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LEGISLATIVE ASSEMBLY
OF ONTARIO

Thursday 29 April 2021

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Jeudi 29 avril 2021

The House met at 0900.

The Speaker (Hon. Ted Arnott): Good morning. Let us pray.

Prayers.

ORDERS OF THE DAY

ADVANCING OVERSIGHT
AND PLANNING IN ONTARIO'S
HEALTH SYSTEM ACT, 2021
LOI DE 2021 VISANT À FAIRE
PROGRESSER LA SURVEILLANCE
ET LA PLANIFICATION DANS
LE CADRE DU SYSTÈME
DE SANTÉ DE L'ONTARIO

Ms. Elliott moved second reading of the following bill:
Bill 283, An Act to amend and enact various Acts with respect to the health system / Projet de loi 283, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Speaker (Hon. Ted Arnott): Would the Minister of Health care to lead off the debate?

Hon. Christine Elliott: Yes, Speaker. I am happy to rise today in support of the Advancing Oversight and Planning in Ontario's Health System Act, 2021. I would like to acknowledge that I will be sharing my time with my parliamentary assistant, the member from Eglinton–Lawrence. I'd like to thank her for her ongoing support on this proposed legislation as well as many other matters on which we've worked together at the Ministry of Health.

Speaker, our government continues to work with all our health care partners to strengthen our health and supportive care workforce, and to support the delivery of high-quality care to all Ontarians. The legislation in front of us today is another step forward in supporting these workers and building a more connected, patient-centred health care system.

Since the onset of the global COVID-19 pandemic, our government's top priority has always been protecting the health and well-being of all Ontarians. Our government has taken immediate and decisive action to protect Ontarians and support our health care heroes, ensuring they have the supports and resources they need to continue delivering high-quality care to patients across the province.

In the face of unprecedented and complex challenges, Ontario's health care workers have demonstrated incredible commitment, courage and compassion. They have been on the front lines of the province's pandemic response. They have sacrificed precious time with their

families and loved ones, experienced significant stress and burnout, and put their own safety at risk to protect Ontarians. And yet, health care workers have been a symbol of resiliency and inspiration, being there for the people of Ontario when they are needed most.

We have seen our health care workers go beyond the call of duty time and time again. Doctors and nurses are saving people's lives in our hospitals. Home and community care providers are keeping clients safe in their communities. Public health unit nurses and staff are following up with cases and contacts, coordinating vaccination sites and leading local response efforts. Pharmacists are supporting testing and our vaccination rollout. Personal support workers are continuing to look after our most vulnerable under very difficult circumstances. We've seen incredible teamwork and partnership among our health care workers as we move forward with vaccinating more and more Ontarians, helping to ensure that there will be brighter days ahead.

Our dedicated health care workers are leading the battle to defeat COVID-19, and I am sure that I echo the sentiments of the members of this House and Ontarians across the province when I say we cannot thank them enough for their dedication and their sacrifice.

Speaker, our government stands committed to supporting our health care workers. Since the start of the pandemic, we have invested \$16.3 billion to support Ontario's front-line health care heroes and protect the people of Ontario from COVID-19. This includes supporting 141 hospitals and health care facilities, and 626 long-term-care homes since the beginning of the pandemic. More than 3,400 new beds have been built in the province, to increase capacity and reduce occupancy pressures caused by COVID-19. This is an historic investment, the equivalent of six large new community hospitals.

We have also increased our intensive care capacity in hospitals, taking further action to address the third wave of this terrible virus that is impacting jurisdictions around the world, and the variants of concern that are putting more lives at risk.

Last year, through the COVID-19 fall preparedness plan, the government also invested \$52.5 million to recruit, retain and support over 3,700 front-line health care workers and caregivers. This is one of the largest health care recruiting and training programs in Ontario's history, and to date, more than 600 personal support workers, 500 nurses and 130 supportive care workers have been added across the province.

The COVID-19 pandemic has further exposed long-standing challenges in the long-term-care system. Residents, caregivers and staff—and their loved ones—

deserve better, which is why our government is investing an additional \$650 million in long-term care in 2021-22, bringing the total resources invested since the beginning of the pandemic to over \$2 billion to protect the most vulnerable.

To further address decades of neglect and underfunding, we also created a long-term-care staffing plan, which is also one of the largest personal support worker recruitment and training drives in the province's history. This plan focuses on improving working conditions for existing staff, driving effective and accountable leadership and implementing retention strategies to make long-term care a better place for residents to live and a better place for staff to work.

Our government is investing \$4.9 billion over the next four years to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care. This is a significant investment and is yet another measure to deliver on our commitment to increase the average daily time of direct care for long-term-care residents from 2.75 hours to four hours. Furthermore, our government is providing a 20% increase in direct care time administered by allied health care professionals such as physiotherapists and social workers.

Another important aspect of our long-term-care staffing plan is to invest in scaling up education and training to increase the supply of workers in the long-term-care sector. We have already committed \$115 million to train up to 8,200 new personal support workers for high-demand jobs in Ontario's health and long-term-care sectors through all 24 publicly assisted colleges.

Earlier this week, our government announced an additional investment of \$86 million to train up to 8,000 more personal support workers through private career colleges and district school boards. Financial support to cover the costs of tuition, books and other mandatory fees, as well as a stipend for a clinical work placement, will be available to new students enrolled at a personal support worker program at a participating private career college or Ontario district school board. These personal support worker training programs are just a first step in ensuring additional staff are trained to support individuals who require care from personal support workers.

Together, these measures are working to strengthen and build up our health and supportive care workforce to ensure our most vulnerable Ontarians can receive the care they expect and deserve.

0910

Speaker, our government knows that supporting our health care workers, such as personal support workers, is a key part of providing high-quality care to Ontarians. The global COVID-19 pandemic has reinforced the importance of our government's efforts to build a more connected, integrated health care and social services system that is centred around the needs of patients.

Personal support workers play an increasingly vital role in our health system. They care for some of our most vulnerable Ontarians, including children, seniors and

individuals with disabilities, by delivering a range of services in both home and community settings. With more than 100,000 personal support workers in Ontario working, this is the largest group of health care providers for which there is currently no legislated oversight. Education and training credentials of this workforce are inconsistent. There is no centralized system of information about personal support workers, which can make it more challenging for patients, families and employers to easily find and hire the appropriate personal support worker who can address their needs.

Health sector groups have continued to voice their concerns that personal support workers' status as unregulated providers acts as a barrier to greater health system integration. An integrated, coordinated workforce centred on the needs of patients is instrumental to our efforts to build a more effective health care system and improve the experiences of patients and providers. Facilitating long-term-care workforce stability and growth for personal support workers in the health and community services sectors is therefore a critical priority, and this includes putting in place the right oversight framework for these workers.

That's why we have introduced the Advancing Oversight and Planning in Ontario's Health System Act, 2021, which recognizes the valuable role of personal support workers, physician assistants and behaviour analysts in providing health care and other services across the province each day, and even more so as they help us fight COVID-19 and support Ontario's vaccine rollout.

The proposed legislation would establish a new legislative oversight framework that supports consistency in education, training and standards of practice for the province's personal support workforce, regardless of work setting or employment type.

A new oversight body called the Health and Supportive Care Providers Oversight Authority would be established for the registration of personal support workers, and is designed to be flexible so that more professions can be added over time if it is in the public interest to do so. The authority would have defined roles, responsibilities and accountabilities set out in its governing legislation. Further details regarding the authority's mandate and operations would be set out in regulation, following extensive consultation with the sector. The authority would not be a new agency of government, but rather a stand-alone oversight body.

The oversight framework is intended to be less costly and onerous than the traditional health regulatory college model. It would be designed to recognize that the services being provided by personal support workers are of a lower risk in nature. Rather than more traditional professional regulatory models that are focused on defined profession-specific scopes of practice and protected professional titles, the proposed oversight model would enable the new authority to establish visual marks or other identifiers. These so-called quality marks would be exclusively used by the authority's registrants to denote their registration status to members of the public and their commitment to

abide by the professional and ethical standards set out by the authority. This new framework does not mean that there would be less oversight; it means smarter and more proportionate oversight.

The proposed legislation would contain various elements that are necessary to establish the authority and its powers and accountabilities, and further details would be set out in regulations as well as in the authority's own bylaws. For example, the proposed legislation sets out the authority's powers to register applicants, while the regulations would include details regarding the registration application processes and criteria. It would also clarify any exceptions to such criteria to permit provisions for personal support workers already in the workplace. The details behind these elements are very important to stakeholders, who would be engaged throughout the development of the relevant regulations.

The proposed legislation also contains important details relating to the French Language Services Act and the involvement of the Auditor General of Ontario and the Fairness Commissioner. First, the authority would be required to operate in accordance with the French Language Services Act. Second, there would be a role for the Auditor General of Ontario in conducting financial and value-for-money audits of the authority. Third, the authority's registration practices would be subject to review by the Fairness Commissioner.

The authority would be required to have a public register of information concerning registered personal support workers, therefore enabling employers to validate workers' credentials. It would also establish a code of ethics applicable to registered personal support workers. This would, in turn, ensure that Ontario's most vulnerable patients are receiving the highest quality of care.

The legislative framework is a significant step forward to deliver on our commitment to support the delivery of high-quality care, while also retaining and building up our personal support workforce. In developing a new approach for the oversight of personal support workers, the province consulted with dozens of groups, including unions, community, employer and nursing associations, health regulatory colleges, and patient and family organizations. We would continue to communicate and consult with these groups in developing and implementing the new authority and ensure front-line personal support workers are aware of and engaged in the changes that impact their profession.

The regulation of physician assistants is another piece of this proposed bill. Regulating physician assistants as new members of the College of Physicians and Surgeons of Ontario would better integrate physician assistants within Ontario's health care system and facilitate quality of care and patient safety. Physician assistants support physicians in a number of health care settings and work under their supervision. Physician assistants perform a wide range of health care services, including taking patient histories, assisting in surgery, ordering diagnostic testing and prescribing medication.

Physician assistants would be able to perform controlled acts under an order from a physician or in accordance with a regulation made by the College of Physicians

and Surgeons of Ontario. Physician assistants would be accountable to the College of Physicians and Surgeons of Ontario for the acts that they perform. The physician ordering these acts would remain accountable for the appropriateness of the order.

Another component of the proposed legislation is establishing regulatory oversight of behaviour analysts by regulating the profession of applied behaviour analysis as a new profession under a new college, the College of Psychologists and Behaviour Analysts of Ontario. The Psychology Act, 1991, would be repealed under the proposed legislation and replaced with a proposed Psychology and Applied Behaviour Analysis Act, 2021. This change reflects the decision to have the College of Psychologists of Ontario be the regulator for applied behaviour analysis.

The college would be renamed the College of Psychologists and Behaviour Analysts of Ontario and would regulate these two separate professions. The college would be governed by a slightly expanded council that would aim to provide equitable representation for each profession. The Ministry of Health and the Ministry of Children, Community and Social Services have worked collaboratively to bring forward a proposal that has received support by the applied behaviour analysis community and the college.

Our government is committed to working collaboratively with all our health care partners. We are engaging with and listening to health care workers, leaders, organizations and experts, as well as patients, families and caregivers as we continue to take steps to modernize our health care system. We want to hear their different perspectives about how we can build a patient-centred health care system together. This is the approach we have used in developing this proposed legislation.

The final piece of the proposed legislation supports Ontario's vaccination rollout, by requiring the timely reporting of COVID-19 vaccine-related data, including personal health information. The proposed legislation would also lay the groundwork for socio-demographic data to be disclosed to the ministry on a voluntary basis with a person's express consent.

0920

There is currently no legislative authority that requires the disclosure of COVID-19 immunization records for adults. This proposed act would require those who administer the COVID-19 vaccine to provide the Ministry of Health with COVID-19-vaccine-related data that has been voluntarily provided, including personal health information. Refusing to provide this socio-demographic information would in no way affect vaccine eligibility, and every safeguard would be in place to protect the privacy of the information collected.

I want to emphasize that protecting patient privacy is a priority in these efforts. To support strong engagement with the Office of the Information and Privacy Commissioner on the proposed legislation, regulation and data governance framework, the Ministry of Health plans to propose a regulation to prescribe socio-demographic data

as a type of information that would be disclosed to the ministry at a later time.

The Ministry of Health would collect this personal health information under the authority of the Personal Health Information Protection Act, 2004, or PHIPA. The data would be collected and retained in the same way as other confidential personal health information. Any data collection, retention, use or disclosure would be in compliance with PHIPA.

This socio-demographic data would help the province have a more complete picture of who is being vaccinated and would help the government better understand COVID-19 vaccine uptake across Ontario. This data would also better enable the government to describe the characteristics of the immunized population and to inform vaccination delivery, communication and engagement strategies, including reminders to individuals if future booster doses or re-immunization is required.

This data would also help to address any gaps in access to vaccinations and help support an equitable and effective rollout of the vaccine, especially for communities that are at risk and disproportionately impacted by the pandemic. It would help us ensure that we are reaching everyone who wants to be vaccinated so that we can defeat COVID-19.

Throughout the pandemic, we have seen more than ever how important it is for health care providers to work as one coordinated team to deliver the high-quality care that all Ontarians expect and deserve, no matter their age or where they live. We have seen how better integrated care, through Ontario health teams, is helping the province respond more quickly and effectively to COVID-19. Ontario health teams are a way of delivering care that brings together health care providers and organizations to work as one coordinated team to improve patient outcomes, and our government started to implement this new collaborative model in late 2019.

The Ontario health team model has already proven how a collaborative team can support each other in times of need, such as when there is a significant outbreak at a long-term-care home. These teams were able to come together and quickly respond to address staffing shortages; implement infection, protection and control measures; and help keep residents and staff safe. The strong partnerships among hospitals, primary care, home and community care and long-term-care homes that lie at the heart of Ontario health teams are creating a connected, patient-centred health care system that improves the experiences of both patients and providers.

Speaker, our government is firmly committed to supporting our health care workers and ensuring that they have the resources and supports they need to provide the highest quality of care for their patients.

The proposed bill is a part of our government's coordinated plan to ensure the health and safety of all Ontarians, strengthen our health and supportive health care workforce, enhance our data-driven COVID-19 response, and build a more connected, patient-centred health care system.

I would like to express again my sincere gratitude to personal support workers, physician assistants, behaviour

analysts and all our heroic front-line health care workers for the care they provide each day, and for their courage and selflessness in the face of unprecedented challenges brought forward by the COVID-19 pandemic.

I encourage all members of this Legislature to support the Advancing Oversight and Planning in Ontario's Health System Act, 2021. I would now like to invite the member from Eglinton–Lawrence to please continue the discussion on this important piece of legislation.

The Acting Speaker (Ms. Jennifer K. French): As the minister indicated, she will be sharing her time. I recognize the member from Eglinton–Lawrence.

Mrs. Robin Martin: Speaker, I am happy—very happy, really—to rise today here in the House in support of the Advancing Oversight and Planning in Ontario's Health System Act, 2021. I would like to thank the Deputy Premier and Minister of Health for sharing her time with me today and for all the important work that she has been doing to build a better patient-focused health care system in our province, as well as her determined and committed leadership throughout the COVID-19 pandemic.

Of course, we remain focused on protecting the health and well-being of Ontarians during the pandemic. We have worked closely with our health care partners to contain the transmission of the virus and implement our vaccination rollout plan. Speaker, this work and this experience during the pandemic has reinforced the importance of our ongoing efforts to build a more integrated and connected health care system.

We know how important it is to support our courageous health care and social service workers in order to provide Ontarians with the high-quality care and services that they need and deserve.

Currently, there is no oversight body for personal support workers, physician assistants or behaviour analysts. As unregulated providers, these professions are not subject to oversight by any mechanism to ensure providers meet consistent education and training requirements or ongoing quality assurance requirements. If patients, clients or families have concerns about the care or conduct received, there are limited options, really, to report any concerns or ensure that complaints are addressed.

Through the proposed legislation, Ontario would strengthen the oversight of personal support workers, physician assistants and behaviour analysts, supporting our efforts to ensure high-quality, equitable care for all Ontarians. Moving forward with regulation recognizes the valuable role of these health care and social service workers and the important contributions that they make each and every day. It firmly entrenches these professions as part of Ontario's health care and social service systems, recognizing the importance to the people of the care and services that they provide.

I'll speak more to these measures in a few minutes, but first, I would like to speak about another important part of the bill before us today. The proposed legislation includes a section that would support Ontario's vaccination plan by requiring vaccinators to disclose administrative data to the Ministry of Health. This would help the province better

understand the number and characteristics of all those who have been vaccinated. This includes the implementation of voluntary socio-demographic data collected at the individual level which will help us to better understand who is receiving the vaccine and, just as importantly, who is not.

The province and our local public health partners can use this data to better inform vaccination delivery, communication and engagement strategies, such as where to send mobile or pop-up clinics. These new measures would form the basis of the COVID-19 Vaccination Reporting Act, 2021, and I'll just take a few minutes to explain how it will work.

Currently, there is no legislation in place that requires the collection or disclosure of immunization records for COVID-19, as the minister mentioned, which would allow the government to track the number of people who have been vaccinated. The proposed legislation would require the individuals who administer the COVID-19 vaccine to provide the Ministry of Health with COVID-19 vaccine-related data for the patient who receives the vaccine, including voluntary socio-demographic information. Individuals who receive the COVID-19 vaccine are asked to share information such as name, date of birth, sex, full address and phone number. These are important to have on record in order to track who receives the vaccine and to contact them for any future booster shots or reimmunizations.

0930

It is important to note that this act would not require the individual receiving the vaccine to provide socio-demographic information as a condition of receiving the COVID-19 vaccine in the province of Ontario. We will continue to ensure privacy rights of all Ontarians will be respected, and Ontarians can at any point decline to provide information or decline for their information to be disclosed to the Ministry of Health. The vaccinator would provide the Ministry of Health with the individual's first and last name, full address, a telephone number or email address, date of birth, sex and Ontario health card number and any other information that is provided for in the regulations.

In addition, every vaccinator or vaccine administrator would disclose to the ministry certain information about each dose of the vaccine that they administer, namely the product name and the manufacturer, the date of administration, the lot number, the expiry date, the dose number for the individual that it was administered to, the public health unit for the geographic area in which the dose was administered, the anatomical location of the injection, the route of administration, immunization provider details and any other information that is provided for in the regulations.

Ontarians receiving the COVID-19 vaccine would also be asked to voluntarily share socio-demographic information such as race, ethnic origin, childhood language, official language that they're most comfortable with, total household income and household size. The legislation would also allow for the making of a regulation to prescribe this socio-demographic information as a type of

information that vaccinators would share with the Ministry of Health. The purpose of collecting this data would be to help tailor public health efforts where there may be a greater need to do so.

There are four main benefits of the proposed legislation. First, it will allow the government to know how many Ontarians have received a COVID-19 vaccine and provide a clearer picture of who is and who isn't getting the vaccine. Second, it would inform the federal and provincial reports on vaccine uptake. Third, it would ensure that there is a formal record of immunization that will be accessible to vaccine recipients and other health care providers. Fourth and lastly, it would help to identify and remind individuals if future booster dose or re-immunization is required, as seems likely at this point.

I want to emphasize again that it is up to the individual if they are willing to share their socio-demographic information. It's strictly voluntary and the individual can at any time decline to provide their consent. If a person decides not to share their socio-demographic data, it will not affect their access to or eligibility for the COVID-19 vaccine.

The province has engaged health equity experts and representatives from Black and racialized communities, in alignment with the anti-racism data standards, to provide input on socio-demographic data collection and use, as well as others in the health care sector who have been working on education and outreach to disproportionately impacted communities. The government will continue to engage with public health partners, health equity experts and racialized communities to support an effective and equitable rollout of the vaccine program.

In an earlier stage of this initiative, the Ministry of Health worked with public health, primary care and other health sector partners to ensure that staff involved in collecting socio-demographic data are appropriately trained on how to seek consent from individuals being vaccinated, to discuss the rationale for data collection and on how to appropriately manage the data. This training is ongoing; however, for socio-demographic data to continue being collected under this legislation, a regulation will be required. Individuals' data will be securely stored with specific rules about its use, access to it and disclosure of any socio-demographic data.

The province has also been working with the Information and Privacy Commissioner of Ontario to ensure that the privacy of the individuals whose information is provided to us is protected. Ensuring people's personal health information is respected and protected is something that our government takes very, very seriously and this has been kept at the forefront of this proposed legislation.

But make no mistake: Collecting this data is a valuable and useful measure to enhance Ontario's vaccine rollout. Vaccines are the best way to protect the health of all of those around you, and we continue to encourage everyone to get the vaccine when it is their turn. Only COVID-19 vaccines that Health Canada determines to be safe and effective are approved for use in Ontario. All COVID-19 vaccines available in Ontario have been shown to prevent

serious illness, hospitalization and death. I personally received the AstraZeneca vaccine at a pharmacy in my riding a few weeks ago, when I became eligible for it, just as the Premier, the Deputy Premier and many others in the province have. I strongly believe that the best vaccine is the first one that you are eligible to receive.

Thanks to the efforts of all of our health care partners, we have administered over five million doses in Ontario, and we continue to dramatically ramp up our vaccination rates as supply increases. If we receive the steady vaccine supply promised by the federal government, over nine million Ontarians will be offered their first vaccination between April and the end of June 2021.

The second piece of legislation that would be enacted through this bill is the Health and Supportive Care Providers Oversight Authority Act, 2021. This would establish the Health and Supportive Care Providers Oversight Authority, which would be a new oversight body that would provide oversight to personal support workers registered with the authority. The Health and Supportive Care Providers Oversight Authority would represent a new type of legislative professional regulatory framework that is designed to provide oversight that is proportionate to the level of risk posed by the services provided by the profession. This would be separate and distinct from our traditional self-regulatory model under the Regulated Health Professions Act, 1991.

In proposing to establish this new type of legislative framework, the province wanted to make sure that the oversight of personal support workers did not pose unnecessary barriers, such as high costs, for personal support workers. This type of framework represents a modernized approach to oversight that suits the needs of lower-risk professions while still reflecting the vital care services provided by professionals like personal support workers. I would also like to reaffirm that registration is voluntary.

This legislation would set out the authority's functions and powers, as well as those of its board of directors and its chief executive officer. It would require the establishment of an advisory committee for each profession that the authority oversees and must include patient or client, professional and educator representation on such committees. It would also be required to have registration practices that are transparent, objective, impartial and fair.

The authority would be provided with powers associated with addressing complaints, dispute resolution and investigations pertaining to its registrants. It would be required to have a public register of information concerning registrants and would be empowered to establish a visual quality mark or other identifier that allows the public to know that an individual is registered with the authority and is accountable to meeting its oversight standards. The Health and Supportive Care Providers Oversight Authority would also need to abide by the requirements of the French Language Services Act as though it were a government agency for the purposes of that act, and the Auditor General would be permitted to undertake audits of the authority, as the minister has mentioned.

