the next appointment four months later.

“In the meantime, my son would take the medications at first, and most made his symptoms worse.

“He would lash out, run away, trash his room etc.

“Then he would just stop taking the pills on his own.

“I very quickly realized that seeing the psychiatrist in this manner was not going to work for my son. He started getting in trouble with the law again and was on probation. I pleaded with his probation officer to force him to get help because as a parent you have no rights when it comes to your child's decisions regarding their mental health and addictions issues unless you can somehow get them to say they want to hurt themselves.

“I can't tell you the number of times I've heard that in order for my son to get help he had to volunteer to do it.

“Being told this leaves you with a feeling of having zero control over what happens to your child. Expecting a child with mental health issues to decide to get help just doesn't make sense.

“If you're the lucky one whose child does finally say they want help you reach that next hurdle of waiting as long as 18 months for a bed in a facility.

“As part of my experience I had to take my son to the emergency department for mental health crisis due to the fact that after 4:30 p.m. there are no other available resources in the area.

“After two and a half years of that struggle, my son dropped out of school, alienated his family, and eventually overdosed and died.”

Interjection.

Mr. Bill Walker: Don't heckle when I'm talking about a young man dying, please.

“As a parent dealing with a child with mental health issues it is beyond frustrating, emotionally exhausting and seems like a battle you can't win.

“I lost my son because of the lack of available resources in the area, and it's just not right.

“If I had an opportunity to ask the minister a question, then it would be this:

“According to Children's Mental Health Ontario (CMHO), child and youth emergency department and hospital visits for mental disorders have risen by 54% and 60% over the last decade. With statistics like these, how can you as a government not see the benefits of investing the money needed to address this issue?

“The substantial increase shows that we are not doing enough. How can you deny the children who are our future the proper care they need to help fight mental health issues?”

Those were her words—I was simply reading her story—so to heckle is deplorable.

Angela clearly wants the next person to have a better chance than her son did, because no one should feel they are alone. As I said earlier today, suicides don't disappear because you, the government, have other and bigger priorities than funding children's mental health. All of us say to you, you can't afford not to make the needed investment. What could be a bigger priority than saving a young life?

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Hon. Yasir Naqvi: Thank you for recognizing me to speak on this motion and, most importantly, to speak on the issue around mental health and wellness.

I think it's a good day in this Parliament when we are talking about mental health and wellness. It's an issue we all recognize, and listening to some of the speakers from all parties speak, it's an issue that is near and dear to our hearts, near and dear to us personally. Most importantly, it's a need that we recognize as important for our respective communities.

I'm quite encouraged to see that we are having such an open conversation about the need for more investments in mental health and wellness. That is a good day for us as parliamentarians and that is a good day for this province of Ontario when we, the elected representatives, are keen about discussing how we need to invest more in better mental health and wellness.

I have heard it said before in this House, and I want to repeat it, that there is no health without mental health. That's an appropriate sentiment to express. For far too long, our society, broadly speaking, has avoided talking about mental health. For far too long, we have hidden conversations or our own personal fight around mental health—to ourselves—because we have been too scared to expose our vulnerabilities to others. We're quite comfortable talking about our physical challenges. If you get a broken arm or if somebody is suffering from cancer or heart disease, we somehow, as a society, are fairly comfortable to talk about that. But somehow mental health has not had that kind of exposure or comfort level.

I think we can all recognize in this House that all of us as individuals know people in our own lives who have suffered from mental illness or who may be suffering from mental illness. I've been testing that theory by talking to a lot of people in my community about mental health and wellness. It's incredible that when people open up, they tell you about themselves or others in their lives.

There has been the good side. I think there has been quite a bit of evolution in our understanding of mental health issues. We, as a society, have worked hard in breaking down the stigma around mental health. People are more and more comfortable in telling their stories, the stories of their loved ones, and that is also a good thing. But the result of that is that not only are we facing the challenges around mental health, but when you break down stigma, more people then will come out and seek

help. That is the time we live in, where more and more people are coming out, be they young or my age or older, seeking help for mental health and wellness. That is why we have to invest in the system.

I am proud, as some of my colleagues have said and I hope all members recognize, that we have invested new dollars in mental health. Since 2008, \$10 billion more has been invested into the mental health system, and that is a good thing. But what I'm also hearing, which is fairly appropriate, is that that may just not be sufficient, that we may have to invest more money in mental health and wellness to meet the increasing demand, to meet the increasing awareness around treating mental health.

But I've been doing a lot of research into this area and I have been talking to a lot of people. I want to particularly recognize the Royal Ottawa Mental Health Centre that is located in my community of Ottawa Centre for the opportunity to engage me and have conversations. I want to thank the soon-to-be-outgoing CEO and president, George Weber, who has done an incredible job at Royal Ottawa; Nicole Loreto, who is their VP of communications; people like Dr. Raj Bhatla and Dr. Zul Merali, who are doing some leading-edge research and work into mental health.

1730

The conversation with them and other community partners that I've been engaged in was to understand, as we look at investing new dollars, as this motion is suggesting—and we think that we need more money than what's suggested in the motion, and I don't think, again, that's a negative thing. That's okay to acknowledge. As we look into investing new dollars, is it okay to just throw more money in the system, or do we need to do something more comprehensive?

My colleague and friend the Minister of Children and Youth Services was talking exactly about that. What we need is a different and more comprehensive approach to deal with mental health and wellness. That would require new money. That would require far more dollars. We think it would require more than \$1.9 billion over 10 years. But I think that's the system-wide approach and conversation that we need to engage in. We need to build a system that is not only available for somebody who is very young and starts experiencing mental health issues because of bullying or other reasons, but then to make sure that it works through the entire system, through the entire spectrum.