The vast majority of the more than 100,000 personal support workers in Ontario's health and long-term-care sectors are female and a significant number of personal support workers are also immigrants to Ontario. Ontario's personal support workers provide services in the long-term care or home and community care sectors, with a small number working in hospitals. They are the largest group of unregulated health care workers in the province and they have a very important role in caring for many vulnerable Ontarians. Creating a new oversight body will support their role and their profession and illustrates that they provide key essential services to Ontarians. Creating this new approach would also be of assistance to employers and provide greater assurance to patients, clients and residents that they will receive high-quality care. It will also ensure that there are proper accountability standards in place.

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One of the ways to support this accountability is through the use of the quality mark that I mentioned. The authority would be empowered to establish and maintain one or more visual marks or other identifiers for the exclusive use of the authority's registrants. There would be a corollary requirement for the authority to maintain a public register of those personal support workers who are registered with the authority and are therefore authorized to use that quality mark. Quality marks are typically used across different kinds of accreditation programs for government and industry across the globe. In Ontario, several existing delegated administrative authorities issue quality marks to their registrants, including the Travel Industry Council of Ontario and the Vintners Quality Alliance Ontario. While using quality marks under this new legislative framework would be new for health professionals, it is an appropriate way to identify a personal support worker whose competence has been assessed and who is therefore accountable for ensuring that their conduct and their behaviour is in accordance with the code of ethics established by the authority.

This proposal has been very well received by the sector. Miranda Ferrier, CEO of the Ontario Personal Support Worker Association, whom I've met on a few occasions, said the following in response to this legislation: "The OPSWA is thankful to this government for professionally recognizing and validating the valuable work of PSWs who have continued to step up throughout this pandemic. PSWs are the foundation of Ontario's health care system and we thank the government for hearing their voices and establishing this new regulatory model. This new status is the beginning for a positive future for all PSWs and the communities we serve."

The proposed legislative framework provides strong, accountable governance focused on the public interest through the newly proposed authority and through its processes for receiving, addressing and investigating complaints. The authority and those acting on its behalf would be given the necessary powers to conduct appropriate and effective investigations in response to complaints received by the authority. An approach for complaints investigations,

discipline and code-of-ethics violations by registrants would be established. The authority would additionally have to establish and maintain a public register of information concerning registrants in accordance with the act. While initially receiving some public funding, the authority would be able to collect fees from registrants to eventually become financially self-sustaining. Together, these elements provide a robust and appropriate legislative framework for the oversight of personal support workers and support the provision of safe, high-quality care that many Ontarians and their families rely on.

The third piece of legislation that would be enacted is the Psychology and Applied Behaviour Analysis Act, 2021. This would repeal and replace the Psychology Act, 1991, to enable the regulation of behaviour analysts by the current College of Psychologists of Ontario under the framework of the Regulated Health Professions Act, 1991. This portion of the legislation is the culmination of years of work and consultation by the Ministry of Health and the Ministry of Children, Community and Social Services to regulate the profession of applied behaviour analysis.

The profession of applied behaviour analysis uses the principles of behaviour science to support the development of new, adaptive behaviours and reduce challenging behaviours. Applied behaviour analysis is an applied science based on the principles of learning and behaviour and is supported by a body of scientific knowledge and research with established standards for evidence-based practice. The professional practice of applied behaviour analysis involves the design, implementation and delivery of interventions that are derived from the basic principles of behaviour and have been evaluated in a controlled and peer-reviewed manner.

A behaviour analyst is a member of this profession who has responsibility for the design and evaluation of treatment plans, as well as oversight of front-line providers. Tasks typically performed by behaviour analysts could include assessing a client through formal or informal observations and developing, evaluating and updating intervention plans. Their tasks could also include observing interventions and assessments carried out by staff or caregivers, monitoring that treatment is delivered properly, and providing ongoing direction and guidance to the staff to ensure services are being delivered correctly and effectively. They may also review data and measure progress.

As the role of behaviour analysts includes responsibility for overseeing the delivery of behavioural services by front-line providers, they play an important role to protect clients from the risk of harm associated with the application of interventions.

Behaviour analysts work with diverse populations across the lifespan such as individuals with intellectual disabilities and autism, and applied behaviour analysis is one of the core clinical services that are part of the Ontario Autism Program.

Behaviour analysts also work in dementia management, substance abuse treatment and brain injury rehabilitation, and provide their services in a variety of settings, including education, corrections and health care.

When practised by qualified and experienced professionals, applied behaviour analysis offers scientifically proven, safe and effective assessment and intervention. However, as the credentials, training and education of behaviour analysts can vary, it can be challenging for families to identify qualified providers. Regulation will provide families with the assurance that they are receiving services from a qualified and experienced professional.

Regulating behaviour analysts under the College of Psychologists of Ontario would ensure consistency in ethics and professional standards for the profession of applied behaviour analysis, provide clearly defined entry-to-practice requirements, and establish quality-assurance requirements for the profession. It would also provide a mechanism for families to report complaints about providers.

The final piece of legislation that is impacted by the bill before us today is the Medicine Act, 1991, which would be amended to include the regulation of physician assistants under the College of Physicians and Surgeons of Ontario.

Physician assistants are medical practitioners that do not have the authority to practise independently, and they work exclusively under the supervision of physicians and surgeons. As physician assistants practise medicine under the supervision of members of the College of Physicians and Surgeons of Ontario, the CPSO is the most appropriate regulator. This approach is consistent with the regulation of physician assistants in other Canadian jurisdictions.

As a new class of member under the college, only individuals that are registered with the college could use the term of physician assistant to describe their profession. Oversight of physician assistants under the CPSO would build healthier and safer communities through better assurance of the quality and the competence of physician assistants, and improve care delivery through increased integration of these providers in our health care system.

The regulation of physician assistants will also address confusion among other regulated health care providers regarding the role and responsibilities of physician assistants.

Regulation of physician assistants with the College of Physicians and Surgeons of Ontario will improve patient safety by giving the CPSO the authority to set standards for entry to practice, professional conduct and quality assurance.

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It will also support the integration of physician assistants into the health care system and reduce barriers to their practice through improved interprofessional collaboration and improved standards and guidelines. It would enable the CPSO to respond to concerns or complaints about the conduct, competency or capacity regarding physician assistants.

This proposed regulatory approach will not increase independent practice for physician assistants. They will continue to practise under the supervision of physicians or surgeons and would be able to perform controlled acts under the order of a physician or surgeon, or in accordance

with the regulation made by the CPSO. This regulatory approach is intended to maintain the supervisory relationship between the physician assistant and the physician while reducing the administrative burden of delegations.

The Ministry of Health has engaged the College of Physicians and Surgeons of Ontario, the Ontario Hospital Association, the Ontario Medical Association and the Canadian Association of Physician Assistants on the regulation of physician assistants, and these organizations have expressed support for this approach. A number of other key stakeholders have expressed support for the regulation of physician assistants under the CPSO, including the Association of Family Health Teams of Ontario, McMaster University, the Nurse Practitioners' Association of Ontario, University Health Network and the consortium of physician assistant educators. The CPSO would also engage members and stakeholders during the development and circulation of regulations.

Speaker, the global COVID-19 pandemic has certainly reinforced the importance of the government's efforts to transform our public health care system and highlighted the benefits of a better-integrated and connected system. As we continue to work to contain the spread of the virus and to make further progress with our vaccination rollout plan, we are also taking steps to strengthen our health care workforce, increase health care capacity and provide appropriate regulatory oversight through the proposed legislation. A competent and safe workforce supports our efforts to provide high-quality services and also a more connected, patient-focused system.

I want to thank the Deputy Premier and Minister of Health for the opportunity to speak to this proposed legislation, and I would like to encourage all members of this Legislature to support the Advancing Oversight and Planning in Ontario's Health System Act, 2021, and to help support health care workers with better patient care here in Ontario.

Thank you very much, Speaker, for the time today.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Mr. Terence Kernaghan: I'd like to thank the Deputy Premier as well as the member from Eglinton–Lawrence for their presentation. I listened intently.

Recently, I, along with a number of different other NDP MPPs, attended the Canadian PSW Network's vigil for PSWs and front-line health care workers who died due to COVID-19. I heard the Deputy Premier talk a great deal about retention strategies and decades of neglect and underfunding, and I absolutely agree. When we take a look at the response to the pandemic, Quebec trained about 10,000 PSWs, and about 4,000 left the profession almost immediately. So many get trained, and they go into the hospitals system and leave long-term care. Will this government honour the high-quality, personalized, humane care that PSWs deliver by giving them a permanent raise?

Mrs. Robin Martin: Thank you to the member opposite for the question. Our government has been working throughout the pandemic and before to support the recruitment and retention of personal support workers. We know how important this is.

Part of what we did was bring forward our Connecting People to Home and Community Care Act to make sure that PSWs are part of our integrated health care system, because we heard from PSWs that it's important for them to feel that they are part of an integrated health care team and to have respect from other health care providers, and so that is certainly an important part of the changes we are making.

Of course, we're considering all things that we can do to help with the recruitment and retention of PSWs going forward. As you know, we have increased the direct care requirement in long-term care and made a significant investment of \$1.9 billion. That will require 27,000 more personal support workers. We know there's more work to do, and we're looking at all options.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. Sheref Sabawy: I would like to speak to my colleague's earlier debate and ask, in regard to PSWs, what is the response from the industry to the changes proposed in this legislation and how will this improve their working conditions?

Mrs. Robin Martin: Thank you to my colleague. The response from the sector has been very positive. I think I mentioned in my remarks that OPSWA has called it a "historic decision," and has been really looking forward to being regulated and has been looking for this to happen.

If I can just provide a quotation from OPSWA, they say, "The OPSWA is thankful to this government for professionally recognizing and validating the valuable work of PSWs who have continued to step up throughout this pandemic. PSWs are the foundation of Ontario's health care system and we thank this government for hearing their voices and establishing this new regulatory model. This new status is the beginning of a positive future for all the PSWs and the communities we serve."

We're delighted that they're supportive, and we look forward to working with all stakeholders.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. John Vanthof: I listened intently to the Minister of Health and to the member from Eglinton–Lawrence. The member from Eglinton–Lawrence spoke about vaccinations and about being vaccinated. I, too, was vaccinated with AstraZeneca.

They're planning to ask for more personal information, and I understand; stats are important. We make decisions on stats. But one of the greatest concerns right now coming into my office is people with vaccine hesitancy. What is the government going to do to counter the increased vaccine hesitancy that might occur by the very fact that the government is now increasing the ability to gather knowledge—which is a good thing, but how are we going to counter the Facebook crowd?

Mrs. Robin Martin: Thank you to my friend opposite from Timiskaming–Cochrane. It's an excellent question. I do think vaccine hesitancy is something that we need to always be prepared for. Of course, the collection of the information is voluntary, with full consent, and it's really

designed to help us target initiatives, as I said, more towards the communities that most need them, so we do think there is a benefit to doing so.

Obviously we have to be careful not to deter anyone from getting the vaccine, and I think a large part of overcoming vaccine hesitancy is education and making sure that speakers, probably those who are not politicians, like Dr. Isaac Bogoch, for example, who speaks regularly on social media, get out there and talk to people about what the benefits are of having a vaccine, what the very, very minimal risks are, and put them in context.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mrs. Nina Tangri: I want to thank the Minister of Health and the parliamentary assistant for their remarks this morning and for introducing this legislation.

Prior to being elected and post-election, I spent a lot of time visiting long-term-care homes and I saw the great work that our PSWs do. In fact, after the election I shadowed a PSW in the dementia ward and it was quite eye-opening for me. The work that they do, we have to commend.

But I want to ask the parliamentary assistant: If this legislation were to be passed, how quickly do you think we could expect these measures to take effect?

Mrs. Robin Martin: Thank you very much to my colleague from Mississauga–Streetsville for the question. I have also spent a great deal of time in long-term-care homes and watched the important work being done there by nurses, RPNs and PSWs. She's right: It can be daunting, especially when working with patients who have behavioural challenges.

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Before we get on to registering PSWs with this oversight authority, it will have to be set up and established and begin to operate. Various regulations supporting the authority operations and mandate would have to be made through extensive consultation, obviously, with impacted stakeholders to make sure we get it right. I believe we would be able to start registering workers in the authority by the beginning of 2022.

The Acting Speaker (Ms. Jennifer K. French): Question?

M^{me} France Gélinas: I, too, would like to thank the Minister of Health and her parliamentary assistant for their explanation of the bill this morning. I will have an opportunity to put quite a few thoughts on the record, as I will be doing my one-hour lead. But for this morning, I would like to clarify that the first schedule of the bill has to do with reporting a vaccination. What already exists in Ontario to report vaccination?

Mrs. Robin Martin: Thank you to the member opposite for the question. Currently, there is no legislation in place that requires the vaccine administrators—or the vaccinators, if you will—to disclose COVID-19 immunization records to the Ministry of Health. Since this information is absolutely needed for the ministry to administer our COVID-19 vaccination program, on a short-term basis the ministry has entered into agreements with anybody

doing the vaccinations—vaccine administrators or vaccinators—under which the information can be shared. But given the scale of this vaccine rollout, we think that is an unsustainable approach going forward and that we should bring the legislation in to make a broader program. We will then no longer require the specific individual agreements to provide the information.

The Acting Speaker (Ms. Jennifer K. French): We have time for a very quick back-and-forth.

Mr. Amarjot Sandhu: I was listening to my friend from Eglinton–Lawrence. This bill includes the COVID-19 Vaccination Reporting Act, 2021. Can the member expand on why this authority to collect information is included in this bill?

Mrs. Robin Martin: Thank you to my friend—

Mr. Amarjot Sandhu: From Brampton.

Mrs. Robin Martin: From Brampton—I couldn't remember which Brampton, though. I know you're from Brampton. I can never remember which Brampton. There are so many Bramptons. Sorry.

As I was saying, currently, there is no legislation in place for us to collect this information, and we have a cumbersome short-term approach, which is signing individual agreements with each of the people administering the vaccines. The proposed legislation would help make a more efficient approach to that. It would require persons or entities who administer these vaccines to disclose to the Ministry of Health the data collected from the individuals who consent to the disclosure, just like we're requiring right now in these individual agreements. They'll be asked to share the information I listed before. They're being asked to share socio-demographic data as well, but it's all based on consent. We think collecting this data will help the province to have a more complete picture of who has been vaccinated. That's always a good thing.

The Acting Speaker (Ms. Jennifer K. French): I beg to inform the House that, pursuant to standing order 101(c), a change has been made to the order of precedence on the ballot list for private members' public business, such that Mr. Gill assumes ballot item number 80 and Mr. Sandhu assumes ballot item number 88.

Further debate?

M^{me} France Gélinas: It is my pleasure to share a few thoughts on the record on Bill 283, An Act to amend and enact various Acts with respect to the health system. The act has four schedules. I will go through them in the order that they are in the bill, although you will see that some of them could be perceived as more urgent than others.

I'll start with schedule number 1 that talks about the COVID-19 vaccine reporting. Let's look at what we have in Ontario right now. In Ontario right now, we have a system in place that is based on volume. We want to get as many people vaccinated as possible. You will all remember that we started with people over 80 or 85, then lowered it to 75, lowered it to 70, 65, 60 etc. Then we opened it up into the pharmacies. But the main thrust of the Ontario plan, if you call it a plan, was to get as many people vaccinated as possible.

If you look at this strategy and you look at what has happened, if you only look at the people over 80, we still

have in Ontario 86,000 people over the age of 80 who are not vaccinated, who are facing barriers to accessing vaccines, although we all know that they are the people most at risk. Just look at what happened through the first wave when the virus ran rampant through congregate living where elderly people live: We saw close to 4,000 elderly people die.

We know now that by vaccinating elderly people, the number of deaths coming from our long-term-care homes is—don't get me wrong, Speaker, one death is too many. But it is way, way lower than what it was in the first and second waves. We know that those people are most vulnerable to the vaccine. We went into long-term-care homes, retirement homes, congregate living and gave the vaccine to the elderly people who live there. But for all of the elderly people over the age of 80 who live in our community, there are 86,000 of them who have not been vaccinated. Some of them, many of them, are in my riding. They are in all of our ridings.

The plan that was put in place—I always call it “the lack of plan” that was put in place—only had one strategy: get as many as possible. I call it a little bit like Saving Private Ryan, like you have to move forward, continue and if there are no more in their eighties, we'll lower the age etc. and you don't care who is left behind. I care who is left behind. I want a plan that makes sure that everybody who is vulnerable, everybody who is allowed to have the vaccine don't face barriers that make it impossible for them to do this.

I've talked about barriers relating to age, but there are other barriers. How could it be that if you go into our intensive care right now, if you go into our hospitals right now, the people who have gotten COVID, the people who are sick, the people who are admitted into our hospitals or ICUs, who are on ventilators are people who are part of the Black, Indigenous, people of colour? They are our essential workers, who went to work because they had no choice and got sick and are now in our hospitals. But yet, we have no stats as to how many of them, who are the most at risk right now of ending up in our emergency, ending up in our hospitals and ending up sick and—I don't wish harm upon anybody, but dead. How come we don't have stats?

From the beginning of the pandemic, people in the health care system have been telling this government, “You have to collect race-based data. You have to collect socio-economic data so that we know who is at risk, who is being vaccinated, who is sick”—but no. A few health units know how important this is and did it on their own, but it never came from the government. It doesn't matter.

The government went to court last Friday, because a group of people actually took the government to court on their vaccination plan because it did not put an equity lens on it. All the government did is recommend to the health units, to public health that they look at equity, but they never made mandatory the collecting of race-based data, never made mandatory the recording of socio-demographic data. None of this has happened.

I'm really happy that over four million shots have been given, but for those four million shots that have been

given, we cannot tell if it was a person of colour that got it; we cannot tell if it was a person who is in the lower socio-demographic or whatever. None of that has been collected. Yet we know full well that this virus does not impact all of us the same way.

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We know that there are populations, there are communities, that are a whole lot more at risk, and the government doesn't collect data. We now have, on April 29, more than a year—a year and six weeks—after the pandemic was declared, a piece of legislation that will ask for collecting data on vaccinations so that it is shared to the government. But I can tell you that when people go to get their vaccine, there is nowhere where you can identify yourself as a person of colour. There is nowhere where you can identify yourself as an Indigenous person.

I will make a parenthesis for Indigenous people, because there have been clinics open that focus on Indigenous people, so we have a little bit of statistics for Indigenous people who decided to go to those clinics that were specifically done for them. I want to put a shout out to Shkagamik-Kwe Health Centre and Sudbury public health for the tremendous job they did when they had the special vaccination clinic for Indigenous people in the Sudbury-Manitoulin district. They did a very nice job. So we do have a little bit on Indigenous people.

But for people of colour, for Black people, forget it. On April 29, 2021, we still don't collect race-based data when we know that we need this information to make informed decisions. We need this information to make sure that we have the best vaccination plan ever possible. It's not done, and I don't see anywhere in this bill where we will collect this information.

We will share information, so the pharmacies already have—most of us have a health card. They already have your address, your name, your postal code; they know where you live. That type of information, sure, will be shared with the government. I have no problem with that. But we need them to collect race-based data. I stood in this House many times and I held press conferences saying that we need to collect race-based data in health care. We're still not doing this, Speaker.

The next schedule is the one about PSWs. I realize that I only have a few minutes on the clock. The main issue with PSWs is to make PSW jobs a career. How do you solve the PSW shortage in—you can name just about any part of the health care system except hospitals. In long-term care, in retirement homes, in home care, in community care: How do you solve the problems of recruitment and retaining of PSWs? You make PSW jobs careers; it's as simple as that. Give them full-time jobs. Give them pay that they can make a living on. Give them benefits, paid sick days, a pension plan, and give them a workload that a human being can handle, and problem solved.

When my hospital puts out an ad for one PSW, they get hundreds of PSWs from Sudbury that apply for that job, because it is a unionized job that pays well, that gives you benefits, that gives you a pension plan, that gives you a workload that a human being can handle. But when any

one of my seven long-term-care homes puts in an ad, when any one of the home care agencies puts in an ad for a PSW, they cannot recruit and retain PSWs. They cannot recruit and retain a stable workforce—not because the PSWs are not on a registry, but because the PSW jobs don't pay the rent—

The Acting Speaker (Ms. Jennifer K. French): I'm sorry to interrupt the member.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Jennifer K. French): Seeing the time on the clock, it is now time for members' statements.

MEMBERS' STATEMENTS

OWNER-OPERATOR TRUCK DRIVERS

PROPRIÉTAIRES-EXPLOITANTS DE CAMIONS

Mr. Guy Bourgouin: I rise in the House today to announce once again—demand this government to act on driver shortage and the brutal insurance costs and rules that small trucking businesses are facing here in Ontario.

Madame la Présidente, aucune petite entreprise ne peut survivre avec des augmentations de primes d'assurance de 132 % en un an, quand les travailleurs ne peuvent pas obtenir leurs dossiers d'expérience derrière le volant, quand le gouvernement provincial n'agit pas et ces entreprises se font presser comme un citron.

This afternoon, I will be debating my private member's motion 150 to address the driver shortage and the increasing insurance costs affecting owner-operators; to mandate insurance and fleet to provide drivers with a letter of experience upon request; to review the insurance rules and risk classification; and to re-evaluate the current truck driver training standards and costs.

Members on the government side have called truck drivers and operators heroes, and rightly so. But it is now time that they walk the walk and immediately support these essential, small, family-owned businesses and drivers before they all close shop.

Il est temps que les bottines suivent les babines. J'espère vraiment que les membres du gouvernement appuieront ma motion cet après-midi.

COVID-19 IMMUNIZATION

Mr. Sheref Sabawy: I'm glad to say that I received my first dose of the COVID-19 vaccine at the U of T Mississauga campus, UTM, in my riding of Mississauga–Erin Mills.

I'm very grateful to all our front-line heroes who are working round the clock to vaccinate Ontarians.

I encourage all Ontarians to please book the first vaccine that is offered to you.

Madam Speaker, our province announced this morning five million doses administered. This is a milestone. I congratulate the government for that.

I would like also to highlight how this government is prioritizing hot-spot communities.

In Peel region, for example, we have allocated over 400,000 vaccines in May alone—once the shipments arrive from the federal government. As a result, Peel region will have one of the highest daily rates of doses allocated in the province. As we expand the number of fixed and pop-up clinics—where two of them are in my riding of Mississauga–Erin Mills. These clinics are vital to our rapid vaccination drive, and we are continuing to increase our vaccination capacity in Peel to over 120,000 residents per week.

Starting tomorrow, residents aged 18 and over in hot-spot postal codes will be able to get vaccinated at Peel Vaxx Pop Ups.

I would like to take the opportunity to wish all Muslims celebrating Ramadan, Ramadan Kareem and Eid Mubarak.

Finally, I would like to express my warm wishes to all Orthodox Christians celebrating Easter. I wish all of you a happy Easter. Christ is risen; indeed, he is risen.

COVID-19 IMMUNIZATION

Ms. Doly Begum: Speaker, for the longest time, my community in Scarborough, identified as a hot spot, did not have enough vaccines or any mobile or pop-up clinics to vaccinate our community. When we finally did, the supply was almost insultingly low.

When raising these issues, I heard from politicians about hesitancy in communities like mine, amongst low-income, new immigrants, racialized communities.

Speaker, I spent the past two weeks with our dedicated Scarborough and east Toronto health teams on the ground with pop-up clinics serving Scarborough Southwest, and what we saw was not vaccine hesitancy; it was vaccine inequity.

At our first local clinic, we saw people camp out overnight. Muslim community members who were fasting had their suhoor or sehri in those lines and stayed overnight simply so they could have a chance at this life-saving shot. We heard from a single mother who spent money to Uber back and forth just between pop-ups so she could still get a shot, and was asked to go home. We heard from families who organized child care or took time off from their work, unpaid, to wait in lines, and then were asked to go home.

Speaker, the need for vaccines in high-risk communities like Scarborough is disproportionately higher than the amount we have been given.

Since then, both health teams have been able to host bigger clinics with even bigger turnouts. But there are still parts of Scarborough that have not been able to have a single clinic because our supplies are still inequitable.

So I continue to ask the government for equitable access to vaccines for the people of Scarborough, so our community members don't have to camp out overnight simply to have a chance at protecting themselves from this deadly disease.

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MULTICULTURALISM

Mr. Amarjot Sandhu: It is an honour to speak on Sikh heritage in the auspicious month of April, when we celebrate the birthday of Khalsa. This gives us a chance to know about the glorious history and significant role the Sikh community has played in Canada, and a great opportunity for us to become even more of a proud multicultural country.

Canada is a diverse land filled with diverse cultures with diverse traditions and festivals. Multiculturalism is a value every Canadian stands by. The month of April is special for Sikhs, Christians, Hindus and Muslims, as members of different faiths are celebrating several festivals in Canada and around the world, including those festivals that are celebrated in different states, predominantly in India, like Baisakhi, Vishu, Easter, Ugadi, Ramadan, Chaitra Navratri, Varusha Pirappu, Gudi Padwa, Cheti Chand, Navreh, Sajibu Cheiraoba, Bihu, Nav Varsh in Nepal, and more.

It is this diversity that makes us so distinct and rich, and we must see this as an opportunity to enrich ourselves and fight against stereotypes and to unite more and more every day. As a faith rooted in love, this is what Sikhism stands for: upholding the equality of women and men and denouncing any discrimination of gender, race, caste, creed or colour. Happy Sikh Heritage Month.

HEALTH CARE

Ms. Bhutila Karpoche: Hundreds of thousands of people have had their surgeries cancelled or indefinitely postponed, and it's not just elective surgeries; it's critical surgeries for life-threatening conditions like heart surgeries and cancer surgeries.

Can you imagine? People do not have access to essential cancer care right now. In Ontario, we have a backlog of 245,000 medical procedures. A lot of people are hurting. They are in pain, and not knowing when or if they will receive treatment at all makes things worse. So it's not just the physical health impact; it's mental health impact, too.

COVID-19 is the top priority right now, as it should be. But our care does not stop there. We've been calling for a real plan from the Ford government, and we have not heard or seen anything. It's likely we will go from one health care crisis to another.

The Premier, as the head of the government, must tell us how he plans to deal with it. You have to know how to juggle more than one ball. It's a tough job; of course it is. You're leading 14 million people in Ontario. It's not a joke. But I want to remind the Premier: You asked for the job. The people of Ontario gave you the job. Now tell people, because they need to know, what you plan to do.

SYL APPS YOUTH CENTRE

Mr. John Fraser: When I was two, I lived at Ottawa's juvenile detention centre. My dad, Jack, was an officer for

the Family Court at the time, and that's where we lived. Helping kids who were struggling was always very important to him. That's why, when I heard that the government is going to be closing the Syl Apps centre in Oakville this Friday, I thought of him.

The Syl Apps centre provides specialized mental health treatment for kids—primarily Black, Indigenous and racialized kids. Many of the youth receiving treatments have multiple mental and physical needs. They are supported by an interdisciplinary team, including social workers, health professionals and therapists. The closure comes at a time when we know mental health issues among our youth are rising in this province, and the immediate impact of this closure will be increased suicides and hospitalizations at a time when we know that our hospitals are overwhelmed. Many of these kids are in the justice system just because their actions are as a result of their untreated mental illness.

Advocates across the province are asking the Premier to keep this program open and transfer it to the Ministry of Health. Speaker, my dad never gave up on kids, or on anyone else for that matter. So, Premier, we can't give up on these kids.

COVID-19 RESPONSE

Mrs. Nina Tangri: Today I would like to talk a little about my riding of Mississauga—Streetsville and the region of Peel. As we all know, the situation related to COVID is extremely difficult for everyone across Peel, Ontario and around the world. When it comes to making decisions which affect all Ontarians—balancing health and safety with sustaining our businesses, rolling out our vaccines, prioritizing communities and people within those communities—it is critical that we take all possibilities into consideration.

A large number of essential workers, multi-generational families and many newcomers to Canada call Mississauga and the region of Peel home. We have a very vibrant, caring and hard-working community. However, COVID-19 has taken its toll on all of us.

Premier Ford's push to secure our borders and limit flights into Ontario has taken too long by the federal government—allowing not just the original COVID-19 to enter Ontario, but now we have the variants of concern raging through, affecting those of all ages. Hospital ICUs are filling up with younger people, some of whom are on ventilators—and unfortunately, some who do not make it.

Speaker, the Premier also pushed the federal government to enhance the Canada Recovery Sickness Benefit—while the Minister of Labour announced a program for paid sick leave. If passed, it will reimburse the employer for up to \$200 per day for up to three days per employee. This allows those who do not feel well or who need time to take care of a loved one the opportunity to stay home.

I ask that all members of this House support our government on this initiative so that we can implement paid sick days as soon as possible.

EMPLOYMENT STANDARDS

Mr. Terence Kernaghan: Yesterday was the Day of Mourning, a day when we remember workers killed or injured on the job. This day has become even more important during the pandemic, as our essential workers aren't just putting themselves in danger; they're also exposing their families to COVID-19. That's why so many workers throughout the province have been pushing this government for permanent paid sick days.

Over a year into this pandemic, the government has told workers they can have three—and only three—days. Three days is barely enough for the flu season, let alone a disease as dangerous and contagious as COVID-19. We all know COVID-19 knocks you out for more than three days.

Alex Kopacz, an Olympic gold medallist in my riding—a mountain of a guy—was laid low by COVID-19. I'm glad he's now recovering at home, and I wish his family all the best. But it shows it can happen to any of us.

Even if you just suspect that you have COVID-19, getting a test and waiting for the results can take several days. Under the government's program, workers will still be forced to go to work sick or forced to give up wages they need to pay rent. We must ensure that no worker is in that situation.

That's why I'm calling for the government to make these paid sick days permanent and to provide additional government-funded sick days during a pandemic, so we can give workers a full chance at recovery.

COACH JOHN
LEADERSHIP AND COMMUNITY
ENGAGEMENT INITIATIVE

Mr. Vijay Thanigasalam: I'm pleased to highlight another example of the Ontario spirit in my riding of Scarborough–Rouge Park to the House. I rise today to recognize a new initiative from an outstanding community leader from West Rouge, Coach John. Coach John organizes West Rouge Basketball, a community group that focuses on mentorship and giving children of all ages and girls access to sports at an early age. Outside of sports, Coach John also helps youth in his community achieve their full potential, through his mentoring and programming run at schools and community centres, which have now moved virtually.

I recently joined Coach John and West Rouge Basketball virtually, as he launched his new program, SPICE, which is aimed at providing more opportunities for youth in the community. The program will also help youth engage, find their voice and their passion and grow as leaders in the communities in our riding.

Community leaders like Coach John are true pillars of support for our communities. With their outstanding desire to give back and help others and equip our future leaders of tomorrow with the tools for success.

Coach John's initiative truly represents the Ontario spirit.

Thank you for what you do for Scarborough–Rouge Park, Coach John.

VOLUNTEERS

Ms. Effie J. Triantafopoulos: Just a few days after we marked National Volunteer Week, we are reminded that volunteers are vital in our communities, and never more so than during this last year.

Oakville Meals on Wheels has been in our community for 45 years, and its volunteers provide nutritious hot meals to seniors and people with disabilities in my community.

1030

I've been proud to honour many of their volunteers with the Oakville North–Burlington Spirit Awards over the last year. And here are some of these dedicated volunteers with Meals on Wheels—most of them have been with the charity more than a few years and don't miss a single day of delivering hot meals during COVID-19: Kimberly Basset Swinaga, Yolaine Boileau-Matteau, Janet Cherrett, Marion Cumming, Mary Lou Demarco, Frank Duffy, Janet Fisher, Bob French, Robin Jepso, Joe Jostiak, Steve Kelly, Sally Kilburn, Cathy Leaver, Brian McGuire, Jackie Northcott, Karen Mary Penn, Dolores Saunders, Joyce See, David See, Jill Snidal, Wayne Stephen, Sonia Thomas, Gloria Tomlinson, Monica Watson and Lyn Wilson. Each of them represents the best of Ontario and the Oakville spirit.

I want to conclude by recognizing Fizzie James, who has delivered 32,000 hot meals in her 39-year volunteer career. Thank you, Fizzie, and thank you to every volunteer who has gone above and beyond in this last year. I know that Oakville Meals on Wheels will be serving our community for many years to come.

The Speaker (Hon. Ted Arnott): I understand the Leader of the Opposition has a point of order.

Ms. Andrea Horwath: I seek unanimous consent to bring forward a motion to pass Bill 239, the paid sick days bill brought forward by the member from London West, and implement paid sick days legislation in keeping with the recommendations of the Premier's science table to help protect workers across Ontario from COVID-19, so no one has to make the difficult choice between staying home when sick and being able to pay the bills.

The Speaker (Hon. Ted Arnott): Ms. Horwath is seeking the unanimous consent of the House to bring forward a motion to pass Bill 239, the paid sick days bill standing in the name of the member for London West. Agreed? I heard a no.

COVID-19 DEATHS

Ms. Andrea Horwath: Point of order, Speaker.

The Speaker (Hon. Ted Arnott): A second point of order.

Ms. Andrea Horwath: Speaker, I seek unanimous consent for the House to observe a moment of silence for

the 199 Ontarians who have succumbed to COVID-19 over the past week.

The Speaker (Hon. Ted Arnott): The Leader of the Opposition is seeking the unanimous consent of the House for a moment's silence in remembrance of the 199 Ontarians who have succumbed to COVID-19 in the last week. Agreed? Agreed.

Members will please rise.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): Thank you very much. Members will please take their seats.

DEPUTY CLERK'S BIRTHDAY

The Speaker (Hon. Ted Arnott): Next, the government House leader, who has a point of order.

Hon. Paul Calandra: Speaker, it has come to my attention that our esteemed Deputy Clerk, Trevor Day, has recently celebrated the 10th anniversary of his 40th birthday, and I wonder if the House would join me in congratulating this wonderful public servant on achieving such a great milestone.

Applause.

The Speaker (Hon. Ted Arnott): That request for unanimous consent was endorsed by the House. Happy birthday, Trevor.

QUESTION PERIOD

LONG-TERM CARE

Ms. Andrea Horwath: I would normally go to the Premier, but he's on his 10th paid sick day today, so I'm going to go to the Deputy Premier with my first question.

Yesterday, the auditor confirmed that seniors in long-term care were abandoned to COVID-19, and we all saw the horrifying tragedy that ensued as a result. Yesterday, the minister refused to take any responsibility whatsoever and went on, in fact, in her press conference, to blame everybody she possibly could, including the Minister of Health.

Speaker, the Minister of Long-Term Care has now had 24 hours to reflect on her response to the Auditor General's report yesterday. My question would be: Is it still her claim that neither she nor this government take any responsibility for the tragedies that unfolded in our long-term-care system with COVID-19?

The Speaker (Hon. Ted Arnott): Minister of Long-Term Care.

Hon. Merrilee Fullerton: Thank you to the member opposite for the opportunity to clarify.

As I said yesterday and have said repeatedly, I take responsibility. I have a duty and an obligation to residents, their families and staff in long-term care. I have been absolutely consistent with that messaging, so I don't know why that wasn't heard yesterday.

I want to thank the Auditor General and her office for her special report on long-term care. She was very clear

and very insightful that it is the long-standing issues with staffing and the lack of new development and redevelopment of existing long-term-care spaces that contributed to the spread of COVID-19.

I had a very long discussion with the Auditor General on Monday, which I appreciated very, very much.

We will take extensive and ongoing measures to protect the health, safety and well-being of residents—the \$4.9 billion that is going to create 27,000 new staff for long-term care, on top of the 8,600 and more that we created during the first wave and into the second wave. We'll continue to take measures to shore up a sorely neglected—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary question.

Ms. Andrea Horwath: Speaker, people who lost loved ones in long-term care don't believe for a minute that this Conservative government is going to fix our long-term-care system, and they feel as abandoned as ever. They weren't surprised by the Auditor General's report at all, but they were shocked by the response of the Minister of Long-Term Care.

Fred Cramer, who lost his mother to COVID-19 at Orchard Villa, said this about the Auditor General's report: "No surprises in it... They're getting away with not looking after the people in the homes. Why are they getting away with it?"—in reference to the government.

Cathy Parkes lost her father to COVID-19 at Orchard Villa. Cathy said this: "I see comments from the Minister of Long-Term Care about how the government is fixing this. They're not. They have no intention. It's heartbreaking."

That's how people feel about this government's lack of action in long-term care.

What does the minister, this Premier and this government have to say to people like Cathy and people like Fred? The—

The Speaker (Hon. Ted Arnott): Thank you. Minister of Long-Term Care.

Hon. Merrilee Fullerton: Thank you to the member opposite for providing this opportunity to say what we have been doing and have been doing all along.

Since the very beginning of our government being elected, we prioritized redevelopment in long-term care: 15,000 new spaces over five years and 30,000 new spaces over 10 years, in addition to redeveloping homes that were languishing from the 1970s—all during the time that you were in support of the previous government, in opposition. I think that record should be recognized—the inaction of the previous government and the Leader of the Opposition.

We've taken extensive measures, as I've said, on the staffing, on the redevelopment, on the building, on the IPAC—the 27,000 new positions that we are creating for long-term care to address our increasing incapacity. These are long-standing issues that we're addressing, finally. It's our government, a Conservative government, that's doing it.

These are absolutely the facts. Let's deal with the facts.

The Speaker (Hon. Ted Arnott): The final supplementary.

Ms. Andrea Horwath: We get the same story from this Conservative government at every single stage of this crisis. They should act to save lives. But instead, they fail to act, and then they blame everybody else on their failure when tragedy unfolds.

1040

Speaker, we all know what happened in long-term care over decades, first under the Harris Conservative government and then under the McGuinty-Wynne and Del Duca Liberal governments. Long-term care was abandoned by all of these folks, but this Minister of Long-Term Care and this Conservative government under Premier Ford eliminated inspections. They cut funding. They ignored all of the warnings about what was about to unfold in long-term care. They protected private profits instead of lives, and they're still doing all of that.

At what point will this government start protecting the lives of people and start putting the lives of people ahead of private profits and their own political gain?

Hon. Merrilee Fullerton: You know, I'm a big believer in dealing with reality and facts. Students in PSW programs that we announced yesterday: \$86 million going to 8,000 new funded positions for PSWs. That means 10,000 more PSWs are being trained in this province this year compared to years prior, something that the previous government never bothered to do.

It's also our government that will be leading in Canada with a commitment to four hours of direct care for residents on average per day. This is something that has been left for many, many years. The previous government had report after report and did not act.

I would ask the opposition leader to understand how many times she actually mentioned even the words "long-term care." I think people can go back and look in the Hansard.

It is our government that is taking action on long-term care, the first government in decades, and we will do it. We are committed, and we have been ever—

The Speaker (Hon. Ted Arnott): Thank you. The next question.

EMPLOYMENT STANDARDS

Ms. Andrea Horwath: My next question is to the Deputy Premier. But holy smokes, she's a year late. She should have been doing all of those things a year ago. We lost 4,000 seniors to COVID-19 in long-term care under her watch, so I don't think she has bragging rights, Speaker.

My question now is about the fact that this government, 407 days into a pandemic that's taken now 8,029 lives—yes, we've now reached a very grim milestone in Ontario—has, every single day, refused to bring in paid sick days. And now—yesterday—they announce a pitifully inadequate paid sick day scheme, as workers continue to die from COVID-19.

I guess my question is: Where did they come up with the scheme? Did they even consult their own COVID-19 experts and advisers when they drafted up this terribly inadequate plan?

The Speaker (Hon. Ted Arnott): Minister of Labour, Training and Skills Development.

Hon. Monte McNaughton: Mr. Speaker, we are going to continue having the backs of every single worker in this province until we defeat COVID-19. We were the very first province in the country to bring forward job-protected leave last March for any worker in self-isolation, in quarantine. If you're a mom or a dad that has to stay home and look after a son or daughter because the schools are closed, you can't be fired for that. Furthermore, we eliminated the need for sick notes in Ontario. And I'm proud that, yesterday, we announced the most comprehensive plan to ensure that workers are protected, that they can stay home when they're sick. We're going to be with workers and small businesses every step of the way until we defeat COVID-19.

The Speaker (Hon. Ted Arnott): The supplementary question?

Ms. Andrea Horwath: Speaker, this government's plan that they announced yesterday, or the scheme they announced yesterday, has been widely panned by pretty much everybody. The science table, of course, wasn't consulted because this government never listens to the science table—why should they now, I guess—and here's what they say about this government's failure in their announcement yesterday: The scheme is "arbitrary, stingy, and in the end, foolish." Doctors warn, of course, that it's too few days, that there's too little pay, and that it might actually impact workers to put them in an even worse-off position than before this scheme was put into place.

At a time when the Premier has just taken 10 paid days off to appropriately quarantine as the experts advise us to do, why do they think workers don't deserve the same thing, to be able to quarantine completely and not have to make a decision between going back to work sick or paying the bills? Why do they only get three when the Premier gets 10?

Hon. Monte McNaughton: Mr. Speaker, we are going to be bringing forward legislation this afternoon to bring in the most comprehensive plan in the entire country. We are the very first province in Canada to bring forward paid sick days during COVID-19. In fact, British Columbia's NDP government has refused to bring in paid sick days.

Let me discuss some of the plans that are going to be in the legislation this afternoon. We have agreed to ensure that we're topping up the federal program. We want to make that federal program \$1,000 per week for four weeks. We're the first province in the country to do that. We are going to bring in, if approved by this House, three paid sick days that are going to be flexible, open, no sick notes required, to ensure that workers in this province will be paid, for example, to get vaccinated.

My question to the Leader of the Opposition is: Is she going to support us to bring in paid sick days for workers in Ontario?

The Speaker (Hon. Ted Arnott): The final supplementary.

Ms. Andrea Horwath: You know, it's really, really important that the government get this right, and they

haven't. People are losing their lives every day—41 lives lost over the last 24 hours; 8,029 people now have lost their lives to COVID-19 in this province.

The ICUs are overwhelmed. There are 884 ICU patients right now in our hospitals. Essential workers have to put their lives on the line every single day when they go into work, and they shouldn't have to choose between a safe quarantine, as I've already said, and going back to work sick because they can't afford to pay the bills.

I just don't get what this government's problem is. Why won't they ever make the right decisions to support workers, to save lives and to stop the spread of COVID-19 in our province?

Interjections.

The Speaker (Hon. Ted Arnott): Members, please take their seats.

Minister of Labour.

Hon. Monte McNaughton: Well, I am truly disappointed to hear that the Leader of the Opposition and the NDP are going to vote against our paid sick leave program that we're going to introduce this afternoon.

Yesterday, the Minister of Finance and I announced that we're going to bring forward legislation to bring in the Ontario COVID-19 Worker Income Protection Benefit. We are the first in Canada to offer the doubling of payments for the federal sick days program. We are also introducing three paid days off for workers who need to stay home if they're sick, if they need to go and get vaccinated, if they need to recover from vaccinations. If you're a worker out there suffering from mental health challenges related to COVID-19, you will be covered under our plan. If you are a mom or dad out there who has a child at home with symptoms related to COVID-19, you can stay home and be paid.

We call on the NDP to stand with us today to—

The Speaker (Hon. Ted Arnott): Thank you. The next question.

WORKPLACE SAFETY

Ms. Doly Begum: My question is to the Minister of Labour. Throughout this pandemic, we have used the term "essential workers" when referring to many of those in our communities, like mine in Scarborough or in Peel or in northwest Toronto, who never had the opportunity to find a safe alternative to in-person work.

Since the beginning of the pandemic, over three million essential workers have had to work in common work settings. When our whole province paused to stay home and stay safe, these workers never got to stay home or stay safe. They had to take crowded buses to go to work in unsafe factories, warehouses and other jobs where their health was jeopardized and then their family's and community's health was jeopardized.

Mr. Speaker, my question is, how do you define if a workplace is essential? We are under a stay-at-home order and in a state of emergency in the middle of a punishing third wave, and the government's strategy is to ask people

to stay home. My question is: How do you determine if a workplace or a worker is essential?

Hon. Monte McNaughton: Mr. Speaker, the health, well-being and safety of every single worker is our government's top priority. That's why we have now done nearly 50,000 workplace inspections and investigations related to COVID-19 since the pandemic hit the province. In fact, we've hired more than 100 new Ministry of Labour, Training and Skills Development inspectors, which brings the inspectorate to the highest level in provincial history, under this Conservative government. I have to remind the member opposite, through you, Mr. Speaker, that she actually voted against our plan to hire more inspectors to keep workers safe.

1050

We've now shut down 90 unsafe workplaces and job sites related to COVID-19. Mr. Speaker, we have boots on the ground every single day, going into workplaces, partnering with local public health units, to ensure that the health and well-being of every worker is protected.

The Speaker (Hon. Ted Arnott): The supplementary question.

Ms. Doly Begum: Speaker, let the record show that the Minister of Labour, after a year into this pandemic, failed to identify how they define "essential workers" or an "essential workplace." We call them heroes, Mr. Speaker, and deem their labour essential, but we fail to take decisive action on how to protect them.