The analogy that I use is that it's like primary health care. We recognized at some point that, in order for us to live in a healthy society and be able to be healthy personally, we need to invest in prevention. Investing in prevention meant investing in primary health care and making sure people have access to a family doctor or a nurse practitioner or a community health centre, so that they can look after themselves. I'm of the belief—and I've been advised by experts in the area—that that's exactly the kind of system that we need. It's almost that we need mental health care services at a primary health care level, be it through our primary health care provider, like our

doctors or nurse practitioners or community health centres, or at a community setting.

But we need to make sure that, for people—especially starting young—when they need access to mental health, those services are available, be it in our schools or in a community setting or through our doctors. That's the investment. That's the system that needs to be created, so that it is comprehensive and that there are points of intersection in that system based on your need available through the system.

To overlay that, keep in mind the diversity of this great province. We need to make sure that north and south, the urban and the rural are all covered as well, so the services are not just congregated in urban communities, as sometimes the case may be, and that they are available everywhere across the province. That is another important overlay on creating that system-wide approach.

Lastly, I want to say that we need to make sure that there's a continuum of care, so that you have got different people who are able to provide services, depending on their need. It could be a social worker; it could be a youth worker; it could be a psychotherapist or a psychologist or a psychiatrist. Depending on your need, you need capacity in the system that can address those different issues. But I fundamentally believe that we need new dollars and new investments—and I think that there is a consensus there—and we need to make sure that we are bringing a comprehensive system.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Mrs. Julia Munro: It's a pleasure for me to have a few moments in which to make some comments. The need to have this debate became obvious with the government's and the NDP's rejection to match the \$1.9-billion federal transfer for mental health services. Ontario remains in a crisis in mental health, which could be alleviated by the prudent action of government. Here's why.

As the number of the children suffering from mental health issues goes up, so does the cost. Ontario's children's mental health centres across the province face 24 years of underfunding out of the last 26 years. This means that services and treatment become harder and harder to receive, as the balance between demand and availability become further and further apart.

Families in desperation seek help in the emergency rooms of local hospitals, but this is another costly move. Hospitals are not necessarily equipped for these visits. Over the last 10 years, children's visits to emergency rooms and their rate of hospitalization have increased over 60%. This costs the government millions of dollars and—it's important to recognize—is not as effective as the much lower cost treatment of community-based children's mental health centres. I can't overemphasize the importance of that when it allows an opportunity for an adequate funding model that actually has a better return for the children and families.

The result? When children have been released, it's back to the centres with long wait-lists again. In York

region, there is greater pressure, as the funding is provided on historical patterns. As time has passed, the population has dramatically increased in York region. It would be a major step forward if the current Minister of Health used her influence at the cabinet table to address the decades-old funding model that doesn't meet the needs of people in York region.

Today, York still does not implement its funding model on needs-based funding. This only adds further pressure to the problem. It is clear that the gap between the growing population and the budget continues to expand. This, in turn, fails to answer any of the questions for families, for professionals or for care providers.

In my riding of York-Simcoe, Southlake Regional Health Centre provides child and adolescent mental health services. These services include an in-patient unit, a day hospital program, a disruptive behaviours program, an eating disorders clinic and an urgent care clinic.

Last year, the South Simcoe Police responded to roughly 300 mental-health-related calls in Innisfil and Bradford. That means, basically, one a day. And that number is growing.

We need change, which is why we are here today to show the shortcomings of this government. With a commitment from the government, we could look to a future built on a strong foundation of professional providers and parents who are able to be strengthened by a stable funding model. These steps are critical to the mental health and well-being of Ontario children. I am proud to stand with my caucus colleagues to call on this change.

The Acting Speaker (Mr. Rick Nicholls): Further debate? Further debate? Further debate? Oh, you're standing now. I recognize the member from—

Interjection.

The Acting Speaker (Mr. Rick Nicholls): Well, I had asked, looked down that way and no one stood, okay? Just to be clear.

I will recognize the member from Windsor West.

Mrs. Lisa Gretzky: Thank you, Speaker. Thanks for that clarification. I thought you were making a reference to my height.

It's my pleasure to rise and add just a little bit of comment, in the limited time I have left, to the motion before us around mental health supports. While it is, on the surface, a very good motion that is brought forward, I just want to point out that in the motion it does state that we refuse to match a \$1.9-billion federal transfer. I'm not sure what magic hat the Conservatives have pulled that out of, because we've never said anything of that sort. In fact, I don't think we've ever commented on that at all. So I just want to put that out there. They've pulled that out of thin air—making it up on the fly, nowadays, I guess.

Speaker, I certainly agree that the Liberal government has a pretty sad record when it comes to our health care system in general, especially around mental health supports.

1740

This morning, I rose and asked a question of the Minister of Health regarding Hôtel-Dieu Grace Health-

care in Windsor. I just want to drive the point home of the dire need that we have across this province, and specifically in my riding, and I'm going to talk about Hôtel-Dieu Grace Healthcare just to put a little perspective.

There are 2,000 mental health beds in the province of Ontario that are not being used, and the reason they are not being used is not because they're not available, because they are. It's because the Liberal government has chronically underfunded our health care system. For the 15 years they have been here—and I will get to the Conservative record when they were government before the Liberals. But for 15 years, they have chronically underfunded our health care system. So we have beds that we could actually see people in and getting the treatment they need if the funding was there to have the front-line workers in place to provide that care.