An early April memo from the Ministry of Labour outlined that, just in 2021, they found 15,000 workplace COVID infractions, but only stopped unsafe work 24 times. We have been using the term "essential worker" to undermine the marginalization faced by those who are working precarious and low-income jobs, who have put their health and safety in danger.

Workplaces have been reported as a key driver in the COVID-19 numbers we have seen in Ontario. We are hearing from our community, from our health workers that, overwhelmingly, those who are failing to call in sick are the ones working in congregate settings in factories, like chocolate factories and cosmetics factories. So, Minister, my question is: Why are places like chocolate factories and cosmetic factories open? And if we're truly in a state of emergency, why are you not taking decisive action to stop unsafe and non-essential work?

Hon. Monte McNaughton: The health and safety of every single worker has been the government's priority from day one. In fact, Mr. Speaker, as the member opposite knows, because she supported this legislation, back when the pandemic—this invisible enemy—hit Ontario, we moved decisively. We brought in job-protected leave. If any worker is impacted at all by COVID-19, they can stay home. They should stay home. Their job is protected.

Mr. Speaker, we went further: We eliminated the need for sick notes in Ontario during COVID-19. And, Mr. Speaker, it was spring of last year, when this pandemic hit the province, that we brought in hundreds of guidance resources—tip sheets, posters in dozens and dozens of multiple languages—at ontario.ca/covidsafety to ensure

employers knew what they needed to be doing, that workers knew what they needed to be doing. And, Mr. Speaker, we moved quickly to hire more than 100 new Ministry of Labour, Training and Skills Development inspectors; I credit them, Mr. Speaker. They've gone to 50,000 workplaces. They've done inspections and investigations and will continue to do so.

COVID-19 IMMUNIZATION

Mr. Michael Parsa: My question is to the Minister of Health. I know our government, yourself in particular, has been working day and night to ensure the swift and equitable rollout of vaccines across the province, but Ontarians across my riding and the province have continued to ask me when it will be their turn to get the vaccine and when life can return to normal and things get back to the way they used to be. Would the minister please provide an update to the members of this House on our government's vaccine rollout?

Hon. Christine Elliott: Thank you to the member from Aurora–Oak Ridges–Richmond Hill for the question. Since day one, our government has been committed to vaccinating Ontarians as quickly and as safely as possible. Just a little over a week ago, I stood in this House and spoke about the significant achievement we had made in making sure that we had administered over three million doses to adult Ontarians across the province. Well, today I am delighted to inform the members of this House that yet another milestone has been reached and we have been able to administer over five million doses of the COVID-19 vaccines.

We know that many Ontarians are anxiously awaiting their turn, and we're anxious to get the vaccines to them. That's why, this week, we allowed individuals 45 and older who live in hot spot neighbourhoods to book vaccinations through appointments in our booking system.

We are committed to delivering the most successful vaccination campaign in the country, Mr. Speaker.

The Speaker (Hon. Ted Arnott): The supplementary question.

Mr. Michael Parsa: I want to thank the minister and all those on the front lines for helping us administer these crucial vaccines. It's quite reassuring to see that light at the end of the tunnel grow brighter and brighter as more and more vaccines get put into arms.

Speaker, while times are difficult right now for every Ontarian, people can take comfort in the fact that our government will not rest until we defeat this virus, which is why we committed to inoculating 40% of the population by the start of May.

Would the minister please provide an update on our province's progress with achieving that goal?

Hon. Christine Elliott: Thank you again to the member for the question.

Our government understands that vaccines are our way out of this pandemic, which is why we have worked non-stop to ensure we can get as many shots into arms as

quickly as possible. We are committed to ensuring that every Ontarian who wants to receive a vaccine will receive that vaccine as soon as possible. This dedication has led us to record-breaking: Just last week, we administered over 130,000 doses per day for three days in a row. This continued success means we are on track to exceed our target of having 40% of the adult population vaccinated with their first dose by the end of this month, by the end of April.

As we've said time and time again, we will do whatever it takes to make sure that we can protect the health and well-being of all Ontarians.

SMALL BUSINESS

Ms. Bhutla Karpoche: David owns a home decor business in my riding. He applied for the Ontario Small Business Support Grant in January and was approved on March 14, but he has yet to receive a dime. Sandra-Lee owns a photography business and was approved for funding on March 7. More than 50 days later, she's still waiting for payment. And the government is not responding to their emails or phone calls.

Small business owners have been locked down for months. They will go bankrupt without this support.

My question to the Deputy Premier is simple: When will the small businesses get the funding you approved?

The Speaker (Hon. Ted Arnott): The Associate Minister of Small Business and Red Tape Reduction.

Hon. Prabmeet Singh Sarkaria: Thank you to the member opposite for bringing that forward.

We are working around the clock. We have hired over 100 extra individuals to support and ensure that businesses get the money they need. We recognize that this is a significantly difficult time for them.

To date, we have processed over 107,000 payments directly, through the first phase of the program, totalling \$1.5 billion. Some 57,000 businesses have also received a second automatic payment of that fund, totalling another \$850 million. So over \$2.4 billion in direct supports have gone to these businesses.

We recognize that there are still some challenges. We are working through those, and we're going to make sure that those businesses get the money as soon as possible, because we do understand that this is a very challenging time.

We're happy to look into those and support the member.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Bhutla Karpoche: Speaker, this minister has no clue of the reality on the ground. So many small businesses are having problems with this program.

Steve owns a moving company. He was told to upload his financial documents, but the link he was sent doesn't work. He has called and emailed and can't get a response.

Small business owners like Steve are trying to survive the pandemic. They need support now, not in weeks or months. They need an application system that works.

When you promise something, you have to deliver it, or you're just wasting people's time and putting them through hell.

When can Steve and thousands of small business owners expect to hear from their government?

Hon. Prabmeet Singh Sarkaria: I understand the member opposite and the concerns that she has put forward.

We have ensured that there are over 100 people—triple the support staff—behind the program, recognizing that we need to ensure that the money is getting out to all of these individuals and businesses. Speaker, \$2.4 billion of direct support has been paid out to small businesses. We'll continue to make sure that every eligible business that has applied for the program gets the money they need.

We've also ensured that they have access to getting 100% of their property tax paid, 100% of their energy costs paid.

They can apply for the Digital Main Street program, which is up to \$2,500 in support grants.

We also recognize that the federal government has programs—in terms of 90% of their rent relief that could potentially be covered, as well as 75% of their wage subsidy.

We will ensure that we do everything we can to get the businesses the support they need. That's why \$2.4 billion has flowed directly to small businesses across Ontario.

EMPLOYMENT STANDARDS

Ms. Mitzie Hunter: My question is to the Premier. Thirty days ago, your government released its budget. There was no mention of a couple of billion dollars for paid sick leave. There was only an assumption that the pandemic would be over, and you put \$1 billion into prudence.

1100

It is clear that the government did not want to support Ontario workers, or they would not have resisted a paid sick leave program that medical experts and, really, all workers have been demanding since the pandemic began, to protect themselves and their families. It is clear that the government's budget that they tabled last month was out of date before it even landed. The government is finally putting forward a paid sick leave program, which is full of half measures, does not fully protect Ontario workers and demonstrates how clearly out of touch this government is.

Speaker, will the Premier commit to a fiscal update that contains the financial requirements for better paid sick leave, vaccination leave and testing so that we can keep the people of Ontario safe and ensure that a booster program is built into it?

The Speaker (Hon. Ted Arnott): The Minister of Labour, Training and Skills Development.

Hon. Monte McNaughton: I'm very excited about the legislation that's going to be coming forward this afternoon. In fact, it is going to be very flexible, very generous, very open, the most comprehensive plan in all of Canada. In fact, Ontario is the first province in the country

to bring forward paid sick leave during COVID-19. So, Mr. Speaker, I hope the member opposite will support our legislation.

But I do want to point out one of the other important initiatives and parts of our legislation that will be coming. I said this yesterday, Mr. Speaker, but we are also going to ensure that all small businesses and employers are reimbursed, unlike the Ontario Liberal plan that came forward. That really would have bankrupted thousands of small businesses across the province and, most importantly, workers wouldn't have jobs to go back to.

Our approach, I believe, is the right one, and we're going to stand with—

The Speaker (Hon. Ted Arnott): Thank you. The supplementary question.

Ms. Mitzie Hunter: What happened to the Premier's promise for the best program in North America? Clearly, you have not delivered. For over 400 days, we have been calling for a paid sick day program. All members of the opposition have been doing that. Speaker, this government has fallen far short.

Just look to the south: They have given workers 80 hours of paid sick leave to cover aspects of the pandemic. Three days is not enough. To make things worse, the government included all sorts of other things into the program that really deserve its own plan.

Will you commit to the 10 days that the experts have been calling for? Because every day you delay and drag your feet, people are at risk. Will you make this program much more realistic by providing 10 days and make it permanent so that people can have paid sick days, moving forward?

Hon. Monte McNaughton: Mr. Speaker, let me remind the member opposite that we announced that we want to double the federal program to \$1,000 per week for four weeks, plus three paid sick days. This is the most comprehensive plan in Canada. If a worker needs to take time off to get vaccinated, they can be paid. If a worker needs time off to recover from a vaccination, they can be paid. If a mom or a dad has a sick child at home or symptoms related to COVID-19, they can stay home and be paid. If a worker in Ontario is suffering from mental health challenges related to COVID-19, they can stay home and get paid.

Mr. Speaker, this is the most generous, open and flexible plan, and balanced, because we're reimbursing all small businesses and employers. We plead with the Ontario Liberals to finally step up, stand with workers in Ontario and join us today.

COVID-19 IMMUNIZATION

Mr. Kaled Rasheed: My question is to the Solicitor General. With Ontario's vaccination campaign ramping up across the province this month, I know that access to the vaccine in convenient locations is a top priority for many, especially those who rely on public transit or who work jobs outside of the traditional 9 to 5.

Can the Solicitor General outline how our government has ramped up pharmacy vaccine clinics as part of phase 2 of the province's vaccination plan, especially for my community here in Peel?

Hon. Sylvia Jones: Thank you very much to the member from Mississauga East–Cooksville. I know he and I have had many conversations about the various phases and stages as we get a more steady and increased supply of the vaccines.

Access to a convenient location to receive the vaccine is critical, particularly for those who might be hesitant about getting the vaccination. But where there's ease of access, a deciding factor can help. That's why we've been working hand in hand with pharmacy partners from across Ontario to rapidly build up capacity in pharmacies, allowing much greater local access within their communities.

To date, nearly 1,500 pharmacy locations are able to offer the vaccines, including more than 150 in Peel region, seven of which are able to offer it 24/7. Ontario's pharmacy and primary care practitioners have collectively administered almost 500,000 doses of vaccines since they began only a few short weeks ago.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mr. Kaleed Rasheed: Speaker, through you, thanks to the Solicitor General. I know so many constituents are ready to roll up their sleeves to get vaccinated when it's their turn, and these pharmacy locations are a great step in the campaign to get all Ontarians vaccinated.

But, of course, pharmacies are only one avenue through which Ontarians can get vaccinated. With vaccine supply coming into Ontario expected to rise even more than it was in April, can the Solicitor General share how pharmacies fit into Ontario's broader plan to ensure vaccines are as accessible as possible to the people?

Hon. Sylvia Jones: Again, thanks to the member. I'm proud to highlight Ontario's multi-pronged approach to ensuring everyone has access to vaccines as soon as supplies increase. This includes pharmacies, primary care practitioners, as well as hospitals and mass vaccination clinics as the backbone of our vaccine plan.

We've also been working to bring vaccines directly into communities through mobile and pop-up clinics in hot spot neighbourhoods. This includes vaccine clinics in workplaces, starting with Amazon, Maple Lodge Farms and Maple Leaf Farms, which also offer vaccination to the surrounding community.

Additionally, community-based clinics continue to open, including the BAPS temple, Brampton and MAC Islamic centres and the World Sikh Organization. More will open as our supply of vaccines increases and arrives consistently.

EMPLOYMENT STANDARDS

Ms. Catherine Fife: My question is to the Deputy Premier. The Premier is on his 10th paid sick day today, and we know that he still has another four in the bank. But for

some reason, he thinks that front-line workers only deserve three temporary days. What's good for one privileged worker—in this case, the Premier—is not good enough for essential workers who do the fundamental work in this province.

My question, through you, Speaker, to the Deputy Premier: Can you explain why the Premier, who says he's for the people, thinks that he deserves better than the vast majority of Ontarians?

The Speaker (Hon. Ted Arnott): The Minister of Labour.

Hon. Monte McNaughton: Mr. Speaker, if the government accepted the NDP's proposal or the Ontario Liberal proposal, there wouldn't be businesses open in the province because you would have crushed thousands of small businesses across the province, because you were going to put 100% of the cost on those small mom-and-pop shops across the province, which is wrong.

Our plan is generous. It is flexible and it's open for workers. We're going to stand with workers and families to get through COVID-19. Ontario is the first in Canada to offer double payments for the federal sick days program to \$1,000 per week for four weeks, plus three paid sick days. That's 23 days in total. This includes time off for people who get vaccinated, who have to recover from vaccinations or if they're having mental health issues related to COVID-19.

We call on the NDP to stand with us and stand with workers in Ontario.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Catherine Fife: I would like to tell the minister, your mishandling of this pandemic has crushed businesses. We're in our third lockdown in the province of Ontario.

1110

While the Premier gets to sit at home and collect his full paycheque, over \$4,500 thus far, he's still forcing—

The Speaker (Hon. Ted Arnott): I'm going to interrupt the member. You can't make explicit reference to the absence of any member in the House.

Interjections.

The Speaker (Hon. Ted Arnott): And I don't need the assistance of the government side with this. Thank you.

Please conclude your question.

Ms. Catherine Fife: Thank you very much, Mr. Speaker. He's still forcing everyday Ontarians to jump through hoops, wait for weeks and just hope for the best while they're unable to pay their bills.

Where did you come up with the three days? Did you roll the dice and keep gambling with the lives of the people of this province? If the Premier deserves two weeks at his full salary, why is this government trying to tell Ontarians that they deserve anything less?

Hon. Monte McNaughton: Mr. Speaker, I joined with the Minister of Finance yesterday to announce that we would be bringing forward the Ontario COVID-19 Worker Income Protection Benefit. This will be the most comprehensive plan in all of Canada amongst all of the provinces. In fact, we're going to double those federal payments to

\$1,000 per week. It was an injustice that the federal government was paying workers here in Ontario below minimum wage. We're going to double those.

We're going to bring in three additional days. That's 23 days for workers in this province, but we're going to go further. We're also going to step up and support small businesses so they have a fighting chance to prosper and grow through COVID-19 and after COVID-19. But most importantly, we want to ensure that workers are protected, they're kept safe, we defeat COVID-19, and that every worker has a job to go back to when COVID-19 is done.

CHILDREN'S MENTAL HEALTH SERVICES

Mr. Roman Baber: My question is to the Minister of Health, and it has to be asked today because there are rumours that this government may adjourn Parliament and go into hiding when we're needed here most to deal not just with the COVID pandemic, but the subject of my question, which is the mental health pandemic created and continued by this government.

Four days ago, the CBC aired a story with Dr. Justine Amaro, an emergency room physician in Ottawa. She said, "Our department is filled with patients right now with mental health problems and patients also presenting who had no prior mental health history who are coming in ... a mental health crisis. Some of them are ... attempting suicide because they just don't want to live anymore during COVID, especially elderly people" due to isolation.

Speaker, this is caused by the longest and toughest lockdown on the planet. Everyone in this room knows it. You get the same calls I do. The Premier and this minister are responsible for this catastrophe. So I'm pleading with her now, on behalf of millions of Ontarians: Will you please end this lockdown?

Hon. Christine Elliott: The short answer is no. Of course we're not going to end this lockdown. It's saving people's lives. If we had not taken the actions that we've taken—there have been thousands of people who have lost their lives, and that is tragic. That is truly tragic. However, if we had not taken—

Mr. Roman Baber: Nice change of gears.

The Speaker (Hon. Ted Arnott): The member for York Centre is warned.

Hon. Christine Elliott:—there would be many, many more lives lost.

We are trying to preserve the health and well-being of the people of Ontario and save lives. That's why we have to continue with this lockdown, and that is going to be important for the mental health capacity of people going forward. We know there's going to be issues relating to mental health as a result of the shutdown of surgeries and so on, but at this point we have no other choice. We have to be able to take care of anyone who needs to come into our hospitals. We need to slow down the transmission in our community. That's why the lockdown is absolutely necessary—that we continue it.

The Speaker (Hon. Ted Arnott): I hope the member for York Centre heard me. He's been warned.

Supplementary question?

Mr. Roman Baber: Speaker, this government and this minister have no shame. They know the harm they're causing, particularly to children. Lockdown is not the only option. It has never been part of our pandemic planning, and we know how much harm the lockdown is doing.

Dr. Jane Liddle, an Ottawa pediatrician, told the CBC yesterday, I believe: "We have never seen this level of kids with major depression, suicidal thoughts...."

Dr. Rochowski, chief of pediatrics at Queensway Carleton, said they're seeing exponential growth in anxiety and depression among older children.

It's not the pandemic that's causing this, it's this government. It's the lockdown. It's the schools being closed. It's isolation that Ontario kids cannot bear anymore. Stop pretending it isn't happening.

So I ask the minister one more time, on behalf of two million Ontario children: Will you let kids be kids again? Will you let them live again? Will you end this lockdown?

Hon. Christine Elliott: At the risk of repetition, I would say no again, because we are trying to save the lives of children, adults and seniors in this province. This lockdown is necessary. We've also brought forward our Roadmap to Wellness. We knew there were many people having mental health and addiction issues before this pandemic even began, which is why we brought forward our Roadmap to Wellness program that is going to extend mental health and addiction services to the many people who need them. They were not all caused by this lockdown. Some have been exacerbated by the lockdown, but they were not caused by this lockdown. And we are going to work to make sure that every person in Ontario who needs mental health or addictions support will receive that.

COVID-19 RESPONSE

Mr. Michael Parsa: My question is once again to the Minister of Health. I'm aware that our government's vaccination strategy is focused on immunizing those most at risk: older adults who face severe health consequences if they contract COVID-19 and hot spot communities, which have been especially hit hard by this virus.

I know many Ontarians are anxious to receive the vaccine. So would the minister please inform the members of this House how our government is making sure every eligible Ontarian who wants a vaccine is able to receive one?

Hon. Christine Elliott: Thank you again to the member from Aurora–Oak Ridges–Richmond Hill for this question. Our government has said from the beginning that our focus will need to be on protecting the most vulnerable in our communities, which is why we are using a variety of delivery channels for vaccines to ensure that every person who wants to receive a vaccine can do so.

One of these delivery methods is mobile vaccination teams, which have been deployed across the province and just recently started administering shots to those 18 years

of age and older in select hot spot neighbourhoods in Toronto and Peel. Additionally, we included child care workers in our vaccine prioritization to ensure these vulnerable workers are protected from COVID-19.

This is a team effort. We will continue to work collaboratively with vaccination sites and other health care workers to ensure that we have the most successful vaccine program in the country.

The Speaker (Hon. Ted Arnott): The member for Aurora–Oak Ridges–Richmond Hill.

Mr. Michael Parsa: I want to thank the minister. That's fantastic to hear that our government is making every effort possible to ensure vaccines are getting to those who need them.

I also know that we have made significant strides in the areas of testing in order to make sure Ontarians who need a test can receive their results swiftly. I've also been told that our world-class testing system allows public health units to quickly be notified of positive cases of COVID-19 and allows them to take the proper steps to notify individuals and keep their communities safe. Would the minister please provide this House with an update on our province's testing strategy?

Hon. Christine Elliott: Thank you again to the member for that question. Our government knows that testing is very important in defeating COVID-19, and we've made it clear that testing is a priority. The sooner we can identify cases, the sooner we can stop the spread of this virus, which is why we've made significant investments in our testing strategy that has seen over 14 million Ontarians tested.

We've been committed to protecting the health and well-being of Ontarians from the beginning of this pandemic. This ongoing effort will ensure timely access to testing.

Targeting testing to vulnerable communities and expanding capacity to process COVID-19 tests effectively is our goal. We will continue to work with Ontario Health and our sector partners on ramping up mobile testing and community testing, in addition to having targeted testing campaigns for vulnerable populations across the province.

COVID-19 IMMUNIZATION

Mr. Terence Kernaghan: My question is for the Deputy Premier. The province's vaccine rollout has been an inconsistent and confusing mess that is excluding far too many people. Two of my constituents, Colleen and Richard, are both 58 and registered for vaccines at Shoppers and Costco the minute they became available. Weeks later, they have not received a call or any information as to when they can expect their vaccine.

Colleen asked me, "How is this possible that we were on the waiting list first but people in the next demographic are getting it before us? This whole thing is a mess. None of this is making any sense."

Speaker, why is Ontario relying on a slapshot system with multiple vaccine waiting lists that leaves Londoners like Colleen and Richard falling through the cracks?

Hon. Christine Elliott: Thank you very much for the question. But I would say, in fact, we've had a very successful vaccine rollout. We've already had over five million vaccines that have been delivered to date. We are on track to reach our priority of vaccinating with at least one vaccine dose 40% of the adult population of Ontario by the end of this month. We've also booked over 2.9 million tests through our online booking portal, in addition to the testing that is available and the vaccinations that are available through our pharmacies. We have over 1,400 pharmacies now available to provide vaccines. Many of them are starting to offer that 24/7 so that people with different work schedules can be accommodated.

1120

This is a great success. We are making it a priority to protect the health and well-being of Ontarians, and we are well on our way, with over five million doses already administered.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Terence Kernaghan: Five million doses is kind of a miracle with the lack of coordination, the daily blame routine and the leaderless deployment. This supposedly business-friendly government should be familiar with the just-in-time system, but instead, the deployment has been a disaster.

Back to the Deputy Premier, Speaker: While Londoners like Colleen and Richard wait for a pharmacy to call them, other Londoners have had to turn to social media in the hopes of chasing down a vaccine. A few minutes after sending out a tweet about eligible vaccines, one Shoppers in London was overwhelmed with people hoping to get an appointment. The pharmacy's appointments were all claimed in less than an hour, leaving countless people scrambling to figure out what to do next.

Tristan, one of the Londoners lucky enough to get a shot said, "I think it's kind of bizarre that we have people who are older than myself on waiting lists to get [the shot].... Meanwhile there's people like me who could just roll right up."

Speaker, it needs to be as easy as possible to book a vaccine. It shouldn't feel like winning the lottery. Why is it that Londoners are finding out about how to get their vaccine on social media instead of from their government?

Hon. Christine Elliott: Speaker, I would say, through you to the member opposite, it's incomprehensible to me how you would consider the delivery of over five million vaccines in short order, in a little over a month, as a failure. In fact, it's a great success, and we are continuing to roll out those vaccines, with over 2.9 million vaccination appointments already booked, not to mention the vaccination appointments that are being booked through the vaccines, the pop-up clinics that we have, the mini clinics that we have in various workplaces. We're continuing to deliver the vaccines.

One of the problems we've had in the past has been the vaccine supply, when we didn't have a reliable supply chain, we didn't have reliable delivery of vaccines, but that is changing. As of next week, we are receiving significant amounts of the Pfizer vaccines. We are receiving the

Moderna vaccines. We are going to be able to increase the number of pharmacies and other clinics that are going to be able to provide them, and we're going to be able to continue our job of making sure that every person in Ontario who wants to receive a vaccine will receive one in a timely manner.

EMPLOYMENT STANDARDS

M^{me} Lucille Collard: My question is to the Minister of Labour. It's really great that the government is finally taking action with a provincial paid sick days program, after over 400 days into the pandemic. Maybe we can agree that this does not qualify as proactive and decisive action.

For paid sick leave to work, it needs to be simple, quick and seamless. Instead, this program requires that employers be able to pay workers' salaries uninterrupted, submit claims and wait until they are reimbursed. The science table has clearly outlined what a paid sick leave program needs to look like to be effective at bringing the numbers down. This program does not fulfill those requirements. In the US, the introduction of an effective paid sick leave program resulted in an estimated 50% reduction in the number of COVID-19 cases per state per day.

So, knowing the science, why didn't the government implement a universal and accessible paid leave program that would provide uninterrupted salary support for a minimum of 10 days?

Hon. Monte McNaughton: I thank the member opposite for this very thoughtful question.

In fact, Mr. Speaker, when the Minister of Finance and I made the announcement yesterday, we ensured that we let people know that employers are going to pay the workers, and then the employers will be reimbursed through the province. The WSIB is going to be administering that program for us to reimburse small businesses and all employers as quickly as possible.

But, Mr. Speaker, we do need to continue, all of us together, to work together to get through COVID-19. In fact, we need the federal government to accept our offer to double that payment to \$1,000 a week for four weeks. That will ensure that workers in Ontario are getting \$25 per hour to stay home when they're sick, and that will incent people so they don't have to choose between a paycheque and their health.

M^{me} Lucille Collard: Again to the Minister of Labour: I hear from essential workers in my riding feeling abandoned by this government every single day. Many have gone to work sick because they need to provide for their families. This no doubt contributes to the continued increase of the number of cases in my riding.

This new program falls short of what is required to bring the changes in behaviour that we need to see to bring the numbers down. The effective implementation of this program requires the urgent co-operation between this government and their federal counterparts. Does the minister commit to co-operating actively and urgently

with the federal government to implement a comprehensive plan as soon as possible?

Hon. Monte McNaughton: Mr. Speaker, yes.

LAURENTIAN UNIVERSITY UNIVERSITÉ LAURENTIENNE

M^{me} France Gélinas: My question is for the Minister of Colleges and Universities. Tomorrow is April 30. April 30 is a significant date in Sudbury right now because the first phase of Laurentian University's insolvency process will come to an end. MPP Jamie West has stood in this Legislature repeatedly asking your government to step in and stop the CCAA process. There's no more time to waste.

I am here to ask once again: Will the minister put in place a moratorium on this process? We need to maintain all programs and allow all students to graduate in the program they intended to graduate from without having to take any extra courses or pay any additional fees. This entire situation should not fall on the backs of these students. Will the minister finally do the right thing and save Laurentian University?

The Speaker (Hon. Ted Arnott): The member for Northumberland–Peterborough South and parliamentary assistant.

Mr. David Piccini: As I've said in this House before, we understand the very difficult situation that students, families and staff are going through at Laurentian University. I want to make it clear, Mr. Speaker, that 90% of students have not been affected, and for the 10% who have, we are working actively with the institution. To answer your question directly, yes, we will ensure pathways to graduation. Yes, we will ensure they are not disrupted. We're working closely with the institution to do that.

While I'm up, Mr. Speaker, I want to say that we've increased capital funding for our universities, increased funding supports to support with COVID-19 offsets. We've increased funding for our francophone institutions—this government commits \$74 million to francophone education in the north. We've increased funding for our Indigenous institutes. While I'm at it, we've expanded OSAP eligibility. When it comes to securing our post-secondary future in the north, this government has been there every step of the way.

The Speaker (Hon. Ted Arnott): Supplementary question.

M^{me} France Gélinas: Pour la ministre des Affaires francophones : la phase 1 du processus avec les créanciers pour l'Université Laurentienne se termine demain, le 30 avril. La communauté francophone est unanime. Que ce soit l'AFO; l'ACFO du grand Sudbury; le RÉFO; la FESFO; le groupe de travail de Sudbury; le regroupement des professeurs; ou les leaders de la communauté, de Jean-Marc Dalpé à Denis St-Jules, en passant par M^e Caza, nous parlons d'une seule voix. Nous avons partagé clairement nos attentes avec votre ministère. Nous voulons que

l'Université de Sudbury devienne une université pour, par et avec les francophones.

Comme ministre des Affaires francophones, qu'en pensez-vous?

M. David Piccini: L'Ontario fait des investissements importants et continus dans l'éducation postsecondaire en français. L'Ontario investira 74 millions de dollars en 2021. Cette somme s'ajoute aux 14 millions de dollars fournis par le gouvernement fédéral. Si le gouvernement fédéral veut sérieusement soutenir l'enseignement postsecondaire francophone en tant que minorité en langue seconde, il peut commencer par fournir annuellement plus d'un cinquième de ce que le gouvernement provincial fournit.

Mr. Speaker, what is really disturbing about what we're hearing from that member opposite is that the NDP have had only one opportunity to form a government in this province—one—and in this question we see why. What a chilling foreshadow of their attitude towards post-secondary education. They want politicians to decide what courses are offered. They want politicians to intervene in independent processes led by educational experts. Perhaps the most concerning is that they want—

The Speaker (Hon. Ted Arnott): Thank you very much. The next question.

1130

PATIENT TRANSFERS

Mr. John Fraser: I live a few blocks away from the general campus of the Ottawa Hospital. I've always heard Ornge helicopters going overhead. They're very close and very loud. I always think: "There's a story. There's a family up there." I hear more helicopters now because we have to move people, and I want to tell you one of those stories.

One of those stories is about Jaime Nguyen's uncle, who was 72 years old. There was no room for him in the ICU at Scarborough. They transferred him to the Montfort hospital. He died there with no family, no supports, alone.

Then they had to bring his body back, and they got a bill for \$1,000. That's a lot of money for a lot of people.

My question to the minister: Minister, this is Ontario. Can you commit to ensuring that this family isn't out of pocket for this, and that we ensure that patients who pass away are repatriated to their family at our expense?

Hon. Christine Elliott: First of all, it is a tragic circumstance that this person passed away so far away from their family. My sincere condolences go out to his family.

But you're absolutely right: No one should have to pay for this transportation, and every effort is being made and we will ensure that this family is reimbursed. I understand they had already paid the costs, but we will ensure that they are reimbursed. We are working with the hospital right now to ensure that, and we will make every effort to make sure this does not happen to anyone else.

The Speaker (Hon. Ted Arnott): Supplementary? The member for Scarborough—Guildwood.

Ms. Mitzie Hunter: I thank the minister for her answer. What I would like to hear you say is that you will use your existing authority to instruct hospitals that patients, regardless of transfer, whether dead or alive, will not face any bill for the circumstances that we find ourselves in.

I know what it's like to have a loved one transferred. Just two nights ago, my family and I were up waiting for that decision. Thankfully, our relative was transferred to a hospital in the adjacent community.

People are afraid. People are concerned for their loved ones. What they don't need to feel is that the health system is letting them down, because the virus is doing that job. So I really need to be able to tell Jaime from my community in Scarborough today that this was a mistake, we are very sorry, and it will never happen again to another family.

Hon. Christine Elliott: I would say to the member opposite, you're absolutely right: This should never have happened. This is a very, very difficult situation, I know, for many families where their family member, who may be very ill, needs to be transported to another hospital in another part of Ontario to receive the care that they need.

But they should not be paying for the costs, nor will they be required to pay the cost in the future. This information will, of course, be made available to all our hospitals. This, as I said before, should not have happened, and we will make sure it doesn't happen again.

COVID-19 IMMUNIZATION

Mr. Faisal Hassan: My question is for the Premier. My riding of York South—Weston is designated as one of high risk. We still await more mobile pop-ups and a permanent facility. I have heard the government talk of vaccine hesitancy. The only hesitancy in our community is access to vaccines.

In addition, this government needs to pay workers so they do not lose wages while getting vaccines, and those essential businesses that they work at are asking the government to help arrange and cover costs of vaccinating workers on the spot.

Will the government be proactive and move to take those effective measures to protect workers and their families?

The Speaker (Hon. Ted Arnott): To reply, the Minister of Health.

Hon. Christine Elliott: Thank you very much to the member for the question. We are going to be accelerating our efforts because of the vastly increased supply of vaccines that we will be receiving throughout the month of May, primarily Pfizer but also Moderna. And we are going to be having more coming to mass vaccination clinics, more to primary care centres, more to pharmacies and more to pop-up and mobile clinics in workplaces or in places like industrial parks, for example, where people from smaller businesses can come at a time that's convenient to them—perhaps on lunch hour or on a break, after work—and receive the vaccines. We want to make this as

easy and as accessible as possible for people. With the increased vaccines that we will be receiving, we will be doing that in those pop-up mobile clinics throughout the province.

The Speaker (Hon. Ted Arnott): Thank you very much. That concludes our question period for this morning.

I understand the government House leader has a point of order.

Hon. Paul Calandra: Mr. Speaker, I'm fairly confident that if you seek it, you'll find unanimous consent to revert immediately to introduction of bills.

The Speaker (Hon. Ted Arnott): The government House leader is seeking the unanimous consent of the House to revert immediately to introduction of bills. Agreed? Agreed.

INTRODUCTION OF BILLS

COVID-19 PUTTING WORKERS FIRST ACT, 2021

LOI DE 2021 DONNANT LA PRIORITÉ AUX TRAVAILLEURS FACE À LA COVID-19

Mr. McNaughton moved first reading of the following bill:

Bill 284, An Act to amend the Employment Standards Act, 2000 / Projet de loi 284, Loi modifiant la Loi de 2000 sur les normes d'emploi.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): I will invite the Minister of Labour to briefly explain his bill, if he chooses to do so.

Hon. Monte McNaughton: Mr. Speaker, people shouldn't have to choose between their job and their health. That's why we're bringing forward legislation today to bring to all workers and their families in Ontario the most comprehensive plan of all the provinces in Canada, to ensure that there are three paid sick days legislated through the Employment Standards Act and that we continue to push the federal government to double to \$1,000 a week for four weeks.

The Speaker (Hon. Ted Arnott): Thank you. Introduction of bills? There being—

Interjection.

The Speaker (Hon. Ted Arnott): Point of order, government House leader.

Hon. Paul Calandra: Speaker, I would seek unanimous consent to immediately pass the Employment Standards Act, 2000.

The Speaker (Hon. Ted Arnott): The government House leader is seeking the unanimous consent of the House to immediately pass the bill pertaining to the Employment Standards Act, 2000, which was presented. Agreed? I heard a no.

I'll say one last time, introduction of bills?

There being no further business this morning, this House stands in recess until 1 p.m.

The House recessed from 1138 to 1300.

INTRODUCTION OF BILLS

NON-PROFIT SECTOR APPRECIATION WEEK ACT, 2021

LOI DE 2021 SUR LA SEMAINE DE RECONNAISSANCE DU SECTEUR SANS BUT LUCRATIF

Mrs. Wai moved first reading of the following bill:

Bill 285, An Act to proclaim Non-Profit Sector Appreciation Week / Projet de loi 285, Loi proclamant la Semaine de reconnaissance du secteur sans but lucratif.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member for Richmond Hill care to briefly explain her bill?

Mrs. Daisy Wai: Yes, I would like to explain it. We have been recognizing a lot of people and their contributions to our communities, but we have not remembered to recognize all the things that our not-for-profit organizations have contributed to Ontario. This week is a time for us to recognize them, especially during this pandemic time. We all see that we have recognized the volunteers, which they have been trying to get, and now is a time that they have a very concerning time with fundraising and also the heavy work that they have to do to care for the community. So I would like the House to really come together to give them the recognition that has been due to them for a long time.

WOODEX INC. ACT, 2021

Mrs. Wai moved first reading of the following bill:

Bill Pr49, An Act to revive Woodex Inc.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 89, this bill stands referred to the Standing Committee on Regulations and Private Bills.

2271767 ONTARIO INC. ACT, 2021

Mrs. Wai moved first reading of the following bill:

Bill Pr43, An Act to revive 2271767 Ontario Inc.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Again, pursuant to standing order 89, this bill stands referred to the Standing Committee on Regulations and Private Bills.

STATEMENTS BY THE MINISTRY AND RESPONSES

PHYSICIANS

Hon. Christine Elliott: As we continue our fight against the third wave of the COVID-19 pandemic, it is critical that we recognize the incredible efforts and sacrifices made by physicians across the province and offer them our thanks.

May 1, 2021, marks National Physicians' Day in Canada and Doctors' Day in Ontario.

Speaker, I am pleased to rise today in the House, as Minister of Health, to express my gratitude and appreciation to all Ontario physicians for the critical and life-saving services they perform on a daily basis. Ontario's physicians truly are our heroes. They make a tremendous difference in the lives of countless patients and families every day, but especially in our fight against COVID-19.

Since the start of the COVID-19 pandemic, physicians have been on the front lines of Ontario's response and have worked tirelessly to continue to deliver the exceptional care that patients expect and, of course, deserve. This past year has truly been unprecedented, presenting Ontario's health care system and our physicians with challenges unlike anything we have ever seen before.

Days like this remind us all to recognize and celebrate the incredible courage, commitment and compassion of physicians here in Ontario and across the country. Our physicians work around the clock, sacrificing precious time with their loved ones, facing exhaustion and burnout, and putting themselves at risk to protect the health and well-being of Ontarians.

Despite the sacrifices required, especially during this pandemic, we continue to see more and more Ontarians dedicating themselves to a life of service by taking the Hippocratic oath and becoming a physician. In fact, we expect to see an average annual net increase of approximately 581 physicians each year until 2029.

Even with all of the extraordinary challenges presented by a global pandemic, physicians continue to demonstrate remarkable leadership and compassion while providing exceptional patient-centred care to patients and families across the province. This includes but, of course, is not limited to:

- diagnosing and treating patients for illness and injury;
- supporting patients in managing chronic conditions, such as diabetes or high blood pressure;
- performing life-saving surgeries; and
- prescribing patients with the medications they need in order to care for their health.

Day after day, physicians rise to the challenge to be there when we need them the most. We are very, very thankful for their heroic efforts to keep Ontarians safe.

As we rightly recognize physicians, we also know there are so many other health care providers—nurses and nurse practitioners, therapists, pharmacists, paramedics, physician assistants, personal support workers and many

others—who are caring for Ontarians during this pandemic.

Speaker, our government is doing its part to ensure these heroes have the support and resources they need to continue to provide the care that patients and families expect. To protect these front-line health care heroes, we are investing \$1.4 billion to procure personal protective equipment to help keep them safe from harm.

Our government also recognizes the challenges facing physicians currently working in the hospital sector, which is under significant strain. We are using every tool at our disposal to support our physicians, our hospitals and other personnel working in them to ensure they have the supports they need as they respond to COVID-19 and continue to care for patients. To that end, we have invested over \$5.1 billion since the start of the pandemic, creating more than 3,100 additional hospital beds for patients. This includes 185 beds at Mackenzie Health's Cortellucci Vaughan Hospital, which has been temporarily transitioned into a system-wide resource supporting the province's COVID-19 response.

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Vaccines remain our greatest tool to help protect our physicians from becoming overwhelmed with demands for care, stop the spread of the virus, safeguard our health system capacity and help save lives. We continue to roll out phase 2 of our COVID-19 vaccine distribution plan, vaccinating more and more people every day, prioritizing those with health conditions; in congregate settings; and in hot-spot communities, with the highest rates of transmission, hospitalizations and deaths.

Once again, Ontario's physicians are stepping up to support this effort and help ensure that there are brighter days ahead for all of us. Across the province, physicians are volunteering to administer vaccines in mass immunization clinics, mobile clinics and pop-up clinics, as well as primary care settings. By prioritizing those at greatest risk for vaccination, we will reduce transmission of this deadly virus and protect our communities and all of the brave men and women who work every day to keep us healthy.

As we celebrate National Physicians' Day and Doctors' Day, we should all take a moment to recognize the critical role that doctors play in building strong and healthy communities, and their unwavering commitment to protect the health and well-being of all Ontarians. Physicians are the foundation of the strong, connected public health system that we continue to build in this province, and their continued resilience is truly an inspiration to all of us.

On behalf of our government and all Ontarians, I want to once again thank all of Ontario's physicians for their service during these truly unprecedented times and for continuing to provide us with world-class health care. Thank you.

The Speaker (Hon. Ted Arnott): Responses?

M^{me} France Gélinas: I am really proud to join everybody in Ontario on Saturday, which is May 1, for Doctors' Day, or National Physicians' Day. I want to thank Marla DiCandia, who is the senior adviser for government relations and advocacy, corporate and public affairs, at the

Ontario Medical Association, for some of these notes. It starts with, “Ontario doctors have been on the front lines during the COVID-19 pandemic, working to keep their patients healthy.

“Ontarians can show their appreciation for doctors’ services during the pandemic, by turning on their phone flashlights and holding them high on May 1”—that’s Saturday—“at 9 p.m.

“The Ontario Medical Association is organizing this province-wide expression of appreciation as a way for all Ontarians to recognize doctors for their bravery and dedication.

“Ontario has been celebrating Doctors’ Day for many years to recognize the countless ways doctors lead us to better health.

“This year, on the second Doctors’ Day occurring during the pandemic” they want to “once again recognize how Ontario’s doctors are continuing to work through the waves of COVID to take care of their patients.

“Shining a light has become a universal way of expressing gratitude for those leading the way out of” those crises.

More specifically, in Sudbury, we will be celebrating the physicians in the ICU on this Saturday. Unfortunately, with the restrictions, nobody can join, but everybody can see what will be happening.

On May 1, on National Physicians’ Day, at Health Sciences North, which is the name of the hospital in Sudbury, all of the intensive care unit staff will acknowledge the work of their intensivists; those are physicians who work in intensive care: “The COVID-19 pandemic has called upon the expertise and skills of our intensivists. Despite all of the disruption from lockdowns and restrictions, chronic diseases and medical emergencies continue to arise. Providing medical care during a global pandemic has required teamwork at the highest level, and our doctors are fundamental to this effort. Amid the pandemic,” they “recognize” the “doctors for their selfless service.

“Our intensivists” at Health Sciences North “have been steadfast partners supporting the safety and wellness of patients as well as” the staff they work with. “They’ve helped” everybody “adapt” their “practices as more is learned about the virus, its treatment,” its prevention and how it spreads.

“As we celebrate this day,” on Saturday, May 1, “we honour the contributions and dedication of our doctors in the worst of times. This day gives us the perfect opportunity to salute their work. Also joining us in recognizing this heroic work are” a number of local businesses that have put together gift baskets to give to all of the physicians in ICU as well as the other staff; I could name a few, but Chris’ Independent, Old Soul Soap Company, The Nickel Refillery Inc. A group of businesses, lots of them from Nickel Belt, have put those gift baskets together, and I thank you.

I also want to talk a bit about a request from physicians who work in integrative care. These are physicians who provide care for people who have myalgic encephalo-

myelitis/chronic fatigue syndrome, fibromyalgia, environmental sensitivities, multiple chemical sensitivity. To bring you back, 10 years ago, we were hoping for a centre of excellence. A study was done, and we finally agreed on a centre of excellence.

We need to have a standard of care here in Ontario for integrated medicine to work with people who have environmentally linked diseases that are often multi-organ conditions. So, we hope very much that the report from Dr. Brian Schwartz, the VP of Public Health Ontario, will be coming to the Ministry of Health soon.

My last ask for recognizing and honouring physicians is to respect them. The Premier cannot go and say, “Oh, you can now get the vaccine from your physicians” without having spoken to any physicians—but they sure got the phone calls.

Merci beaucoup, thank you very much, chi meegwetch to all Ontario physicians.

M^{me} Lucille Collard: Doctors across Ontario have been working tirelessly during this pandemic to safeguard the health and safety of Ontarians. These men and women have been on the front lines and in the heart of the action during what could be considered the most challenging times during their careers. Either doing virtual visits or taking extra precautions in person, the day-to-day routines change overnight for all medical professionals.

Nonetheless, not all doctors are treated and remunerated equally. This difference created a deeper rift in our health system with the new working conditions brought on by the pandemic. Doctors who are remunerated using fee-for-service were in positions to adjust easily due to their billing model, but have suffered because of it. Since virtual and phone appointments are not remunerated to the same extent as in-person appointments, along with the lower number of Ontarians willing to see their doctors during the pandemic, the number of patients that doctors see has decreased significantly. This creates much added stress to clinics that do the best they can to keep staff on the payroll and continue to provide such essential services.

On the other hand, those who have remuneration using the capitation models have been impacted very differently. Since they are also experiencing a decrease in appointments, the road ahead doesn’t look promising due to the expected influx of patients after the pandemic. At that point in time, the surge of Ontarians finally wanting to visit their doctors will create much stress in such clinics due to their remuneration model.

I want to take this opportunity to thank all doctors and physicians for their dedication to their profession and to their fellow Ontarians. We have seen the resilience that our doctors have demonstrated so far during the pandemic, and for that, we need to make sure to be there for them in return. To do so, we need to ensure the funding models take into consideration the ongoing reality so that all Ontarians are looked after.

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Mr. Mike Schreiner: It is an honour to rise today to offer our heartfelt thanks to doctors across Ontario, to

honour National Physicians' Day and Ontario's Doctors' Day on May 1.

Speaker, doctors have done so much to serve our community and care for our loved ones through this pandemic. Whether it's dealing with changes in emergency rooms, intubating patients in our ICUs or being forced to pivot to doing online support to their patients, doctors have truly been heroes during this pandemic.

Ontario Doctors' Day was established on May 1 to coincide with the birthday of Canada's first female physician, Dr. Emily Stowe. And while I want to thank doctors across Ontario, I want to highlight two female doctors in my riding who have really stepped up during this pandemic.

Dr. Nicola Mercer, who is Chief Medical Officer of Health and CEO for Wellington-Dufferin-Guelph Public Health, was the first medical officer of health to issue a mask mandate in Ontario. And I can tell you, Speaker, from some of the responses that came in to my office, it was a very courageous thing to do in the early days of the pandemic. I want to commend her for that. I want to commend her for having the courage and the foresight. Others followed her lead. She has also taken a huge lead in just establishing a vaccine rollout plan and having an online appointment portal ready to go far before others did in Ontario.