So 2,000 beds across the province, and 89 of those beds are sitting, ready to be used, at Windsor's Hôtel-Dieu Grace hospital. Now, if you figure there are about 80 hospitals in this province that actually provide the targeted mental health supports, those that actually have mental health beds, out of 80 hospitals and 2,000 beds, one hospital in Windsor has 89 turnkey beds: a brand new wing ready to take patients and treat them. We have more than three times the number of empty mental health beds because the Liberal government will not fund those beds so that they can be open and we can have the front-line staff there to provide the care.

That's just in Windsor, and their record across the province is, frankly, deplorable. As has been pointed out, there are 12,000 children and youth stuck on a waiting list for care, and 6,500 of these young people have waited for over a year. In London—so not far up the 401 from Windsor—London Health Sciences Centre was at 130% capacity in psychiatric beds every single day between May 1 and September 22 of last year—130% capacity.

I know that we could talk at great length about the Liberal record. There's 15 years to talk about, but I don't have much time, so I want to talk about the Conservative record because it's their motion.

We know that the Conservatives, during their time in government, closed 28 hospitals and fired 6,000 nurses. That was under a former Premier. We don't even have to go back that far. In the last provincial election, in 2014, they ran on cutting 100,000 jobs. Many of those would have been front-line health care providers who actually would have provided care to those who needed mental health support.

Mr. Percy Hatfield: How did that work out for them?

Mrs. Lisa Gretzky: It didn't work out very well, apparently. If Mike Harris, the previous Conservative Premier, was any indication, this means that education, health care and jobs would all be cut.

Since I mentioned Mike Harris, I do want to bring up the record of Mike Harris, the last Conservative Premier. Between 1996 and 2000, the Conservative government delegated certain authority over a four-year period to the Health Services Restructuring Commission. Basically,

what they did was they gave them complete control to go in and say if they were going to close hospitals, if they were going to consolidate hospitals, and which services were going to be cut. This is the power they gave to the HSRC.

Under the HSRC, in total, 22 communities received HSRC direction, and that resulted in the closure of 31 public hospitals, as well as the closure of six private and six provincial psychiatric hospitals.

Interjection: Repeat that.

Mrs. Lisa Gretzky: Okay. To be clear, the Conservatives, when they were last in government, closed 31 public hospitals, as well as the closure of six private and six provincial psychiatric hospitals. So while I'm thrilled that the Conservatives are now talking about mental health, their record certainly doesn't indicate that we can trust that they will actually fix the crisis in our health care system. Only New Democrats have committed to a dedicated mental health and addictions ministry that will focus on the crisis in our mental health system.

The Acting Speaker (Mr. Rick Nicholls): Further debate?

Ms. Sylvia Jones: I've been listening to the debate all afternoon, and I want to bring it back to why we're here. Listening to the Progressive Conservatives, the NDP, I think we all agree that we're not great with mental health, that we can do better. But let's not forget why we're here and why we're having these discussions.

I'm going to make an assumption. I've been a member for 10 years. What are your staff doing right now? What are my staff doing? They are working incredibly hard in our constituency offices dealing with people, solving problems. People come to us because they have issues, and I'll give a very quick one.

As many of you know, a number of weeks ago, a young child, a three-year-old, was swept into the Grand River. We're still looking for that child. The family reached out and they had some very specific requests in how we could help. I went to the Minister of Natural Resources and Forestry. To her credit, she was great—got me the connections. We connected those people together and we're helping.

What are we doing with this debate? We're trying to help people. We have individuals, families, children in our communities who are desperate for service. I'm going to bring it down to a level that I hope people appreciate and understand. When we have an individual who is diagnosed with cancer, we don't say, "Go away until you're stage 2 or 3 or 4, and then we'll try to cobble together some service." We don't do that in the province of Ontario. The hard truth is, we do that with mental health. We do that when our families are struggling to find service.

The Minister of Children and Youth Services talked about how important it was for people to be able to find the service. I agree 100%. Why can't we have a better system so that when our families or when our partners are looking for addiction or mental health treatment centres, they can find them in an easily accessible, searchable form?

I'm going to talk, again, about my own community. The Pine River Institute in the north part of Dufferin county is a treatment centre for children who are 13 to 19 years old. There are 29 beds in that facility. They do amazing work. They actually have an 80% success rate, which, for any of you who have any appreciation of mental health and addiction treatment, is an incredible success rate. It's the only one in Canada—not Ontario, in Canada. We need to do better. Their wait-list is literally in the hundreds.

Now, I get it. Not everybody can have a Pine River Institute. But does it not speak to gaps in our system when 13- to 19-year-olds are waiting months for service? What does that say about the value of that life? What does that speak to about what we are doing as legislators?

So, yes, we can nitpick that we don't like your \$1.9 billion and we're doing more, and this is more important. We can do that, and we have the ability to do that. But can we please remember that it's about people, it's about families, it's about young people who are literally waiting at the end of the phone for someone to say, "I've got you a spot."

I participated in the mental health and addictions select committee. Why did I participate in it? Because I was trying to help a family and I couldn't find any service. And suddenly it becomes real to us. It becomes a real issue, because you start making those phone calls and reaching out to those professionals and treatment centres, and you realize just how insurmountable a problem this is when that family is trying to find service. So let's stop the "yours isn't as good as mine" conversation and let's start the "how do we collectively make it better?" If you don't like ours, fine. Then fix it so that we can talk about some other options, please.