I also want to thank Dr. Anne-Marie Zajdlik, who in the early days of the pandemic set up our first testing clinic. It was in the days before we really knew much about what COVID was like. I remember her because she would call my office asking for PPE, or asking for help, or asking for this—or could I call the government for that? And I just thought of the courage she showed and the courage other doctors showed, setting up that testing clinic and working with COVID patients in the early days before we really knew how the disease spread.

So, on May 1, at 9 p.m. when we all raise a light to doctors, I just want to say thank you for your bravery, your dedication and the fact that you put patients first. I will conclude by thanking doctors who have been speaking out. Doctors oftentimes don't get political, but I want to thank the doctors who have been speaking out through this pandemic.

MOTIONS

ORDER OF BUSINESS

Hon. Paul Calandra: Speaker, I am seeking unanimous consent that, notwithstanding any standing order or special order of the House, the order for second reading of Bill 284, An Act to amend the Employment Standards Act, 2000 be immediately called; and

That the Speaker shall immediately put the question on the motion for second reading of the bill without debate or amendment; and

That the bill shall be ordered for third reading, which order shall immediately be called; and

That the Speaker shall immediately put the question on the motion for third reading without debate or amendment; and

That the votes on second and third reading of the bill shall not be deferred.

The Speaker (Hon. Ted Arnott): Mr. Calandra is seeking the unanimous consent of the House that, notwithstanding any standing order or special order of the House, the order for second reading of Bill 284, An Act to amend the Employment Standards Act, 2000 be immediately called; and

That the Speaker shall immediately put the question on the motion for second reading of the bill without debate or amendment; and

That the bill shall be ordered for third reading, which order shall immediately be called; and

That the Speaker shall immediately put the question on the motion for third reading without debate or amendment; and

That the votes on second and third reading of the bill shall not be deferred.

Agreed? Agreed.

Motion agreed to.

COVID-19 PUTTING WORKERS FIRST ACT, 2021

LOI DE 2021 DONNANT LA PRIORITÉ AUX TRAVAILLEURS FACE À LA COVID-19

Mr. McNaughton moved second reading of the following bill:

Bill 284, An Act to amend the Employment Standards Act, 2000 / Projet de loi 284, Loi modifiant la Loi de 2000 sur les normes d'emploi.

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

Second reading agreed to.

COVID-19 PUTTING WORKERS FIRST ACT, 2021

LOI DE 2021 DONNANT LA PRIORITÉ AUX TRAVAILLEURS FACE À LA COVID-19

Mr. McNaughton moved third reading of the following bill:

Bill 284, An Act to amend the Employment Standards Act, 2000 / Projet de loi 284, Loi modifiant la Loi de 2000 sur les normes d'emploi.

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

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

PETITIONS

LONG-TERM CARE

M^{me} France Gélinas: I would like to thank Terry Trottier, who went around to all of the residents of Red Oak Villa to collect names on this petition. It reads as follows:

“Ban Retirement Home PPE Charges.

“To the Legislative Assembly of Ontario:

“Whereas Ontario’s retirement homes are largely privately owned corporations; and

“Whereas these businesses have a responsibility to provide personal protective equipment”—better known as PPE—“to their employees; and

“Whereas many retirement homes are adding PPE charges to the residents’ monthly bill, but the PPE is not for the residents but for the employees of the retirement home; and

“Whereas residents of some Sudbury retirement homes have effectively organized letter-writing campaigns and actions to have the PPE charges to residents cancelled and recognized as a retirement home’s cost of doing business;”

They petition the Legislative Assembly as follows:

“Treat our province’s seniors with respect and ban any additional COVID-related fees, including PPE, to retirement home residents.”

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

POLICE SERVICES

Ms. Mitzie Hunter: I have a petition to the Legislative Assembly of Ontario.

“Roll Back Emergency Police Powers

“To the Legislative Assembly of Ontario:

“Whereas in Ontario the COVID-19 infection rate is out of control, ICU beds are full, patients are being transferred around the province and field tent health facilities are being set up;

“Whereas the Ford government’s response to the pandemic in Ontario has been to authorize police to stop, question and potentially fine residents;

“Whereas it has been established that the use of police powers has a disproportionately negative impact on” Black, Indigenous, people of colour “communities in Ontario;

“Whereas these BIPOC community members make up a large portion of essential workers who need to leave their homes to work in our hospitals, LTC homes, grocery stores and other essential service workplaces;

“We, the undersigned, demand the emergency police powers to be rescinded.”

I will sign this petition and submit it to the table.

HEALTH CARE FUNDING

M^{me} France Gélinas: I would like to thank Mike Larocque from Val Caron in my riding for these petitions.

“Neurological Movement Disorder Clinic in Sudbury.
“To the Legislative Assembly of Ontario:

“Whereas northeastern Ontario has a high rate of neurological movement disorders; and

“Whereas specialized neurological movement disorder clinics provide essential health care services to those living with diseases such as Parkinson’s, Huntington’s, dystonia, Tourette’s and others; and

“Whereas the city of Greater Sudbury is recognized as a hub for health care in northeastern Ontario;”

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They petition the Legislative Assembly as follows:

“Immediately set up a neurological movement disorder clinic in ... Sudbury ... that is staffed by a neurologist who specializes in the treatment of movement disorders, a physiotherapist and a social worker, at a minimum.”

I support these petitions. I will affix my name to it and send it to the Clerk.

COVID-19 RESPONSE

Mr. Deepak Anand: “To the Legislative Assembly of Ontario:

“Whereas new mutations of COVID-19—known colloquially as variants of concern (VOC)—originating in other parts of the world are the main drivers of the devastating, and are currently entering both Canada and the province of Ontario by way of international travel; and

“Whereas the provincial government has taken decisive action to stop the spread of new COVID-19 variants by closing interprovincial land and water borders and by instituting a first-in-Canada program of mandatory on-arrival COVID-19 testing for international flights; and

“Whereas further action is needed from the federal government to restrict international travellers who are at heightened risk of spreading COVID-19 and variants of concern from entering the province of Ontario;

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

“To immediately, through all means at the disposal of the government, petition the federal government to take swift and decisive action to curb all non-essential international travel to protect Ontario’s public health care system from the unprecedented strains currently facing it if current trends are left unchecked.”

I’ll sign this and pass it on to the ushers.

ADDICTION SERVICES

M^{me} France Gélinas: I would like to thank people from Sudbury and Nickel Belt for these petitions.

“Northern Ontario’s Opioid Overdose Crisis is a Public Health Emergency.

“To the Legislative Assembly of Ontario:

“Whereas Greater Sudbury first responders attended to 268 suspected opioid overdoses, including 83 deaths in 2020 and 46 deaths from January to April 2021;

“Whereas Greater Sudbury’s per capita overdose death rate is almost three times the Ontario average; and

“Whereas Greater Sudbury and surrounding communities need urgent action from the provincial government to save lives;”

They petition the Legislative Assembly as follows: “To declare the opioid overdose crisis in northern Ontario a public health emergency, and commit to funding for comprehensive, evidence-based local health and community initiatives and infrastructure, such as a supervised consumption site and a residential treatment facility.”

I support these petitions. I will affix my name to it and send it to the Clerk.

COVID-19 RESPONSE

Mr. Kaleed Rasheed: “To the Legislative Assembly of Ontario:

“Whereas new mutations of COVID-19—known ... as variants of concern (VOC)—originating in other parts of the world are the main drivers of the devastating, and are currently entering both Canada and the province of Ontario by way of international travel; and

“Whereas the provincial government has taken decisive action to stop the spread of ... COVID-19 variants by closing interprovincial land and water borders and by instituting a first-in-Canada program of mandatory on-arrival COVID-19 testing for international flights; and

“Whereas further action is needed from the federal government to restrict international travellers who are at heightened risk of spreading COVID-19 and variants of concern from entering the province of Ontario;

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

“To immediately, through all means at the disposal of the government, petition the federal government to take swift and decisive action to curb all non-essential international travel to protect Ontario’s public health care system from the unprecedented strains currently facing it if current trends are left unchecked.”

I wholeheartedly sign this petition and I will send it to the table.

DOCUMENTS GOUVERNEMENTAUX

M^{me} France Gélinas: J’aimerais remercier M^{me} Solange Boudreau de Hanmer dans mon comté pour ces pétitions.

« Accents en français sur les cartes de santé de l’Ontario... »

« Alors qu’il est important d’avoir le nom exact des personnes sur les cartes émises par le gouvernement, » telle la « carte santé...; »

« Alors que plusieurs personnes francophones ont des accents dans l’épellation de leur nom; »

« Alors que ... le ministère de la Santé » a « confirmé que le système informatique de l’Ontario ne permet pas l’enregistrement des lettres avec des accents; »

Ils pétitionnent « l’Assemblée législative de l’Ontario pour qu’elle s’assure que les accents de la langue française

soient inclus sur tous les documents ... émis par le gouvernement de l’Ontario, » et ce, incluant la carte santé.

J’appuie cette pétition. Je vais la signer et je l’envoie à la table des greffiers.

COVID-19 RESPONSE

Ms. Christine Hogarth: Petition “To the Legislative Assembly of Ontario:

“Whereas new mutations of COVID-19—known ... as variants of concern (VOC)—originating in other parts of the world are the main drivers of the devastating” disease “and are currently entering both Canada and the province of Ontario by way of international travel; and

“Whereas the provincial government has taken decisive action to stop the spread of new COVID-19 variants by closing interprovincial land and water borders and by instituting a first-in-Canada program of mandatory on-arrival COVID-19 testing for international flights; and

“Whereas further action is needed from the federal government to restrict international travellers who are at heightened risk of spreading COVID-19 and variants of concern from entering the province of Ontario;

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

“To immediately, through all means at the disposal of the government, petition the federal government to take swift and decisive action to curb all non-essential international travel to protect Ontario’s public health care system from the unprecedented strains currently facing it if current trends are left unchecked.”

I wholeheartedly agree with this petition. I’m happy to sign it and send it to the table.

ANTI-SMOKING INITIATIVES FOR YOUTH

M^{me} France Gélinas: I would like to thank all the youths from all over Ontario who sent me these petitions.

“Whereas:

“—In the past 10 years in Ontario, 86% of all movies with on-screen smoking were rated for youth;

“—The tobacco industry has a long, well-documented history of promoting tobacco use on screen;

“—A scientific report released by the Ontario Tobacco Research Unit estimated that 185,000 children in Ontario today will be recruited to smoking by exposure to on-screen smoking;

“—More than 59,000 will eventually die from tobacco-related cancers, strokes, heart disease and emphysema, incurring at least \$1.1 billion in health care costs; and whereas an adult rating (18A) for movies that promote on-screen tobacco in Ontario would save at least 30,000 lives and half a billion health care dollars;

“—The Ontario government has a stated goal” of achieving “the lowest smoking rates in Canada;

“—79% of Ontarians support not allowing smoking in movies rated” for youth;

“—The Minister of Government and Consumer Services has the authority to amend the regulations of the Film Classification Act...;”

They “petition the Legislative Assembly ... as follows:

“—To request the Standing Committee on Government Agencies examine the ways in which the regulations of the Film Classification Act could be amended to reduce smoking in youth-rated films released in Ontario;

“—That the committee report back on its findings to the Legislative Assembly of Ontario, and that the Minister of Government and Consumer Services prepare a response.”

I support this petition, will affix my name to it and send it to the Clerk.

COVID-19 RESPONSE

Ms. Natalia Kusendova: “To the Legislative Assembly of Ontario:

“Whereas new mutations of COVID-19—known colloquially as variants of concern (VOC)—originating in other parts of the world are the main drivers of the devastating” disease “and are currently entering both Canada and the province of Ontario by way of international travel; and

“Whereas the provincial government has taken decisive action to stop the spread of new COVID-19 variants by closing interprovincial land and water borders and by instituting a first-in-Canada program of mandatory on-arrival COVID-19 testing for international flights; and
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“Whereas further action is needed from the federal government to restrict international travellers who are at a heightened risk of spreading COVID-19 and variants of concern from entering the province of Ontario;

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

“To immediately, through all means at the disposal of the government, petition the federal government to take swift and decisive action to curb all non-essential international travel to protect Ontario’s public health care system....”

I agree with this petition and I affix my signature to it.

ORDERS OF THE DAY

ADVANCING OVERSIGHT
AND PLANNING IN ONTARIO’S
HEALTH SYSTEM ACT, 2021
LOI DE 2021 VISANT À FAIRE
PROGRESSER LA SURVEILLANCE
ET LA PLANIFICATION DANS
LE CADRE DU SYSTÈME
DE SANTÉ DE L’ONTARIO

Resuming the debate adjourned on April 29, 2021, on the motion for second reading of the following bill:

Bill 283, An Act to amend and enact various Acts with respect to the health system / Projet de loi 283, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Acting Speaker (Ms. Jennifer K. French): I return to the member from Nickel Belt.

M^{me} France Gélinas: It is my pleasure to talk about Bill 283, An Act to amend and enact various Acts with respect to the health system. This is what we call an omnibus type of bill. It has four different schedules, and I will talk about the four schedules in the way that they appear in the bill.

The first schedule has to do with vaccination reporting. I cannot tell you, Speaker, how disappointed I am that at this point, about 15 months into the pandemic, when we knew full well that the pandemic was not going to affect all of us equally—there are the social determinants of health that have been in play forever—that Ontario does not collect race-based data, that Ontario did not have a vaccination plan that would make sure that the people that were most at risk of contracting the virus, of getting sick from the virus and of dying from COVID were not the ones who were put at the front of the list.

I want to talk a little bit about the statistics. You will all remember, the vaccine came, and the government of Ontario announced on—I’m going by memory—December 12 that we had a team that was going to lead the vaccination plan. A week later, the first shipment of the vaccine happened. Then Christmas happened: Everything went flat. And then we started vaccinating elderly people in our long-term-care homes, then in our retirement homes, then the staff who deal with those people.

Everyone agrees—and I think in this House everyone agrees. We have seen the statistics: Over 95% of the people who have died from contracting COVID-19 were over the age of 60, so it made sense that the vaccination plan was put so that we target the people who are most at risk. We went into long-term-care homes. We went into retirement homes.

But did you know, Speaker, that of the people over the age of 80, as of the last stats that I have, 88,289 Ontarians have not been vaccinated? Of the people between the ages of 75 and 79: 108,000 Ontarians have not been vaccinated. Of the people between 70 and 75: 279,000 Ontarians have not been vaccinated. Of the people between 65 and 69: 618,000 of them have not been vaccinated.

How could we have a plan that leaves so many of the vulnerable people behind? How could we have a plan that keeps moving forward, adding more and more and more people to the list without looking at who we’re leaving behind? The people who are most at risk of dying from COVID, we all know, are elderly people. How could it be that we still have 88,289 over the age of 80 who are not vaccinated and who are not on the booking system either to be vaccinated? How could that be?

So we have here in schedule 1, a schedule to report—I would say it is extremely important that we report. It is extremely important that we know where the vaccine is going to, so that we can adjust, so that we can make sure that the vaccine goes to the people who most need it.

Some of you will be familiar with the legal suit being brought forward by David Baker and Kimberly Srivastava of BakerLaw, on behalf of their client David Daneshvar, against the province of Ontario as well as the Ministry of Health. The case alleges that the province has not done what it must to ensure equity in the COVID-19 vaccination program. To make it clearer: This went to court last Friday. We expect the court to rule—basically, it could be today or tomorrow. They said they would rule quickly, but I don't really know what "quickly" means when we're dealing with the courts. So we'll wait and see, but we expect it to be pretty soon.

The Canada Health Act requires that the province ensure health care services are reasonably accessible without financial or other barriers. The Health Protection and Promotion Act and Ontario public health standards identify equity as foundational to achieving other public health goals.

I understand that it is also contended that the vaccine rollout violates the Human Rights Code—more specifically, sections 7 and 15 of the Charter of Rights and Freedoms.

Although this is the largest public health initiative ever undertaken, the vaccine rollout has shown that our equity obligations have not been met. The government knows that people continue to suffer and die because those who require the COVID-19 vaccine the most cannot gain access to it.

The University Health Network's Dr. Andrew Boozary says that the difference in vaccination rates between hot spots and other neighbourhoods is one of the defining disparities in modern public health.

In Ontario, access to life-saving medication should be dictated by health fragility and need, not computer agility and speed. And yet, this government was in court last Friday fighting against vaccine equity, rather than working with the health experts and community stakeholders on the ground to improve fair access.

I would say to the government: Rather than wasting money fighting health equity in court, you should just get on with the job and vaccinate those most in need.

According to the Toronto Star, five high-risk postal codes recommended by the Ontario COVID-19 Science Advisory Table were not prioritized as hot spots, while eight low-risk neighbourhoods were made hot spots.

University of Toronto infectious disease specialist Dr. Anna Banerji said, "Someone's intervening saying that these regions, they want covered for whatever purpose. It's not based on science and evidence."

Ontarians deserve fair access to vaccines. The government has to tell this Legislature how it has chosen to identify low-risk areas as hot spots and left true hot-spot areas off the list.

I want to share the story of Carol Ramage, an 80-year-old home care recipient in Halton. She has a variety of chronic illnesses and is mainly confined to her bed. And yet, both Halton public health and Halton Healthcare have told Mrs. Ramage's daughter Kirsten that she must attend Oakville Trafalgar hospital to get vaccinated. Because of

Mrs. Ramage's condition, she would have to pay for a private ambulance to take her to the hospital and then pay for her to come back home. Right now, the government is fighting against vaccine equity and people like the Ramage family are wasting precious dollars to try to get vaccinated.

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The solutions are known. For example, the government could direct pharmacies to identify their homebound customers and work with home care and primary care to arrange for vaccinations. The province has focused on mass clinics, but public health units need a lot more resources to vaccinate the homebound and those in the hot-spot neighbourhoods. This is what the experts are telling us. When is this government going to actually do this?

Schedule 1 makes it clear that we don't have race-based data in Ontario. We know full well that Black, Indigenous, people of colour and racialized people are not getting the vaccine as much as the rest of us. Have a look at who is in hospital right now. Who is in our intensive care units? Who is on ventilators? They are Black and racialized essential workers. But yet when the camera pans and shows us who is waiting in line at those mass vaccination clinics, they look like me, Speaker. They are white people in line, when we know that it is racialized people who are most at risk of getting sick and have ended up in the hospital, ended up in an ICU on a ventilator and, unfortunately, are dying from the disease. There is nothing in this bill that will guarantee race-based data. We're in 2021. We are 14 months into this pandemic and still nothing.

Schedule 2 has to do with PSWs. The government is going to give PSWs a registry. They call it an "authority," but really it's a registry. You could register to show that you are a PSW. It is not a college. A college exists to protect the public. We already have colleges for 27 health care disciplines. It is not a college; it is a registry.

At the end of the day, I have no strong opposition to a registry, but I have very strong oppositions to the fact that we are not doing anything to help recruit and retain a stable workforce of PSWs. Ask any PSW or go online and look at all of the different PSW groups; I'm sure you get just as many emails, messages etc. as I do. PSWs want to do that work.

The Auditor General tabled her report yesterday on long-term care, and here again we see that if you become a PSW and work in long-term care, which is better than working in home and community care, better than working in home care, you could work your entire career and never get a full-time job. You will work your entire career barely making over minimum wage with no hope of a pension plan, no hope of a dental plan, no hope of a medication plan or a drug plan, no hope of a paid sick day.

Who wants to go into employment where the chances of working full-time are very low? The chances of having decent benefits, a pension plan, a drug plan, paid sick days, a workload that a human being could handle—who would want to take those jobs? I can tell you that of all of the PSWs who get recruited into long-term care, 40% of them don't finish their first year; 60% of them will not be there

into the second year. It's not because they don't love what they do. Most of the people who are PSWs are excellent at what they do. They love what they do. They care for the people who are in their care. They provide fantastic care to their residents, who they call their friends and sometimes their family because they care about them so much.

But like every other Ontarian, at the end of the month they have to pay rent and every day they have to feed their kids. If you have a job that is not full-time, that doesn't pay well, that doesn't give you any benefits, that doesn't give you paid time off, that doesn't give you a workload that a human being can handle, then you start to look elsewhere, because at the end of the month, you will have to pay rent and every day you will have to provide for your kids. This is the problem with PSWs.

I give the example that, in my community, I have seven long-term-care homes. They do fantastic work with what they have, but all of them have a hard time recruiting and retaining PSWs. Yet when our hospital puts out an ad for recruiting one PSW, they will receive hundreds of applicants. Why? Because in the hospital, you are unionized. You get full-time work. You get decent pay. You get paid sick leave. You get a pension plan, a drug plan, a dental plan. You get a good job.

Make PSW jobs careers, and we don't need all of this PSW registry authority and all of this. That's not what PSWs want. PSWs want to be able to work caring for our loved ones, but they want a job that will allow them to make ends meet if they work as a PSW. It's as simple as that. You can solve this problem. It is within us to solve this problem.

My friend the MPP from Sudbury put forward a bill that would legislate a minimum wage for PSWs. First, it's a little bit sad that we need to legislate a minimum wage for PSWs. But this is something we can do. We are legislators. We make laws. This is why we get elected, to come in here and make laws. We could, today, pass the bill, like we did—we passed a bill today. It was tabled at 11:30 this morning and by 1:30 it was law: three paid sick days. We could do the same thing for PSWs. Give them a guaranteed minimum wage. That would go a long way.

Legislate that retirement homes, long-term care, home and community care—that a minimum of 75% of their staff has to be full-time. I'm old enough to remember when we did that for nurses. Nurses were treated the same a couple of decades ago. They all worked part-time. They were all on call. ONA stepped in and negotiated, and we got that: A minimum of 70% of the jobs of nurses are now full-time. It changed everything. Nursing jobs became good jobs. They were not that good when I started my career. They are good jobs now.

We could do the same thing for PSWs. Mandate that every employer has to have at least 75% of their staff working full-time. Look at the report that the Auditor General just gave us. She goes through the number of PSWs, RPNs, RNs and nurse practitioners who work within the long-term-care sector, the percentage of them who are full-time, the percentage of them who stay for more than 12 months, who stay for more than 24 months.

We can invest all of the money we want luring people into taking PSW jobs and giving them \$13,000 that goes to private colleges to put out PSWs. A year later, they're not going to be working in the field of PSW anymore in Ontario, because they realize that they cannot pay the rent, they cannot feed their kids on the part-time jobs that they're able to get as a PSW. We all know why there is no full-time job, because it is cheaper to have part-time workers than it is to have full-time workers. It's as simple as that.

Think about it: Quality of care is directly linked to quality of caregiver, which is directly linked to continuity of caregiver. Would you rather have the same person give you your bath twice a week—because that's the standard, twice a week—than strip naked in front of different strangers twice a week for the rest of your life? Because this is what it feels like when you have a different PSW helping you bathe twice a week in long-term care.

Of course, everybody would like to have the same PSW look after them. You establish a strong human relationship. They get to know one another. They enjoy each other's company. The worker gets to know who their children are, a bit of their life. It makes the relationship so much richer.

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Everybody knows that. The long-term-care-home operator knows that. The home care operators know that. We all know that. None of this is happening, but it could. We could make that happen. We could legislate a minimum salary—the bill is there. Let's pass it this afternoon. We could legislate that 75% of those jobs become full-time jobs, like we did for nurses way back then. Then it would change, and I would say that the need for this authority is questionable.

Why do you want this right now? Anybody will continue to hire people, whether they're a member of this PSW authority or not. I can guarantee you that there will be lots of home care providers who hire anybody as a PSW. They're not going to call them PSWs maybe anymore. I don't see anything in the bill where it becomes a restricted title. Everybody's still able to use it. I could call myself a PSW tomorrow morning; so could you; so could all of us. It's not a restricted title. Anybody can use it. The bill doesn't affect any of this. So home care providers will say, "Oh, absolutely. We're hiring PSWs."

You're asking PSWs to pay money to get on a registry that is not going to improve their jobs, is not going to improve their pay, is not going to improve their workload. It's not going to change anything of the basic problems PSWs face each and every day.

Why are we doing that again, Speaker? Why are we doing it? The Liberals tried this. They put a registry together, and how did it go? There was this guy who was—I'm trying to remember if he was a bricklayer or a construction—anyway. I think he was a bricklayer and he registered as a PSW just to show that the registry did not work, and then a whole bunch of other people did the same. It was a sham. You went to this registry that the Liberal government had put forward, and it was a sham.

It's now been closed. Nobody missed it—a thing of the past.

We have a new government who's bringing forward this new registry of PSWs. If you do something wrong, you will be held accountable. You will have to pay to become members of this, but that's not going to help anybody get continuity of care, or get to make a PSW job a career, which is what we all know we need.

A whole lot of details about the authority are going to come in regulations; it's yet to know what this will look like. Could we have in regulations a minimum pay for PSWs? I doubt that, Speaker. I doubt that very much. Anything that requires money is usually required to come to this House. This is what it is.

Home and community care is where people want to stay. If you ask most of the people on the list to go into long-term care, they don't want to go. They would like to stay home. But in order to stay home, they need to be supported. They need to be respected where they live. And who does that? PSWs do that. PSWs are the ones who do most of the work in home and community care, but for the last 12 years, the home and community care sector has seen a zero base budget increase. The needs increased, the number of people who need this service increased, but the pay that you get when you work in home and community care has not increased. The workload has increased but not your pay. Actually in the 12 years, there was one year where they got 2%, but in this budget that was just put forward, there is zero money for the home and community care sector, yet we all know that through the pandemic, the home and community care sector has been a very safe place for older people. A lot of people actually took their loved ones out of long-term care because they were afraid of what was going on in there, for good reason. They brought their loved ones home, and they rely on the home and community care sector to be able to care for their loved ones at home.

This is a model that works. This is a model that Ontarians want. They want to age at home, but there was no money in the budget to make sure that our PSWs make more than minimum wage, that they are paid when they go from one client to the next. The PSWs who work in my riding often stopped in, when we were allowed, and showed me their mileage: 750 kilometres in northern Ontario in the middle of the winter. It takes a lot of hours to travel 750 kilometres. They don't get paid for that time.

Who doesn't get paid for the time they spend at work? PSWs don't. How could that be? Let's face it: They're mainly racialized women. They're almost all women; a huge quantity of them are racialized women. Why are we treating them so poorly?

When I see a bill coming forward that talks about PSWs, I say, don't give those people false hope. Don't pretend that putting an authority together will give them full-time work. Don't pretend that putting an authority together will increase their wages. Don't pretend that putting this authority together will give them jobs that have paid sick days, that have a pension plan, that have a dental plan, that have a drug plan, because I can tell you

right now, if you're a PSW listening, there's nothing in that bill that will do this.

All that bill will do is have this new committee with a board of directors, for which you will have to pay money to belong to an authority that all PSWs will belong to. If you do something wrong, this authority will have a whole bunch of power over you. There's nothing wrong with making sure everybody does good work, but it would be nice to look at the fundamental problems of why we are in the situation we are in, and that's not in the bill.

This morning, the minister talked a lot about Ontario health teams and this idea that hospitals, long-term care, primary care, home and community care, palliative care, mental health—am I missing one? I think I have them all—would work together. Great idea. We actually already do this in part of northern Ontario where people realize that if your primary care is better connected to mental health, is better connected to care in the community, things go better.

I would like to give the example of Huron Shores Family Health Team and the East Algoma Ontario Health Team. My colleague from Algoma-Manitoulin and I have gone to see the Minister of Health on a number of occasions regarding Ontario health teams. This is a model that this government has put together that has merit and that is being supported in different parts of the north, but the scale of it does not make sense in northern Ontario.

We already have East Algoma Ontario Health Team that wrote to the minister asking for their support to become an Ontario health team, to become East Algoma Ontario Health Team. They already meet the criteria. They have hospitals. They have long-term care. They have primary care. They have mental health. They have home and community care. Everybody's together. But being in northern Ontario, the population is smaller, and the government is saying, "No, you should be part of Sault Ste. Marie. East Algoma is just east of Sault Ste. Marie. You should be part of the Sault Ste. Marie health team so that you have hundreds of thousands of people."

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I'm sorry, but if you live in Espanola, you never go to Sault Ste. Marie, because it's three hours away. If you look on Manitoulin Island, I bet you half of the people on Manitoulin Island have never gone to Sault Ste. Marie, because it's four, five hours' drive away. Don't put all those people in one team. This is not a team anymore. They don't know that hospital. They don't know the physicians who work there. They don't know anything there, but they belong to east Algoma. Elliot Lake and all the little villages on the north shore—all of these belong to east Algoma and want to be an Ontario health team for east Algoma. They already work good together, but they're not allowed to do this, because the numbers are too low.

I would ask this government to really put a northern lens on your idea of Ontario health teams, because for northern Ontario, to group hundreds of thousands of people together means that you are grouping people that live hundreds of kilometres away from one another—300,

400, 500 kilometres away from one another—and that’s not a team. Those people have nothing in common with one another. Those people don’t know one another, and it doesn’t make sense. But as the minister mentioned them this morning, I thought I would remind her.

The next part of the bill has to do with physician assistants. Physician assistants actually have been active in northern Ontario for some time. The member from Timiskaming will know that his community health centre was one of the first ones. After the war in Afghanistan, the army forces trained a lot of physician assistants. They are basically trained to see it all and do it all. They are deployed with the soldiers and help in whatever comes up, whether it be a big blow-up where people get amputated and all of this, or whether it be post-traumatic stress disorder or whatever. Once the war in Afghanistan ended and soldiers started coming back to northern Ontario, we had a few of them who were trained as physician assistants. The community health centre in John Vanthof’s riding of—

Interjection.

M^{me} France Gélinas: Timiskaming–Cochrane—thank you, Speaker—was one of the first to include physician assistants into the team. They worked really good as part of a team. But here again, schedule 3, which will recognize physician assistants as part of the College of Physicians and Surgeons of Ontario—I have a wee bit of a worry that their voice will be very small compared to the voice of surgeons and everybody who does procedures. There’s kind of a hierarchy of sexiness, we’ll call it, in health care, and people who do surgery and procedures tend to be higher than people who don’t. It’s true for the college of physicians, and nurses also, so physician assistants, I have a smidgeon of a feeling, will be at bottom of the sexiness list, and that doesn’t work well for northern Ontario.

In northern Ontario, do we need nurse practitioners? Absolutely. Could we use more physician assistants? Absolutely. But to put them 100% under the auspice of a physician is always problematic for us. We often find communities where the only access to primary care will be a nurse practitioner. It could just as well be a physician assistant, but because the physician assistant has to be under the directive of a physician at all times, the minute the community loses their physician, you lose it all. It doesn’t matter that the physician assistant is still there, still knows the patients, still has the same skills they had the week before. Once the physician is gone, they are not allowed to practise anymore.

So I would like us to be very mindful, when we put physician assistants under the College of Physicians and Surgeons of Ontario, that we don’t do to physician assistants the same thing we did to nurse practitioners. It didn’t matter that they had the knowledge and skills to have a scope of practice that big. We gave them a scope of practice that big. Then, it didn’t matter that they knew how to prescribe medications. We told them, “You have to prescribe from the list.” We put so many barriers on what they could do that it was really hard for them to look after us.

There is a role for physician assistants to play, and I would like to make sure that when we send schedule 3, where physician assistants become regulated under the College of Physicians and Surgeons of Ontario, we make it clear that they need to have independent practice, at some point, for some of the scope that is safe for the public. Colleges exist for one reason: to protect the public. If a physician assistant is safe in providing a level of care—we call that scope of practice—then that scope of practice should be recognized, without having to be under the directive of a physician all the time. In northern Ontario, we often cannot recruit physicians, but we’re able to recruit nurse practitioners and physician assistants. So think about us when you do the final reading of schedule 3.

On schedule 4, psychology and applied behaviour analysis: It has been a request of applied behaviour analysis providers to be regulated by a college for some time. I think this could be something that is well received.

Madame la Présidente, j’aimerais, avec les quelques minutes qu’il me reste, passer au travers du projet de loi 283, la Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé. Le projet de loi est constitué de quatre annexes. C’est un peu un projet de loi de type omnibus parce qu’il y a plusieurs sujets sous un même projet de loi qui ne sont pas vraiment reliés.

La première annexe du projet de loi consiste à s’assurer que le gouvernement a des statistiques au sujet des personnes auxquelles on a administré le vaccin contre la COVID-19. Ça, c’est quelque chose qui est quasi-impensable. Comment est-ce qu’on peut être le 29 avril 2021, quand on sait très bien que ce ne sont pas toutes les communautés et toutes les populations qui ont été affectées par la COVID de la même façon? On sait très bien que ce sont, en grosse majorité en ce moment, les travailleurs essentiels qui attrapent le virus, qui tombent malade, qui sont admis à l’hôpital, qui sont admis aux soins intensifs, qui doivent être sous un ventilateur et malheureusement, souvent, qui en décèdent. On sait que ce sont les travailleurs/travailleuses essentiels qui sont le plus à risque. On sait que ce sont les minorités visibles, les personnes noires, les personnes autochtones, les personnes de couleur qui sont plus à risque. On sait que pour les aider on doit avoir un plan de vaccination qui prend ça en compte. Mais il n’y a rien de ça qui est possible parce que le gouvernement n’a jamais mis en place un système pour que l’on capture cette information-là.

Si tu vas dans un centre de vaccination, les gros centres de vaccination, et souvent—je regarde tout le temps, à la télé de Toronto, ils nous montrent des grandes, grandes listes de gens qui attendent pour aller se faire vacciner.

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On sait c’est qui qui est à risque, et on voit c’est qui qui est en ligne pour se faire vacciner. Les personnes en ligne pour se faire vacciner sont souvent des personnes comme moi : des personnes de race blanche, avec un emploi, avec un ordinateur, avec un téléphone cellulaire. Par contre, les personnes qui sont le plus à risque et qui devraient être vaccinées, elles, n’y ont pas autant accès.

Qu’on soit rendu le 29 avril 2021, puis qu’on ait un projet de loi qui dit que le gouvernement veut capturer un

minimum d'information, c'est admettre que tout ça, ça n'a pas été fait depuis le début.

On sait—ça fait quasiment un an de ça que Moderna nous a dit qu'ils s'en venaient avec un vaccin. Pourquoi est-ce qu'on n'a pas mis un plan de vaccination en place qui s'assure que les personnes qui sont les plus vulnérables sont en haut de la liste—non seulement qu'on les nomme en haut de la liste, mais qu'on a des structures en place pour s'assurer qu'il n'y a pas de barrières à l'accès et que ces gens-là ont accès au vaccin? Il n'y a rien de ça qui a été fait. Il n'y a rien de ça qui a été fait.

Le 12 décembre, le premier ministre nous a annoncé qu'il avait mis une table de travail ensemble, un groupe de travail pour mettre en place un plan de vaccination. Une semaine plus tard, aux alentours du 19, on a reçu notre première livraison de vaccins. Noël est arrivé : il ne s'est rien passé pendant toute la période des fêtes. Après les fêtes, on a recommencé la vaccination, et c'était le désastre total. On savait qu'il y avait encore beaucoup foyers d'éclosions dans nos maisons de soins de longue durée. Il y avait encore beaucoup de maisons de soins de longue durée où des dizaines et des dizaines de résidents et résidentes avaient la COVID. Et, malheureusement, à tous les jours, on voyait les statistiques que les résidents et résidentes des maisons de soins de longue durée en mouraient, de la maladie. Mais le vaccin a été donné dans les hôpitaux, à des gens qui travaillaient dans les hôpitaux. On devait amener les gens de la maison de soins de longue durée—voyons donc. Comment ça se fait qu'au Québec, ils ont fait livrer leurs vaccins directement dans les maisons de soins de longue durée? La journée qu'ils les ont reçus, ils ont commencé à vacciner. Pourquoi qu'on n'était pas prêt?

Et là, on est rendu à la fin d'avril. On voit que nos hôpitaux sont pleins. On voit que des gens qui auraient pu être protégés, qui auraient dû être protégés, ne le sont pas. Et, encore à ce jour, on ne capture pas les données. Sans les données, on n'a pas ce qu'il faut pour s'assurer que les changements sont faits au plan de vaccination pour que ça soit équitable à tous.

En ce moment, vendredi dernier, le gouvernement était en cour ici à Toronto—pas loin d'ici, en fait—pour défendre la cause qu'il n'a pas mis une lentille d'équité sur son plan de vaccination. Plutôt que de travailler avec les plaintifs, plutôt que de travailler et de dire : « Oui, on va faire mieux », le gouvernement dépense de l'argent en cour pour rien. C'est sa responsabilité. C'est la responsabilité du gouvernement que tout le monde a un accès équitable et que, le plus à risque que tu es, le plus qu'on devrait mettre des systèmes en place.

J'ai lu l'histoire d'une dame de Halton qui, pour elle, pour avoir accès au vaccin, la seule façon qu'elle peut avoir accès au vaccin c'est de se rendre à l'hôpital. Pour elle de se rendre à l'hôpital, ça veut dire payer pour une ambulance qui va l'amener de chez elle à l'hôpital pour se faire vacciner, et de payer pour une autre ambulance de l'hôpital pour revenir chez elle. Ça, ce sont des centaines de dollars. On peut tous comprendre, là, qu'il y a une barrière à l'accès pour ces gens-là. Bien, elle n'est pas la

seule. Bien que plus de 95 % des gens qui sont morts de la COVID sont âgés de plus de 60 ans. On sait également que 88 289 personnes de plus de 80 ans n'ont ni reçu le vaccin, ni sont-ils sur la liste des gens qui ont booké un rendez-vous. Pour les gens de 75 à 79 ans, c'est 108 000 personnes; pour les gens de 70 à 75 ans, c'est 279 000; et pour les gens de 65 à 69 ans, c'est 618 000 personnes.

Comment est-ce qu'on peut, dans un côté, s'entendre que les gens de plus de 60 ans sont ceux qui sont le plus à risque? On les a mis en haut de la liste des personnes qui devraient se faire vacciner. On va tous se souvenir que quand les cliniques de vaccination ont débuté, c'était juste les gens de plus de 80 ans; puis après ça, plus de 75; après ça, plus de 70. Oui, on marche de plus en plus parce que, en ce moment, je pense qu'on a dit 45 ans ce matin, mais il y en a tellement qui sont laissés derrière.

L'équité, c'est la responsabilité du gouvernement. C'est la responsabilité du gouvernement depuis le début. Et là, on a un projet de loi où, à l'annexe 1, on nous parle de ça—un peu tard et, encore là, non exhaustif.

L'annexe numéro 2 : les préposés aux soins. On sait tous ce qu'on doit faire pour s'assurer qu'on est capable de recruter et retenir des préposés aux soins : on fait des emplois de préposés aux soins des carrières. Une carrière, ça veut dire que tu as un emploi à temps plein qui te paye suffisamment pour être capable de vivre, qui a des avantages sociaux, tels un plan dentaire, un plan de médicaments, qui te donne des congés de maladie—tu peux peut-être espérer un fonds de pension—et qui te donne une charge de travail qu'une personne humaine est capable de faire. Ça, c'est comment on va régler nos problèmes, autant dans les maisons de soins de longue durée, qui ne peuvent pas recruter et retenir des préposés aux soins, que dans les maisons retraites, que dans les soins à domicile, que dans les soins à la maison.

Les préposés aux soins, on en a des milliers en Ontario qui ne travaillent pas dans leur domaine. Parce que si elles travaillent—parce que c'est surtout des femmes—comme préposées aux soins, elles ne font pas assez pour être capables de payer leur loyer et de nourrir leurs enfants. C'est aussi simple que ça. Ce sont surtout des femmes qui sont dévouées, qui sont bonnes, qui aiment ce travail-là, qui sont aimées par leurs résidents, patients, clients, mais qui ne peuvent pas continuer dans cet emploi parce qu'à la fin du mois, elles ne sont pas capables de payer leur loyer et de nourrir leurs enfants. C'est simple comme ça. Prenons les emplois de préposés aux soins, faisons-en des carrières, des bonnes jobs, et le problème est réglé.

Le projet de loi ne parle en rien de ça. Le projet de loi nous donne qu'on va avoir un office de surveillance des fournisseurs de soins de santé. L'office de surveillance, là, ça n'a rien à voir avec un meilleur emploi. Ça ne vous donnera pas du travail à temps plein. Ça ne vous donnera pas un meilleur salaire. Ça ne vous donnera pas des avantages sociaux. Ça ne vous donnera pas des congés payés. Ça ne vous donnera pas un plan de pension. Oui, vous allez pouvoir payer pour faire partie de l'office de surveillance des préposés aux soins, mais ça s'arrête pas mal là.

L'annexe 3 nous parle des assistants-médecins. Je pense que c'est comme ça qu'on les appelle en français. Ils ont surtout été formés par les forces armées, mais on commence à voir des programmes également. Aux États-Unis, il y a beaucoup de programmes qui offrent ça.

Des assistants-médecins, c'est un champ de compétence qui ressemble beaucoup à ce qu'on a ici en Ontario comme infirmière praticienne. Les infirmières praticiennes sont des professionnelles indépendantes, qui ont leur propre collège, qui sont capables de diagnostiquer, vous envoyer faire des tests ou vous donner des prescriptions, etc. Le champ de compétence d'un assistant-médecin ressemble beaucoup à ça, et je suis un peu inquiète de les mettre avec le collège des médecins et chirurgiens, qu'on limite leur pouvoir d'aider les gens, surtout dans le nord de l'Ontario où souvent on perd notre seul médecin de famille dans la communauté, mais que l'assistant-médecin se trouve incapable de ne rien faire parce qu'il ne serait plus sous la direction d'un médecin.

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Dans la quatrième annexe, c'est de s'assurer que pour l'analyse comportementale appliquée, les professionnels vont commencer à faire partie du collège. Ça, c'est quelque chose qu'ils demandent depuis longtemps et c'est quelque chose qu'on serait prêt à appuyer.

Je vous remercie de m'avoir toléré pendant une heure de temps, madame la Présidente, et j'attends les questions.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Mrs. Robin Martin: To be clear, we are collecting race-based data now and schedule 1 of this legislation just makes that more efficient. We're vaccinating people who are homebound, which is why 99.9% of people in Sudbury over the age of 80 have been vaccinated. The Ontario science table says that the vaccine distribution plan is equitable. PSW membership in the authority is voluntary and they do not pay for it, although in the future there may be a small fee. They get the benefit of a quality mark and professionalization.

Why can't the member opposite just embrace this as a step in the right direction even if it doesn't solve all of the problems which, as you know, we're working on in many other areas?

Mme France Gélinas: I would love to be able to say, "Yay, we are collecting race-based data," but it is not true. I have many people for whom collecting race-based data is very important. They went, they registered to get their vaccine, they looked everywhere and was there anywhere they could indicate their race? There was not. They went through the process and at every step of the process, they looked to see, "Is there anywhere I could indicate my race?" because—I'm not—but they are Black and racialized people. There is no way that—it was never asked of them. They never had the opportunity to say, "I'm getting my vaccine. I am a racialized person." None of this was available to them. Those are people who want race-based data to be collected and wanted to give that information, and they never had the opportunity to do this. Those are people from Hamilton and a number of other cities—

The Acting Speaker (Ms. Jennifer K. French):

Thank you. Further questions?

Mrs. Lisa Gretzky: I'm glad that the member from Eglinton–Lawrence asked that question. I'm going to ask the member from Nickel Belt to expand on that.

The member from Eglinton–Lawrence got up in a huff and said, "Why don't you just trust us? We're doing a great job. Everything's under control." Well, Madam Speaker, I know that in December of 2018, 45,000 people on ODSF under this government had their personal information sent out to 100 other recipients—personal information. They did not receive notice that their information had been shared with others until a month later, and they still don't know what was done with that information. They still don't know who got it, what was included in it, and what this government has done with that information.

Maybe the member from Nickel Belt can expand on why we don't think that this government has got it under control when it comes to collecting data.

Mme France Gélinas: The collection of data is at the core of an excellent health care system. You've heard me before: Ontario has one of the best health care systems in all of the world. If we want to continue to have an excellent health care system, we have to be able to say that we are equitable to all. We have to be able to put a social-determinants-of-health lens on our health care system and that means collecting data. That means collecting data in a way that it is feasible for people to share that data, and in a way that we guarantee to people that this data will be kept safely.

Right now, I would say a lot of people would not believe that the government, first, is interested in collecting race-based data, because then they would have to act, to make equity of access to racialized people. And when they do collect it, they haven't been very good at keeping it the way it's supposed to be.

The Acting Speaker (Ms. Jennifer K. French): Question?

Ms. Christine Hogarth: I thank the member from Nickel Belt for her presentation.

We've talked a lot about personal support workers. I always want to thank our personal support workers for what they do every day. Personal support workers are the largest group of unregulated health care providers—working with some of our most vulnerable populations, including children, seniors and individuals with disabilities.

Patients and families have called for greater accountability, oversight, and quality and safety standards for our caregivers.

So I want to ask the member opposite, will you answer their call today and vote in favour of this legislation to help them out?

Mme France Gélinas: The member is right that we have 27 colleges that regulate health professionals, and PSWs are not part of any one of those colleges.

What we have in schedule 2 is not a college; it is an authority. So this is something new.