1750

The Acting Speaker (Mr. Rick Nicholls): Mr. Fedeli has moved that opposition day number two—is it the pleasure of the House that the motion carry? Carried.

Motion agreed to.

The Acting Speaker (Mr. Rick Nicholls): Pursuant to standing order 38, the question that this House do now adjourn is deemed to have been made.

That's your cue that you may leave now, if you choose.

ADJOURNMENT DEBATE

HORSE RACING INDUSTRY

The Acting Speaker (Mr. Rick Nicholls): The member from Perth–Wellington has given notice of his dissatisfaction with the answer to a question given by the Minister of Agriculture, Food and Rural Affairs. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes. I now turn it over to the member from Perth–Wellington.

Mr. Randy Pettapiece: Thank you, Speaker, for this opportunity to speak to my dissatisfaction with the minister's answer yesterday.

Yesterday, I had a question for the Minister of Agriculture, Food and Rural Affairs concerning the impending shutdown of the casino at Ajax Downs. The answer was sorely lacking, Speaker, not just for me but for the hundreds of people whose jobs are on the line and for the entire quarter horse racing industry in Ontario.

I'll repeat my question for the record: Will the minister stand up for the people of Ajax and rural jobs, or would he rather be remembered as the minister that killed quarter horse racing in Ontario?

In the supplementary, I talked about his government's abysmal record on horse racing. In 2012, the Premier issued his infamous secret decision to go to zero dollars for horse racing—zero dollars, Speaker. The government was told by one of their own long-time insiders, John Wilkinson, that cancelling slots at racetracks could mean 24,000 job losses and 27,000 dead horses. They went ahead with it anyway. That speaks to the lack of respect we see on that side of the House for rural and small-town Ontario, just as much today as back then.

It's the reason I asked the minister to do the right thing and apologize to the town of Ajax and the horse people across the province. Unfortunately, the minister's response was the usual sour cocktail of political spin and ducking responsibility.

In his response, the minister claimed that he is going to work with the community to make sure that quarter horse racing has a bright future. And yet, it's the same minister who spilled the beans about the government's secret plan to rip the slots out of Ajax Downs, a move that, if allowed to go through, will almost certainly destroy quarter horse racing in Ontario.

The minister also dredged up old news about the Slots at Racetracks Program in trying to justify his government's callous decision to end it. Of course, the Slots at Racetracks Program wasn't perfect. We could have worked to fix the shortcomings. Instead, the government decided to go with the nuclear option. The Liberal party even ran nasty radio ads condemning the former PC leader, Tim Hudak, for standing up for horse racing and horse people in this province. The industry hasn't forgotten who stood by them and who left them high and dry.

I also found it rich that the minister called the member for Ajax–Pickering a "tireless defender of horse racing at Ajax Downs." After all, that same member was, until recently, waving the pompoms for the Durham Live proposal that would see slots taken out of Ajax Downs. I have a letter here that he wrote in April 2015 to the former transportation minister, Steven Del Duca. With regard to Durham Live, he wrote, "We wanted to ensure that you were aware of the scope of the project and its potential benefits for Pickering, Durham region, and all of Ontario." I wonder if that member could explain exactly how the project would benefit the 1,700 people who will lose their jobs if the Ajax casino closes, or the countless others whose livelihood depends on quarter horse racing.

From day one, the members on this side have stood with horse people in Ontario. Our platform makes important commitments in this area, including a new horse racing scratch ticket and improved sharing of off-track betting revenue with community racetracks. More importantly, our record speaks for itself. I'm sad to say, so does the Liberals'.

The Acting Speaker (Mr. Rick Nicholls): The parliamentary assistant to the Minister of Agriculture, Food and Rural Affairs has up to five minutes to respond.

Mr. Grant Crack: Thank you for providing me with this opportunity to address the House. As the minister stated earlier, on this side of the House, we are committed to the long-term sustainability of the horse racing industry and the local communities it supports. The industry is vital to rural communities across this province and is part of Ontario's heritage.

In 2016, our government announced the Horse Racing Partnership Plan in our budget, which invests \$100 million annually in the horse racing industry to support live racing and horse breeding until 2021. Who knows if this funding will be continued under the Conservative regime? Meanwhile, this side of the House has committed to finding a long-term funding strategy that is in the best interests of all participants in the industry.

Let's be clear: The procurement process to modernize gaming in Ontario is overseen by a fairness monitor to maintain the integrity of the process. The fairness monitor has confirmed that the principles of openness, fairness and transparency have been properly maintained with respect to the bundle in which Ajax Downs is involved.

We know that horse racing is an important part of Ontario's heritage and is an integral part of creating jobs in communities all across the province, including Ajax. The modernization process will guarantee that the province receives a fixed amount of revenue from each gaming location. This revenue is invested in key priorities, such as health care, education, roads and bridges. Modernization also makes service providers responsible for paying for capital improvements instead of the province.

Once gaming modernization is complete, it will deliver the province over \$900 million in new revenue. This is revenue that will be invested in health care, education, infrastructure, roads and bridges, and combating climate change. Modernization means improvements to casinos around the province, and the use of the fairness moderator ensures the integrity of the procurement process.

As former CEO of OLG, the PC candidate in Ajax, Rod Phillips, knows full well the steps involved in modernization. It is through this fair and transparent process that the business cases from Whitby, Ajax and Pickering competed. Let's be clear: No decision has been made regarding Ajax Downs, and since April 2012, the town of Ajax and Mayor Parish have been consulted numerous times about the modernization process. A decision on the location depends on an OLG business case that reflects municipal support and demonstrates the commercial viability of the gaming site in a particular location and region.

Municipalities must make their own decisions about whether they support establishing a gaming site. The government will not impose the location of a gaming site on a municipality.

Again, I want to be clear that the member from Ajax-Pickering, our colleague, a devoted advocate of horse racing in his community, Mr. Joe Dickson—he's dedicated—our government and our Premier as well remain committed to the sustainability of all tracks, including Ajax Downs, and quarter horse racing in Ontario. It is this side of the House that continues to make strategic investments into Ontario's horse racing industry. We remain committed to the long-term viability and reliability of this vibrant sector.

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Speaker, as I mentioned earlier, and I want to make it clear once again to this House, the PC candidate Rod Phillips, as the former CEO of OLG, promoted these efforts and knows full well the steps involved in the modernization framework. I'm not surprised that he and the PCs are now just playing politics. These political attacks against one of my colleagues make it clear that the PCs are desperate.

I want to make it very clear that the member from Ajax-Pickering has continued to advocate tirelessly for his community and the horse racing industry in Ontario. It is our government, under this Premier, that continues to make strategic investments into Ontario's horse racing industry, and we remain committed to the long-term viability and reliability of this vibrant sector.

DIAGNOSTIC SERVICES

The Acting Speaker (Mr. Rick Nicholls): The member for Elgin-Middlesex-London has given notice of his dissatisfaction with the answer to a question given by the Minister of Health and Long-Term Care and/or her parliamentary assistant. The member from Elgin-Middlesex-London has up to five minutes to start.

Mr. Jeff Yurek: I'm sorry that I have to be here to have this discussion. But unfortunately, when I asked my question the other day to the Premier about the fact that this government has walked away from a community organization providing CT scans and PET imaging in the community of Windsor-Essex, she didn't want to answer that question and instead referred me to the Attorney General.

I'm not sure how a question about health care in our province relates to the office of the Attorney General. If, by chance, they were able to answer, the Premier should have answered the question. If they were not able to answer the question, they should have been forthright and honest about it instead of dishing it off to the Attorney General, which is why I'm here today. I didn't get an answer. I didn't come close to an answer because the Attorney General knows nothing about health care, even though he's peering around the corner there staring at me. Maybe he should have been here answering this question since he's here. Unfortunately, I'm here tonight talking about this answer.

What this stems down to is the fact that this government, over its 15 years, has walked away from consultation with front-line health care providers in the province. It's unfortunate that in this day and age we are having situations come forward where the government is making decisions without discussing the issues with those who are delivering health care in our province.

It really relates to the fact that their battle with Ontario doctors is now at a three-year impasse. They've cut over a billion dollars in their services and, at the same time, vilified Ontario's doctors as wanting to take more and more from the system, when in fact what the doctors in this province want to do is provide care for their patients.

This government, along with their federal cousins, Justin Trudeau and the Liberal government of Canada, failed to recognize that doctors in this province are small businesses and need to invest in their own practices in order to deliver the health care they need. Not only do they invest in their own offices to have the proper medical equipment and to be on call for their patients 24/7, they also are hiring community members as staff in their offices. They are providing employment for this area. So for this government to vilify them consistently throughout the last 15 years—the last three years for sure—and the fact that this decision about the CT scanner in Windsor was made without consulting Dr. Tracey—I did note in my question that he feels mugged by this government.

It is unfortunate that this clinic is now in jeopardy going forward. I know they're planning on moving it into the hospital, but maybe a discussion with this doctor about providing services, to continue on, may have been the best course to go. His staff are probably going to lose hours, maybe their jobs. Who knows about access—because now you're moving it into the hospital bureaucracy, and we know how the LHINs operate with regard to hospitals. They ration the care. This government likes to freeze the funding within our hospital system. You only have to look so far as the London area where a week ago the London Health Sciences Centre was announcing that non-elective surgery—the bypass surgeries that are needed to keep people alive—are being postponed and cancelled because there are no beds available. You only need to look at the fact that people who are getting sick outside of the country and needing emergency care to come home aren't having access to the beds to get the care that they need. You look at poor Mr. Cline, who passed away because he was stuck in Mexico. We can't say whether or not he would have survived if he'd gotten to Canada, but he didn't get the opportunity to get to Canada quickly enough.

A local resident of mine who was in the Dominican Republic had some issue. The doctors there pumped him full of heparin, which is a blood thinner. He was bleeding internally. He had to get blood transfusions and, unfortunately, the Dominican Republic ran out of blood. How is that possible? Well, it's a Third World country. They ran out of blood. He needed to get home. They ran into bureaucracy. It took intervention from my office and over

a day of battles to find him a bed. Thank goodness, he got home and got a bed. Now, he's well on in his repair.

There's the gentleman in Hamilton, and there's another gentleman in London. It's unfortunate. This government's lack of management in our health care system is having poorer outcomes for the province. It's unfortunate that they've walked away from consulting front-line doctors, which is the basis of my question here. Unfortunately, the Attorney General was forced to answer it, because the Premier dished it off to him. Perhaps the next time that I ask the Premier a question on health care, she could actually answer the question, and I wouldn't have to be here for this.

The Acting Speaker (Mr. Rick Nicholls): The parliamentary assistant to the Minister of Health and Long-Term Care may reply for up to five minutes.

Mr. John Fraser: It's a pleasure to respond. I know that the member opposite will be listening intently. I know that he agrees with me that we should probably change the standing orders so that, when you ask for a late show, you're able to listen and hear the answer to your question. I know that he's listening to it right now. I'm sure that he agrees with me on that, as it would be disappointing for it to be otherwise.

We're committed to equitable access to quality care in all regions of Ontario, and we will continue to work with our care partner to help patients get diagnosed faster. We're adding new state-of-the-art medical imaging equipment, including PET/CT scanners, where they can best serve patients.

We're working with Cancer Care Ontario to ensure that PET/CT scanners continue to provide high-quality diagnostic imaging services for all Ontarians by planning their replacement in a timely manner and by prioritizing additional equipment in new locations. Cancer Care Ontario is currently working on a long-term strategy with an approach that considers several factors, such as service needs, patient referral patterns, age of machine, downtime and facility capacity.

To date, Ontario's PET program has 14 PET/CT scanners in 12 centres across the province. Cancer Care Ontario is working on a long-term strategy that will support sustainable and equitable provincial infrastructure across the province.

To launch this long-term strategy, we're providing Windsor Regional Hospital with a new PET/CT scanner to help open a new site for scanning services in the Erie-St. Clair region. Responding to the growing needs of the community, up to 600 patients a year will benefit from the new PET scanner. Increasing access to diagnostic services is part of our plan to create fairness and opportunity during this period of rapid economic change.

The decision to help the Windsor hospital open a PET/CT scanning site is to reduce the likelihood of patients experiencing a service disruption from an existing scanner. This scanner is the only one serving patients in the Erie-St. Clair region. The Ministry of Health and Long-Term Care is investing \$4.6 million in capital spending to help build additional space at the Health

Sciences North PET scanner up in Sudbury. This is in addition to \$1.6 million announced in December 2015 to cover operating costs.

We need to have an effective fleet of PET/CT scanners to continue to provide patients with important diagnostic services. Our ministry is working closely with Cancer Care Ontario to ensure that the provincial infrastructure and equipment for PET services are up to date and located throughout the province to ensure equitable access across the province.

The existing PET/CT scanner at Precision Diagnostic Imaging—PDI—is operating beyond its expected life-span and has been experiencing irregular, unplanned downtime. During these downtimes, patient care in the region is impacted through increased wait times and extended travel distances.

The new PET/CT scanner at Windsor Regional Hospital reduces risk associated with the aging scanner at PDI and will support patient access in the Erie St. Clair LHIN to ensure no impact to patient care in the future. According to the Independent Health Facilities Act, the ministry cannot provide capital for IHFs. IHFs are required to have a functional PET scanner to become part of the PET program.

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To mitigate these issues, Windsor Regional Hospital was chosen as the first site to receive a new PET/CT scanner as part of the long-term strategy. Windsor Regional Hospital has the space and capacity to accommodate the new PET/CT scanner and is best positioned to ensure continued PET access to patients in the region.

It's also important to note that the ministry communicated this decision with the clinic prior to the announcement, and as the head of the hospital's nuclear medicine department, he will be taking a leadership role in the implementation of the new PET scanner at the Windsor Regional Hospital.

Speaker, I think I've answered the member's question. I hope he was listening to it, because I firmly believe that if you ask a question, it's only polite to listen to it. I hope he's listening.

MENTAL HEALTH SERVICES

The Acting Speaker (Mr. Rick Nicholls): The member for Whitby—Oshawa has given notice of dissatisfaction with the answer to a question given by the Minister of Education. The member has up to five minutes to debate the matter, and the parliamentary assistant may reply for up to five minutes.

I now turn it over to the member from Whitby—Oshawa.

Mr. Lorne Coe: Thank you very much, Speaker. I rise this evening to speak to you, as I did this morning, on the growing mental health crisis in Ontario's schools and classrooms.

In my role as the official opposition critic for education and post-secondary education, I meet regularly, as you would expect, to discuss the current challenges in Ontario schools with students, parents, teachers, educa-

tion workers and a variety of other stakeholders in the education sector. In those discussions, there's unanimous agreement that the growing mental health needs of students is the most significant challenge in our schools and communities today.

The Ontario Student Trustees' Association earlier this year called on the government to fund suicide intervention and mental health training programs to deal with this mental health crisis. Additionally, the Ontario Secondary School Teachers' Federation recently released their election platform for 2018. In that platform, they call for a best-practice student services model that, among other recommendations, includes:

- an increase in school and community services available to students with mental health issues;

- predictable, stable and dedicated funding which will ensure a high level of service across the province regardless of school board; and

- increasing mental health literacy for educators.

The growing mental health crisis in our schools is also being raised by many teachers and trustees in our local communities and at larger association meetings. To that point, I had the opportunity to participate with the Minister of Education in two panels hosted by the Ontario Catholic School Trustees' Association and the Ontario English Catholic Teachers Association. Many of the trustees and teachers in attendance rightly asked about what could be done to deal with the growing student mental health crisis, because they, like the Ontario Progressive Conservative caucus, recognize the importance of addressing the students' mental health crisis now, and they rightly wanted commitments.

I was pleased during those panels to highlight the Ontario Progressive Conservative Party's commitment to mental health, which I echo again tonight.

Students suffering from mental health issues need a comprehensive approach from this government to mental health services and programs. It's time, Speaker. It's time the mental health issues in the classroom and beyond get the same attention and prioritization as physical health. It's time for Ontario to replace fragmented mental health services with a comprehensive approach which helps our most vulnerable, particularly students.

The federal government made a 10-year, \$1.9-billion commitment to mental health in Ontario as part of their most recent health transfer agreement with the province. The Ontario Progressive Conservative platform will match that 10-year federal commitment, with the goal of creating a comprehensive mental health treatment system in Ontario addressing the needs of all Ontario residents, including students, teachers and education workers.

Among other areas, this funding would include topping up elementary and secondary school supports for services targeted at improving mental health and well-being, including funding awareness campaigns and investing in mental health services, such as suicide prevention counselling and services specifically for native populations through a preventive mental health team that deals with northern communities. This funding,

Speaker would include expanding the Crisis Outreach and Support Team pilot project and investing in data collection regarding mental health, addictions and treatment to identify and fill gaps in care.

During question period on February 20, 2018, in response to a question from the Leader of the Opposition on mental health services, the Premier said, “Let me just say to the Leader of the Opposition, to the Legislature and the people of Ontario, we recognize that there is more that needs to be done.” The Premier went on to say, “I am the first to agree that there is more that we need to do to make sure that there’s coordination of services, to make sure that there are more services in terms of counselling and professionals.”

The reality is that the growing mental health needs of students in our schools have not been a priority for the Liberal government. Speaker, Ontario families like yours and others we have the privilege of serving deserve to know that their loved ones will be able to get mental health care when they need it. They deserve no less. That’s why the Ontario Progressive Conservative caucus has raised and will continue to raise the issue of mental health, and why I asked the Minister of Education today when the Liberal government will finally address the growing mental health crisis in Ontario schools.

The Acting Speaker (Mr. Rick Nicholls): The parliamentary assistant to the Minister of Education may respond for up to five minutes.

Mr. Granville Anderson: I thank the member from Whitby–Oshawa for his comments. I also look with great interest at the Conservative party’s new-found interest in mental health.

Over the years, there has been an increasing awareness of mental health concerns. This is an issue we care deeply about on this side of the House, because we know our young people are facing many challenges in their lives. We know that there is no student well-being without an investment in mental health.

Our previous minister has said that there is no health without mental health, and that’s so true. That’s why I took issue today when the Leader of the Opposition stated that the previous minister did not care and made a mockery of people’s suffering from mental health. That’s so far from the truth, and that statement I think, Speaker, was disingenuous, to say the least. Our health minister has said repeatedly—

The Acting Speaker (Mr. Rick Nicholls): Excuse me for a moment. I’m asking you to withdraw the comment that you just made.

Mr. Granville Anderson: I withdraw.

The Acting Speaker (Mr. Rick Nicholls): Thank you.

Mr. Granville Anderson: I am proud to be part of a government that has stepped up to address some of those challenges by boosting support for mental health and well-being in our schools.

Last year, I travelled across the province to hear from students, parents and guardians, and education partners about what “well-being” meant to them, and how we

could better equip our schools to support well-being for both students and staff. Well-being goes well beyond \$1.9 billion; it’s other supports that are in place: proper housing, proper wages for people.

In this House, the opposition party voted against an increase in the minimum wage that also supports families, keeps families together and allows single mothers to spend more time at home with their kids. Mental health is a collective effort. It’s no single one thing. It’s a community of us working all together and making sure there are supports in place for students.

We heard that student achievement is directly linked to well-being and mental health, Mr. Speaker. Kids succeed in an environment that is inclusive and supportive. The pillars are there to support our renewed vision for education. That’s why we’re investing an additional \$49 million over the next three years to promote and support the well-being of Ontario students, including mental health.

Mr. Speaker, we recognize that educators are in a unique position to recognize the first signs that a student might be struggling with mental health issues at school, and we are working with boards to equip educators with the tools needed to intervene with care.

Our government is committed to achievement, equality and well-being, including supporting student mental health. We know there is more work to do, as the Premier rightly alluded to in her remarks during question period. We are working with the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services to create a fair and equitable mental health system focused on better services, better access and higher quality, using a whole-of-government approach.

Mr. Speaker, let me tell you about some of the mental health supports we have put in place in our schools. We are increasing funding for school mental health by \$6 million over the next three years to promote student mental health and well-being across all school boards.

We are investing in mental health leaders in each of our 72 school boards across this great province, and we are enabling school leaders to develop and implement a board-level comprehensive student mental health and addictions strategy. Since 2011, we have invested more than \$62 million in mental health and addictions, in addition to \$1 million to the Kids Help Phone to support students with toll-free 24-hour anonymous phone and web counselling services.

The Conservatives have come up to the table with \$191 million extra each year over the next 10 years, for a total cumulative investment of \$1.9 billion. This is not historic, to say the least. For the record, we think we can do better, and we will do much better.

The Acting Speaker (Mr. Rick Nicholls): This House now stands adjourned until 9 o’clock tomorrow morning.

The House adjourned at 1822.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.
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 civiles 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 the Environment and Climate Change / Ministre de l'Environnement et de l'Action en matière de changement climatique
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 (IND)	Simcoe North / Simcoe-Nord	
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 of Community and Social Services / Ministre des Services sociaux et communautaires 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 Economic Development and Growth / Ministre du Développement économique et de la Croissance
Delaney, Bob (LIB)	Mississauga–Streetsville	
Des Rosiers, Hon. / L'hon. Nathalie (LIB)	Ottawa–Vanier	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Dhillon, Vic (LIB)	Brampton West / Brampton-Ouest	
Dickson, Joe (LIB)	Ajax–Pickering	
Dong, Han (LIB)	Trinity–Spadina	
Duguid, Brad (LIB)	Scarborough Centre / Scarborough-Centre	
Fedeli, Victor (PC)	Nipissing	Leader, Official Opposition / Chef de l'opposition officielle Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
Fife, Catherine (NDP)	Kitchener–Waterloo	
Flynn, Hon. / L'hon. Kevin Daniel (LIB)	Oakville	Minister of Labour / Ministre du Travail

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Forster, Cindy (NDP)	Welland	
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
Hunter, Hon. / L'hon. Mitzie (LIB)	Scarborough–Guildwood	Minister of Advanced Education and Skills Development / Ministre de l'Enseignement supérieur et de la Formation professionnelle
Jaczek, Hon. / L'hon. Helena (LIB)	Oak Ridges–Markham	Chair of Cabinet / Présidente du Conseil des ministres Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
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 of Francophone Affairs / Ministre des 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 (IND)	Carleton–Mississippi Mills	
MacLeod, Lisa (PC)	Nepean–Carleton	
Malhi, Hon. / L'hon. Harinder (LIB)	Brampton–Springdale	Minister of the Status of Women / Ministre de la condition féminine
Mangat, Amrit (LIB)	Mississauga–Brampton South / Mississauga–Brampton-Sud	
Mantha, Michael (NDP)	Algoma–Manitoulin	
Martins, Cristina (LIB)	Davenport	
Martow, Gila (PC)	Thornhill	
Matthews, Deborah (LIB)	London North Centre / London- Centre-Nord	
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 Transportation / Ministre des Transports
McMahon, Hon. / L'hon. Eleanor (LIB)	Burlington	Minister Responsible for Digital Government / Ministre responsable de l'Action pour un gouvernement numérique President of the Treasury Board / Présidente du Conseil du Trésor
McMeekin, Ted (LIB)	Ancaster–Dundas–Flamborough– Westdale	
McNaughton, Monte (PC)	Lambton–Kent–Middlesex	
Milczyn, Hon. / L'hon. Peter Z. (LIB)	Etobicoke–Lakeshore	Minister of Housing / Ministre du Logement Minister Responsible for the Poverty Reduction Strategy / Ministre responsable de la Stratégie de réduction de la pauvreté
Miller, Norm (PC)	Parry Sound–Muskoka	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
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	
Naidoo-Harris, Hon. / L'hon. Indira (LIB)	Halton	Minister of Education / Ministre de l'Éducation 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	
Romano, Ross (PC)	Sault Ste. Marie	
Sandals, Liz (LIB)	Guelph	
Sattler, Peggy (NDP)	London West / London-Ouest	
Scott, Laurie (PC)	Haliburton–Kawartha Lakes–Brock	
Sergio, Mario (LIB)	York West / York-Ouest	
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, Hon. / L'hon. Daiene (LIB)	Kitchener Centre / Kitchener-Centre	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
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	Bramalea–Gore–Malton	
Vacant	Parkdale–High Park	
Vacant	St. Paul's	
Vacant	Toronto Centre / Toronto-Centre	

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Michael Mantha
Vice-Chair / Vice-présidente: Catherine Fife
Granville Anderson, James J. Bradley
Bob Delaney, Catherine Fife
Michael Harris, Monte Kwinter
Michael Mantha, Mario Sergio
Todd Smith
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

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Vice-Chair / Vice-président: Han Dong
Yvan Baker, Toby Barrett
Mike Colle, Han Dong
Brad Duguid, Ann Hoggarth
Lisa MacLeod, Cristina Martins
John Vanthof
Committee Clerk / Greffier: Eric Rennie

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Président: Grant Crack
Vice-Chair / Vice-président: Arthur Potts
Yvan Baker, Grant Crack
Lisa Gretzky, Sophie Kiwala
Sam Oosterhoff, Arthur Potts
Lou Rinaldi, Lisa M. Thompson
Soo Wong
Committee Clerk / Greffier: Eric Rennie

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

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Brad Duguid, Wayne Gates
Sophie Kiwala, Cristina Martins
Sam Oosterhoff, Randy Pettapiece
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Jim McDonell, Arthur Potts
Shafiq Qadri, Ross Romano
Liz Sandals, Monique Taylor
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**Standing Committee on the Legislative Assembly / Comité
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Vice-Chair / Vice-présidente: Laurie Scott
Robert Bailey, James J. Bradley
Joe Dickson, Amrit Mangat
Michael Mantha, Deborah Matthews
Monte McNaughton, Laurie Scott
Soo Wong
Committee Clerk / Greffière: Valerie Quioc Lim

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Président: Ernie Hardeman
Vice-Chair / Vice-présidente: Lisa MacLeod
Bob Delaney, Vic Dhillon
Han Dong, John Fraser
Ernie Hardeman, Percy Hatfield
Randy Hillier, Lisa MacLeod
Liz Sandals
Committee Clerk / Greffier: Katch Koch

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

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Granville Anderson, James J. Bradley
Grant Crack, Joe Dickson
Jennifer K. French, Jack MacLaren
Deborah Matthews, Ted McMeekin
Lou Rinaldi, Bill Walker
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**Standing Committee on Social Policy / Comité permanent de
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Lorne Coe, Mike Colle
Vic Dhillon, John Fraser
Ann Hoggarth, Gila Martow
Ted McMeekin, Peter Tabuns
Monique Taylor
Committee Clerk / Greffière: Jocelyn McCauley