Could we do better in making sure that somebody who calls themselves a PSW—that we can guarantee the scope

of practice that they're able to do, the quality of care that they're able to deliver? Yes. Absolutely. Does it go through putting an authority together? It could work that way, but I'm not so sure.

What I'm sure of is that the priority when it comes to PSWs is making PSW jobs careers—to give them full-time, good-paying jobs with benefits. This—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Further questions?

M. Guy Bourgoïn: Je voudrais remercier ma collègue de Nickel Belt de sa présentation.

Dans ta présentation, tu as mentionné, ce qui est assez impressionnant, les personnes sont laissées derrière et qu'on voit dans le projet de loi qu'il n'y a pas de programme ou de plan pour adresser ces personnes. Je peux me tromper, mais si j'ai bien compris, c'est 89 000 pour les personnes de 80 ans, et les chiffres semblent augmenter à mesure qu'on descend dans l'âge.

Pouvez-vous nous donner une expansion? Et aussi, qu'est-ce que le gouvernement devrait faire pour adresser le problème pour les personnes, si on peut les appeler « oubliées »? Comment adresser le plan pour les personnes qui ont été laissées de côté?

M^{me} France Gélinas: Le député a raison. Si tu regardes, oui, on devait commencer avec les gens les plus âgés, et les cliniques de vaccination ont commencé avec les gens de plus de 80 ans. Plusieurs d'entre eux se sont fait vacciner. Alléluia, c'est merveilleux. C'était la bonne décision à prendre.

Le problème, c'est qu'il y en a en ce moment—88 289—qui n'ont pas été capables d'être vaccinés, qui font face à des barrières. Ça, c'est pour les gens de plus de 80 ans; 75 à 79, 108 000, etc. Les chiffres montent parce qu'il y a plus de gens entre 60 et 69 ans qu'il y en a de plus de 80 ans—juste la démographie.

On doit mettre en place des systèmes. Les soins primaires connaissent ces gens-là. Ils savent c'est qui qui est frêle. Souvent, ils requièrent des soins à domicile. Même chose avec les pharmaciens : il faut travailler avec eux. Mais en ce moment, la santé publique n'a pas les ressources nécessaires pour aller chercher ceux qui ne sont pas capables de se rendre dans les grands centres de vaccination.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. David Piccini: I'd like to thank the member for her comments.

I know that for years, even before I was here in this place, you've spoken very eloquently on health care.

We've spoken about community-based partnerships. You mentioned, very poignantly, the community-based partnerships in your community, and I think to mine, as well—the recent Ontario Health Team Northumberland—and what that has meant. That has meant community paramedicine.

I'll quote the front page of the Star—which, proudly, was from my riding: “Impact: Community Paramedicine Program Just What the Doctor Ordered.”

I think to the medium-sized hospital funding increase under this government and all of the things that that

structure of OHT has done—those community-based partnerships for community paramedicine, rural health hubs.

Does the member think that that shift to Ontario health teams, to really embrace and wrap our arms around those strong community-based partnerships, is the right move?

1440

M^{me} France Gélinas: I think that bringing down the silos between the different health care providers has merit. The timing of putting in the Ontario health teams was sort of derailed because of COVID, but this idea that primary care would work with home and community care, mental health, hospitals and long-term care—all of this has merit.

How it will play out in some communities is always in the details. When I gave the example of Huron Shores around Elliot Lake and the North Shore, to be turned down by the ministry because we are northerners and we don't have the density of population and so that we could have at least 100,000 people, to lump people who are 500 kilometres apart—that's not a team anymore. Let us define what a team looks like because for them, they already work as a team, and it has merit.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Billy Pang: It's a pleasure to rise in the House today to speak to Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021.

Throughout the pandemic and before COVID-19, our government recognized the critical role of our health and supportive care staff in Ontario, especially when it comes to their contribution in delivering high-quality care to patients across the province.

You may have heard time and time again from all the members from this side of the House that the health and well-being of Ontarians is our government's top priority. That's because that's the truth and, to this day, it still remains our number one priority. Everything our government has done since we formed our government has been aimed towards giving Ontarians the care and support they rightfully deserve.

This bill is a continuation of our commitment. As a government, we are committed to creating a more modern and connected health care system that puts Ontarians at the centre of care. That is why we have introduced a new piece of legislation that will build a patient-centred health care system. The system will strengthen our province's health care workforce and the delivery of high-quality care by regulating personal support workers, behaviour analysts and physician assistants.

This proposed legislation will also support the province's response to the COVID-19 pandemic by ensuring that it has the data to provide the equitable and efficient rollout of COVID-19 vaccines. While our province continues to fight against COVID-19 and the many challenges that come with the pandemic, this proposed legislation will strengthen the health and supportive care workforce, not just during COVID-19 but beyond, because COVID-19 will one day be an event of the past.

As a government, while we take action to support our health care system and ensure our front-line heroes have

the support they need, we cannot forget some of the health care professionals that deserve more recognition. Madam Speaker, our personal support workers are some of the most hard-working, dedicated and caring workers in all of Ontario. This profession provides a wide range of services in home and community care, working with children, seniors and Ontarians with disabilities.

There are more than 100,000 personal support workers in Ontario, and they are the backbone of our long-term-care system and vital members of our health care system who work tirelessly on the front lines to ensure our loved ones are safe and well cared for. That is why, since the beginning of pandemic, we have taken many measures to support our personal support workers, including a decisive action in October 2020, when our government announced that we are supporting personal support workers and direct support workers in home and community care, long-term-care, public hospitals and social service sectors by investing \$461 million to enhance wages temporarily.

Since then, last month, our government announced that we are investing \$239 million to extend the temporary wage enhancement until June 30, 2021. The temporary wage enhancement took effect on the same day this announcement was first made, and since October 1, 2020, this temporary wage increase has reached over 158,000 workers who deliver publicly funded personal support services to the people of Ontario.

Speaker, I can go on and on about what our government has done so far to support our personal support workers, but I want to take time to go back to the bill, because this new legislation demonstrates our government's efforts to further acknowledge Ontarians who dedicate their work life to this profession.

Throughout the pandemic, the province has increasingly relied on personal support workers to keep our most vulnerable Ontarians healthy and safe in their community, and the demand will continue to grow in coming years. As a result, personal support workers are currently the largest group of unregulated health care providers working with some of our most vulnerable populations. Being unregulated presents challenges to this workforce, specifically regarding attracting, retaining and growing this workforce over time, and we have heard the calls from patients and families for the need for greater accountability, oversight and quality and safety standards for their caregivers given the variation that can occur in care provided in an unregulated workforce environment.

This is where Bill 283 steps in. This proposed legislation, if passed, will create a new statute entitled the Health and Supportive Care Providers Oversight Authority Act, 2021. Through the new statute, it will establish a new regulatory authority, the Health and Supportive Care Providers Oversight Authority, or the authority, for short, to drive consistency in PSW education, training and standards of practice, regardless of work setting or employment type.

If passed, the act would create the authority and set out its functions and powers as well as those of its board of directors and its chief executive officer. It would require

the establishment of an advisory committee that must include patients, clients, professionals and educator representation. It would require the authority to have registration practices that are transparent, objective, impartial and fair.

With current regulations, employers are left with the responsibility to address possible complaints. This act provides the authority with powers associated with complaints, dispute resolution and investigation pertaining to registrants. With the regulations, patients would have access to a standardized complaints system related to their services.

To continue, the act, if passed, would also require the authority to have a public register of information concerning registrants. It would require the establishment of a visual mark or other identifier that allows the public to know that an individual is registered with the authority and is thereby accountable to meeting its qualified standards. It would require the authority to abide by the requirements of the French Language Services Act and it would permit the Auditor General to undertake audits of the authority.

1450

Madam Speaker, the proposed legislation contains only those elements that are necessary to establish the authority and further details will be set out in regulations, bylaws and policies following extensive consultations with system partners.

As I mentioned before, being unregulated presents challenges to personal support workers and this workforce, especially when the demand for their services will continue to increase, as we see now. While the initiatives our government has implemented are making good progress in this regard, regulating this workforce will be a longer-lasting and more sustainable way of strengthening this valued workforce. Therefore, the establishment of the authority will make it possible where the need for high-quality care across the province and the health care providers' needs for consistent training and education will be balanced.

When the proposed legislation was introduced, many welcomed the significant measures in this bill, including the Ontario Personal Support Workers Association. OPSWA, for those unfamiliar, is the professional association for PSWs in Ontario and the largest voice of PSWs across the province. This association is the largest chapter of the Canadian Support Workers Association, a not-for-profit incorporated legal association and the only one of its kind in the world, bringing together 47,000 fully verified personal support workers since its conception in 2010.

Madam Speaker, I want to quickly share a quote from Miranda Ferrier, CEO of OPSWA, commenting on Bill 283, most specifically the new regulatory model. Ms. Ferrier stated, "The OPSWA is thankful to this government for professionally recognizing and validating the valuable work of PSWs who have continued to step up throughout this pandemic. PSWs are the foundation of Ontario's health care system, and we thank this government for hearing their voices and establishing this new regulatory model."

“After advocating for the rights and professional recognition of PSWs across Ontario for over a decade, OPSWA welcomes this historic decision. This success is due to the constant support of our excellent membership body and public supporters.

“This new status is the beginning of a positive future for all PSWs and the communities we serve.”

I also want to add, OPSWA’s letter stated that “the new regulatory body will level the playing field between long-term care and community care. It will allow PSWs to be formally recognized as equal members of their health care teams.”

Speaker, after years of inaction by the previous Liberal government to provide meaningful changes and a wage increase to the personal support workers profession, it is our government that is taking real and concrete action for our brave and selfless PSWs by providing them with legislation that gives the profession the recognition it deserves.

Another measure proposed in this legislation that I want to speak on pertains to physician assistants. If the legislation is passed, it will amend the Medicine Act, 1991, in the following ways:

(1) It will mandate a physician assistant class of membership.

(2) It will protect the title “physician assistant” and restrict individuals who are not members of the College of Physicians and Surgeons of Ontario from holding out as a person who is qualified to practise as a PA. This amendment would also authorize the performance of controlled acts by PAs only under the order of a physician or surgeon or in accordance with a regulation made by the CPSO.

(3) Lastly, it would add an interpretive provision to exclude PAs from the definition of “physician,” “legally qualified medical practitioner,” “member of the CPSO” or other like terms when used in other acts or regulations unless the act or regulation provides that PAs are included, while maintaining that the Medicine Act, 1991, and the RHPA would apply to PAs except in relation to the use of the titles “doctor” and “psychologist.”

Madam Speaker, the amendments are significant changes, especially for Ontarians in this profession. They would improve the integration of physician assistants within Ontario’s health care system and facilitate quality of care and patient safety. PAs working under the supervision of a physician could offer services such as casting a fracture, administering a substance by injection or inhalation, or prescribing medication.

I also want to add that the regulation of physician assistants would enhance public protections through formalizing entry-to-practice requirements and would enable the CPSO to respond to concerns about the practice of physician assistants through the CPSO’s complaints, investigation and discipline processes.

Speaker, there are many measures in this legislation that are worth highlighting. In the time I have—we have three minutes—I do not have time to touch on all the other measures imposed in this act, such as the Psychology and Applied Behaviour Analysis Act, 2021, and the COVID-

19 Vaccination Reporting Act, 2021. They are new statutes similar to the Health and Supportive Care Providers Oversight Authority Act, 2021, and the proposed amendments to the Medicine Act, 1991, that are also guided to provide support to the health and supportive care workforce, and with the current events of COVID-19, to ensure our government is reaching everyone who wants to be vaccinated or help our government to be more aware of where extra efforts to promote immunization may be required.

I want to wrap up my remarks by stressing on time and an estimate on how quickly such measures are expected to take effect. Before personal support workers can begin registering for the oversight authority and come under its oversight jurisdiction, the authority must be established and begin to operate, along with the extensive consultations to go over various regulations supporting the authority’s operations. It is expected that voluntary registration for personal support workers would begin in 2022.

For physician assistants and behaviour analysts, the respective health regulatory colleges would need to make regulations and prepare themselves to take on the responsibility of regulating their new members. For that, it is estimated that the process of making the necessary regulations would take at least one year from the time the legislation is passed.

So the time is now, and I urge all of the members on the opposite side of the House to work with us. Join us in supporting this vital bill that recognizes the increasingly critical role personal support workers, physician assistants and behaviour analysts in our health system have towards providing high-quality care to Ontarians during the COVID-19 pandemic and beyond.

1500

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. Guy Bourgoin: My question is on schedule 2, the Health and Supportive Care Providers Oversight Authority Act.

We know what the issues are with the PSWs: They’re not getting paid well. They don’t have good working conditions. They’re not getting paid-for mileage—there’s a reality in northern Ontario that you don’t understand, the vast territory they cover, and yet they’re not.

Nowhere in schedule 2 do I see that they’re going to get full-time work, a pension plan, better conditions, better benefits, paid-for mileage.

You won’t be able to keep these PSWs, because they’re not being paid accordingly. You can’t have PSWs if you don’t pay them.

The Acting Speaker (Ms. Jennifer K. French): Response?

Mr. Billy Pang: Thank you, Madam Speaker. Through you to the member: Regulation is just one of the measures to support personal support workers.

For example, in December 2020, we launched A Better Place to Live, A Better Place to Work: Ontario’s Long-Term Care Staffing Plan, which will increase direct care provided to residents, and which includes a focus on improving working conditions and supporting ongoing

staff development for personal support workers and other staff in long-term-care homes.

The government is investing up to \$1.9 billion annually by 2024-25 to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care to meet the direct needs.

The province recently extended the temporary wage enhancement until June 30 for personal support workers and direct support workers in publicly funded homes and community long-term care—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Further questions?

Ms. Christine Hogarth: I want to thank the member from Markham–Unionville for his presentation.

This is similar to the question I asked the member opposite—it's around personal support workers. They've done such an amazing job. I remember my grandmother having her personal support worker, and she was part of our family. They just become part of your team, moving forward, as your parents or grandparents age.

To the member from Markham–Unionville: I want to know if you could expand upon some of the benefits proposed in the new bill for personal support workers.

Once again, thank you to all the personal support workers out there.

The Acting Speaker (Ms. Jennifer K. French): Response?

Mr. Billy Pang: Thank you, Madam Speaker. Through you to the member: We have heard loud and clear from the PSW sector that they want to have their profession recognized as part of the health care team, and we have looked at all of the options to achieve this goal.

Ultimately, this new model of regulations will be less onerous for registrants and less expensive for PSWs by not having the administrative costs associated with the college model. It is no wonder that the Ontario Personal Support Workers Association has expressed their support for this historic decision. We are very much looking forward to working with them and the other stakeholders to finalize this approach.

The Acting Speaker (Ms. Jennifer K. French): Question?

Mr. Wayne Gates: You raised the Ontario Personal Support Workers Association, which we know has close ties with the for-profit long-term-care sector. But what you didn't mention, surprisingly, is SEIU Healthcare, Unifor, CUPE, which represent 175,000 members in this sector.

What's not in this bill is talk about full-time jobs; \$4-per-hour pandemic pay available to all health-care workers made permanent, going forward; PPE—health care workers need to work safely; staffing levels to deliver safe, dignified care for our seniors; and pensions, better benefits. None of that is in this bill. My question is very clear to you: Why not?

Mr. Billy Pang: Thank you to the member opposite for the question. This is a very responsive bill. It responds to the needs of personal support workers.

The Ontario Personal Support Workers Association responded quickly to this legislation and said the

following: “The OPSWA is thankful to this government for professionally recognizing and validating the valuable work of PSWs who have continued to step up throughout this pandemic. PSWs are the foundation of Ontario's health care system and we thank the government for hearing their voices and establishing this new regulatory model. This new status is the beginning for a positive future for all PSWs and the communities we serve.”

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mrs. Nina Tangri: I do want to thank the member from Markham–Unionville for addressing such an important issue. We spent a lot of time listening to personal support workers, physician assistants, behaviour analysts and many, many stakeholders to be part of this legislation.

But I want to go back to physician assistants. Can you let us know why this bill proposed to regulate physician assistants under the College of Physicians and Surgeons of Ontario rather than any other college?

Mr. Billy Pang: Madam Speaker, through you to the member: The government is proposing to regulate physician assistants as new members of the College of Physicians and Surgeons of Ontario. As physician assistants work under the supervision of physicians, it makes sense to integrate their regulation under the same college, and this approach is widely supported within the bill.

The legislation will improve the integration of physician assistants within Ontario's health care system and facilitate quality of care and patient safety. Physician assistants who work under the supervision of physicians would offer services, such as casting a fracture, administering a substance by injection or inhalation, or prescribing medication.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Gurratan Singh: My question to the Conservative member is as follows: Will the Conservative government make the \$4-an-hour pandemic pay available to health care workers permanent going forward? That's missing in this piece of legislation. Front-line workers are putting their lives at risk every single day. They deserve this support. Will the government commit to that?

Mr. Billy Pang: As I mentioned earlier, our government is investing \$1.9 billion annually by 2024-25 to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care to meet the direct-care commitment and, in addition, providing a 20% increase in direct care time administered by other health care professionals, such as physiotherapists and social workers.

The Ontario government is also supporting personal support workers and direct support workers by investing \$461 million in temporarily enhanced wages. This investment will help the province attract and retain the workforce needed to care for patients.

The Acting Speaker (Ms. Jennifer K. French): We have time for one more quick back and forth.

Ms. Effie J. Triantafilopoulos: Thank you to the member for this wonderful presentation today on the importance of the legislation that we're going forward on.

I'd like you specifically to explain to us what the bill proposes in terms of regulation for the behaviour analysts under the College of Psychologists.

Mr. Billy Pang: Madam Speaker, through you to the member: Why the bill proposes to regulate behaviour analysts under the College of Psychologists is obvious. In 2019, the government committed to strengthening the oversight of behavioural clinicians who provide applied behavioural analysis, a therapy that primarily supports people who have autism. Parents who are choosing a behavioural clinician deserve to have peace of mind, knowing that they are choosing from qualified professionals.

1510

There is currently limited professional oversight of behaviour analysts, which means clients and their families may have limited access to information on the education or competence of their behavioural analysts. By improving the oversight, clients and families will have information to assess the quality of service they receive.

PRIVATE MEMBERS' PUBLIC BUSINESS

The Acting Speaker (Ms. Jennifer K. French): I recognize the government House leader is standing.

Hon. Paul Calandra: On a point of order, Madam Speaker.

The Acting Speaker (Ms. Jennifer K. French): Yes.

Hon. Paul Calandra: Two items: Just to inform the House that there will not be a night sitting this evening; and Madam Speaker, if you seek it, you will find unanimous consent to move a motion without notice respecting notice of private members' public business.

The Acting Speaker (Ms. Jennifer K. French): The government House leader is seeking unanimous consent to put forward a motion without notice. Is it agreed? Agreed.

Hon. Paul Calandra: Madam Speaker, I move that notice for ballot item number 81, standing in the name of Mrs. Wai, ballot item number 83, standing in the name of Ms. Fee, and ballot item number 84, standing in the name of Ms. Andrew, be waived.

The Acting Speaker (Ms. Jennifer K. French): Mr. Calandra has moved that notice for ballot item number 81—

Interjection: Dispense.

The Acting Speaker (Ms. Jennifer K. French): Dispense? Is it agreed that the motion carry? Agreed.

Motion agreed to.

Report continues in volume B.

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Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Parm (PC)	Milton	
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Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Rod (PC)	Ajax	
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances Minister Without Portfolio / Ministre sans portefeuille
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Associate Minister of Energy / Ministre associé de l'Énergie Minister Without Portfolio / Ministre sans portefeuille
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-présidente: Donna Skelly
Teresa J. Armstrong, Toby Barrett
Lorne Coe, Rudy Cuzzetto
Randy Hillier, Jane McKenna
Judith Monteith-Farrell, Michael Parsa
Randy Pettapiece, Donna Skelly
Peter Tabuns
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

Chair / Président: Amarjot Sandhu
Vice-Chair / Vice-président: Jeremy Roberts
Ian Arthur, Stan Cho
Catherine Fife, Mitzie Hunter
Logan Kanapathi, Sol Mamakwa
David Piccini, Jeremy Roberts
Amarjot Sandhu, Dave Smith
Vijay Thanigasalam
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Présidente: Goldie Ghamari
Vice-Chair / Vice-président: Mike Schreiner
Jill Andrew, Robert Bailey
Guy Bourgouin, Stephen Crawford
Goldie Ghamari, Chris Glover
Mike Harris, Sheref Sabawy
Amarjot Sandhu, Mike Schreiner
Daisy Wai
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

Chair / Président: Gilles Bisson
Vice-Chair / Vice-président: Aris Babikian
Aris Babikian, Gilles Bisson
Will Bouma, Lorne Coe
Wayne Gates, Robin Martin
Norman Miller, Rick Nicholls
Billy Pang, Amanda Simard
Marit Stiles
Committee Clerk / Greffier: Julia Douglas

**Standing Committee on Justice Policy / Comité permanent de
la justice**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-présidente: Lucille Collard
Will Bouma, Lucille Collard
Parm Gill, Daryl Kramp
Natalia Kusendova, Suze Morrison
Lindsey Park, Gurratan Singh
Nina Tangri, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on the Legislative Assembly / Comité
permanent de l'Assemblée législative**

Chair / Président: Kaleed Rasheed
Vice-Chair / Vice-président: Vijay Thanigasalam
Rima Berns-McGown, Michael Coteau
Faisal Hassan, Logan Kanapathi
Michael Mantha, Jim McDonell
Christina Maria Mitas, Sam Oosterhoff
Kaleed Rasheed, Donna Skelly
Vijay Thanigasalam
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Président: Taras Natyshak
Vice-Chair / Vice-présidente: France Gélinas
Deepak Anand, Toby Barrett
Jessica Bell, Stephen Blais
Stephen Crawford, Rudy Cuzzetto
France Gélinas, Christine Hogarth
Daryl Kramp, Taras Natyshak
Michael Parsa
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Logan Kanapathi
Vice-Chair / Vice-président: John Fraser
Will Bouma, John Fraser
Logan Kanapathi, Vincent Ke
Laura Mae Lindo, Paul Miller
Billy Pang, Jeremy Roberts
Dave Smith, Daisy Wai
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Président: Deepak Anand
Vice-Chair / Vice-présidente: Bhutila Karpoche
Deepak Anand, Aris Babikian
Jeff Burch, Amy Fee
Michael Gravelle, Joel Harden
Mike Harris, Christine Hogarth
Belinda C. Karahalios, Bhutila Karpoche
Natalia Kusendova
Committee Clerk / Greffière: Tanzima Khan

**Select Committee on Emergency Management Oversight /
Comité spécial de la surveillance de la gestion des situations
d'urgence**

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Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Lindsey Park
Tom Rakocevic, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell