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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 23 August 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 23 août 2022

The House met at 0900.

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

Prayers.

ORDERS OF THE DAY

MORE BEDS, BETTER CARE ACT, 2022

LOI DE 2022 POUR PLUS DE LITS ET DE MEILLEURS SOINS

Mr. Calandra moved second reading of the following bill:

Bill 7, An Act to amend the Fixing Long-Term Care Act, 2021 with respect to patients requiring an alternate level of care and other matters and to make a consequential amendment to the Health Care Consent Act, 1996 / Projet de loi 7, Loi modifiant la Loi de 2021 sur le redressement des soins de longue durée en ce qui concerne les patients ayant besoin d'un niveau de soins différent et d'autres questions et apportant une modification corrélative à la Loi de 1996 sur le consentement aux soins de santé.

The Speaker (Hon. Ted Arnott): I look to the Minister of Long-Term Care to lead off the debate.

Hon. Paul Calandra: Thank you very much, Mr. Speaker. At the outset, let me just mention that I'll be splitting my time with my parliamentary assistant, the member for Lanark–Frontenac–Kingston.

I rise today to speak on the proposed amendments to the Fixing Long-Term Care Act, 2021. The changes are part of the government's larger Plan to Stay Open: Health System Stability and Recovery.

As everyone knows, health care systems around the world have been facing unprecedented challenges, obviously due to COVID-19 and a number of other issues that we have been facing across not only the province of Ontario, but all across the planet since the outbreak of COVID. Ontario, I would suggest, has done an exceptional job working together with our federal partners and really working with our municipal partners and across sectors to help address the challenges that we have been facing with COVID-19.

I think it is important to note, Speaker, that Ontarians have also really done an extraordinary job in helping us combat COVID-19. We have one of the highest vaccination rates in the entire world, and I think that is a testament not only to Ontarians' desire to move beyond this, but it is also a testament to the incredible health care workers that have also helped us every single day to ensure that we had the ability to provide these vaccines in such an incredible fashion, as we have in the province of Ontario.

Now, based on the latest modelling from Ontario Health, further action is obviously needed to strengthen the health care system, action that if not taken immediately could see a shortage of beds of about 2,400 spaces as we head into the fall, where respiratory challenges, flu and COVID-19 again will rear their heads, because we are certainly not behind this.

Much of this summer's focus has been on hospital emergency departments, which have faced many challenges. But of course, emergency departments are only a part of the larger, interconnected system of care. We need to look for solutions at every stage of a person's health care journey, and that is why we are here today.

As Minister of Long-Term Care, and, frankly, as an Ontarian and parliamentarian, I take pride in our health care system and its ability to adapt. There are many steps that we can take now to address these challenges and to avoid overstrain of our health care system and to establish better models of care.

One of the main ways to help hospital capacity challenges is to ensure that patients are getting the appropriate level of care in an appropriate setting. There are many patients in hospitals across the province whose care needs can be better met elsewhere. These patients are often referred to as alternate-level-of-care patients, or ALC patients for short. ALC patients in hospital no longer need to be there, and many would have a much better quality of life in a long-term-care home. At the same time, moving these ALC patients out of the hospital and into long-term care obviously frees up much-needed space in hospitals for patients who require hospital treatment.

Our priority is for people to live and receive care where they can have the best possible quality of life close to their family, caregivers and friends.

As the Minister of Long-Term Care, my ministry is taking several actions to improve how we transition ALC patients, whose needs would be better met in long-term care, out of hospitals and into homes. Initiatives that help divert people out of hospitals when they don't require hospital care are the key part of the broader health system stability and recovery plan that our government released last Thursday.

The steps that the Ministry of Long-Term Care is taking to deliver on this plan include, very specifically, the following actions: We will be reactivating long-term-care respite programs for high-needs seniors to prevent possible hospitalizations—and I want to just talk about

this really briefly. This is a very important program, and I'm sure a lot of colleagues, as they were knocking on doors, might have heard people talk about this. I did on a number of occasions. This is a program where long-term-care homes are used to provide temporary relief for somebody who is providing care for a loved one at home and just simply needs a break. COVID-19 forced us to close these temporary respite care opportunities across the province of Ontario, forcing many people to use the hospital system as their opportunity to get a break. These people, these families, these caregivers providing help to loved ones—more often than not, it is for very challenging cases, like dementia and other very serious issues. I was knocking in my riding on a number of occasions, and I can't tell you how many people asked me, "Could we reopen the respite care?" They've done all that they needed—a number of cases where people had said they can't get the surgery they need because they don't have another option for their loved one. So this is part of the plan.

Reopening these respite care opportunities for people would help open up spaces in our acute care system—also, opening up long-term-care beds that no longer need to be held for pandemic-related isolation purposes. I'll be doing that through an updated minister's directive coming into effect on August 23—today. I just want to really briefly talk about this. There are thousands of beds that were set aside for isolation purposes in the province of Ontario at the height of the pandemic, Speaker. Predominantly, as we learned through the first two waves—and admittedly, the province of Ontario was not in a position in the first two waves to properly address COVID-19.

I have said this on a number of occasions: We inherited a system that was badly broken. We inherited a system that was not prepared to deal with a global pandemic. It did not have infection prevention and control measures. It still had ward rooms, outdated and old long-term-care facilities. PPE was something that was not being addressed.

0910

But, to be very clear, at the same time, we started, almost immediately after getting elected in 2018, to start to address the underfunding in long-term care with an immediate upgrade, an announcement of 30,000 new long-term-care beds across the province of Ontario. Part of the rationale for that was to not only catch up to the serious backlog that we had because of the years of underfunding, but it was also to modernize those old, outdated homes. That work was already under way. It also included, in co-operation with the Minister of Health, the transition to the Ontario health teams.

Now, that was something that is very important. We don't talk about it a lot, but for long-term care, that is a very important part of an integrated health care system. Because what that means is whether you're in long-term care, hospital care or have a family doctor, you have a ribbon of care. We saw that undertaken in some of the early stages when hospitals took over the administration of some of our long-term-care homes that were incapable of reacting as quickly as a hospital could.

We dealt with the PPE not only in our long-term care but across our health care system. And of course, vaccines have changed the conversation, especially in long-term care. So what we did was put about 2,000 beds aside for isolation purposes across the province of Ontario. These are beds that could not be used, that needed to be there in case homes went into outbreak. That obviously is no longer required. That level of a bed is no longer required, because of the impact of vaccinations in our long-term-care homes.

I just want to leave you with this, Speaker. I think it's close to 85% of our residents of long-term care who are eligible for their fourth dose have had their fourth dose. That is incredible. It is an incredible testament to the work that is being done by our health care professionals in those long-term-care homes and the impact that vaccines have, which allows us to remove so many of these beds for purposes of isolation, to put them back and make them available to the long-term-care system again.

But let me just say this: Part of the Fixing Long-Term Care Act requires that every home have an emergency plan and that that plan be submitted to the ministry for approval in case they have an outbreak. We are not suspending that, obviously. It just means that vaccines, the availability of vaccines, the investments that we're making allow us to bring at least 1,000 beds back online into the system, and I think that is a very positive step for long-term care.

We are further exploring the use of vacant long-term-care beds as hospital-operated transitional or convalescent care beds, based on regional availability. And this is something that's worked quite well, as well. This is where vacant long-term-care beds are, in essence, handed over to a hospital—we've done this in co-operation in Ottawa—and the hospital uses these beds as an extension of the hospital. It is a program that has worked not only in Ottawa and a couple of other communities in and around the GTA, it is a very important program and something that hospitals have asked us to continue. And we are going to be doing that.

We are going to work to enable community partnerships to provide more supplies, equipment, diagnostic testing in long-term-care homes to prevent potential hospitalization. And we are expanding specialized supports and services for people in long-term care with complex needs like bariatric, behavioural and dialysis.

I'm going to talk to those last two points before I get onto the final point of this. We've heard this a lot. Look, long-term-care homes can be more than just—it's an important place. One of the things that I learned a lot, from the member from Haliburton and my parliamentary assistant too, and we've talked about this, is that a home is a home. My parliamentary assistant said it best when he said, "We want people to go from being patients to being residents."

The member for Haliburton, every time we've discussed this, has always talked about—we always talked about long-term care homes. And I've heard this a lot. It's not from her, because I'll tell you what she has said. I've heard this a lot from people who have said, "You've got to

stop thinking of long-term-care homes as places where we warehouse people, and we have to start thinking of long-term-care homes as a home, where somebody goes in their next chapter of life." That is the guiding principle, something that the member for Haliburton has helped us understand and has helped guide—many of the things that are part of the Fixing Long-Term Care Act and many of the resources that we are putting here.

We're talking about adding additional services in our long-term-care homes, Speaker, because they can be more than just a home. Like, if somebody needs dialysis right now, it is inappropriate, I believe, that we ship somebody from their home to the hospital and back to the home for dialysis. Can a long-term-care home provide that dialysis? Yes, it can. If it has the appropriate nursing staff, if it has the equipment, it can provide that service so the patient can be a resident and can stay in their home. This bill will allow us to do that.

We are also expanding behavioural supports through Behavioural Supports Ontario and with a partnership with Baycrest, which offers a virtual program which has been very, very successful across the province. We are seeing this more and more often. Dementia has become a very challenging issue, something that is challenging in our hospital settings, Mr. Speaker, but is also challenging in our long-term-care homes and, sometimes, a barrier to somebody going into a long-term-care home, where their needs are better serviced. This will allow us to provide those direct supports to homes. Before somebody has moved into a home, assess a home—does it need additional supports? This bill allows us to do it. It provides immediate funding and it provides permanent, ongoing funding. I think that is a very important part of this.

Finally, it provides further authority—and this is the part where I think a lot of discussion is, around this particular part. It provides further authority to assess an ALC patient's ability to transfer into an alternative long-term-care home. What I mean by "alternative" is different from the home that they have put down as their preferred choice. I'm going to spend a couple of seconds just talking about that, because I suspect that that will come up a lot.

Let's just take a look at that for a second, Speaker. Somebody who has been discharged from a hospital is an ALC patient but is staying in the hospital while they await their preferred long-term-care home. Right now they could be waiting in a hospital for six months—for six months. There is virtually nobody who would agree that, for somebody who is on the long-term-care waiting list, who wants to be in a long-term-care home, the best place for them to be would be in the hospital waiting for that.

What this bill allows us to do is it allows the long-term-care discharge coordinator in the hospital to access the resident's choices: What are their choices? What are their preferred homes? Where do they want to be? Because when somebody has made that choice, they have presumably chosen to be near family, friends, their spouse, a partner, other available caregivers, in communities where they want to be. This bill allows us to do that. It allows us to say, "Look, these are your choices. They are not available, but these are the homes that might be available around your choices while you wait for a space to open up in your preferred home." That is the very important part of this; it allows for these conversations to continue.

It also then allows the long-term-care placement coordinator to look to ensure that there actually are the services and supports that a patient would need when they become a resident of a home while they are waiting. There is no point in us transferring somebody who has been discharged from hospital out of hospital into a home that doesn't have the appropriate nursing staff, that doesn't have the appropriate PSWs, that doesn't have the supports like behavioural supports or other supports needed to handle that patient. It allows us to review the homes, making sure they can handle the patient and, should the patient then ultimately consent to going into one of those homes, what changes would need to be made to ensure that we can accommodate the patient as they become a resident of that home temporarily.

Now, I've heard a lot of discussion from the opposition critic, who suggested we are going to be filling up the ward rooms and that's where patients will go. Well, that is absolutely, positively false. It is absolutely incorrect. It is not something that is contemplated in this legislation. The vast majority of the rooms that are available in the long-term-care system right now are preferred rooms. It is a higher standard of room than the person has actually asked for. This bill protects them, because the vast majority of the times when we are placing somebody with their consent into a temporary home while they wait for their preferred home, they will be placed in a preferred room. And what I mean by "preferred room" is a single room or a higher standard than what they have chosen for. This bill protects them because it obviously is not going to charge them for preferred rooms; we offset that cost while you wait for your preferred choice. I think that is a very, very important part of this, because we obviously don't want to disadvantage people while they are waiting for their preferred home.

0920

There have been a lot of things that we have done, across the sector, to prepare our homes. I've said this on a number of occasions: Long-term care, finally, is in a position in the province of Ontario where we can be part of the solution to the acute-care challenges that have faced this province for literally decades. The fact that we so underfunded long-term care, as a province, for so many years is what has, in part, led us to the situation that we are in today. It is no secret that we have an aging population. It is no secret that we have to make the investments that we are making in long-term care, and it is no secret why we are making those investments—because we are building an integrated system of health care in the province of Ontario, something that people have called for for decades. We are doing it, and long-term care is going to be a part of that. Let's look at some of the investments we have made that led us to the ability to do this.

We are bringing about four hours of care. This is an enormous change for the province of Ontario. I think when we took office in 2018, the previous government had left us with about two-and-a-half hours of care per resident a day. That was the legacy of the previous government. They had built something like 600 long-term-care beds. What have we done? Speaker, 58,000 new and upgraded beds across the province of Ontario. At the same time, we said it's not just enough to build new beds; we have to have an increased level of care in every single long-term-care home across this province. That means 27,000 additional PSWs to care for people, and not just PSWs, but other health care professionals: nurse practitioners, allied health, dietitians—a whole spectrum of services available for our residents in long-term care as we go to the North America-leading four hours of care.

Again, I have to thank the member for Haliburton, who was instrumental in helping us get to this understanding of how important it was that we close down the ward beds and how important it was that we build new and modern facilities, and how important it was, if you're going to build an integrated system, that you do it with the appropriate level of care so that there is no difference; so that, whether you're in a hospital, whether you're in a long-term-care home, you know that you're going to get the highest level of care that is available to you as a resident in the province of Ontario.

We have also gone further than that. We've said that we have to do a better job of inspecting, ensuring the accountability.

A lot of people in this place will say that there can't be private, for-profit, not-for-profit or municipal—one is better than the other, and so on and so forth. Mr. Speaker, I would submit to you—and I've said this outside of this chamber as often as I've said it inside of this chamber: When long-term care has failed, it is the responsibility of all of us that it has failed. It is because the rules weren't put in place. It shouldn't matter where you are, in what type of home you are; the standards should be exactly the same. And that is what we are doing through the Fixing Long-Term Care Act. We are ensuring that all of the standards are the same.

Mr. Speaker, we have hired additional inspectors. We are literally doubling the inspections. We will have the highest inspector-to-home ratio in the entire country by virtue of the investments we are making in long-term care.

But we're going even further than that, because we know how important it is that people have access to information, at the same time—and finding the information on long-term-care homes in the province of Ontario was a difficult thing to do. You had to be able to search through a whole host of different websites to find information, to find an inspection report, to see what's going on in a home. That is no longer the case in the province of Ontario. Through the good work of the Associate Minister of Digital Government, we were able to bring forward a brand new website that allows individuals easy access to click on a map and say, "This is the home I'm considering. What is the vaccination rate? What is the care that they are having there? What is the last inspection report that they have had? What are the issues that are facing that home? And how do I apply and get into the system if that's where I want to be?" You can do that all across the province. It also allows you to look up that this is what's happening in the community, this is the construction that's happening, this home is being updated, when it is being updated, and where they are at in the process. I think that is also a very important change to long-term care.

We also brought in—and this was something that was driven by the former minister, now the minister of children and family services, the member for Kanata–Carleton, Minister Fullerton—the community paramedicine program. This is something that was driven by Minister Fullerton. This program started off as a pilot program. Those people who are waiting for long-term care, who are on the waiting list for long-term care, it allows paramedics in communities across the province to provide direct services to them as they wait.

This program has been so incredibly successful. It is something that communities across the province of Ontario have been asking us for, and it is something that, recently, I was able to extend across the entire province. I can't tell you how well received it has been, how well it is going and how important it is to recognizing the fact that, yes, people may be on a long-term-care wait-list, that may be the case, but they don't want to go into long-term care, in a lot of instances, until they are ready to go into long-term care. There should be other options available to people.

The community paramedicine program allows that to happen, in co-operation with what the Minister of Health is doing with respect to the billion-dollar investment in home care in the province of Ontario, the initiation of Ontario health teams. This is a very, very important time, I would submit, Mr. Speaker, for legislators and for us as the province of Ontario, because what we are doing is putting in place a change, a fix for health care for generations to come. It recognizes the extraordinary work that has led up to this.

Now, look, have we had challenges in health care? Absolutely, we have. We have a province that has grown so quickly, so fast, but despite that, Speaker, I would submit to you—and I hear this constantly—part of the challenges that people have with health care is not the care that they are getting. It is accessing the system. It is very difficult from one region to the next.

I've talked about it in the House. A father-in-law who injured himself in Durham region coming to live with me in Stouffville, changing from Durham to York region, how you get your PSWs to help, and the assistance, the changes—very, very difficult system to get into. But once you are in the system, it is a spectacular system despite the challenges that we are facing. We want to ensure, by the investments we're making in health, the investments we're making to increase staffing, that we are in a position to have the best quality of care.

Speaker, I talked about some of the new building that is happening across the province of Ontario. I think it's

worth noting, because a number of colleagues here will know that last year, as part of this, we announced a number of allocations, which have actually exceeded what our goal was. We've actually exceeded the goal.

I'll put that in context. In the first three months of this year, I announced bed allocations in pretty much every part of the province. Some of the areas: Lancaster, Simcoe, Brantford, Sarnia, Hanover, Hamilton, Mississauga, Guelph, Gananoque, Paris, Killarney, Marathon, Elliot Lake, Manitouwadge, Haliburton, London, Timmins, Kapuskasing, Toronto, Niagara, Markham and Stouffville.

We also announced that surplus government lands in Mississauga, Hamilton and Etobicoke would be made available for long-term care—and these are unused government properties—something that we're able to do, that we're able to expedite and get moving quickly. We also did the accelerated build program, which saw the Lakeridge Gardens built in Ajax in record time as part of this, trying to understand how we can get shovels in the ground quicker and faster.

The other part of what we're doing—I think there are over 115 homes that are being built as part of a campus of care. Now, this is such an important part of the transition on—it's partnering. As I said, it's part of this partnering that we're doing in health care in general, building a system that allows health care to be integrated.

0930

If you're in a hospital and you need service of some sort, you'll know before you leave that you will have your home and where your home is going. If you're going into long-term care, that will be made available to you. But these campuses of care are so important to the transition of health care in the province of Ontario. I can't tell you how exciting and gratifying it is to see that so many partners are coming on board for that.

Ultimately, Mr. Speaker, in the short time that I have left, I wanted to reiterate that this is a very important part of helping the acute-care challenges that we have faced in the province of Ontario. We are not leaders on this. This legislation does not make Ontario a leader. In fact, many provinces already have similar types of legislation, have been doing this for much longer than we have. We are catching up. But we are catching up because we've made the investments that allow us to be part of the solution. We are behind other provinces because the previous government never made these investments. And because this government has made those investments, Mr. Speaker—and that is the important part.

Again, despite what we are hearing from the opposition fairly, pretty exclusively on this, it does not remove somebody's ability to consent. We are not forcing anybody out of a hospital into a place where they do not want to live. That is not what this legislation does. It allows us to better prepare and to assess where somebody could go and to present those options to an individual. It allows us to continue conversations that would have otherwise stopped right at the beginning, Mr. Speaker. Since long-term care can be part of the solution, I think it should be a point of pride for us that we are in this spot in the province of Ontario.

I do hope—I do sincerely hope—that my colleagues will take the time to read the bill; to see what it does; see how it will impact your local communities; see how it will impact your local health care, your local hospitals. Talk to your administrators in your hospitals, but also talk to your long-term-care homes. Talk to them. Hear what they say about the quality of care that they can provide. I think if you do that, you will see that this is the right approach, and I hope that all members will support us on it.

The Speaker (Hon. Ted Arnott): The Minister of Long-Term Care indicated he was sharing his time. I recognize the member for Lanark–Frontenac–Kingston.

Mr. John Jordan: As the parliamentary assistant to the Minister of Long-Term Care, I thank him for this opportunity to speak to the proposed amendments to the Fixing Long-Term Care Act, 2021.

It's an understatement to say that the last couple of years have been challenging for the long-term-care sector and the broader health care system. COVID-19 challenged all of us, and it continues to challenge us today. There were also many learnings and realizations that should not be lost. The shortfalls in our health care and long-term-care system were exposed.

I am proud to be part of a government that has set such a high priority to improving our systems, providing a higher quality of care and being prepared for the future with new health care facilities, resources and staffing. To this end, our government released the Plan to Stay Open: Health System Stability and Recovery. We are acting to secure the stability of our health system. It is paramount that we maintain stability and we continue our recovery and be prepared for new challenges moving forward.

In keeping with the staffing challenges evidenced across the health system, the strain on home care workers, nurses and administration has also increased. Patients are waiting for long periods of time in hospital emergency departments. They're also waiting for long periods in hospitals to be transferred to a bed in a long-term-care home. Furthermore, health care workers across the health system have not had the time they need to rest, recharge and recover from the increased pressure brought upon the system from back-to-back Delta and Omicron waves. The picture is made even more serious when we look at the challenges we could face in the fall and winter, our flu season.

If no further action is taken to strengthen the health system, Ontario could experience a 2,400 hospital bed shortage by the peak of a potential flu and, perhaps, another COVID-19 wave later this year. As Minister Calandra mentioned, much of the focus over the last few months has been on hospital emergency departments, and rightfully so. However, emergency departments are part of a much larger system. Long-term care is a critical part of this system. These amendments are actions we can take now to address these challenges, actions that will help us to avoid overstraining the health system and establish better models of care.

One of the main ways to help with hospital capacity challenges is to ensure that patients are getting care in an appropriate setting. There are many patients in hospitals across the province whose care needs could be met elsewhere. Long-term care is one of those places. These are referred to, as you know, as alternative-level-of-care patients: ALC. Many of these patients have care needs that can be met in long-term-care homes. Moving these patients out of the hospitals and into long-term care frees up much-needed space in hospitals for patients who require hospital treatment. This also benefits the ALC patient since they are being moved to a more appropriate setting where they can receive care again. These are patients who want to move from patients to being residents in a home, a long-term-care home.

That's why, as part of our plan to stabilize the health system, we are seeking to amend the Fixing Long-Term Care Act, 2021, in order to improve how we transition ALC patients into long-term-care homes, because our priority is for people to live and receive care where they can have the best possible quality of life close to their family and friends. In hospitals right now, there are currently about 1,900 ALC patients waiting for long-term-care homes. Some of these patients have been waiting for more than half a year, even though they no longer require hospital care. We are all aware of the challenges our hospitals are experiencing. Having ALC patients in hospitals contributes to backlogs in acute care services in hospitals because they occupy beds and use staff resources that other patients urgently need. When they cannot be discharged, these patients continue to receive care, but in the wrong setting. The hospital is not the appropriate place for them to be. They no longer need acute care, but are in an acute care setting.

The proposed amendments we are putting forward would, if passed, support the movement of some ALC patients to temporary care arrangements in long-term-care homes, in an appropriate setting, while they wait for their preferred home. It is important to note that this would only apply to ALC patients who are eligible to receive, and would benefit from, care in a long-term-care home. And this would only happen after conversations with a placement coordinator and after efforts have been made to obtain consent. By allowing a placement coordinator to assess and authorize an ALC patient's admission to a long-term-care home, but with their best care in mind, this amendment will, if passed, enable attending hospital clinicians to discharge patients from the hospital to a more appropriate care setting that better meets their needs. These changes, if passed, may be met with some concern at first and there may be initial barriers to implementation. But parameters within the changes will help ease concerns.

One of these parameters is that the home must be within a specific distance from the patient's preferred location, including that it is near a partner or spouse, loved ones and/or friends. Another parameter is the requirement that the long-term-care home must be able to meet the ALC patient's care needs, whatever these needs may be. In addition, field guidance will be developed to support implementation and promote ongoing conversations with ALC patients, which will encourage and help with their comfort level. Long-term-care placement coordinators will be encouraged to make ongoing efforts to re-engage with patients at frequent points throughout the placement process. At any stage in the process, patients can change their minds or choose an alternative care option.

The next part—this is very important to me, in particular, and to the whole program: Furthermore, hospital patients who have applied to live in a long-term-care home but have been moved into another suitable home temporarily will remain on the wait-list and be prioritized to permanently move once a bed becomes available at one of their preferred homes. In other words, they won't lose their place in the queue. Change is hard, so they can also choose to remain permanently in the initial home that they are moved to.

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The changes will also recognize the importance of partner and spousal reunification in long-term care.

These proposed legislative amendments will, if passed, reduce ALC patient volumes and support their movement out of hospitals now and in the future. This change is crucial because it would help ensure that patients who need hospital treatment can get the emergency treatment, surgeries and other hospital services they need when they need them. At the same time, it would make sure the ALC patients receive care in a more suitable setting that will offer a better quality of life while they wait for their preferred long-term-care home. We've all probably been in long-term-care homes. You see the social interaction, the laughter in the dining halls, and the extra care they get—allied health services and other services that are available in a long-term-care home that aren't available while they're waiting in a hospital in an ALC environment.

The Ministry of Long-Term Care is also taking several other actions that will ease the strain on the health system. These include the following:

—opening up long-term-care beds that no longer need to be held for pandemic-related isolation purposes, through a minister's directive coming into effect on August 23, 2022;

—reactivating long-term-care respite care programs for high-needs seniors to prevent possible hospitalizations;

—expanding specialized supports and services to support movement out of hospitals and to avoid entry into hospitals;

—enabling community partnerships to provide more supplies, equipment and diagnostic testing in long-term-care homes, to prevent potential hospitalization.

These interconnected actions, along with the proposed changes to the legislation I detailed earlier, will help reduce the number of ALC patients in hospitals and ease the strain on hospitals now and in the future. This will, in turn, reduce the risk of a hospital bed shortage at the peak of a potentially challenging flu and COVID-19 wave in the fall and winter.

This proposed amendment is part of a broader strategy from our government to ensure recovery and stability in the Ontario health system. Informing all of this work are the lessons that we learned from the COVID-19 pandemic. This includes the changes to the legislation we are proposing today.

It is no secret that COVID-19 exposed long-standing issues in the long-term-care sector—issues that were the result of decades of inaction and underfunding. The pandemic shone a spotlight on a system strained by critical staffing shortages, increasing capacity pressures, complex and diverse resident needs, gaps between staffing levels and resident needs, and other challenges that the long-term-care sector was experiencing well before the COVID-19 pandemic.

Health care workers on the front line have worked day after day, long hours, to protect our friends, families and loved ones, to provide them with the care they needed. Our government has taken many steps to support our front-line health workers in long-term care and help the sector through the pandemic. To this end, we've invested billions of dollars in COVID-19 emergency funding, which has helped the sector to respond and cope with the multitude of challenges that have accompanied the pandemic.

From the earliest stages of COVID-19, the government took decisive action to support all long-term-care homes, staff and residents. As always, our government is working hard both to help Ontarians stay healthy and to ensure that the appropriate level of care is available when it is truly needed. That's what these amendments are about. Ensuring that the long-term-care sector is stable and that their residents experience the best possible quality of life, supported by safe, high-quality care, is a priority for our government.

That's why, at the end of last year, we introduced the aforementioned Fixing Long-Term Care Act, 2021. This landmark piece of legislation was proclaimed into force on April 11 and speaks to our government's ambitious plan to fix long-term care in Ontario. This plan centres around three key areas: building modern, safe, comfortable homes for Ontario seniors; improving staffing and care; and driving quality through better accountability, enforcement and transparency. We're taking action and making progress under all three of these areas.

When it comes to building long-term care homes, for instance, we've made historic investments. We have invested $6.4 billion to build over 30,000 new and 28,000 upgraded long-term care beds. We're making incredible progress on these projects and already have more 30,000 new and 28,000 upgraded long-term-care beds in development.

Of the 365 projects that are in the pipeline, 115 projects have proposed to be part of a campus of care model. The model focuses on integrating the long-term-care home into the broader health care system. Additionally, with the redevelopment of older homes, the prior system of three- to four-bed ward rooms is being eliminated, and all homes will now be up to modern design standards. No more ward beds.

We also recognize the diversity of our aging populations. That's why 39 of the announced projects have proposed to serve Ontario's francophone population, and 30 have proposed to serve indigenous communities. The progress we are making and the bed allocations we are announcing on a monthly basis is what this province needs. In the first three months of this year alone, our government announced bed allocations in every corner of the province. We are building beds for our loved ones in the communities that they call home.

We also marked the sales of unused government properties to build new long-term-care homes in Etobicoke, Hamilton and Mississauga. These sales are part of the surplus provincial lands program. The program uses the sale of unused government properties to secure much-needed land for building long-term-care homes in large urban areas of the province where available land is costly and difficult to secure. The program also opens the door for additional uses for unused land, such as affordable housing and recreational facilities.

Another innovative program we have created to build is the accelerated build pilot program. In February of this year, we celebrated the completion of the first brand-new long-term-care home built under this program. The new home, named Lakeridge Gardens, is built in Ajax and is located on the same grounds as the Ajax Pickering Hospital. The home will be part of a campus of care at Lakeridge Health to ensure residents have access to the specialized care they need and access to the broader health care system in Durham Region. The proximity of long-term care to other services like this will contribute to greater collaboration, communication and efficiencies in our system.

Of course, when building new and upgraded homes, it is vital to ensure that there are enough staff to provide care within these homes. That's why strengthening staff is a key part of our government's plan to fix long-term care. When it comes to staffing, our central commitment is to increase the hours of direct care provided by registered nurses, registered practical nurses and personal support workers. And as the minister has previously stated, we aim to increase it from the 2018 provincial average of two hours and 45 minutes per resident per day to a system average of four hours per resident per day over four years. To achieve this ambitious target, we are investing up to $4.9 billion by 2024 to help create over 27,000 new full-time positions for registered nurses, registered practical nurses and personal support workers in long-term care. This includes a commitment to invest $1.2 billion and $1.8 billion for staffing increases in the 2023 and 2024 fiscal years respectively. In addition, this funding will support a 20% increase in direct care time by allied health professionals, including physiotherapists and social workers, by March 31, 2023.

Increasing staffing levels is important, but it is just as important that the right culture of care is present in the staff. The focus must always be on the residents and providing them with the care that they want and they need. To build this culture, the ministry will continue to engage

with residents, essential caregivers and families to understand what quality of life and quality of care means to them.

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We have already taken many steps this year to achieve our ambitious staffing goals. This year, we are providing $673 million to long-term-care homes to hire and retain up to 10,000 long-term-care staff. This major investment will lead to more direct care for residents.

A month earlier, we announced a $73-million investment over three years to train and provide clinical placements for over 16,000 personal support workers and nursing students. This enabled the creation of a new program known as the preceptor resource and education program for long-term care. This program provides more opportunities for career development within long-term care and ensures that PSW and nursing students receive critical hands-on experience to better serve the needs of residents. Clinical placements are a key part of nursing and PSW education and provide students with critical hands-on experience under the supervision of experts or existing long-term-care staff.

Positive clinical placement experience supports recruitment, because many students take jobs in the homes where they completed their placements. At the same time, it provides existing long-term-care staff with an opportunity to oversee those students. We will continue to do what is needed to ensure that there are enough staff in long-term care to meet our target of providing a system average of four hours of daily direct care per resident.

In addition to all the progress we're making on long-term care staffing and capital development, we're also making progress to drive quality in long-term care. We're achieving this through instituting better accountability, enforcement and transparency in the sector.

Another important aspect of driving quality is ensuring that residents have the food and nutritional support that they need. That's why we invested over $40 million in additional nutritional support funding for long-term-care homes this year.

A key factor in driving quality is the inspection system. The inspection system exists to keep residents safe, and the ministry continually assesses information and re-prioritizes inspections daily based on harm or risk of harm to residents. As part of the work to fix long-term care and ensure long-term-care resident safety, our government is investing an additional $72 million over three years to increase enforcement capacity. This will allow us to hire 193 new inspection staff, which will double the number of inspectors across the province in the 2022 fiscal year. This will make Ontario's inspectors to long-term-care homes ratio one of the highest in Canada.

The new proactive inspection program adds to the current risk-based program of responding to complaints and critical incidents. The program also takes a resident-centred approach by allowing for direct discussion with residents so that the focus is on their care needs as well as the home's programs and services. The results from proactive inspections will help the government determine where the sector can benefit from additional resources, including guidance material and best practices.

Another important way to drive quality is by amplifying the voices of residents and their families and caregivers and listening to their insights and experiences. The Fixing Long-Term Care Act requires every long-term-care home to take a survey of residents, families and caregivers to measure their experience with the home. Homes must make every reasonable effort to act on the results of the survey to improve the home.

The Fixing Long-Term Care Act also requires every home to implement a continuous quality improvement initiative that must include an interdisciplinary quality improvement committee for the home. The committee is intended to support an ongoing culture shift in long-term care that encourages continuous quality improvement through collaboration between the long-term-care homes, staff and leadership as well as representatives from the residents' council and family council. Among its responsibilities, the committee makes recommendations regarding priority areas for quality improvement in the home.

To improve transparency under the third pillar of our fixing long-term care plan, our government launched the Long-Term Care Homefinder website earlier this year. This website and search tool provides prospective residents and their families with a one-stop shop to find and compare long-term-care homes across the province, and it also provides them with other resources to help them to make an informed choice when considering long-term care. In addition, we have continued to expand the behaviour-specialized units, also known as BSUs, across the province. BSUs provide specialized care to individuals with responsive behaviours that cannot be effectively supported in their current environment and for whom all other applicable services, like regular long-term-care beds and community supports, have been fully explored. Specialized care in a BSU is required due to the frequency, severity or level of risk that the individual poses towards themselves, co-residents, visitors or staff members. This includes $5.9 million to establish four new BSUs in Ajax, Scarborough and Toronto. We're also investing $3.6 million to continue the operation of three BSUs established in 2019 in St. Catharines, Mississauga and Whitby.

Ontarians who need long-term-care services frequently report that they prefer to remain in their own homes for as long as possible. Our government listened by launching the Community Paramedicine for Long-Term Care Program to help seniors remain stable in their own homes while also providing peace of mind for their caregivers. This is a great program. This program was announced in October 2020 for five communities, with a total commitment of $33 million over four years. The program was then expanded to additional communities, with a further commitment of $137 million over four years. And last fall, we announced that we were investing another $82 million over two and a half years to expand the existing Community Paramedicine for Long-Term Care Program to an additional 22 communities. This final expansion made the program available to all eligible seniors across Ontario.

The program provides individuals eligible for long-term care and soon to be eligible for long-term care with 24/7 access to non-emergency support through home visits and remote monitoring. The program also leverages the training and expertise of paramedics in a non-emergency environment to help seniors and their caregivers feel safe and supported in their own communities. This has the added benefit of potentially delaying the need for care in a long-term-care home or a hospital visit.

As of this summer, there are more than 23,000 individuals receiving care through the Community Paramedicine for Long-Term Care Program. This is yet another action we are taking to help maintain the stability of our health care system while ensuring that Ontarians receive the care they need and deserve.

It is extremely important for our government to hear from the people within long-term-care homes when moving forward with our plan to fix long-term care. That's why we're always connecting with residents; essential caregivers; families; and long-term-care staff, including registered nurses, registered practical nurses and personal support workers. The feedback and insights that we receive from people on the ground in long-term care are invaluable and help shape the solutions and direction our government pursues. This will continue to be true moving forward as we continue to innovate and evolve in long-term care and in the broader health system.

For the reasons I mentioned at the beginning of this speech, this is a critical time for action in Ontario. That's why we are doing everything we can to fix long-term care and to ensure that our broader health care system is stable. That's why I'm here today, joined by Minister Calandra, to put forward proposed amendments to the Fixing Long-Term Care Act, 2021. Through these proposed amendments and the other actions we are taking, our government is taking a holistic approach to solving the challenges facing the health system. Using this approach will ease the current strain on the health system and help ensure that every Ontarian has access to care when they need it and where they need it.

The Acting Speaker (Mr. Will Bouma): Questions and responses?

Miss Monique Taylor: My office, like I'm sure many offices across the province, has received calls from families saying, "My parent is being pushed out of hospital. I don't have the ability to care for them"—

Interjection.

Miss Monique Taylor: We've sat quietly the entire time, and now the member wants to start. I mean, honestly.

Interjection.

The Acting Speaker (Mr. Will Bouma): Order.

Miss Monique Taylor: Telling the truth, on that side, is far-fetched.

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Anyway, what's happening is—and we all hear this—patients are being pushed out of hospitals. Family members are concerned. They're threatened that if they don't take their family member home because there is no care for them, they're going to be charged with a bill. This is a great concern.

As we're changing the system, I'm asking the minister specifically: What will the consequences be for families who choose not to be pushed out of the ALC into a long-term-care home that they choose not to be in?

Hon. Paul Calandra: I think the member herself has just highlighted the fact why the legislation is needed and why the member should actually be in support of the legislation. That question frankly puts it all out on the table.

Right now, it does not give the families and the patient other alternatives. The conversation stops. This legislation allows the conversation to continue. It allows us to highlight some of the other homes that might be available for this patient in and around the patient's preferred choices. That is something that this legislation does.

It also provides resources so that we can ensure that any patient who is discharged, with their consent, into a long-term-care home has the resources they need in order to manage that. Just given what the member has said, I think it highlights the need to actually vote in favour of this bill for patients who are wanting to become residents of long-term care.

The Acting Speaker (Mr. Will Bouma): The member from Markham–Unionville.

Mr. Billy Pang: Can the minister let us know how Bill 7 would play a role in supporting Ontario's broader health care system?

Hon. Paul Calandra: That's a good question. The member from Markham–Unionville in particular would know the challenges that we have at Markham Stouffville Hospital with respect to ALCs. He would also know the tremendous amount of investments that he has helped bring to his riding with respect to new long-term-care homes.

As I mentioned in my speech, it is part of this transition to Ontario health teams. It's part of long-term care being the solution to the acute-care challenges that we have faced for decades in this province, Mr. Speaker. We are in a position to participate, and we are. It is part of building an integrated health care system.

As I mentioned yesterday, when we are building systems and making it better, the NDP—the opposition—typically go to their old standby: tearing down what is being built up. This bill allows us to continue that transition, to continue to be part of building an integrated system. It's better for patients who want to be residents, and I would hope that the member and the members opposite would support this.

The Acting Speaker (Mr. Will Bouma): Questions?

Mrs. Jennifer (Jennie) Stevens: The pandemic brought to light the deplorable conditions in many of our long-term-care homes and facilities across Ontario. We heard horror stories of residents living in deplorable conditions, dying of dehydration. It's great that this government plans to double the number of inspectors. However, our loved ones in these homes deserve to live with dignity and respect and the necessities of life.

Is this government planning to best utilize these additional inspectors to ensure poor conditions in long-term-care homes don't revert back once the inspector leaves? And will they be doing surprise visitations instead of planned? Better yet, is this government willing to repeal Bill 124 so that our workers—our housekeepers, our hospitality aides and nurses—get paid their fair share for the work they do?

Hon. Paul Calandra: I will remind the member that they voted against an increase in the wages for our PSWs that this government brought in. I will remind the member that the NDP and that member also voted against the 27,000 additional health care workers that we're bringing into long-term-care homes, which brings it to four hours of care. I'll remind the member that she and the party also voted against the doubling of inspectors, something that she now wants. Again, once you build it up, the NDP tear it down. That's what they do.

She talks about surprise inspectors. Doubling the amount of inspectors allows us to do that work, and if you vote in favour of this bill, it puts it right in there. So I would suggest to the member, vote in favour of the bill for once and you can help us build a better Ontario health care system, as opposed to tearing down what we are building.

The Acting Speaker (Mr. Will Bouma): Questions?

Ms. Natalia Kusendova-Bashta: Earlier this year I was proud to welcome the minister to my riding of Mississauga Centre for a wonderful announcement at the Saint Mary and Saint Athanasius Coptic church. Yes, indeed, we announced a brand new long-term-care home, which will service the Coptic community, including for the first time in the Arabic language. Further to that, we have also announced a Muslim long-term-care home through the Muslim Welfare Centre in Mississauga, in addition to our francophone strategy, which we were so proud to announce last year.

Can the minister please tell us why linguistically and culturally appropriate care is so important in the province of Ontario?

Hon. Paul Calandra: That's also another very good question, and part of the reason it gets so frustrating when the opposition is against these important initiatives, right?

The Minister of Francophone Affairs and the parliamentary assistant have helped me identify just how important it is that we bring services to people in their languages, and culturally appropriate services. But it wasn't just those two ministers; it was part of the most diverse caucus in the history of the province of Ontario that helped me understand, helped this government understand how important it is, whether it's the Coptic community, the Persian community or the Muslim community, so that people can have services in their own language.

If we are building a diverse province that we are so proud of, services should be available to them in their language, and in the culture that they know best and that they are comfortable in. And that's what we have done with the largest buildout of long-term care in the history of this country.

The Acting Speaker (Mr. Will Bouma): Questions?

Mr. Sol Mamakwa: In Kiiwetinoong, I think we have 20 long-term-care beds for 34,000 people, and we have 14 long-term boil water advisories. I'm not sure what this bill will do for a person who is in Fort Severn. Fort Severn is the most northerly community in Ontario. There's about 600 people who live there. When you access a long-term-care facility, it takes four and half years to get a bed. You leave your community without your family, you die alone and you come back in a casket.

How is this bill going to support our elders, our knowledge keepers in Fort Severn, Ontario?

Hon. Paul Calandra: The member will know that we are also having the largest expansion in long-term care—history in the country—in the northern parts of this province. The member highlighted how underserviced the north was, Mr. Speaker, and that is why we have made so many important investments, including with First Nations partners across the province of Ontario, to do exactly what the member says.

Now, the irony is that the member voted against each and every one of those initiatives. So I would suggest to the member to work with us, to help us as we expand services to our friends in the north, because it is so important. Whether it's the francophone community in northern Ontario or whether it's our First Nations partners in the north, they were ignored for so long.

That's why so many Progressive Conservatives from the north are here for the first time: to fix a problem that the other two parties never addressed. We will get it done, Mr. Speaker, and I hope he votes for this bill, because it gets it done for the north as well.

The Acting Speaker (Mr. Will Bouma): Quick question; quick response.

Mr. Andrew Dowie: Families in my riding of Windsor–Tecumseh have reached out to me with respect to uncertainty for the transfer of their loved ones from the hospital to a long-term-care home that might not meet the needs of the residents and the families.

Could the member explain what measures will be taken into consideration when proposing appropriate long-term-care homes for ALC patients?

Hon. Paul Calandra: I'll be very brief. The bill, in the explanatory note, highlights that nobody will be moved without their consent. It goes further in section 60, subsection 7, which very specifically says nobody is moved without their consent. This is about continuing conversations to let people know what homes are available while they wait for their preferred choice.

The Acting Speaker (Mr. Will Bouma): Further debate?

M^me^ France Gélinas: It is my pleasure to start my hour lead on Bill 7, the More Beds, Better Care Act.

Because I have a little bit of time, I want to place this in context. Our hospital system has been overcrowded for a long time. You have heard me and many others talk about hallway medicine for a long time. What does hallway medicine mean? It means that if a hospital has 300 beds, they have 350 patients admitted. The other 50 who

don't have a bed will end up in a hallway, in a TV room, in a bathroom, at the end of a unit, wherever they can place them. This has been an ongoing problem.

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This government is making the link that, in general, most large community hospitals have about 20% of their beds which are occupied by what is called alternate-level-of-care—they're referred to as ALC. Most people who get that designation are frail, elderly people. They want, like 90% of all elderly people, to live at home. They want to be supported at home. But the home care system fails them. The home care system does not allow them to stay home safely. They end up in trouble. They fall. They don't take their medications when they are supposed to. They end up in the hospital. Once they're in the hospital, the attending physician says, "I cannot send you back home because I know that the home care system will fail you again and you will end up in more trouble," so they put them towards a long-term-care home. They become ALC simply because they cannot do the transfer to a long-term-care home as fast as their care needs are no longer requiring hospitalization.

I want to go a little bit into what could be done to prevent 20% of most community hospital beds being presently occupied by patients labelled as alternate-level-of-care: Fix our home care system. Give people the care they need where they need it, which is at home.

I have many examples of people from my own riding whom the home care system has failed.

I want to share the story of Lucie Laplante. Lucie Laplante's husband is Gabriel. Gabriel is in—oh, no, not this story yet. I will start with another, shorter story, because I see that I only have a few minutes on the clock.

I will start with Mrs. D. Mrs. D lives in Hanmer, in my riding. Her husband broke his neck several years ago. He has been on the mend, but he suffered another fall a year later and has deteriorated. She sold their home and moved to something that would be more accessible for him, but she cannot bring him home from the hospital, because there is no home care. He needs a lift to get out of bed and into a wheelchair to get around. He is unable to stand on his own. He went for rehab for three months at the Clarion, which is a hotel that is presently being rented by our hospital to care for people in overflow—because our hospital is overflowing. He has been in the hospital since December 2021. While at the hospital, he got out of bed, fell and banged his head. She is making an inquiry on her own to find private home care, and she is buying all of the equipment that he needs to stay home, like a hospital bed to have at home. But everybody is telling her that he needs to stay at the hospital because home care is not available. The hospital is telling her that they could provide home care for one hour a day, five days a week, as long as she got a lift and a wheelchair. She wants her husband to be cared for at home, not at the hospital, but she's having difficulties working out a discharge plan, although she is willing to pay for all of the equipment needed. She wants her husband at home. This story repeats itself over and over. This person is now being placed for a long-term-care bed when all they want is to go back home.

I see you're looking at your watch, Speaker, so I will sit down.

The Acting Speaker (Mr. Will Bouma): Thank you.

Second reading debate deemed adjourned.

The Acting Speaker (Mr. Will Bouma): We'll continue the debate, but right now it's time for members' statements.

MEMBERS' STATEMENTS

HEALTH CARE

Ms. Doly Begum: Ontarians and people across my riding of Scarborough Southwest are anxious. Our health care system is in a crisis. Staffing levels are at an all-time low. We are seeing a mass exodus of health care workers who have been on the front lines since 2020, protecting our province in the face of COVID-19. We're hearing about ERs closing their doors, patients waiting up to 24 hours. And now, this government is forcing for-profit, private solutions to public problems that people have entrusted us to solve. This is unacceptable.

Every single one of us in this chamber, regardless of party lines, have been entrusted with a responsibility to represent hard-working, tax-paying Ontarians, many of whom have come from across the world with skills and experience and want to contribute to the health care sector. Free access to health care—universal health care—is at the core of who we are as a province and as a nation. It is universal health care that made sure that when my family faced an unimaginable tragedy, we did not fall through the cracks. I know my story is not unique; many share this, many rely on our universal health care.

It is a big part of why I am here today. We all carry an immense responsibility in this chamber to protect the people of Ontario and protect the values that make our province great. And today, I plead. I am calling on the government to protect our universal health care system that makes sure people get the care they need when they need it, and not only when they can afford it.

LACROSSE CHAMPIONSHIPS

Ms. Andrea Khanjin: Today, I rise to celebrate the teamwork and athletic achievement of the Barrie Bombers lacrosse team.

The girls from the Barrie Bombers 15U division are the first Barrie team to win an "A" provincial championship. All the players showed tremendous sportsmanship, from Alexis Brubacher, Kelsey Brubacher, Alyssa Glass, Amelia Zealand, Annika Crouter, Carleigh Hill, Emma Coughlin, Jorja Whalen, Kady Shelswell, Kylie Kumm, Morgan Lowe, Nadia White, Ryley Black, Teagan Setterfield, Willow Davidson and Zoey Maseko.

But there is more to celebrate for Barrie minor lacrosse, as the players from Barrie helped Team Ontario bring home the gold for 14U girls and 12U boys lacrosse. Four members of the Barrie Bombers representing team Ontario

14U girls helped the team win the gold medal national championship game, with a 5-2 win over host British Columbia. Barrie families were cheering on Morgan Lowe, Willow Davidson, Ryley Black and Jorja Whalen as they helped bring gold home for Ontario. This win was followed by the Team Ontario squad wining the 12U national league championship game, where Sebastian Danelon of the Barrie Bombers played on the team to help bring Ontario to victory.

Congratulations to the players, coaches and families.

CAPITAL PRIDE

The Acting Speaker (Mr. Will Bouma): The member for Ottawa Centre.

Mr. Joel Harden: Thank you, Speaker. Nice to see you in the chair this morning. Good morning, everybody.

More than usual, my body may be here in the Legislature, but my heart is back home. And the reason my heart is back home in Ottawa is linked to this tie I am wearing today. This week is Capital Pride in Ottawa, and Capital Pride is the moment where our city celebrates our gender diversity.

It's a week where a talented crew, led by the executive director of Capital Pride Ottawa, Toby Whitfield, puts on event after event to mention that our city is open and inclusive to everyone, including, within minutes of this speech, there is going to be Family Drag Storytime, led by some of our city's best and most talented drag queens, to welcome gender-diverse kids and their families in the story. There's going to be Café au Gay tonight at Happy Goat Coffee at 35 Laurel Street. There will be a Capital Pride pageant for which people can buy tickets this Friday. There is going to be an amazing Capital Pride Parade this Sunday, starting at 1 p.m., marching through our downtown core.

I invite all the members of this House to visit our city and join us. Join your political party, join your faith community, join your community organization. For the first time in two years, let's march and celebrate Capital Pride, and let's also salute the donation target this year, Capital Rainbow Refuge, which welcomes gender-diverse people from all over the world to our community so they can be their fullest self.

Happy Pride, capital Ottawa. Let's welcome each other to this great city. Bye for now.

UKRAINIAN INDEPENDENCE DAY

Ms. Natalia Kusendova-Bashta: Tomorrow, the people of Ukraine will be commemorating the 31st anniversary of independence. Speaker, this independence day is like no other. For me, as a Polish Canadian, it is a stark reminder that freedom and independence are fought through the sacrifices of brave men and women.

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Speaker, my riding of Mississauga Centre is home to many Ukrainian Canadians who, through their hard work, strong work ethic, dedication and commitment, have contributed to the cultural, social and economic fabric of Ontario. Ontario would not be the same without the entrepreneurs like the Horodynsky family, athletes like Wayne Gretzky or Tyler Bozak, or politicians like Ernie Eves.

Mississauga is home to over 30,000 Ukrainian Canadians, and we are proud to welcome several dozens of new families every week. Whether it is St. Mary's Catholic church, the Mississauga Ukrainian Festival, the Barvinok dance ensemble, St. Sofia school, the UCC, or Business Woman PRO Canada, Mississauga has many flagship organizations ensuring the celebration and preservation of Ukrainian heritage and culture.

I was happy to recently welcome Minister McNaughton to Mississauga for a fruitful round-table discussion with newcomer families. We discussed our firm commitment to support newcomers from Ukraine with access to education, health care and other vital services.

I would also like to take a moment to thank my campaign volunteers of Ukrainian heritage: Natalya Halich, Svitlana Yanchynska, Nadiya Yashan, Liliya, Maryszka, Vira and Viktoria. And I would like to wish them a meaningful and commemorative Ukrainian Independence Day. Slava Ukraini.

EVENTS IN KIIWETINOONG

Mr. Sol Mamakwa: I just want to take this time this morning to mention some gatherings that we have been enjoying across Kiiwetinoong this summer. They include: the Sioux Lookout Blueberry Festival, which celebrated its 40th anniversary this year; the Red Lake Norseman festival; the Trout Forest Music Festival in Ear Falls; the Kingfisher Lake annual summer festival; Muskrat Dam family days; the Wunnumin Lake Warriors volleyball tournament; the annual Kingfisher Lake volleyball tournament; the Casey Tait Memorial Klik Cup tournament; the Wunnumin Lake summer festival; Neebin Odaminowin Summer Festival in Webequie; the Neskantaga traditional gathering; as well as powwows in Lac Seul, Grassy Narrows and, this weekend, in Mishkeegogamang.

These festivals are a celebration of community, of who we are, and the values that we have. These happen as a result of the planning and the hard work of many volunteers who create these events for us to gather.

I'd like to acknowledge and thank the volunteers and organizers for all the hours they work to continue making these events happen. These events are so important, as they allow us to show off our communities, but, most importantly, to have fun with our friends and families. Meegwetch.

SPORTS AND RECREATION FUNDING

Mr. Todd J. McCarthy: It gives me great pleasure to recognize two outstanding organizations from the riding of Durham that are 2022 recipients of the Ontario Trillium grant.

Last month, the Tyrone Community Centre was awarded $10,700 for much-needed improvements and

expansion of community programs. And the Clarington Swim Club was awarded $32,800. This will be utilized to expand the club's membership, program enhancement and club facilities.

Speaker, the Tyrone Community Centre and the Clarington Swim Club are just two of 279 organizations across the province receiving these important grants that our government is providing. I am proud that our government is supporting multiple applications to the Ontario Trillium grant program. I strongly believe that many organizations like the Tyrone Community Centre and the Clarington Swim Club enrich the lives of people in the riding of Durham while playing an important role in enhancing community spirit.

As the MPP for the great riding of Durham, I congratulate these organizations for their well-deserved honour and for providing excellent programs and services to the residents of Durham and the great province of Ontario.

EVENTS IN MARKHAM–UNIONVILLE

Mr. Billy Pang: It's great to be back at Queen's Park, and I want to start by thanking the constituents of Markham–Unionville for re-electing me and giving me the honour to serve them. I also want to thank my family, campaign team, donors and volunteers for their endless support and encouragement.

Mr. Speaker, it has been an eventful summer. To kick off the season, I hosted an open house at my constituency office, the first in-person event since the pandemic. It was great catching up with my constituents and listening to their thoughts on how Markham–Unionville can continue to grow as a riding.

I've also attended many events organized by our vibrant senior community, including the Unionville Home Society's Seniors' Month barbecue and the Paradise Seniors Association's 2022 Summer Dream event. In addition to that, I participated in local celebrations, including the 20th annual Night it Up! Night Market and the 45th anniversary of Apple Creek Seventh-day Adventist Church.

Mr. Speaker, I want to thank all the organizers for inviting me to participate in their celebrations. I look forward to celebrating more accomplishments, milestones and upcoming events.

And to my constituents watching, I will continue to work tirelessly to serve and be your voice at Queen's Park. Together, let's get it done. Thank you.

HEALTH CARE

Mr. Adil Shamji: Last week, the Minister of Health finally admitted what the people of Don Valley East have been saying for months, that the status quo in health care is unacceptable. What my constituents have meant is that ER wait times, when ERs are accessible at all, are unacceptable. Not having a family physician for 15% of us is unacceptable. And because of this government, there are too many foreign-trained health care workers in my riding who are not getting credentialed. This is unacceptable.

Now, the status quo that the Minister of Health opposes is our publicly funded, not-for-profit health care system. Though she asserts that Ontarians will be able to access health care with their OHIP card, make no mistake, the plan for private, for-profit delivery of health care will harm the people of this province.

We have already seen the harms from for-profit long-term-care homes in Ontario that had significantly higher mortality than not-for-profit. We have learned the harms from for-profit outsourcing of public health care in the United Kingdom, which led to significant preventable mortality, and we have learned the harms from for-profit dialysis centres in the United States. We have learned the harms from all around the world, as reported in Scotland, Australia, Italy, Ireland and even the World Health Organization.

The lesson in all of this is consistent and clear: Health care must always be about patients first and not profits.

KINMOUNT FAIR

Ms. Laurie Scott: I'm pleased to rise today to recognize and celebrate an important milestone in my riding of Haliburton–Kawartha Lakes–Brock, the 150th annual Kinmount Fair. Founded in 1872, the Kinmount Fair takes place every Labour Day weekend in the village of Kinmount. After two years, our loyal fairgoers will return to enjoy agriculture shows, horse pulls, live entertainment, the Conklin midway, a demo derby, tractor pulls, parades and more in what can only be described as the Brigadoon of Kinmount.

My family has been a part of the Kinmount Fair board for six generations, and my brother is the current president and author of a book on the story of the fair. I also have many memories of competing in horse shows, exhibiting in the exhibit hall and, when I turned 12 years old, being a junior fair director. I look forward to the unveiling of a 24-foot mural depicting 150 years of the fair and a fair film festival.

The Kinmount Fair has hosted events such as oxen pulls; fishing derbies; airshows; strongman, lumberjack and chainsaw competitions; as well a few unusual acts my dad recruited, including a mudwrestling team in 1985. The Tommy Hunter Show even filmed a special episode live for the 100th anniversary of the fair in 1972.

1030

Every year there's always something new to experience, and I hope to see some of you at the 150th Kinmount Fair because I'll be there.

EVENTS IN FLAMBOROUGH–GLANBROOK

Ms. Donna Skelly: After two long years of waiting out the pandemic, the fall fairs in my riding of Flamborough–Glanbrook are back to welcoming visitors this year. For decades, the Binbrook, Ancaster and Rockton World's Fair have showcased the incredible work done by the

agricultural community, whether it's growing crops or tending livestock or processing food on their farms.

The first is the Binbrook Fair, which opens September 16 and runs through the weekend. Binbrook is followed by the Ancaster Fair on September 22 through to the 25th. The Ancaster Fair is celebrating its 172nd season this year. It's one of the oldest fairs in Ontario. The Ancaster Fair is a huge draw, attracting thousands of visitors from across the Golden Horseshoe. And then, there's the Rockton World's Fair on Thanksgiving weekend: a fair that has been running since 1852.

All the fairs are promising a full program this year, including exhibits, livestock competitions, horse pulls, dairy shows and, of course, traditional food and fun at the midway.

When my children were younger, I would take them to the fair and watch their eyes light up as they got close to the farm animals. This year I get to take my grandson. It's important for city kids and adults to see what the people who work in agriculture do. One of the most enjoyable aspects of fall fairs is that they take us back to a much simpler time.

Mr. Speaker, this is a time to celebrate Ontario's farmers. They are the people who keep food on our tables, and for that, I sincerely say, thank you.

INTRODUCTION OF VISITORS

M^me^ France Gélinas: I would like to introduce nurse Dave Verch as well as Angela Glanzman from the Ontario Council of Hospital Unions who are here with us today. Welcome to Queen's Park.

Ms. Natalia Kusendova-Bashta: I'd like to welcome some very special guests this morning: all the way from Poland, my godmother Kasia, her daughters Ola and Gabi; from British Columbia, my brother Jakub with his girlfriend Carlie; and, of course, endearingly known by our caucus as the perogy queen, my mom Anna Kusendova. Welcome to Queen's Park.

Mr. Sol Mamakwa: Meegwetch. It's not every day that we get to see people from the riding of Kiiwetinoong because it's just so vast, but I'd like to welcome Chris Moonias from Neskantaga First Nation. Meegwetch, say hello.

Hon. Sylvia Jones: It's a great honour to welcome and introduce Garrett Hein from my office for the first time at Queen's Park.

Mr. Nolan Quinn: I'd like to welcome our member of federal Parliament, Eric Duncan, from Stormont–Dundas–South Glengarry. He's travelled here today to see us in question period.

Mr. Deepak Anand: We are having a summer sitting, and this is the perfect time—the kids are having summer vacation—to bring them here and show them the chamber of responsibility. I'd like to welcome high school student and my daughter, Suvidhi Anand, to the chamber.

The Speaker (Hon. Ted Arnott): I understand there is a point of order. The member for Nickel Belt.

M^me^ France Gélinas: I seek unanimous consent to move a motion to allow an emergency debate on the health care crisis this afternoon during orders of the day.

The Speaker (Hon. Ted Arnott): Madame Gélinas is seeking the unanimous consent of the House to move a motion to allow an emergency debate on the health care crisis this afternoon during orders of the day. Agreed? I heard a no.

QUESTION PERIOD

LONG-TERM CARE

Mr. Peter Tabuns: My question is to the Minister of Long-Term Care. The government is now going to move people from hospitals to nursing homes that they do not want to go to. If they refuse to go, will they be billed for their hospital bed?

Hon. Paul Calandra: I really think the opposition would benefit from a reading of the bill, because if the Leader of the Opposition actually read the bill, he would see that on the very first page it says that nobody will be removed from a hospital who is discharged from a hospital into long-term care without their consent.

Just to reconfirm that: In subsection 60.1(7), it also again reconfirms that nobody will be removed from a hospital acute care setting to a long-term-care home without their consent.

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

Mr. Peter Tabuns: It doesn't seem to mention billing. There are cases of this government and the Liberals before it attempting to bill seniors for their hospital beds. A 2010 report from the Advocacy Centre for the Elderly, written by lawyer Jane Meadus, says seniors have been threatened with a daily hospital bill for "the non-OHIP 'daily rate' which ranges anywhere from $500 to $1,500 or more per day."

Can the minister guarantee right now that if a senior refuses to go to a care home they don't want, they will never be billed for their hospital bed?

Hon. Paul Calandra: I assume that the member must be talking about a regulation that was put in place in 1979 in this place—that has been on the books since 1979. I can confirm absolutely, 100%, that nowhere in the bill that I have introduced does it suggest that seniors will be (a) moved from a hospital without their consent, or (b) be charged.

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

Mr. Peter Tabuns: Speaker, again to the minister: The government's plan for health care seems to involve Ontarians opening their wallets. The minister has not ruled out fragile seniors and their families racking up thousands of dollars in a bill for a hospital stay. And the Ford government has a plan for more privatized surgeries and procedures, which always, always result in extra charges.

Why does this government believe it's okay for health care to come with a bill?

Hon. Paul Calandra: I'm not sure what the member is reading. At some point in time, when you get the answer to your question on the first question, you might want to modify your second and third questions.

I'll give it to the member opposite: As I said yesterday, I can appreciate that they didn't read the bill when they had the opportunity Thursday, Friday, Saturday, Sunday, Monday or even this morning. I can appreciate that he wasn't here for the leadoff speeches, where we identified what we are actually—

The Speaker (Hon. Ted Arnott): Don't make reference to the absence of another member.

Hon. Paul Calandra: I apologize, sir. I withdraw that. But he has the opportunity now, Mr. Speaker, to go to the table and get a copy of the bill, where he will see in the bill that no senior is being moved into a long-term-care home without their consent. And there is nowhere in this piece of legislation that suggests a senior will be billed for staying in acute care settings.

HEALTH CARE

Ms. Sandy Shaw: This government's grand plan to fix our health care crisis is to throw open the door to privatized health care. But funnelling patients to private health care will only bleed resources out of our public hospitals and will make the health care crisis even worse.

We know that health care privatization always ends up with patients getting the bill. If Ontarians won't need to use their credit cards for health care, please explain why there is currently no provincial oversight to protect patients against inappropriate charges for publicly funded surgeries.

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

Hon. Sylvia Jones: This gives me an opportunity to highlight our exciting announcement that we made last week as a government, a five-point plan to provide the best care possible to patients and residents.

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I only want to highlight one comment from Allan O'Dette from the Ontario Medical Association: The OMA "supports the initiatives announced today by the government....

"Strengthening collaboration with government, doctors and other health care stakeholders is critical to resolving the unprecedented pressures on Ontario's health care system."

No one group can do this alone, Speaker. We must do this together.

Our five-point plan does that. We are working with our partners to make sure that all capacity within our health care system is there when people need it, where they need it.

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

Ms. Sandy Shaw: Speaker, that's from the Auditor General's December 2021 report. Let me quote further from that report:

"We found that some patients could be given misleading information as part of sales practices to make a profit."

Further, "The ministry is putting patients at greater financial risk by allowing additional private organizations to provide publicly funded surgeries while also being allowed to charge patients directly for additional uninsured services to make a profit."

In the case of cataract surgeries, these add-on charges cost patients anywhere from $450 to almost $5,000.

So my question: Do you believe it is your job to protect Ontarians and not the bottom line of for-profit providers?

The Speaker (Hon. Ted Arnott): I'll ask the members to make their comments through the Chair.

To respond, the Minister of Health.

Hon. Sylvia Jones: It does concern me that the member opposite and the party opposite do not believe that there can be innovative solutions to what are very long-standing problems. We cannot keep doing the same thing and expect different results. Status quo is not an option. That is why our five-point plan includes additional capacity, like expanding surgical units and the access to it, like expanding how we are using—in 40 communities across Ontario—the community paramedic program. These are the innovations that Ontarians need and deserve.

I don't know if you've heard from your constituents waiting for those surgeries, but I have. I want to make sure that where we have capacity within our health care system, whether it is in hospitals or, in fact, in independent health facilities, we use that to make sure that people get the surgeries when they need them, as quickly as we can get them.

The Speaker (Hon. Ted Arnott): Again, I'll remind members to please make their comments through the Chair, not directly across the floor of the House.

The final supplementary.

Ms. Sandy Shaw: I'd like to let the Minister of Health know that my constituents are tired of being billed extra for what should have been publicly funded surgeries.

The most disturbing finding in the Auditor General's report: "The inconsistency in the way oversight of various service providers is conducted means that neither the Ministry nor Ontario Health has a full picture of outpatient surgeries across the province." This is remarkable.

We know that your government's failure to provide oversight in for-profit long-term-care homes resulted in thousands of seniors' deaths. So why then, for heaven's sake, are you rushing into privatization before you make sure Ontarians can get the care they need in a public universal health care system in Ontario?

The Speaker (Hon. Ted Arnott): One more time, I'll ask the members to make their comments through the Chair.

Minister of Health to reply.

Hon. Sylvia Jones: Through you, Speaker: Premier Ford and our government have been very clear that health care services provided in the province will continue to be

provided and accessed through your OHIP card. We want people to get those services closer to home. We want all health providers to be able to practise at the highest level of their capacity, because they want to be able to provide the service quickly to their patients.

I point to a quote from Dr. Rose Zacharias, the president of the Ontario Medical Association: "Physicians are resilient, compassionate, high-capacity people. We need to spend our health care dollars strategically and fill these existing gaps." We will do that working with our partners. I implore the members opposite to work with us on it.

HEALTH CARE FUNDING

Mr. Jeff Burch: Speaker, through you to the Minister of Health: A Niagara boxing legend is fighting for his life. Doug Dobias is a prolific boxer and coach. Nearly a decade ago, Doug suffered a botched surgery on a hernia. Over the years, it got so bad he lost nearly 100 pounds and was unable to eat or drink. His nutrient levels were so low doctors feared his heart would give out.

Surgeons have installed a feeding tube, but it can't stay in place for long. If the surgery to correct the initial operation can't be done quickly, Doug will suffer lifelong consequences. But because of Ontario's massive surgical backlog, it will be many months before it can happen, and by then, it might be too late.

Will this government invest the $1.3 billion earmarked by the FAO to address the surgical backlog so that Doug and people like him can have timely, life-saving surgeries? Yes or no?

Hon. Sylvia Jones: The member opposite highlights exactly why our government proactively made sure that surgical backlogs that happened as a result of the pandemic are being dealt with quickly. It is why we are in a very good place in terms of diagnostic—basically, back at pre-pandemic.

Specifically on the surgical wait-lists: As part of our province's Surgical Recovery Strategy, we've invested over $880 million over the last three fiscal years—and Speaker, I might remind the member that that's over the last three years because we understood that there were going to be backlogs and we needed to take these steps proactively to make sure that individuals like Doug got their surgery as quickly as they could. We have funded Ontario hospitals to expand their surgical unit hours for exactly the reason the member opposite raises.

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

Mr. Jeff Burch: Speaker, because of the massive wait-list being ignored by this government, Doug's family had to create a GoFundMe page to pay for the surgery to be done in Buffalo in case it can't be done in time in Ontario.

Is it acceptable to this government that people in Ontario have to crowd-fund to pay for life-saving surgery in the US?

And will the minister stand up today and abandon her plan to bankrupt and privatize our health care system and instead invest in our public system so that people like Doug don't have to pay with their credit card to save their lives?

Hon. Sylvia Jones: Again, I will remind and reinforce that in the province of Ontario, we get health care systems paid for through our OHIP taxpayer-funded programs.

The 400 additional physician residents who are now practising in northern and rural Ontario are to expand and allow more opportunities for people to be able to access care closer to home as quickly as possible. We are making these investments. We are doing this because we understand. We want people like Doug to make sure that the high-quality, amazing health care that we have in the province of Ontario—they are accessing closer to home.

MUNICIPAL GOVERNMENT

Mr. Vijay Thanigasalam: Many of my constituents have seen commentary and concerns being raised by a group of former Toronto mayors regarding the Strong Mayors, Building Homes Act. According to them, the proposed legislation would eliminate any meaningful role of city councillors and therefore the voice of the local residents who elect them.

Residents of Toronto and Ottawa deserve the peace of mind that their elected officials are accountable to them and will act in their best interest.

Mr. Speaker, will the Minister of Municipal Affairs and Housing please explain how this legislation will ensure that my constituents still have power regarding the role of municipal mayors and councils and the democratic principles that shape governments are being upheld?

Hon. Steve Clark: I want to thank the member for the question.

Contrary to what the former mayors said, municipal councils and locally elected councillors play an important role in representing their constituents and ensuring delivery of local priorities. Council will not be left out of the process of local decision-making. Under our Strong Mayors, Building Homes Act, checks and balances are built into the proposal. Council can override the mayor's veto of bylaws related to provincial priorities and budget amendments made by council with a two-thirds majority vote.

Speaker, it's important to keep in mind that these changes are put forward to help the mayors of Toronto and Ottawa cut red tape and get shovels in the ground faster. The mayor is obviously still a member of council and still would have one vote on matters brought before council in the very same way that they do presently.

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

Mr. Vijay Thanigasalam: Speaker, the residents of Toronto and Ottawa deserve respect and they deserve to have all of their concerns and questions addressed.

Some of the additional concerns raised by the previous mayors of Toronto about this legislation include claims that mayors will have too much power to hire and fire senior staff, impacting the separation between executive and legislative functions. Additionally, they have said that

the system provides too much control for mayors, providing them a veto on decisions that intervenes with provincial priorities.

1050

Speaker, can the Minister of Municipal Affairs and Housing provide certainty for the people of Toronto and Ottawa by addressing the outstanding questions regarding this legislation?

Hon. Steve Clark: Those are fantastic questions. It's important for members of this House to remember that under our proposed changes, mayors are still subject to the legislative accountability and transparency measure. This includes proposed new laws that would prevent the mayor from using the new powers when they would have a conflict.

The legislation also explicitly prevents the mayor from being able to hire certain positions. The posts would include positions like the police chief, the chief building official, the medical officer of health. There are many, many others that are under legislative prescription.

We're giving mayors the tools they need to get things done, to get shovels in the ground faster. And we're going to hold them accountable to the decisions they make. We're counting on them to cut red tape to get housing built faster so that families can realize attainable home ownership.

Thank you for the question.

RESPITE CARE

Ms. Peggy Sattler: My question is to the Premier. Rick Brown lives in London West and is exhausted from more than five years of caring for his wife, Marian, who has an incurable brain disorder. His only break is during her weekly nine hours of home and community care. Before the pandemic, Marian could stay up to a week at a long-term-care home through the short stay respite program. That program was suspended in March 2020.

Will this government restore the short stay respite program to give caregivers like Rick the break they so desperately need?

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

Hon. Paul Calandra: Yes, Mr. Speaker. I announced that on Thursday, and of course the opposition have said they are not supportive of that.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Peggy Sattler: Marian is on the wait-list for long-term care, but Rick could manage her care at home if only he had the right support. A week of respite every few months would make all the difference for Rick and for Marian.

The ministry told us that the short stay respite program was suspended to free up long-term-care beds. Why is this government more interested in forcing seniors from hospitals into long-term care than in providing caregivers like Rick with the respite they deserve?

Hon. Paul Calandra: I honestly don't know where this member is coming from right now, because that is exactly what we're talking about in the legislation. I announced that with the Minister of Health last Thursday. I talked about it exclusively in my presentation this morning. I've talked about it entirely since we introduced this.

It is so important that we bring back respite care to the province of Ontario. We're in a position to do that, Mr. Speaker. Many of us have heard how important this is during the campaign. We're in a position to do that because over 85% of long-term-care residents have their fourth dose of vaccine, so we can do that.

I implore the member: If you believe in what you have just asked, then surely you will be supporting this bill.

LONG-TERM CARE

Mr. John Fraser: My question is to the Premier. For months now, long-term-care homes across Ontario have been pleading with this government for help, and Bill 124 has done more damage to them than any other piece of legislation I can remember. Now the government is proposing Bill 7. Bill 7 is going to violate patients' basic rights by changing the law to allow them, among other things, to be moved without their consent. That's cruel.

Imagine this conversation, Speaker: "Mrs. Smith, we're going to have to move your mom." "But you can't move her. We won't be able to see her. That's too far." "I'm sorry, Mrs. Smith, that's the law. I have no choice."

Bill 7 is not going to work for patients, their families or the people who care for them. Will this government withdraw Bill 7?

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

Hon. Paul Calandra: As I said yesterday, look, it's okay to be wrong, but it is not okay—

Interjections.

Hon. Paul Calandra: Yes, I have to be careful because, truly, I'm angry at this. Because what the opposition is doing is absolutely sad and, in many ways, it is disgusting. Because it says—and the member will know this. It says right on the first page of the bill—on the first page, the explanatory note—that it "does not authorize the use of restraints in order to carry out the actions or the physical transfer of an ALC patient to a long-term care home without their consent." It goes further, in section 60(7), to suggest that not only the ALC patient, but also the consent of the substitute decision-maker in an instance where there's a substitute decision-maker.

I hope the honourable gentleman will do the honourable thing: Withdraw what he just said, stop getting people worried about what is happening. This is a way of building health care in the province of Ontario, including in Ottawa, and he should be a part of helping us do that.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. Order.

Start the clock. Supplementary question.

Mr. John Fraser: It does say in the bill explicitly that people can be moved without consent. And the conversation I just described will happen. Just because you're old

doesn't mean you don't get the same rights as everyone else. Long-term-care homes are experiencing even greater staffing pressures than our hospitals. Unlike our hospitals, they don't have a relief valve. To make things worse, for-profit agencies are poaching their staff and, in some cases, the same staff are coming back to work at two and three times the cost. At long-term-care homes, they can't refuse an admission, otherwise they get penalized.

Instead of creating greater pressure in our long-term-care homes, this government should be repealing Bill 124 and withdrawing Bill 7. Will this government commit to do that?

Hon. Paul Calandra: The member can't reference, the way I have in section 60(7), where in the bill it says that, because it is very clear that not only will we respect a substitute decision-maker and a patient in ALC, but we will also respect the Patients' Bill of Rights. That is what we said we would do. The member will also know—you would think he would know—that as part of the Fixing Long-Term Care Act, which they voted against, nobody can be put into a long-term-care home that does not have sufficient staffing and resources in order to care for the patient that's being transferred in.

If he went further, Mr. Speaker, he would know that the act guarantees that and it actually provides up to $60 million on a go-forward basis to ensure that we have behavioural supports for patients, that we can provide kidney dialysis for patients, because for the first time, long-term care will be part of the solution as we build an integrated health care system in the province of Ontario. And despite what he is saying, we will continue to do that on this side of the House, despite the failings of 15 years of Liberal government.

TRANSPORTATION INFRASTRUCTURE

Ms. Andrea Khanjin: Year after year, the previous Liberal government was warned about the economic damage that road and infrastructure gridlock was going to have on our economy. In 2011, the president and CEO of the Toronto Board of Trade warned that, "The longer we take, the more gridlock hurts our economy and quality of life. We have reached a tipping point." In 2013, the C.D. Howe Institute said congestion in and around the GTHA has cost the economy around $11 billion per year. In 2017, the Fraser Institute declared that, "Traffic congestion isn't just a nuisance, a public health problem, or an environmental hazard. In addition to being all of those things, it's also a significant economic harm."

My constituents know these statements and they live the hard truths of them. They are tired of the inaction by the previous Liberal government. Can the Minister of Transportation tell us why it's critical that our government advance infrastructure like the Bradford Bypass and bring relief to the people of Ontario?

Hon. Caroline Mulroney: Thank you to the member from Barrie–Innisfil for the question. Speaker, for decades, previous Liberal governments ignored calls to build the Bradford Bypass. Under this Premier's leadership, we are finally getting it done.

1100

In the next 30 years, the population of the greater Golden Horseshoe will grow to the size of what Ontario's population is today: 15 million people. With that in mind, the do-nothing approach of the opposition parties is no longer an option. Speaker, we need to get building. Farmers, families and businesses have been paralyzed by gridlock on our major highways long enough. Building the Bradford Bypass will change that. The new highway is expected to save 35 minutes per trip; that's more than one hour per day, or five hours per week, that you won't have to spend behind the wheel.

Speaker, we can't afford to let gridlock get any worse. The time to act is now. Our government is getting on with the job of finally building the Bradford Bypass.

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

Ms. Andrea Khanjin: Thank you, Minister. The Bradford Bypass represents an opportunity for economic growth for all Ontarians. The people of Bradford, Barrie, Innisfil and all of Simcoe county deserve to be respected. They deserve to have their quality of life recognized. Congestion takes hours away from spending time with their families, and that is no longer acceptable.

We saw how the previous Liberal government didn't get it done. They delayed, deferred, demurred. And when it came to building transit infrastructure—the residents currently are just desperate, because there was no infrastructure.

Can our minister explain how we are getting it done, how we're building key major infrastructure projects like the Bradford Bypass and how the progress of this project is currently being done?

Hon. Caroline Mulroney: Speaker, our major highways are filling up more and more each day, but this is not a new problem. The Liberals could have addressed gridlock by building the Bradford Bypass, but instead they quietly shelved it. Our government is taking a different approach. In the greater Golden Horseshoe alone, we are addressing gridlock head-on by making historic investments and getting shovels in the ground on highways, roads, subways and GO expansion.

Building capacity in Simcoe county and in York region starts with getting the Bradford Bypass done. Earlier this year, I was proud to announce the early works contract to construct a bridge crossing which will pave the way for shovels in the ground later this year.

Speaker, it is our PC government, led by this Premier, that is stepping up to the plate and delivering for Ontarians.

HEALTH CARE

Mrs. Jennifer (Jennie) Stevens: A constituent of mine—who wishes to remain anonymous, so we will call her Sarah—reached out to my office to share her "health care horror story." Sarah explained that after waiting for

three hours at Juravinski Hospital for a scheduled surgery to remove suspected ovarian cancer, the surgery was cancelled at the last second because there was not a single bed available for her post-procedure. Sarah's surgeon had mentioned that numerous other patients experienced the same last-minute cancellations just a week prior, all due to a lack of beds.

Premier, our emergency departments are at their breaking point, with ongoing surgical delays. What is this government going to do to alleviate the increased ER visits that we are seeing from Ontarians with undiagnosed issues resulting from pandemic delays, surgeries being pushed back and preventable illnesses progressing?

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

Hon. Sylvia Jones: The member highlights exactly why we have been working so aggressively as a government, across ministries, to make sure that we have capacity within our health care system. I point to the ability for internationally educated health care professionals to be able to quickly get their licences so that we have that expanded capacity. I point to the 400 new physicians that are practising in rural and northern Ontario. I point to the $880 million over the last three fiscal years that was invested to reduce surgical wait times.

I understand. When scheduled surgeries have to be cancelled because a higher-priority patient has come in and needs to be looked after first through triage, it is incredibly frustrating for that patient and that family. That's why we've made these investments, and that's why we will continue to work with all of our health care partners to make sure they have the services and the resources they need.

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

Mrs. Jennifer (Jennie) Stevens: To the Premier: It is clear your government is pushing for private surgical clinics. Yet these clinics will suck resources from the public health care that is already short thousands of nurses and thousands of support workers. Women with ovarian cancer who need their surgery in a hospital will wait longer and live in fear for longer.

Premier, is this inaction around bed availability this government's cruel and shameful strategic move to convince Ontarians that private clinics are the end-all and be-all solution to our health care woes?

Hon. Sylvia Jones: I will continue to focus on the entire system. I will make sure, through our caucus colleagues, that we have the capacity within the Ontario health system so that when you need regularly scheduled or emergency surgery, there is capacity in Ontario. And that capacity will be paid for from the patient with their Ontario health card.

The concept of picking one issue and insisting that is the solution—we've heard very clearly from medical experts across Canada and indeed worldwide that we are experiencing shortages, which is why we're working with the College of Nurses, we're working with the College of Physicians and Surgeons of Ontario to expedite those individuals who are living in the province of Ontario, have that experience and were educated in other jurisdictions to quickly be able to get their certification and licensing.

IMMIGRANTS' SKILLS

Ms. Natalia Kusendova-Bashta: With more than 370,000 jobs going unfilled across the province, we need to expand our workforce to meet the vital market needs to get workers building our roads, highways, schools and hospitals. Newcomers are crucial to growing our economy and building a strong future for us all. As my good friend from Mississauga–Malton had said, jobs need people and people need jobs.

We know that Ontario is a destination that has always been attractive for people looking for a bright economic future, including my very own family when we immigrated 22 years ago. But we also know that we are facing a global race for talent as people all around the world are searching for a better place to build a life and raise a family.

Can the Minister of Labour, Immigration, Training and Skills Development share what our government is doing to make Ontario a more competitive jurisdiction to help bring people to our province and address the ongoing skilled job shortages?

Hon. Monte McNaughton: I want to thank the member for that question. But most importantly, I want to thank the member for her leadership and standing up for the people of Ukraine against Putin's illegal invasion. Thank you for everything you're doing.

Mr. Speaker, the member is right. We are facing the largest labour shortage in a generation here in Ontario. To achieve our ambitious plan to build, we need all hands on deck. That is why our government is making it easier for newcomers to start working in their trade or profession faster. We're eliminating Canadian work experience requirements and removing duplicative language tests. This makes it easier for engineers, auto mechanics, plumbers and others to move to Ontario, fill in-demand jobs and earn more for their families.

By working for workers, our government is making Ontario the destination of choice for more skilled workers.

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

Ms. Natalia Kusendova-Bashta: I thank the minister for his response.

Ontario deserves to be a part of a fair system, to have a bigger say in how we address the jobs and skills gap in our province. It is not right that Ontario only has a say in less than 5% of immigration applications, while other provinces have nearly 50% oversight in application approvals. It is vital that we address this now and fix the growing backlog.

Skilled individuals are in demand all over the world. Right now, when Canada is short countless people for jobs in the skilled trades, the Federal Skilled Trades Program has a processing time of 47 months, which is nearly four years. Can you imagine?

Can the minister please explain more about the advocacy from Ontario and the other provinces regarding fixing the immigration approval system and ensuring that we can bring more skilled workers to meet our growing needs?

Hon. Monte McNaughton: Thank you again to the member for this very, very important question. She is correct that our current agreement with the federal government certainly isn't meeting Ontario's needs.

We continue to call on Ottawa to speed up timelines and let Ontario choose those with the skills that all of our communities need. Tackling Ontario's labour shortage is essential to keeping costs down for families and keeping businesses open and expanding in our province. Action in this file is long overdue and it's never been more important than now.

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We need these workers to fill in-demand jobs and build stronger communities for all of us. If the federal government answers our calls, this will further unleash Ontario's potential so we can start building together.

EMPLOYMENT STANDARDS

MPP Kristyn Wong-Tam: My question is to the Premier. The University Health Network in my riding has seen an increase in the use of temporary nurses. Their spending has gone up from $1.1 million to $1.7 million over the past three years. Other hospitals are seeing similar increases.

Nurses are burning out. They're leaving the profession in droves. Why is it okay for the Ford government to pay private companies more than the nurses who are essential to delivering health care for our communities? When will this government repeal Bill 124?

The Speaker (Hon. Ted Arnott): The President of the Treasury Board to respond.

Hon. Prabmeet Singh Sarkaria: This government has an unprecedented and historic record of investing in health human resources across this province. In fact, Mr. Speaker, since March of 2020, we have added over 10,500 health care workers across this province.

Every step of the way, the members opposite have opposed measures that we have put in place to support and increase health human resources across this province. For example, just in April of last year, when we put forward a plan to help speed up the process to train and include foreign-trained professionals in the province, the members opposite voted against that. In the fall economic statement, when we made investments of over $300 million to train, support and upskill nurses, the members opposite voted against that.

We will continue to support health care workers across this province, and we will continue to make historic investments to support health care in Ontario.

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

MPP Kristyn Wong-Tam: I recognize that some investments have been made, but clearly there hasn't been enough, and the nurses that you speak about can't be found anywhere.

Anything short of repealing Bill 124 will not fix the nursing crisis. This is really the question at the heart of what we are discussing. We have nurses all over Ontario who are crying out for help. I will share just one story. One nurse tells me that their profession is seen as a dead-end job in Ontario, because what they are now seeing is that health care in Ontario is going absolutely nowhere. I wish that that was not the case, certainly not within my lifetime.

Bill 124 is actually driving this low-wage economy for nursing. What is the government going to do? You called them heroes during the pandemic. Are they not heroes anymore to you?

The Speaker (Hon. Ted Arnott): Minister of Colleges and Universities.

Hon. Jill Dunlop: Thank you to the member for that question. We recognize how vital nurses are to the health care system. That is why this government has made changes to nursing education in Ontario, by allowing colleges to offer stand-alone nursing programs. There are 14 colleges in Ontario that, this fall, will now be able to start offering this program: colleges like Loyalist College in Belleville and Georgian College in my area. Do you know what that means to these communities? Students will have the option to train and practise in those communities where they may be underserved with nurses.

We've made incredible investments in nursing education. The stand-alone was only one of those. The Learn and Stay program for nurses in underserved and rural communities is an opportunity for nurses to have their tuition and all educational expenses covered, in exchange for two years in an underserved community.

We are doing many measures to increase the number of nurses in Ontario and give students the opportunity to enter this fabulous profession.

WORKPLACE SAFETY

Ms. Mitzie Hunter: My question is to the Minister of Labour. Minister, just a few weeks ago, Jamaican migrant farm workers in Niagara region wrote to the Minister of Labour in Jamaica, raising concerns about their working conditions here in Ontario. Sadly, days later, on August 14, Garvin Yapp of St. James, Jamaica, was killed in an accident with a tobacco harvester in Norfolk.

Every worker deserves a safe working environment and the basic expectation that when they come to work, they will return home to their family safely, just as they came, wherever that may be. Migrant workers come to this province in good faith and expect a safe working environment as they fulfill the jobs in our agricultural sector that are vital, not only to the agricultural sector but to our economy overall.

Minister, what are you doing to keep these migrant workers safe?

The Speaker (Hon. Ted Arnott): Please make your comments through the Chair.

Minister of Labour.

Hon. Monte McNaughton: I thank the member for this very important question. First, I want to begin by expressing my condolences to the family impacted by the loss of life.

I can tell you, Mr. Speaker, like the member opposite said, every single worker deserves to come home safely after a hard day's work. We know the importance of agriculture workers in this province. They truly are heroes, putting food on all of our tables, supporting families right across this province.

Mr. Speaker, I did reach out to Minister Fraser, the federal minister. As the member opposite knows, the Temporary Foreign Worker Program is the responsibility of the federal government. They're also in charge of bunkhouses.

Specifically on the incident that she is referring to, we are investigating as we speak and committing to getting answers for these families as quickly as possible.

In the supplemental, I'll talk about more actions that we're doing to keep all workers safe in Ontario.

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

Ms. Mitzie Hunter: Back to the minister: The agricultural industry is the cornerstone of Ontario's economy, and the farmers within that system are unmatched anywhere in the world. We're known. The safety of migrant workers depends on a collective partnership between all governments, employers and workers. So this responsibility cannot be passed on. The responsibility for inspection and for ensuring their safety remains with this government.

Minister, you've just tabled a budget. If you could tell this House what you're doing to keep these migrant workers safe. We're preparing for another COVID season. We know that we did not have a very good start with these workers when COVID began. They are looking for more from us, and they're appealing for that support. So if you can describe what you're doing currently with your responsibility to keep them safe.

Hon. Monte McNaughton: As I said, every single worker in this province deserves to come home safely after a hard day's work. I also want to be crystal clear that Ontario labour laws apply to every single worker in this province, regardless of their passport status.

We have now hired more than 100 additional health and safety inspectors to bring the total number to the largest inspectorate in Ontario's history. We've doubled the health and safety action phone lines to ensure that any worker, including migrant workers, if they're concerned for his or her safety in a workplace or on a job site, can call the Ministry of Labour and have an inspector go out and ensure that workplace conditions are safe.

In our Working for Workers legislation, we have introduced a licensing system to crack down on temporary help agencies who are breaking the law. We have introduced the largest fines for companies who aren't abiding by the health and safety laws in this province. We'll continue working for workers every single day, protecting the health and safety of all workers in this province.

CHILD CARE

Ms. Laura Smith: As this is the first time I rise in this chamber, I want to thank the hard-working people of Thornhill for bringing me here.

Mr. Speaker, as the cost of living rises, the effects can be felt by young families in my riding. My constituents are seeking support from our government to ensure they are getting fair rates and much-needed financial support when it comes to child care, but they are worried. They're worried that the daycare operation will miss the opt-in deadline of the $10-a-day program, which will result in them missing out on a program that will provide them with financial relief during these times of global economic uncertainty and high inflation.

Will the Minister of Education please inform the House how our government is supporting families in my riding and make sure that they aren't left behind on this deal?

Hon. Stephen Lecce: I want to thank the member from Thornhill for her exceptional leadership, standing up for all families in this Legislature. And, Speaker, I celebrate with her what this child care deal means for working people in this province. We averaged this year $4,000 in savings as we hit 25% on average in a reduction, and 50%—we're still on track to achieve that by December 31 of this year, roughly $12,000 in the bank, because our Premier had the fortitude to stand up for non-profit and for-profit child care operators and the children and the families who depend on them.

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The member from Thornhill is right: Operators were looking for more certainty from the various municipal service providers in the province. So we have done that, following the best advice of for-profit and non-profit child care to deliver on the priority of this government, which is money in the bank and savings for working people. That's why we extended the deadline to November 1. It's why we've streamlined the guidelines for operators. It's why we've reduced the red tape, all to build confidence as we continue our effort to reduce fees and make life more affordable for the parents of this province.

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

Ms. Laura Smith: Thank you, Minister, for that excellent response.

Speaker, I've heard that some child care operators advocated for greater streamlining of the funding rules laid out in the document they received from the ministry in April of this year. Different interpretations in different regions impacted operators, some of whom are waiting to decide to opt in to this program. This could result in families in my riding having to pay additional costs for child care when they wouldn't have to. We know that operators ultimately must enroll in order for parents to save. Many parents in my riding are overwhelmed by the extra work hours they need to put in to now earn more money to help provide for their families.

After costs rose by over 400% under the Liberals, all levels of government must do better. Can the minister

outline how the government plans to streamline the application process so that we can encourage more participation?

Hon. Stephen Lecce: I again want to thank the member from Thornhill for this important and timely question.

The first thing we did, part of our response to child care operators to incentivize participation and thus reduce fees for parents, was reduce the amount of days operators can take to get the savings to parents. It was 60 days; it now will be 20—part of our mission to reduce costs and move quickly to make life a bit more affordable.

What we didn't do, though, is leave $2.9 billion on the table. We didn't leave an extra year of funding certainty on the table. We didn't leave for-profit, parents and their kids behind, as the Liberals and New Democrats would have recommended, taking the first deal. We set up for a better deal that creates opportunities for all families, and part of this mission is to reduce fees, a significant reduction of $12,000 next year down to $10 a day by year 2025.

In the words of the private operators group, "POG is grateful for the Ontario government for listening to us all the way through and making the appropriate changes. Hard work pays off."

We're going to continue our efforts to reduce fees, increase access and make life affordable for Ontario families.

LONG-TERM CARE

Mr. Tom Rakocevic: My question is for the Premier.

Speaker, you may remember the case of Mr. Vibert Britton, who I spoke about in December. At the time, Vibert was suffering from large bed sores, and his sister, Pamela, fought to have him taken to the hospital for life-saving treatment. Now, several months later, matters have gone from bad to worse, and he has been in and out of the hospital. His sister tells me she believes this is a result of his private long-term-care home not following hospital orders.

Sadly, this situation is all too common. Seniors are spending their hard-earned savings on inadequate care in private LTC homes which lands them in and out of hospitals. This burdens our emergency rooms and is adding to the health care crisis. This has to stop.

When will this government ensure adequate standards of staffing and care in private long-term-care homes? Vibert and so many others don't have the time to wait.

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

Hon. Paul Calandra: The member of course will remember that in the last Parliament, we passed the Fixing Long-Term Care Act, which extended the highest standards, frankly, in North America, not just on the for-profit but on municipal and not-for-profit—because it really shouldn't matter where you are; the standards should be the same.

Now, as part of that, Speaker—and remember, they voted against it—we increased staffing to a record, a North America-leading four hours of care, billions of dollars of support to get to that four hours of care. We have doubled inspections. This is all part of the Fixing Long-Term Care Act. Of course, the members voted against it. We have also brought in 58,000 new and upgraded beds to add to the system in the member's own riding and ridings across the province of Ontario. We're well on our way to having the best long-term-care system in North America, and I'm very proud of the fact that we can play a part in building an integrated health care system in Ontario.

The Speaker (Hon. Ted Arnott): The supplementary question: the member for Niagara Falls.

Mr. Wayne Gates: Yesterday, the part-time long-term-care minister said 100% of residents have access to AC, but of course that doesn't mean their bedrooms when they're in quarantine or asleep. In fact, he was proud that one in 10 long-term-care residents don't have AC in their bedrooms through the summer heat where they have to stay for 24 hours a day when there's a COVID outbreak. He also said consent is required to move patients from hospitals to long-term-care homes that they don't want to.

He asked me to read the bill, so I thought I would: "This new provision authorizes certain actions to be carried out without the consent of these patients. The actions include having a placement co-ordinator determine the patient's eligibility for a long-term care home, select a home and authorize their admission to the home."

It also says—because I've read language before. Subsection 60.1(4) of his own bill says actions can be "performed without consent if reasonable efforts have been made...."

So given he made two inaccurate statements twice in one morning, will the minister explain why he thinks misleading residents is a better strategy—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock.

First of all, I think I better point out that all of us have multiple responsibilities and it doesn't help decorum to refer to another member's efforts as being part-time. Secondly, I'm going to ask the member to withdraw his unparliamentary comment at the conclusion of his question.

Mr. Wayne Gates: I withdraw.

The Speaker (Hon. Ted Arnott): We can resume the clock now.

The Minister of Long-Term Care can reply.

Hon. Paul Calandra: Speaker, the member obviously hasn't read the bill. He should maybe sit down with somebody who can explain the bill to him.

This member is no stranger to getting things wrong, Mr. Speaker. In fact, last week, he asked a question of the Premier with respect to a citizen in his riding and ambulance care. Now, of course, the headline in the papers: "MPP Wayne Gates' Recent Attack on Niagara EMS Unfounded, According to the Region."

What's wrong with it? I quote from the article: "It appears that the ... member for Niagara Falls had some of his facts mixed up.

"First of all, paramedic services ... are the responsibility of" the region.

"Second, the Fort Erie resident did not call 911...."

"Third, and most importantly, according to" the incident report, when paramedics were dispatched, service was done, the person was assessed all within 35 minutes, and did not need to go to the hospital to have that care.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Hon. Paul Calandra: The article goes on to say, "How did Gates get it all wrong?" Well, they shouldn't be surprised because it's a daily occurrence—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock.

I realize the government House leader and Minister of Long-Term Care was reading from an article, but it would still be better if we could try to refer to each other by our riding name or a ministerial title, as applicable, on both sides of the House.

Start the clock. Next question.

AFFAIRES FRANCOPHONES

M. Stéphane Sarrazin: Sous l'ancien gouvernement libéral, nous avons vu comment les circonscriptions rurales et francophones comme la mienne ont été ignorées alors que des fonds étaient déversés dans des villes urbaines et métropolitaines.

L'ancienne députée de ma circonscription a perpétué cette situation en négligeant d'appuyer ses électeurs. Mes électeurs sont toujours confrontés à des défis alors que nous sortons de cette période d'incertitude économique mondiale causée par la pandémie, une pandémie qui a affaibli de nombreuses petites entreprises de ma circonscription.

Contrairement à ma collègue avant moi, j'ai l'intention de mettre sur la carte les circonscriptions rurales et francophones comme Glengarry–Prescott–Russell, et de faire en sorte que nos voix soient entendues ici même à l'Assemblée législative.

Monsieur le Président, la ministre des Affaires francophones peut-elle expliquer comment notre gouvernement reconnaît la francophonie ontarienne comme un atout économique?

L'hon. Caroline Mulroney: Monsieur le Président, notre gouvernement considère que la francophonie est un atout économique pour la province. La prospérité est la meilleure alliée pour soutenir les travailleurs et pour bâtir l'Ontario.

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Voilà pourquoi nous avons mis sur pied la Stratégie de développement économique francophone, qui gravite autour de trois axes :

—l'entrepreneuriat et l'innovation francophones;

—une main-d'oeuvre qualifiée bilingue; et

—la promotion de la francophonie ontarienne comme atout économique.

Depuis son adoption, nous avons mis sur pied plusieurs initiatives pour épauler nos entrepreneurs et nos entreprises francophones. Grâce à cette stratégie globale et évolutive axée sur la francophonie ontarienne, 38 programmes permettent maintenant de mieux appuyer les entrepreneurs et entreprises francophones de la province.

The Speaker (Hon. Ted Arnott): Supplementary.

M. Stéphane Sarrazin: Pour attirer des travailleurs, il est important de travailler avec les entreprises et les organismes francophones afin qu'ils puissent contribuer à la prospérité de l'Ontario. Lorsque j'étais président des comtés unis de Prescott et Russell, l'une des difficultés que j'ai constatées pour de nombreuses entreprises de ma circonscription était qu'elles étaient souvent confrontées à des refus de contrats, car il n'y avait pas assez d'employés pour faire le travail requis.

Je sais que la ministre des Affaires francophones est une championne de la communauté francophone et de ma circonscription depuis quatre ans, et j'ai hâte d'avoir l'occasion de travailler avec elle pour livrer la marchandise pour les gens de ma circonscription.

Monsieur le Président, sur ce, la ministre peut-elle décrire les mesures prises par notre gouvernement pour aider les entrepreneurs et les entreprises francophones de ma circonscription à s'assurer qu'ils puissent réaliser leur plein potentiel?

L'hon. Caroline Mulroney: Je remercie le député de Glengarry–Prescott–Russell pour sa question.

En tant que ministre des Affaires francophones, je travaille en étroite collaboration avec mes collègues au niveau de la formation et du recrutement d'une main-d'oeuvre bilingue et qualifiée, de l'élargissement de l'offre de services de première ligne en français et de l'appui aux entreprises francophones et bilingues pour maximiser leur apport dans notre développement économique.

Nous appuyons notamment des initiatives pour aider les entrepreneurs et les entreprises francophones de l'Ontario à profiter des occasions qui s'offrent à eux dans les marchés francophones extérieurs, comme le Québec et la Fédération Wallonie-Bruxelles.

Nous avons procédé à des investissements ciblés, et une enveloppe de 1,5 million de dollars sur trois ans permet d'élargir le soutien aux entreprises et aux entrepreneurs francophones de l'Ontario.

AUTISM TREATMENT

Miss Monique Taylor: My question is for the Premier. Sara is a mother of a nine-year-old boy who has been on a wait-list for autism services since July 24, 2017. She tells me about the lack of trust that families have for this government. Out of 8,000 children who have been promised to be enrolled, few are signing on. Many would rather wait to be forced into the program in the spring of 2023 than accept the invitation and risk changes to the current services that their children are currently in. This leaves families like Sara's on a stalled wait-list.

Speaker, when will this minister and the government be forthcoming and transparent with parents, clear the

backlog, and ensure that children receive the services and supports that they need, when they need them?

The Speaker (Hon. Ted Arnott): The Minister of Children, Community and Social Services.

Hon. Merrilee Fullerton: Indeed, that is exactly what we're doing. We've been working continuously to make sure that children and youth receive the supports that they need. This has not stopped. We've doubled the funding for this. We've got approximately 40,000 children receiving services. We have five times as many children enrolled in this program, in a comprehensive, needs-based program that serves the needs of many, many people. We're continuing to work on that.

We have approximately 6,239 invitations issued. We're creating the capacity for providers to do the work for us, capacity grants to make sure that the providers are there. This has not stopped and I would encourage parents and families to register their child when the invitation comes. We will continue to push out invitations, to make sure that the wait-list is reduced and that children can get the services that they need.

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

Miss Monique Taylor: Out of the 6,000 letters that were sent out, 30 children have been enrolled. That should be a red flag to the minister that something is going wrong. Out of the doubling of the funding that they talk about, they only spent half of that in the last year, so families were still waiting. The only thing that this government has doubled is the wait-list. The government has touted their "gold-standard program," but it has failed before it has even been launched.

Families are enduring high levels of stress, years of neglect, abuse of power, and withholding of promised funding. Parents are tired, and they need their government's help.

Can the minister explain to families like Sara's, who are sitting on stalled wait-lists for more than five years, when they can expect to move on the list to receive the letter for the AccessOAP program?

Hon. Merrilee Fullerton: I appreciate the opportunity to correct the record.

We have created a program—created by the community, for the community—to make sure that children who were not receiving the services under the previous government, supported by you, get the services that they need.

Childhood budget funding: 8,685 families have received the support. Families who accessed foundational family services: 24,305. Caregiver-mediated early years programs: as of June 30, 2022, 1,590. I could go on.

The reality is that we have created a world-leading program—never been done before—from the ground up, where there was no capacity because the previous government did not make the proper investments. We are doing it. We are the government looking after these children. And we'll continue to do it.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock.

Miss Monique Taylor: Fifty-five thousand kids are on the wait-list.

The Speaker (Hon. Ted Arnott): The member for Hamilton Mountain must come to order.

Miss Monique Taylor: Good job. Good job, Premier.

The Speaker (Hon. Ted Arnott): The member for Hamilton Mountain is warned.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Kitchener–Conestoga will come to order.

Start the clock.

The member for Don Valley North.

HOUSING

Mr. Vincent Ke: My question is for the Associate Minister of Housing.

Speaker, housing affordability in Ontario has eroded at a significant rate, making it challenging for first-time buyers to become homeowners. In fast-growing, high-density areas in Toronto, housing affordability continues to be at an elevated level of crisis. Almost half of all households rent their homes, limiting their spending on other life necessities.

A report from the Ontario Housing Affordability Task Force demonstrated that average house prices in Ontario have climbed 180% while average incomes have grown roughly only 38%.

Can the Associate Minister of Housing tell us how our government will address the housing affordability crisis and ensure that we help young families fulfill their dream of home ownership?

Hon. Michael Parsa: I thank the unbelievably hard worker from Don Valley North for the great question.

Simply put, Ontario is in a housing crisis that requires strong leadership and bold solutions.

As I said yesterday here in this House, we have an ambitious plan to build 1.5 million new homes in the next 10 years, and our plan is working. Just last year, we had over 100,000 housing starts in our province—that's the highest in over 30 years—13,000 of which were rental units.

Ontarians have seen the dream of home ownership start to slip under the leadership and governance of the previous Liberal government, always backed by the NDP, but that is going to change under the leadership of this Premier and this government.

DEFERRED VOTES

APPOINTMENT OF HOUSE OFFICERS
COMMITTEE MEMBERSHIP

The Speaker (Hon. Ted Arnott): We now have a deferred vote on government order number 2 regarding the appointment of presiding officers and revisions to committee membership.

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

The division bells rang from 1139 to 1144.

The Speaker (Hon. Ted Arnott): Will the members please take their seats.

On August 18, 2022, Ms. Khanjin moved government order 2 regarding the appointment of presiding officers and revisions to committee membership. All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Anand, Deepak	Gallagher Murphy, Dawn	Parsa, Michael
Babikian, Aris	Ghamari, Goldie	Piccini, David
Bailey, Robert	Grewal, Hardeep Singh	Pierre, Natalie
Barnes, Patrice	Hardeman, Ernie	Pirie, George
Bethlenfalvy, Peter	Harris, Mike	Quinn, Nolan
Blais, Stephen	Hogarth, Christine	Riddell, Brian
Bowman, Stephanie	Hsu, Ted	Romano, Ross
Brady, Bobbi Ann	Hunter, Mitzie	Sabawy, Sheref
Bresee, Ric	Jones, Sylvia	Sandhu, Amarjot
Byers, Rick	Jones, Trevor	Sarkaria, Prabmeet Singh
Calandra, Paul	Jordan, John	Sarrazin, Stéphane
Cho, Raymond Sung Joon	Kanapathi, Logan	Saunderson, Brian
Cho, Stan	Ke, Vincent	Scott, Laurie
Clark, Steve	Kerzner, Michael S.	Shamji, Adil
Coe, Lorne	Khanjin, Andrea	Skelly, Donna
Collard, Lucille	Kusendova-Bashta, Natalia	Smith, Dave
Crawford, Stephen	Leardi, Anthony	Smith, David
Cuzzetto, Rudy	Lecce, Stephen	Smith, Laura
Dixon, Jess	Lumsden, Neil	Smith, Todd
Dowie, Andrew	Martin, Robin	Surma, Kinga
Downey, Doug	McCarthy, Todd J.	Tangri, Nina
Dunlop, Jill	McGregor, Graham	Thanigasalam, Vijay
Flack, Rob	McMahon, Mary-Margaret	Tibollo, Michael A.
Ford, Doug	McNaughton, Monte	Triantafilopoulos, Effie J.
Ford, Michael D.	Mulroney, Caroline	Wai, Daisy
Fraser, John	Oosterhoff, Sam	Williams, Charmaine A.
Fullerton, Merrilee	Pang, Billy	Yakabuski, John

The Speaker (Hon. Ted Arnott): All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Begum, Doly	Kernaghan, Terence	Stiles, Marit
Bourgouin, Guy	Mamakwa, Sol	Tabuns, Peter
Burch, Jeff	Mantha, Michael	Taylor, Monique
French, Jennifer K.	Pasma, Chandra	Vanthof, John
Gates, Wayne	Rakocevic, Tom	Vaugeois, Lise
Gélinas, France	Sattler, Peggy	Wong-Tam, Kristyn
Glover, Chris	Shaw, Sandy	
Harden, Joel	Stevens, Jennifer (Jennie)	

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 81; the nays are 22.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Motion agreed to.

BIRTHDAYS

The Speaker (Hon. Ted Arnott): The member for Don Valley East has a point of order.

Mr. Adil Shamji: I would like to wish my wife a very happy birthday today.

The Speaker (Hon. Ted Arnott): The member from Hamilton West–Ancaster–Dundas on a point of order.

Ms. Sandy Shaw: Well, I'd like to wish my grandson Hawk a very happy 11th birthday from Nan.

The Speaker (Hon. Ted Arnott): There being no other birthdays, this House stands in recess until 3 o'clock.

The House recessed from 1150 to 1500.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON PROCEDURE AND HOUSE AFFAIRS

Ms. Jennifer K. French: I beg leave to present a report from the Standing Committee on Procedure and House Affairs, pursuant to standing order 113(b).

The Speaker (Hon. Ted Arnott): Ms. French presents the committee's report. Does the member wish to make a brief statement?

Ms. Jennifer K. French: Not at this time, beyond appreciating the work that the committee is bound to be doing shortly.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 113(b), the report is deemed to be adopted by the House.

Report deemed adopted.

INTRODUCTION OF BILLS

SPEAKING OUT ABOUT, AND REPORTING ON, WORKPLACE VIOLENCE AND HARASSMENT ACT, 2022

LOI DE 2022 SUR LA DÉNONCIATION DE LA VIOLENCE AU TRAVAIL ET DU HARCÈLEMENT AU TRAVAIL

Madame Gélinas moved first reading of the following bill:

Bill 11, An Act to amend the Occupational Health and Safety Act to protect workers who speak out about workplace violence and harassment and to require hospitals and long-term care homes to publicly report on workplace violence and harassment / Projet de loi 11, Loi modifiant la Loi sur la santé et la sécurité au travail pour protéger les travailleurs qui dénoncent les violences et le harcèlement au travail et obliger les hôpitaux et les foyers de soins de longue durée à rendre publics les incidents de violence et de harcèlement au travail.

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): Does the member care to give a brief explanation of her bill by reading the explanatory note?

M^me^ France Gélinas: The bill amends the Occupational Health and Safety Act in two ways:

(1) The provisions of the act protecting workers against reprisals are amended to include protections against reprisals against workers who speak out about workplace violence and workplace harassment. The amendments provide that a reprisal is any measure taken against a worker that adversely affects the worker's employment. Examples of reprisals are provided.

(2) The provisions of the act addressing violence and harassment against workers are amended to provide that an employer that is a hospital and an employer that is a long-term-care home shall, at least once a month, publicly report on its website the number of incidents of workplace violence and workplace harassment that took place at the hospital or the long-term-care home, as the case may be, during the immediately preceding month.

PETITIONS

DAIRY INDUSTRY

Mr. Joel Harden: It's a great pleasure that I have 70 pages of petitions here, given to me by Marlene Haley, who is one of the co-owners of the Merry Dairy ice cream store back in Ottawa Centre. I'm sure you might have been there once or twice, Speaker, when you've been in Ottawa. It reads:

"I Support Small Ice Cream Shops in Ontario.

"Whereas small ice cream shops offer customers a delicious treat, dairy producers valuable clients, and offer staff jobs;

"Whereas the Milk Act prevents small ice cream shops from local wholesaling, even if the source of their dairy ingredients comes from a certified dairy plant. In fact, the Milk Act currently restricts the wholesale of any products made with dairy ingredients, not just ice cream;

"Whereas small ice cream shops that wholesale without their own certified dairy plants are subject to thousands of dollars in fines...;

"Whereas consumers have the right to choose from a variety of safe dairy products...;

"We, the undersigned, petition the Legislative Assembly of Ontario to allow small ice cream shops access to local markets for wholesaling, provided all ingredients are fully traceable, and all dairy ingredients come from certified dairy plants in Ontario."

I wholeheartedly thank Marlene for her work here. I will be signing this petition and sending it to the Clerks' table with page Elya.

HEALTH CARE WORKERS

Mr. Dave Smith: I want to thank Brock for doing this petition and getting the signatures on it.

"To the Legislative Assembly of Ontario:

"Whereas as part of Ontario's commitment to building a stronger health care workforce, the government is investing $142 million, starting in 2022-23, to recruit and retain health care workers in underserved communities, which will expand the Community Commitment Program for Nurses, up to 1,500 nurse graduates each year to receive full tuition reimbursement in exchange for committing to practise for two years in an underserved community; and

"Whereas starting in spring 2023, the government will launch the new $61-million Learn and Stay grant and applications will open for up to 2,500 eligible post-secondary students who enroll in priority programs, such as nursing, to work in underserved communities in the region where they studied after graduation. The program will provide up-front funding for tuition, books and other direct educational costs; and

"Whereas the government also proposes to make it easier and quicker for foreign-credentialed health workers to begin practising in Ontario by reducing barriers to registering with and being recognized by health regulatory colleges; and

"Whereas to address the shortage of health care professionals in Ontario, the government is investing $124.2 million over three years starting in 2022-23 to modernize clinical education for nurses, enabling publicly assisted colleges and universities to expand laboratory capacity supports and hands-on learning for students; and

"Whereas Ontario is accelerating its efforts to expand hospital capacity and build up the province's health care workforce to help patients access the health care they need when they need it;

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

"To urge all members of the Legislative Assembly of Ontario to continue to build on the progress of hiring and recruiting health care workers."

I fully endorse this petition, will sign it and give it to page Samreen.

WINTER HIGHWAY MAINTENANCE

M^me^ France Gélinas: I would like to thank Joffre Labelle from Hanmer, in my riding, for these petitions.

"Improve Winter Road Maintenance on Northern Highways....

"Whereas highways play a critical role in northern Ontario;

"Whereas winter road maintenance has been privatized in Ontario and contract standards are not being enforced;

"Whereas per capita, fatalities are twice as likely to occur on a northern highway than on a highway in southern Ontario;

"Whereas current MTO classification negatively impacts the safety of northern highways;"

They petition the Legislative Assembly of Ontario as follows: "to classify Highways 11, 17, 69, 101 and 144 as class 1 highways; require that the pavement be bare within eight hours of the end of a snowfall and bring the management of winter road maintenance back into the public sector, if contract standards are not met."

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

1510

GOVERNMENT'S RECORD

Mr. Dave Smith: I want to thank Aaron for this petition.

"To the Legislative Assembly of Ontario:

"Whereas our government was elected on commitment of keeping costs down and putting more money back in Ontarians' pockets by increasing housing supply, making it less expensive to drive or take transit, and by providing relief on everything from child care to taxes; and

"Whereas the government is delivering on that commitment by:

"—reducing 5.7 cents per litre on the gas tax for six months starting July 1;

"—$120 each year in savings in southern Ontario and $60 per year savings in northern Ontario by eliminating licence plate renewal fees for passenger and light commercial vehicles;

"—$300 in additional tax relief in 2022, on average, for 1.1 million lower-income workers through the proposed low-income individuals and families tax credit enhancement;

"—scrapping tolls" in Durham "on Highways 412 and 418;

"—cutting child care costs by 50%, on average by December of 2022; and

"Whereas the government is reducing the cost of housing by:

"—increasing the non-resident speculation tax rate from 15% to 20% and expanding the tax beyond the greater Golden Horseshoe region to apply province-wide and closing loopholes to fix tax avoidance;

"—implementing reforms that reduce red tape associated with new housing builds, making it easier to build community housing, and speeding up the approval process; and

"Whereas this plan is working—last year, over 100,000 new homes began construction, the highest in more than 30 years in the province of Ontario;

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

"To urge all members of the Legislative Assembly of Ontario to support the housing action plan of the Ontario PC government."

I fully endorse this petition, will sign it and give it to page Daunte.

EMERGENCY SERVICES

M^me^ France Gélinas: I would like to thank Cassandra and René Grenier from Hanmer in my riding for these petitions.

"911 Emergency Response....

"Whereas when we face an emergency we all know to dial 911 for help; and

"Whereas access to emergency services through 911 is not available in all regions of Ontario but most Ontarians believe that it is; and

"Whereas many Ontarians have discovered that 911 was not available while they faced an emergency; and

"Whereas all Ontarians expect and deserve access to 911 service throughout our province;"

They petition the Legislative Assembly as follows:

"To provide 911 emergency response everywhere in Ontario by land line or cellphone."

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

GOVERNMENT'S RECORD

The Deputy Speaker (Ms. Donna Skelly): Further petitions?

Mr. Deepak Anand: Thank you, Madam Speaker. First of all, I want to congratulate you. You look amazing in that chair.

"To the Legislative Assembly of Ontario:

"Whereas our government made a promise to hard-working Ontarians in each and every region of the province that we would have their backs and never stop working for workers; and

"Whereas under the leadership of Premier Ford and Minister McNaughton, we have brought in unprecedented reforms and support to deliver for the working people of this province; and

"Whereas our government has raised the minimum wage to $15.50 an hour to help workers and their families with the cost of living, earn bigger paycheques and save for their future; and

"Whereas we have committed to completely eliminating the provincial income tax for anyone making $50,000 or less, keeping money where it belongs, in the pockets of hard-working Ontarian workers; and

"Whereas new changes to the Employment Standards Act require employers with 25 or more employees to have a written policy about employees disconnecting from their jobs at the end of the workday to help employees spend more time with their families; and

"Whereas the government is now investing $1 billion annually in employment and training programs so that unemployed or underemployed workers can train for high-paying, in-demand, family-supporting careers; and

"Whereas we are spending an additional $114 million over three years for the skilled trades strategy, addressing the shortage of workers in the skilled trades by modernizing the system and giving Ontarians the tools they need to join this lucrative workforce; and

"Whereas we are introducing protection for digital platform workers, the first in Canada, to support workers in this economy bring home better, bigger paycheques while improving job security;

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

"To urge all members of the Legislative Assembly of Ontario to deliver on the commitment made to the people of Ontario by working for workers."

I fully support this petition, and I'll give it to page Elya.

GASOLINE PRICES

M^me^ France Gélinas: I would like to thank Wayne Fogal from Whitefish in my riding for these petitions.

"Gas Prices....

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

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

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

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

They petition the Legislative Assembly as follows:

"Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition" and regulating gas prices.

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

TENANT PROTECTION

Mr. Joel Harden: I want to thank Joanne O'Connor and other friends at 507 Riverdale Avenue in Ottawa Centre for helping me sign up a lot of these petitions that read:

"The Rent Stabilization Act: Pay What the Last Tenant Paid.

"Whereas average rent in Ottawa increased 13.5% from 2018 to 2019, the highest rate of increase in any Canadian city;

"Whereas average monthly rent in Ontario is now over $2,000; and

"Whereas nearly half of Ontarians pay unaffordable rental housing costs, meaning they spend more than a third of their income on rent;

"We, the undersigned, petition the Legislative Assembly of Ontario to pass the Rent Stabilization Act to establish:

"—rent control that operates during and between tenancies, so a new tenant pays the same rent as a former tenant;

"—a public rent registry so tenants can find out what a former tenant paid in rent;

"—access to legal aid for tenants that want to contest an illegal rent hike; and

"—stronger enforcement and tougher penalties for landlords who do not properly maintain a renter's home."

I completely endorse this petition, I'll be signing it and sending it with page Colin to the Clerks' table.

ECONOMIC DEVELOPMENT

Mr. Billy Pang: This is a petition to the Legislative Assembly of Ontario:

"Whereas from electric and hybrid vehicles to barbecues, the government is supporting the development of homegrown supply chains, creating the next generation of products and returning Ontario to its rightful place as the workshop of Canada; and

"Whereas low-carbon steel production has become critical for jurisdictions to compete for manufacturing investments as businesses look to reduce greenhouse gas emissions in their supply chain. This investment supports the creation of new jobs and economic growth as steel producers, automakers and other industries transform their operations; and

"Whereas critical minerals in the north will drive electric vehicle (EV) manufacturing in the south, where Ontario's automotive sector is poised for resurgence as the industry continues its large-scale transformation; and

"Whereas the government's plan will help Ontario become a North American leader in building the vehicles of the future and will build the next generation of vehicles in Ontario by securing auto production mandates to build electric and hybrid vehicles; and

"Whereas Ontario invested $1.5 million through the Regional Development Program to support an $18.5-million investment by auto parts manufacturer Ventra Group to create the Flex-Ion Battery Innovation Centre in Windsor and invested $250,000 to support the development of two new battery production lines at Electra Battery Materials Corp.'s future Battery Materials Park near Cobalt;

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

"To urge all members of the Legislative Assembly of Ontario to continue to invest in the manufacturing sector that will contribute to the economic success of the province."

I support this petition, I will affix my name on it and send it to the—

The Deputy Speaker (Ms. Donna Skelly): The time for petitions has expired.

1520

ORDERS OF THE DAY

MORE BEDS, BETTER CARE ACT, 2022

LOI DE 2022 POUR PLUS DE LITS ET DE MEILLEURS SOINS

Resuming the debate adjourned on August 23, 2022, on the motion for second reading of the following bill:

Bill 7, An Act to amend the Fixing Long-Term Care Act, 2021 with respect to patients requiring an alternate level of care and other matters and to make a consequential amendment to the Health Care Consent Act, 1996 / Projet

de loi 7, Loi modifiant la Loi de 2021 sur le redressement des soins de longue durée en ce qui concerne les patients ayant besoin d'un niveau de soins différent et d'autres questions et apportant une modification corrélative à la Loi de 1996 sur le consentement aux soins de santé.

The Deputy Speaker (Ms. Donna Skelly): Earlier today during debate, the member from Nickel Belt had the floor. She can now resume her comments.

M^me^ France Gélinas: I would like to start by correcting my record. This morning, I gave the story of one of my constituents. I simply called him Mr. D. I said that he was waiting for a long-term-care placement. Mr. D has passed. He is no longer. I was giving the story about him not getting the home care he needed, but he is not on the long-term-care list; he has passed—just to correct my record.

The bill that we have in front of us has a very telling title. It tells us that we want more beds—that is, to free up hospital beds; and better care—that is, people who need long-term care should be in a good long-term-care home to receive the level of care that they need.

I started my remarks by saying the first part of the title of the bill, "More Beds," is really because our hospitals are in crisis. You have heard me talk about hallway health care for a long time. Our hospitals are full—at more than 100% capacity most of the time. Even in the summer, which is usually the slow season for hospitals, you can look at 152 hospital corporations in Ontario, and the vast majority of them are full-to-overcapacity already, and this is before fall has even come. So the aim of the bill is to free up some of those beds.

The crisis in our health care system, in our hospital system, is not new. You will remember, many times, bringing examples of—I remember my good friend Leo Seguin, who spent 10 days in a bathroom at Health Sciences North because there were no beds left for him to be cared for. And this happens in every hospital when all their beds are full but the people that they see are too sick to be sent back home. They need hospital-level care. They get admitted into a TV room, a hallway, a bathroom, a shower room, whatever they can to keep the patient there so that they can be looked after.

If you look at a large community hospital, most of them have about 20% of their beds that are occupied by what we call alternate-level-of-care patients. Alternate-level-of-care patients are patients who were admitted into the hospital, they received the care they needed to get better, and now they cannot be sent back home.

The example that I was giving this morning, and I have a pile of examples—90% of frail, elderly seniors want to be home. Their loved ones, their families, their neighbours do everything they can to try to support them at home, but they need the home care system to be there, and the home care system fails them day after day, week after week, to the point where they end up in trouble. They end up in the hospital, and their physician looks at this and says, "It is not safe for me to send you back home. The home care system will not support you. The home care system will fail you again. We will send you to a long-term-care home."

Once they don't need the level of care in a hospital anymore, they are labelled "alternate level of care," ALC, and it simply means we are not able to send you home. The home care system will not be there for you. You will be going to long-term care. Once this happens, they get assessed, and they get to pick a long-term-care home of their choice. They can put up to five homes, but they don't have to. They can put only one long-term-care home.

The aim of the bill is really to take some of the frail, elderly people who are patients in our hospitals, who have been labelled alternate-level-of-care, and get them into a long-term-care home. In theory, they will be getting better care in a long-term-care home. This is addressed not only to their physical and medical needs but to the need to socialize and the need to eat with other people and the need to take part in activities that they're able to enjoy. That's the theory behind what we have.

But we all have to realize that, when you move to a long-term-care home, there's a good chance that you are moving to your final residence. The great, great majority of people get discharged from a long-term-care home after their passing. So families take that decision seriously—"Where do we want our loved one to go? Which long-term-care home will best meet the family's needs so they continue to have frequent visitors and continue to be part of the family and we're able to take them home for a special birthday, and is not too far?" If they speak French, they may want to go to a home that's able to provide services in French.

In Sudbury, we have Finlandiakoti, which offers services in Finnish. They are supported by the Finnish community in our area etc.

There are many that either are able to offer different languages or are anchored in different cultures so that the food that is served to you is food you're used to eating and the activities are activities that are in line with your culture and things you like to do.

All of this happens at a very, very slow pace because most of our long-term-care homes are full. I can give you the statistics. They are available online, if anybody wants to know. You can go right now—information on long-term care. I looked at the one in my riding called Sudbury-Manitoulin. You can see that we have 1,555 long-term-care beds—we are higher than many other areas of the province because we have very few other services to support people in the community to keep them there, as opposed to other parts of the province that are able to keep frail, elderly people in the community longer—and right now, on the wait-list there are 1,107. I will let that sink in: 1,555 beds for the Sudbury-Manitoulin area, which is a huge area, and we have 1,107 people on the wait-list.

I want to talk a little bit about the different homes.

We have two private, for-profit—we have more than this, but we have two Extendicare long-term-care homes in Sudbury: Extendicare Falconbridge and Extendicare York. Both of them are big homes—Extendicare Falconbridge has 232 beds, and Extendicare York has 272 beds—but they have very small wait-lists compared to others. Extendicare Falconbridge has 53 people on their wait-list.

Extendicare York has 37 people on their wait-list. I was mentioning Finlandiakoti. Finlandia has only 108 beds, but they have 445 people waiting for those beds. I'm strong in math. If you look at the difference between the two—if you put your name at Finlandia, you will wait 32 times longer than if you put your name to go to Extendicare York. Extendicare York is an older home that still has four beds to a room. It hasn't been renovated for as long as I can remember; I would say at least 50 years. It is not the long-term-care home of choice.

1530

That brings me to the content of the bill. Bill 7 is quite modest, really. It's a page and a half. That's it. That's all. That's the entire bill. So what the bill does is that it changes—section 1 of the bill amends the Fixing Long-Term Care Home Act by changing the definition of "personal health information" under the Personal Health Information Protection Act. This is significant, because what the bill will do is it will give a bigger amount of people the right to assess you, to see if you could be transferred into a long-term-care home, whether you give your consent or not. In a hospital, nobody can do anything to you without your consent. If you don't consent to a test, it will not be done. It is the bedrock of our health care system. Everybody has to give consent before anything is done to them. You don't want a vaccine? If you don't consent to a vaccine, you're not going to get a vaccine. In our health care system, you have to consent.

But this bill takes away consent. First, it used to be that once you are finished your active treatment in a hospital, a physician had to assess you to see if you meet the criteria to be transferred into a long-term-care home. The bill changes this—that, now, it's not only physicians who can do this, but other health care professionals can do this. And then it takes away your right to consent. That professional—be it a nurse, be it a care coordinator, be it a social worker, be it a physician—is allowed to go and assess you to see if you meet the criteria to go into a long-term-care home. Not only are they allowed to assess you without your consent, they're allowed to access your personal health information and they're allowed to share that personal health information with the long-term-care home of their choosing.

This is not how health care is supposed to work. In health care, the dignity of the person, the quality of care is always linked to you. You only get done to you what you consent to. But this bill changes this and gives physicians, nurses, social workers, care coordinators, the right to assess you to see if you meet the criteria, whether you give your consent or not. The bill gives physicians, nurses, social workers, care coordinators the right to share personal information about you to a long-term-care home that you don't want to go to. They have the right to do that. They are giving themselves in this bill the right to do that.

The second part, section 2 of the act, also amends the Fixing Long-Term Care Home Act by adding section 6.1, which provides for a modified long-term-care-home admission process for alternate-level-of-care patients. I have described what the admissions process looked like before. Section 2 of the bill will change this.

Usually, you need to have consent from the patient or from their substitute decision-maker to be allowed to go and assess. This is being taken away. It goes on to say, if an attending physician reasonably believes that an ALC patient was eligible for admission to a long-term-care home, paragraph 1 would authorize the clinicians to "request that a placement co-ordinator carry out" an action described under paragraph 2.

Placement coordinators are people who exist right now in our hospitals. They are usually linked to the home and community care sector, HCCS. They are the ones who manages all of the long-term-care-home wait-lists. For every home, there will be a wait-list for a private bed, for a semi-private bed, for a basic bed—for all of the homes, they will keep the wait-lists. Those wait-lists are available online if you want. You won't see names on it, but you will see numbers. Every patient is assigned a number so that you can see where you are on the different lists that you have chosen.

The bill will change all of this. It brings forward a new admissions process for alternate-level-of-care patients. So the attending physician requests a placement coordinator to carry out the assessment. The placement coordinator would have the authority to:

"i. Determine the ALC patient's eligibility for admission to a long-term-care home." Usually, this is only done with consent. With this bill, they can do this whether you consent to it or not.

"ii. Select a long-term-care home ... for the ALC patient in accordance with the geographic restrictions that are prescribed by the regulations." I have to tell you that the geographic restrictions prescribed by regulations—we don't get to see the regulations. I know that they are being worked on right now. I know that the Minister of Long-Term Care has the full intention of making those regulations available within a week of the bill passing. But there's this element of trust. We have to trust that the regulation as to how big of a geographical area will be in the regulations will make sense—that it will make sense to us in northern Ontario.

I have to admit to you, Speaker, the level of trust in this government regarding the safety of our long-term-care homes is very, very low in parts of the province where we have seen people dying by the hundreds in our long-term-care homes through COVID, with a government that was not prepared, that didn't do anything to protect them. To trust that whatever those geographical limits will be will make sense is a big pill to swallow. I can talk to you about when our hospital was designated crisis 1A.

People will say, "Oh, but they were placed within the city of Greater Sudbury." The city of Greater Sudbury is huge. You can fit Toronto, Mississauga, Hamilton—you can fit many, many cities in southern Ontario into the geographical area of the city of Greater Sudbury.

Some of the people I represent, my constituents—if some of you come from northern Ontario, you will know where Onaping and Levack are. The long-term-care home that is closest to Onaping and Levack is in Chelmsford, which is about half an hour's drive away from their

community. So if you come from Onaping or Levack or Dowling or Chelmsford or Azilda, you want to go to the long-term-care home in Chelmsford. Unfortunately, the long-term-care home in Chelmsford, called St. Gabriel Villa, has 128 beds and 367 people waiting to go to that home. Usually, the average beds available per month is three. I will let you do the math. There are 367 people waiting for a long-term-care bed and they take, on average, three new residents. That means most people will wait over 120 weeks before they are admitted into that long-term-care home. But if you want to go to Extendicare York, you can get there within a week.

For the people I represent, if your loved one is 90 years old, going into a long-term-care home, there's a good chance that the spouse is also close to 90 years old. He may very well be able to still have a driver's licence, because I have many elderly people in my riding who are still very good, but they are very careful about where they drive. They would drive from Onaping-Levack down Highway 144 to Chelmsford, because this is where the Canadian Tire is. This is where the grocery store is. This is where the bank is. That's okay. But to make it all the way to Extendicare Falconbridge, that's, at a minimum, an hour's drive to get there.

Think about it. You want to go see your wife every day. You are worried about her because she is in a long-term-care home. We're telling you that we will place her in a long-term-care home that is within the city of Greater Sudbury, but that is an hour's drive away. That means an hour there, an hour back. Two hours of your day on the road when you're 90 years old to go see your wife means that your wife is not going to be supported.

1540

That means that your wife will be wondering, "Why am I being abandoned? Why have I been moved to this part of the city that I have nothing to do with? I come from Onaping-Levack. This is where I want to be. This is where my children are. This is where my grandchildren are. This is where my friends, my family, my husband, my home are." We will place you within the city of Greater Sudbury, but an hour's drive away from where you live, where your husband of 60 years won't be able to go see you, because it is just too dangerous for him to drive all the way down there. He could go see you if you were in Chelmsford, because there's one highway; you go in and that's it, that's all. But to make your way and zigzag through the city to make it to Extendicare, where there are beds available, means that he won't be able to go see you.

So when we see in the bill, "Select a long-term-care home ... for the ALC patient in accordance with the geographic restrictions that are prescribed by the regulations," can you see how people are nervous when they see this? First of all, we don't know what the geographical area is going to be, but if the geographical area is the city of Greater Sudbury, then that means that if you live in Alban, Estaire, Onaping, Dowling or Whitefish—everybody that I represent—you could very well find yourself in a long-term-care home that is an hour away from your loved ones, from your circle of care.

I can tell you exactly what happens to those good people who get transferred to a home where they have no support. You feel, first of all, "Why am I here? Why am I so far away? Why is it that I don't see my family anymore? Nobody loves me. Nobody cares about me." It's easy to get depressed. It's easy to give up. And when you're 90 years old and you meet the criteria to go into a long-term-care home, it's a good chance that you have a number of health issues that qualified you to go into a long-term-care home, and those health issues will take over.

There are statistics that exist for people who get transferred into a long-term-care home not of their choosing, into a long-term-care home that is away from your circle of care, from your family, from the people who support you. You will see the huge difference in life expectancy. The average life expectancy in a long-term-care home is around three years; if you don't go into the long-term-care home of your choosing, if you don't have a circle of care about you, if you miss your friends, if you miss your spouse, it will be in months, not in years. Is this really how we want to treat frail, elderly people? I am worried. I am very worried.

That was paragraph 2, subsection 3: A placement coordinator would have the authority to:

"i. Determine the ALC patient's eligibility for admission"—that is, without their consent;

"ii. Select a ... home ... for the ALC patient in accordance with the geographic restrictions that are prescribed by the regulations"—regulations that nobody has seen;

"iii. Provide to the" long-term-care home "licensee ... the assessments and information set out in the regulations," including "personal health information."

Remember, your personal health information is something that is just that: It is personal. You get to decide who sees that information and who doesn't, and you do that through consent. This bill takes that consent away from you. The coordinator will do the assessment, will access your personal health information and will share that personal health information with the long-term-care home of their choosing, not of your choosing.

This is a dangerous door to open, Speaker. I fully understand that our hospitals are full, that we are expecting a surge in demand for our hospital beds coming this fall, that 20% of our hospital beds are being occupied by people who could be cared for someplace else. But I can't help but think there is a cost to those decisions, and the cost to those decisions is that frail, elderly people lose their right to consent. I'm not willing to do that, Speaker. I'm not.

So your personal health information will be shared with a long-term-care home. There could be many reasons why a patient, a hospital patient, would not want their personal health information shared with a specific long-term-care home. They could have an ex-wife or ex-husband who works in that long-term-care home, and the relationship is not good. So you would have never chosen that long-term-care home because you-know-who works there, but you have no choice, you have no say. The bill takes away your right to consent to sharing of your personal health information, and the health information is shared with the

long-term-care home that the care coordinator has chosen, not you.

And "iv. Authorize the ALC patient's admission to" the long-term-care home. So the admission has been authorized by the placement coordinator. The placement coordinator will also have the authority to "transfer responsibility of the placement of the ALC patient to another placement coordinator...." This always brings confusion. I can tell you that a transfer of a loved one into a long-term-care home after a hospital admission is always something stressful. Most of the care coordinators are nurses or social workers. They do a fantastic job trying to calm the residents, calm the family, explain the process. But now we are giving them a job to do, that is to move that patient out of that bed, out of that hospital bed, and into the long-term-care home that has beds available.

Paragraph 3: "A physician, registered nurse or person described in paragraph 3 of subsection 50(5)" would be authorized to "conduct an assessment of the ALC patient for the purpose of determining the ALC patient's eligibility for admission to a long-term-care home." Some long-term-care homes have specific services that are not available. Some will have lockdown units for people who have dementia, who are hard to control. So with a lockdown, if your level of care is such that you need a lockdown unit, then you could only be transferred to a home that has that level of care, so that is in the bill.

Then it becomes even more interesting. "A long-term-care-home licensee" would be required to—so the long-term-care home now has a requirement added to them to:

"i. Review the assessments and information provided by the placement co-ordinator...." So whether the patient has consented to it or not, the long-term-care home has no choice; it has to review the assessment.

"ii. Approve the ALC patient for admission" unless one of the conditions specified in the Fixing Long-Term Care Act for not approving the admission was met. And usually, as I said, it's a patient that has a level of care—some are on dialysis, some need a lockdown unit, some need special care that may not be available in that home. But I would tell you that the placement coordinators know the long-term-care homes inside and out. They will know where to refer the different patients.

And then, "iii. Admit the ... ALC patient" as a resident "when they present themselves" at the long-term-care home. This is where we have this gap. So once the patients present themselves at the long-term-care home, the long-term-care home has to admit the ALC patient as a resident once they present themselves to a long-term-care home. So the Minister of Health goes to great length to say, "You will not be forced out of the hospital into a home that is not of your choosing," but we will have taken away your opportunity to consent. We will have assessed you. We will have shared your personal information with the long-term-care home, and the long-term-care home will have to admit you if you present yourself.

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Then paragraph 5, subsection (3): "A person with authority to carry out an action listed in paragraph 1, 2, 3 or 4," that I just went through, "a hospital ... or any other person prescribed by the regulations" would have the authority to "collect, use or disclose personal health information if it is necessary to carry out an action listed in paragraph"—the actions are to do the assessment.

So that would be a person listed: a physician, a nurse or a social worker—I still have a lot of problems with giving them the authority to do an assessment without consent, to access your health information without consent and to share your health information without consent. But this bill now says that there could be "any other person prescribed by the regulations." I'm a little bit afraid to read that part of the regulations.

The bill already talked about physicians. They already talked about nurses. They already talked about care coordinators. "Any other person prescribed by the regulations"—I don't think you and I, Speaker, should be the one deciding if somebody is ready to go into long-term care and which long-term care they should go to—

Mr. Wayne Gates: Joe the plumber.

M^me^ France Gélinas: Joe the plumber. Yes, maybe. No, no—Joe the Plumber is not a good one either.

It's that we have to have faith that the government will do the right thing for frail, elderly people needing long-term care; this is not an easy one to agree to when we have not seen the regulations. I don't want Joe the plumber to be the one doing that work.

Then, again, subsection (4) of the new section would provide that the actions described under subsection (3) may only be performed without consent of the ALC patient or the substitute decision-maker after "reasonable efforts have been made to obtain the consent."

It's making it clearer and clearer all the time that—you try to get someone to agree that they need to go to long-term care. You try to get someone to agree to list that long-term-care home that doesn't have a big wait-list—because it is an old home that hasn't been renovated in 50 years. It has one bathroom per floor. It has a room with four people to a room. It has no air conditioning. It has very little facilities. Those are the long-term-care homes that do not have a long wait-list, and you can understand why. Would you want to put your mother at Orchard Villa when they were still in an outbreak of COVID a couple of weeks ago? I don't think so. Those are the homes that are available.

What this said is after "reasonable efforts have been made to obtain" consent. "Reasonable" is not defined in the bill. Again, we have to trust that the government is going to do the right thing and put the bar for reasonable at the right height. But who knows? If reasonable is: "Mrs. Gélinas, would you like to go to Extendicare York?" "No, absolutely not. I don't want to go." Okay. "I tried. She said no. I'm moving on. I'm now going without consent." What is reasonable, when it's not defined and all of the other provisions in the bill lead me to believe that there is very little respect left for frail, elderly people in our hospitals, waiting? There will be very little respect left for frail, elderly people labelled ALC, waiting for long-term-care placement in our hospitals once this bill will have been passed—not good.

But it does say in section 6 that ALC patients or their substitute decision-maker could provide their consent at any stage of the admission process. So this bill is describing a new admissions process that does not need your consent, but at any time in the process you could give your consent. It just reinforces the fact that we are taking your right to consent away from you.

It does go on to say that you are not authorized—"any person to restrain an ALC patient or to physically transfer an ALC patient to a long-term-care home without consent." So they did keep consent for one thing. We're not going to be able to tie you down while you're screaming and shouting that you do not want to go to this long-term-care home. So, for anybody out there, if this happens to you, remember, if you scream and shout loud enough that you don't want to go, they won't be allowed to restrain you. I'm joking. We should never get to this, and I know I'm not funny. At least the bill says that you won't be allowed to restrain patients to physically transfer them.

This bill is about transferring patients. The transfer of a patient in a hospital to become a resident in a long-term-care home requires consent. This is what our health care system is based on, and this bill takes all of that away.

Section 3 of the act would amend subsection 61(2) of the long-term-care-home act to confer authority on the Lieutenant Governor in Council to make regulations governing the actions that may be performed under the new section with respect to ALC patients, including prescribing and governing any procedures that must be followed as part of the modified admissions process for ALC patients.

So it is clear that this bill is about the admissions process for ALC patients. The bill says this many, many times. The bill says that we will take away their right to consent, and it goes on to say that there's a general definition of personal health information that is being changed just for the Fixing Long-Term Care Act and its regulations.

There's also section 9 of the bill. Section 9 of the bill does not apply to an authorization by a placement coordinator of an ALC patient's admission to a long-term-care home in accordance with section 60. The amendments would further clarify that an admission of an ALC patient to a long-term-care home under section 60 would be distinct from, and would not preclude, an admission to a long-term-care home under the HCCA crisis admission provisions.

Let me talk to you a little bit about the crisis admission provisions. The minute that the Minister of Health declares a hospital in crisis, then there are new provisions that apply. There are provisions that apply in our Health Care Consent Act, 1996. If you were at question period this morning, you would see that the Minister of Long-Term Care made reference to it. Basically, what the Health Care Consent Act, 1996, talks about is—and I will read it:

"Despite any law to the contrary, if a person is found by an evaluator to be incapable with respect to his or her admission to a care facility"—that's long-term care—"the person's admission may be authorized, and the person may be admitted, without consent, if in the opinion of the person responsible for authorizing admissions to the care facility,

"(a) the incapable person requires immediate admission to a care facility as a result of a crisis; and

"(b) it is not reasonably possible to obtain an immediate consent or refusal on the incapable person's behalf....

"Consent or refusal to be obtained

"(2) When an admission to a care facility is authorized under subsection (1), the person responsible for authorizing admissions to the care facility shall obtain consent, or refusal of consent, from the incapable person's substitute decision-maker...."

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Basically, what this means is that if the Minister of Health declares a hospital in crisis, you can take anybody who is labelled ALC and move them to the long-term-care home of your choice. So we now have a whole lot of people who won't have given consent to be assessed, that will have been assessed as requiring a long-term-care home, and all this without their consent. And then all we have to do is declare this hospital in crisis, and all of those people will be transferred to the first available bed. Then people say, "Well, even if you're in the first available bed, you just have to wait until your turn comes."

Let me talk to you about placement categories. There are four placement categories as in the wait-list to go into a long-term-care home.

Category 1 are people who need immediate admission to a long-term-care home and cannot have their needs met at home or are in hospital when the hospital is in crisis. What that means is that category 1, the first people—it doesn't matter how long you have been waiting for long-term care. If you are in a hospital, declared ALC and the hospital is in crisis, you get the first bed. You get to go.

Category 2 are people who need to be reunified with their spouses. That's something we have worked really hard on. One spouse is in one long-term care; the other one is in the other long-term care. As soon as a bed becomes available in the long-term care of your choice, you are category 2.

Category 3 are people waiting for services of a particular religion, ethnic origin or culture.

Category 4 are people who have high-care needs but can still be supported at home, or people in a long-term-care home seeking transfer to their first choice.

In Ontario right now, if you are not in category 1, you are not moving. Once we have transferred you against your consent to a long-term-care home that is not of your choosing, the minister has made it clear that he has no intention of changing the placement categories and that is not in the bill, which means that you will now be category 4, and in Ontario, nobody in category 4 ever moves anywhere. The only people who get placed are category 1. They are people waiting in our hospitals, labelled as ALC, or if there is a crisis in the community, they will qualify as category 1 and they will get the next available bed, hopefully of their choosing.

I want everybody to realize that under the bill that we have now, people will end up in long-term-care homes not of their choosing. Once they are there, they will be labelled as category 4, for placement into long-term care. That means the home that they want to go to, that home that the family has identified that they want to go to, they will never get to go there because there will always be someone in category 1, category 2 or category 3 that will be ahead of them on the wait-list. Their chances of ever moving from that long-term-care home that was not of their choosing are zero.

So here we have this More Beds, Better Care Act. I'm sure we have all read the explanatory note, which goes on to say, "The bill amends the Fixing Long-Term Care Act.... This new provision authorizes certain actions to be carried out without the consent of these patients. The actions include having a placement co-ordinator determine the patient's eligibility for a long-term-care home, select a home and authorize their admission to the home. They also include having certain persons conduct assessments for the purpose of determining a patient's eligibility, requiring the licensee to admit the patient to the home when certain conditions have been met and allowing persons to collect, use and disclose personal health information, if it is necessary to carry out the actions."

Certain sections of the act "do not apply to these actions, and instead they shall be carried out in accordance with the regulations" that we have not seen.

So the explanatory note, as well as the compendium that I have quoted to you before, make it clear that it will now not be a physician who will decide if you are ready to go into a long-term-care home; it will be a placement coordinator that will determine your eligibility for a long-term-care home. That same care coordinator would be the one who will select the home and authorize their admission to that home, and the home—which they call the licensee—will be required to admit the patients to the home when certain conditions are met.

Do I think that our hospitals are overcrowded? Yes, absolutely. Do I think that people requiring long-term care should be in our hospitals? No. But do I think that they deserve respect? Yes, absolutely. And every single one of them will tell you the same story: They want to be supported at home. In order for them to be supported at home, we have to fix our home care system. Remember, when Mike Harris was there, we used to have a publicly delivered home care system. When Mike Harris was there, the Conservative government of the day convinced everybody that the crisis in home care could be fixed with privatization. Private home care companies were going to do things better, faster, cheaper. In 2022, does anybody believe that the private companies provide better home care?

Mr. Michael Mantha: No.

M^me^ France Gélinas: Nobody believes it anymore.

It was Mike Harris who also opened the door to privatization of our long-term-care homes. More than 50% of every long-term-care bed in Ontario is privatized. What does that mean? That means that shareholders make millions of dollars on the backs of frail, elderly people. We have just gone through a pandemic. Would anybody in this House believe that the private long-term-care homes do things better, faster, cheaper than the not-for-profit, than the homes for the aged? Nobody believes that.

The statistics are there; the statistics speak for themselves: There were twice as many deaths in private for-profit long-term-care homes during COVID than there were in not-for-profit. There were three times as many deaths in private for-profit long-term-care homes than there were in homes for the aged, which are managed by municipalities. Those sad statistics speak for themselves. The quality of care is directly linked to the fact that they are not-for-profit, that every dollar that they get goes to the bedside, as opposed to the $300 million that was paid by the biggest chain of long-term-care homes in the first three months of the pandemic. In the first three months of the pandemic, they got $280 million in government subsidies to help them face the pandemic, and they paid their shareholders $300 million during that same period of time. That's not quality care. That is the private sector gouging frail, elderly people.

What we have here with the More Beds, Better Care Act—the idea behind more beds is good. The idea behind better care is good. To take away your right to consent so that you can take someone out of a hospital and put them in a long-term-care home not of their choosing? That's not respect. That's not right. Whether you are frail and elderly, whether you have cognitive impairment, you are still a human being. There are still people who love you, who care about you, who want to be near you. None of that is taken into account in this bill.

I see that I only have a few minutes.

The bill goes on to say, "Certain limitations apply. The actions cannot be performed without first making reasonable efforts to obtain the patient's consent." Again, what is "reasonable effort" is not defined in the bill and could be interpreted in many different ways. When you have an emergency room with 30 patients who need to be admitted and you have no beds and nowhere to place them, the pressure on people to leave the hospital is tremendous.

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I want to remind everyone, though, that most people who get admitted through our ERs—our emergency rooms—are really sick. They will need the care of specialist physicians, they will need the care of specialist nurses to be able to regain their health.

Most people who have been labelled as ALC will be put in a part of the hospital that is staffed mainly by PSWs—personal support workers—and registered practical nurses. They are the ones with the right set of skills to meet the needs of the people labelled as ALC, who meet the criteria for ALC. So even if you free up what is called an ALC bed in our hospitals, that certainly does not mean that you will have the right amount of trained nurses in place to take on the extra load or that you will have the right amount of physicians in place to take on the extra load—not to mention the staffing crisis in our long-term-care homes.

No matter where they are, in every part of our province, long-term-care homes are having staffing issues. Many long-term-care homes are not able to take more patients, but remember, the new bill will require the long-term-care home to admit the patient to the home. They won't have a choice. It is in the bill. They will have to admit them whether they have the staff to do this or not.

The crisis in our long-term-care system has been there for a long time. There are solutions that should be implemented right now. The number one solution that everybody knows would make a huge difference is for this government to mandate a minimum of 70 permanent, full-time jobs, well paid, with benefits, with sick days, with a pension plan and with a workload that a human being can handle. There are thousands of PSWs right now in every part of our province who would love to go back to do what they do well. They are good at taking care of the frail, elderly patients in our long-term-care homes, but if they do this as a part-time job, sitting by the phone, they cannot pay their rent and feed their kids. So they leave the sector so that they can go work at another part-time job that would allow them to pay the rent and feed their kids.

Why don't we make PSW a career? Why don't we give them permanent, full-time jobs with decent pay, with benefits, with sick days, and give them the respect that they deserve? These women—because the great majority are women—deserve to be respected. Do that.

Same thing with our hospitals: To free up an ALC bed in a hospital does not mean that we will have the staff to look after whoever gets admitted into that bed, because remember, the person who was there before was cared for by a PSW and an RPN. If you're admitted through the emergency room, you are sick enough that you will need a physician, an RN and specialized care. Where will those people come from when we see every weekend there are emergency rooms that close, parts of our hospitals that close because we haven't got enough health human resources?

Why don't we give those health human resources a little bit of respect? I tabled a bill today that has to do with violence and harassment in the workplace. Why don't we pass that bill? Because if you have worked really hard for the last two and a half years in health care and you are completely burnt out, and you go to work—and 1 in 2 have an incident of violence or harassment at work—and you are one of the 1 in 2 who gets violence or harassment at work, there's a good chance you will walk away from a profession that you love and a profession that you are good at. Because in order to care for others, you have to care for yourself. This is where nurses are at.

There are things that you could do right now that would help with the health human resources crisis. Repeal Bill 124. Show respect to our health care workers. Pass the bill from my colleague about internationally trained physicians and nurses. There is lots that can be done. None of that is in that bill.

The bill wants more beds in our hospitals and better care in our long-term-care homes, but all this does is take away the right of people to consent to what is done to them, to consent to share their personal health information. I cannot stand for this and I will never stand for that.

The Deputy Speaker (Ms. Donna Skelly): Questions and answers?

Mr. John Jordan: Thank you to the member opposite for the description of all the huge challenges this government has inherited and that have been compounded because of COVID-19.

Assessments are required. These aren't clinical assessments; it's not the medical record being shared. It's an assessment to determine the needs in long-term care and whether long-term care is appropriate. Parameters are in place. Consent is required for movement. Proximity to a preferred home is required. Care needs to be met are required, if needed—for example, behavioural supports. And also, they remain in the queue. They maintain their priority for their preferred home.

Why would you leave someone in a hospital setting inappropriate for their care and not move them to a long-term-care home appropriate for their care?

M^me^ France Gélinas: I'm glad that the member opened up saying that we have huge challenges in our health care system. I fully agree with you. We do have huge challenges in our health care system.

The clinical assessment requires access to your personal information. For anybody to do an assessment of you, you have to give consent, but in the bill, the bill takes away the hospital patients' right to say whether they want this assessment or not. The bill takes that away.

When it comes to sharing personal information, the assessments that are done before you can be transferred are quite thorough. Not only do they look at your activities of daily living, they also look at your cognitive function, they look at all of your sicknesses, they look at all of the medications you take. This is all personal health information that you have to give consent to share. The consent has been taken away in that bill. That personal information will be shared with the long-term-care home without your consent.

The Deputy Speaker (Ms. Donna Skelly): The member for Humber River–Black Creek.

Mr. Tom Rakocevic: A lot of the conversation has been about consent, but I want to raise the issue of informed consent. It's estimated that up to 90% of people living in long-term-care homes may be facing some sort of cognitive impairment. Do you feel satisfied that this government can ensure that residents in long-term care who are being moved are actually doing so with true informed consent?

M^me^ France Gélinas: The short answer is no. This is what the bill does. The bill takes away the requirement to have consent before the assessment is done, before the long-term-care home has let them know. It takes away your right to consent to something done to you—that is, the assessment—as well as personal health information to be shared.

If you have cognitive impairment and cannot give consent, the health care system usually goes to the power of attorney, who would give consent on your behalf, but

the bill is explicit that both the patients themselves or the power of attorney do not need to give consent. That right is taken away from you. They will do the assessment whether you consent to it or not.

The Deputy Speaker (Ms. Donna Skelly): The member from Durham.

Mr. Todd J. McCarthy: It's no secret that the health care system in Ontario is under immense pressure. If we do nothing, we could see a shortage of 2,400 hospital beds by the peak of a potential flu and COVID-19 wave later this year. Our government sees this potential wave on our horizon, and we are proposing real steps to address it and help ensure our health care system is properly resourced to deliver the care Ontarians need.

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Meanwhile, the member for Nickel Belt and the NDP appear content to sit back and oppose these actions, or do nothing, much like they were content to sit back and do nothing from 2011 to 2014 and onward to 2018 as the Liberal government, propped up by the NDP for three of those years, built only 611 net new beds while the population of Ontarians aged 75 and older grew by over 176,000.

My question is simply this: Why are the member from Nickel Belt and her colleagues in the official opposition content to sit back and do nothing when action is clearly needed?

M^me^ France Gélinas: I agree with you that action is needed, and I agree with you that our health care system is under immense pressure. What 90% of the frail, elderly people in Ontario want is that they want to stay home. Support them at home so they don't end up in our hospitals, they don't end up ALC and they don't end up needing a long-term-care home.

How do you do this? You fix our home care system. How do you fix our home care system? You give PSWs permanent, full-time jobs with decent pay, with benefits, with sick days, maybe with a pension plan and a workload that a human being can handle.

There are many, many PSWs who would love to go back and provide home care if they could make a living out of this, but they can't. There are solutions that exist right here in Ontario with the resources we have, but taking away a person's ability to consent is not something I can support.

The Deputy Speaker (Ms. Donna Skelly): Member for Toronto Centre.

MPP Kristyn Wong-Tam: My question to our member here is specifically with respect to the comments she raised. Clearly, this plan was being developed even prior to the election, but unfortunately I don't think we actually heard much about this plan during the election. So I'm just very curious, considering this government's record, especially when it comes to private long-term-care facilities, contracting out and deregulation, what does this member foresee happening in the future, should the bill go ahead without any substantial amendments or improvements?

M^me^ France Gélinas: You are absolutely right. There was an advisory committee to the previous government who was advising them to do what they're doing right now. They knew that before the election. They certainly did not campaign on it during the election, because it's not very popular to show disrespect to elderly people during an election or any other time.

What will happen is clear. A whole bunch of frail, elderly people will be taken from our hospitals and put into a long-term-care home that is not of their choosing. Once they are there, they will not have their circle of care to be there because it will be too far, because it's not the right language, it's not the right culture. They will feel abandoned; they will feel disrespected. When you're frail and elderly enough to qualify for long-term care and you get depressed, things go bad really quickly.

The Deputy Speaker (Ms. Donna Skelly): Questions?

Mr. Andrew Dowie: I'd like to commend the member for Nickel Belt for her heart and passion in this debate. But I do believe that the minister provided a suitable response to the premise of the objection expressed.

My question is this—since the beginning of the COVID-19 pandemic, our government's followed the expert advice of the Chief Medical Officer of Health. That has not changed here. Basically on the advice of Dr. Moore, we are taking immediate action today, just as many of my constituents have been asking for, to further increase bed capacity in long-term-care homes by right-sizing the number of COVID-19 isolation beds based on community demand and COVID-19 risk levels. By the end of the summer, this should free up approximately 300 beds for people on the wait-list to safely move into with the potential of 1,000 more beds available within six months.

Does the member opposite respect the advice of the Chief Medical Officer of Health to follow through with this plan to ensure Ontarians can receive the right care in the right place?

M^me^ France Gélinas: I have a ton of respect for Dr. Moore. I have a ton of respect for the expert advisory panel that has been advising our public health system during this awful COVID-19 pandemic and will continue to do so.

They were about 2,000 beds that were set aside for isolation, so when you get admitted into a long-term-care home, they did not want to take any risks; they put you in isolation for 14 days, so that if you had COVID, you didn't spread it. Some of those beds will be put back into circulation—300 of them by the end of the summer; that's what I hear; 1,000 of them this year, depending on how the pandemic goes.

Absolutely, I have no problem with people going to the long-term-care home of their choosing. I have a problem with taking away the right to consent to be assessed and the right to consent to share information. I cannot support anything like that.

The Deputy Speaker (Ms. Donna Skelly): Further debate? I recognize the member from Mississauga–Lakeshore.

Mr. Rudy Cuzzetto: Thank you, Madam Speaker. It's an honour to see you in that chair today.

It is an honour for me to rise today to speak in support of Bill 7, the More Beds, Better Care Act, introduced by

my friend the Minister of Long-Term Care. I'll be sharing my time today with the member from Mississauga Centre.

I'd like to begin by thanking the minister and his parliamentary assistant from Lanark–Frontenac–Kingston, as well as the Minister of Health, for their work on this bill, and the five-point plan they released last week to provide the best hospital care to patients while also ensuring resources are in place to keep our province and our economy open. Bill 7 is an important part of this plan because it will help to fix Ontario's ALC problem. Over 15% of hospital beds in Ontario are now occupied by patients who are ready to be discharged but need an alternative level of care, often in a long-term-care home.

In northern Ontario, up to one in three hospital beds is occupied by ALC patients. In Mississauga, Trillium Health Partners uses well over 100 hospital beds to care for ALC patients, beds which are not available for new patients. ALC patients are often stuck waiting in hospitals for months, or even years, when the long-term-care home they prefer has no available beds.

Speaker, it is important to note that this problem has grown worse over the last two decades because the previous Liberal government, with the support of the NDP, built only 611 new long-term-care beds. Between 2011 and 2018, as the number of Ontarians over 75 increased by 75%, the number of long-term-care beds increased by less than 1%.

When this government was first elected four years ago, there were over 37,000 seniors on a wait-list for long-term care, including over 4,500 in Mississauga alone. We had 20% fewer long-term-care beds per capita in Mississauga than the provincial average. Now, four years later, our government is investing $6.4 billion to build 30,000 new long-term-care beds and to upgrade 28,000 beds to modern design standards by 2028, and we're on track to deliver on these commitments. That includes 1,152 new and upgraded beds in Mississauga–Lakeshore alone—more than any other riding in Ontario. This is the largest long-term-care building program in Canadian history.

Two years ago, on July 21, 2020, I joined the Premier and the former Minister of Long-Term Care, with Michelle DiEmanuele, who was then the president of Trillium Health Partners, to announce an accelerated build pilot project in Mississauga–Lakeshore. With rapid procurement, modular construction, and the use of hospital lands, this government is building new long-term-care homes many years faster than the traditional timeline. That includes 632 new beds at two new long-term-care locations on Speakman Drive in Mississauga–Lakeshore. The project will include a new health service building and the first residential hospice in Mississauga, operated by Heart House Hospice.

Trillium Health Partners is building another 320 beds through the Mississauga seniors' care partnership with Indus Community Services and the Yee Hong Centre. There are projects like this planned or under way in communities right across Ontario. Many seniors and their families have already reached out to my office to help find a place in these new homes.

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On November 2, 2020, I joined the Premier and the former Minister of Finance and Minister of Long-Term Care at Trillium Health Partners in Mississauga–Lakeshore to announce an increase in the hours of direct care for long-term-care residents, to an average of four hours a day, to help ensure they receive the best quality care in Canada.

Our government is investing $5 billion over four years to hire over 27,000 new long-term-care staff, including nurses and PSWs. That includes over $5.5 million this year for long-term-care homes in Mississauga–Lakeshore, and that will increase to $14 million in 2024.

By 2024, the Camilla Care community will receive $4.5 million more for staff each year; Chartwell Wenleigh will receive $3.5 million more; Sheridan Villa will receive $3 million more—and I could go on.

But these changes cannot happen overnight. Training tens of thousands of new staff and building new, modern facilities, even on accelerated schedules, takes time. And in order to prepare for what may be a challenging flu season, we know we need to do more now.

As the minister said—and I want to reiterate: Bill 7 would, if passed, help to encourage the transfer of ALC patients into temporary settings while they wait for their preferred long-term-care bed. It would not move ALC patients out by force, and it would not force people into homes far away from their families. There will be mandatory guidelines to ensure that all patients continue to stay close to their partners, loved ones and friends, and to ensure they won't be out of pocket for any cost difference between their temporary home and their preferred home.

The intent of Bill 7 is similar to policies in many other provinces, like British Columbia, Alberta and Nova Scotia, which all encourage transfers of ALC patients into temporary care settings while they wait for their preferred bed.

Dr. Stephen Archer, the head of the department of medicine at Queen's University, wrote about a local ALC patient who was stuck in a hospital bed for two years. The average hospital in-patient stay was about six days. So in the two years that this ALC patient stayed in the hospital bed, the bed could have supported the care of 120 other patients. He said, and I agree, that this debate is not about ALC patients' rights to make their own health care choices; it is about balancing ALC patients' rights against the equal rights of those 120 other patients, who may need treatment for heart attacks, strokes or ICU care, that can only be provided in our hospitals. And this is what Bill 7 does.

Dr. Kerry Kuluski, a research chair at Trillium Health Partners, makes another important point: While caring for ALC patients is obviously costly to their hospitals, it is also costly to ALC patients themselves, since more appropriate care settings, including long-term care, can better support their quality of life. In hospitals, patients who need acute care are rightly given priority over ALC patients. In temporary placements in a long-term-care home, ALC patients will soon receive an average of four hours of

direct care per day, even if they're not the patient's first choice for cultural reasons or because the home is not close to their family and friends.

If passed, Bill 7 will help provide ALC patients with the right care in the right place and a better quality of life in more appropriate settings. It will also help free up at least 250 much-needed hospital beds in the first six months alone for patients who need them, and help to support a better flow of patients now and in the future.

Together with the construction of more modern long-term-care homes and the expansion of our health care workforce, this policy will help to lower wait times in our emergency departments and for surgical procedures. Ontarians will have faster access to health care and more health care options in their own communities.

Again, to conclude, I'd like to thank the minister and his team for their work on Bill 7. I encourage all members to support this important bill, moving forward..

The Deputy Speaker (Ms. Donna Skelly): I recognize the member from Mississauga Centre.

Ms. Natalia Kusendova-Bashta: I thank the member for Mississauga–Lakeshore for sharing his time today. I am very glad that he mentioned the accelerated build on Speakman Drive. This is a project that all six Mississauga MPPs are very proud to support. The member and I are working very hard to ensure that, for the very first time in the region of Peel, there will be some long-term-care beds available to also service our francophone population.

It is indeed an honour to rise today and speak to Bill 7, More Beds, Better Care Act. I would like to take this opportunity to congratulate the Minister of Long-Term Care on the work that he has been doing since taking over this portfolio.

Before I dive into this bill as well as speak to our five-pillar plan to stay open, I would like to lay down some context and highlight some of the tremendous and unprecedented work and investments we have made in long-term care during our first mandate.

The Fixing Long-Term Care Act instilled four hours of direct patient care per resident per day, leading the country in legislating such high standards of care. This is an increase from 2.75 hours, on average, to four hours—an increase of 42%. Conversely, the previous Liberal government increased the direct care to residents by only 21 minutes from 2009 to 2018—an increase of only 12% over nine years, or about two minutes per year. Speaker, two minutes per year. I think you and I can both agree that our residents deserve much better.

We are also hiring 27,000 more health care workers into the system to live up to this four hours of care standard. We will do this over time, of course, in tranches, by investing $270 million last fiscal year, $673 million this fiscal year, $1.25 billion in 2023-24 and $1.82 billion in 2024-25.

We are also offering free education to 16,000 PSWs, who have taken these courses and are starting to enter the workforce currently. We have made the PSW wage increase permanent, from $15 to $18.

We have also committed to building 30,000 long-term-care beds over 10 years through accelerated build projects such as the one on Speakman Drive in Mississauga.

And we have committed ourselves to linguistically and culturally appropriate care, some examples of which include the Muslim Welfare Centre we recently announced with our members in Mississauga, as well as the Coptic home in Mississauga, through Virgin Mary and St. Athanasius church, which will provide for the first time in the history of Ontario long-term-care services available in the Arabic language.

I'm also, of course, very, very proud of our francophone strategy, which we announced last year, which saw 777 new and renovated beds for our Franco-Ontarian population. For the very first time in Ontario, we are building a francophone long-term-care home right here in Toronto, with 256 projected beds. These underserviced and equity-seeking populations will now, for the first time, have access to care, here in Toronto—par et pour les francophones.

An example of this incredible work is the Foyer Richelieu. I had the opportunity, recently, to meet with the mayor of Welland, Frank Campion, to discuss the incredible projects that are happening there under the leadership of Foyer Richelieu and Mr. Sean Keays.

All of these actions taken by our government are not just lip service. Let me speak a little bit about what these actions mean on a practical, human level.

I never had the opportunity to work in long-term care; however, I did work at the Bickle site of the Toronto rehabilitation centre as a nursing student, where the staffing and care models resemble long-term care. Residents were staying there for a prolonged period of time to seek complex continuing care and geriatric rehabilitation and dialysis. A team of nurses, nurse practitioners and PSWs were taking care of residents to overcome challenges of disability, injury, illness or age-related conditions, to live active, healthier and more independent lives. I was happy to be an addition to this team as a nursing student, to help these patients get better, to be able to hopefully transition safely back home from patients to residents.

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Due to limited time, I remember rushing with my preceptor through the morning routine, which began at 7:30 a.m. with a report from the night shift, ensuring that all of our patients are bathed, changed, have gone to the bathroom and set up in their chair for breakfast. Next was the race through breakfast. Mrs. Jones needed her toast to be buttered and cut into small pieces, and orange juice to be opened within arm's reach. Mr. Smith was getting total parenteral nutrition and needed his pump primed and bag hung and run properly. Mrs. Brown needed to be fed under supervision from start to finish to avoid any choking hazards, and so on until all of our patients were fed.

Next came medication time—the dreaded 10 a.m. rush. Racing against the clock, first pulling all of our medications from the med stations for all of our patients at the same time, ensuring no med errors were made, then crushing the pills that needed to be crushed, again for

swallowing ease, then pulling our injections like insulin and doing point-of-care sugar tests, and finally making the rounds with all of these medications prepped in our cart, ensuring we administered the right medication to the right patient, at the right time, at the right dose, through the right route. Then came our mobilization activities, which included fitness, rehabilitation, occupational therapy or cognitive activities, getting each patient ready and transferred to the right room. We are now at about 11:30 a.m., and my preceptor and I are sweating from all the running around, without having had the chance to take a coffee break or go to the bathroom or simply to pause and take a breath.

Speaker, why am I painting this picture? Because I strongly believe that had we had, back then, four hours of direct, hands-on care per resident, which would mean more staff—on average 25 more PSWs, 12 more RPNs, or six more RNs per home of 160 residents—we would have had the ability to spend more time with each resident, giving them the dignity and, at the most simple humanistic level, more time to chat about their grandchildren, to bring them their favourite flavour of pudding or take five minutes to play cards or board games. To these seniors, it is the smallest things that make the most difference, like asking them what flavour of pudding they like, and giving them that small level of autonomy to decide for themselves. And I truly and wholeheartedly believe that the Fixing Long-Term Care Act will allow that extra time for health care providers to turn patients to residents and facilities into homes.

Speaker, with my remaining time I would like to address some of the pillars of Bill 7, More Beds, Better Care Act, 2022. The bill, if passed, will enable the transition of patients who no longer require treatment in hospital into long-term care. Currently there are almost 5,000 alternate-level-of-care patients, with about 39% of them waiting for long-term care—5,000 patients, Speaker. That is the equivalent of 11 large community hospitals. This is a staggering number. To ease off the pressures of our emergency rooms and acute care and patient units, and to allow for surgeries to go back to pre-pandemic levels, we simply must make the room. The status quo will simply no longer be acceptable.

You know, Speaker, I'm having trouble understanding the members opposite. On one hand, they are sounding the alarm on the health care crisis with long wait times in the ERs, long wait-lists to access surgeries and diagnostic imaging. But on the other hand, when we bring outside-of-the-box, innovative and very practical solutions to make room for around 2,400 acute care beds, all we hear from the opposition is "no, no and no."

Speaker, the member from Nickle Belt said that people do not like to be institutionalized, and I could not agree more. Patients do not like to be staying in sterile hospital environments with bells and alarms sounding at all times of day and night. Hospitals have simply not been set up for patients to stay for months at a time—up to two years. Our long-term-care homes provide more home-like environments with the proper social and recreational programming, in addition to the new services like bariatric, behavioural and diagnostic services in long-term care, which our government is funding with an investment of $37 million.

In conclusion, Speaker, these are just some of the actions our government is taking to fix long-term care and build more beds and better care.

The Deputy Speaker (Ms. Donna Skelly): Questions and answers?

Ms. Doly Begum: I want to thank the members from Mississauga–Lakeshore as well as Mississauga Centre for both of your remarks, and also thank the member from Mississauga Centre for her work in the health care sector and the dedication that she has shown, especially during the pandemic, going back to it. It's incredible.

I do have a few questions. I know that the things you've highlighted are what we're facing in our province right now in our health care sector. My question to the members opposite—and mainly, I guess, this goes to the member for Mississauga–Lakeshore because I want to quote one of the words that he's pointed out, which was that they will "ensure" that people will, for example, be placed near their homes, and if there is a payment that someone's asked for, this bill will "ensure" that that's not the case. But we know that there are a lot of things that are up to the regulations, for example. How will you ensure that they are within the region of their homes or that they are liking the home that they're placed in? And how will you ensure that there is no extra payment made?

Mr. Rudy Cuzzetto: I want to thank the member for that question, on the consent issue as well.

Yes, we have to free up these hospital spots right now because we are looking at a flu season that is happening further ahead. But we wouldn't have to be doing this if, from 2011 to 2018, they had built more long-term-care beds. The previous government only built 611 beds throughout this whole province of Ontario. We're building 632 just in my riding in one location alone, on an accelerated build.

We have to continue doing this throughout the province of Ontario to help our seniors get into homes where they can get four hours of care and so they can be treated with dignity. That's what we're doing as a government here in Ontario.

The Deputy Speaker (Ms. Donna Skelly): The member from Markham–Unionville.

Mr. Billy Pang: This question is for the member for Mississauga–Lakeshore. He talked about ALC patients earlier. Could the member explain what measures will be taken into consideration when proposing appropriate long-term-care homes for ALC patients?

Mr. Rudy Cuzzetto: I want to thank the member for that question. What we're going to be doing is, we're going to first ask for consent from the patient to see if they want to move into a long-term-care facility, which would be much better for them because they could get more care at a long-term-care facility, especially with the four hours of care that we will be getting for them shortly as well. We're going to be speaking with their family as well to see

if that would be appropriate for them to move to this new location.

We have to free up hospital spots as well because we have to do surgeries that have been backlogged for the last couple of years during the pandemic, people who need heart surgeries and stroke treatment as well as ICU treatment. We have to work together with our long-term care and our hospitals to move forward in the province of Ontario.

The Deputy Speaker (Ms. Donna Skelly): Question?

Ms. Chandra Pasma: Thank you to the members across the floor for your comments on this bill. Recently, I had the opportunity to meet with nurses from ONA Local 83 of the Ottawa Hospital and ONA Local 84 of the Queensway Carleton Hospital about the health care crisis in Ottawa. We discussed the fact that there are beds available in Ottawa hospitals even though there are patients waiting in the emergency room.

The Queensway Carleton Hospital is only operating at 60% of its surgical capacity. The issue is not beds; the issue is a lack of nurses available to staff the beds. So I am deeply disappointed to see that the government's response to the health care crisis is a bill that will not recruit or retain one single additional nurse to our health care system but does show incredible disrespect to seniors and persons living with disability and their right to provide consent regarding their care.

I'm wondering why the government feels that the most appropriate response to our health care crisis is to continue to show disrespect to our hard-working health care workers, while also adding a new level of disrespect—

The Deputy Speaker (Ms. Donna Skelly): The member for Mississauga Centre.

1650

Ms. Natalia Kusendova-Bashta: I'm glad the member asked the question, because she wasn't here during the last session of Parliament, and so I'll take this opportunity to educate the member on how much we as a government have done to bolster the nursing profession.

For one, we have granted colleges stand-alone programs where students can now decide to obtain their bachelor of nursing at our regional colleges, like Humber College, or La Cité for our francophone nurses.

We have introduced the Learn and Stay program, where, for the first time in the history of Ontario, the government will be paying for the entire tuition costs, textbooks and other fees for our nurses who actually commit to staying in rural and underserviced areas for two years.

We have increased the nursing student enrolment by about 19%, and we are getting more internationally trained nurses into the workforce, with CNO recently sending a press release about a historic ground-breaking amount of I believe about 4,000 new IENs entering into our workforce right now.

So we are doing a lot to bolster our nursing workforce, and I'm glad that member asked the question.

The Deputy Speaker (Ms. Donna Skelly): Question?

Mr. Vincent Ke: Thanks to my colleagues from Mississauga–Lakeshore and Mississauga Centre for their presentations.

Speaker, a recent Globe and Mail editorial discussed our government's five-point plan for staying open. They talked about emergency beds for the critically ill, and not for those waiting for long-term care. Speaker, patients requiring long-term care should be treated in an appropriate setting. As the member for Mississauga–Lakeshore mentioned in his remarks, many provinces across the country, such as British Columbia, Alberta and Nova Scotia, have in force available-bed policies similar to the one we are debating now.

My question to my colleague is, how would Bill 7 play a role in supporting Ontario's broader health care system?

Mr. Rudy Cuzzetto: That's a great question. You're speaking about British Columbia, Alberta and Nova Scotia. We're following what they're doing. As well, British Columbia is under an NDP government, so I don't really understand why the opposition is against their own friends in British Columbia that are NDP members and they don't believe in what the NDP are doing in British Columbia. So I think that what we're doing—we're taking ideas from the NDP from British Columbia and putting it in to our bill to help our health care system.

The Deputy Speaker (Ms. Donna Skelly): Question?

Ms. Peggy Sattler: Thank you to the members for Mississauga–Lakeshore and Mississauga Centre for their comments.

Speaker, I'm curious to understand the rationale of the government to proceed with this legislation. We just came through a pandemic in which more than 4,000 seniors died. Many of these seniors were forcibly transferred from hospitals into long-term care through the emergency powers legislation that this government passed. Proper supports were not put in place in long-term-care homes. The proper infection prevention and control measures were not put in place. So why does this government feel that forcing seniors to move from hospital alternative-level-of-care beds into long-term-care homes is any kind of solution to the health care crisis that we have before us?

Ms. Natalia Kusendova-Bashta: This bill is part of our five-pillar strategic plan to stay open. One of the pillars is preserving our hospital capacity. This is extremely important. For me, as an emergency room nurse, when I go for my shift and I receive that cardiac patient and they have to go into the STEMI lab, we have to make sure that they have that post-op bed available for them to be able to actually get the care that they need in the right place at the right time.

You know, Speaker, when I as a nurse go in and give out my medications to the right patients at the right time at the right dose, I think as well of our current health care ecosystem. We need to be providing the right care in the right place. Simply, alternate-level-of-care patients who are stabilized and well enough to be transferred into long-term-care facilities are taking away valuable resources from other acute care patients: those heart attack patients, those stroke patients who need those beds. The status quo

is not working, and that is why we are providing tangible and practical solutions.

The Deputy Speaker (Ms. Donna Skelly): We have time for one quick question and quick response. The member for Durham.

Mr. Todd J. McCarthy: Thank you, Speaker. I am remiss in not congratulating you on your appointment, so congratulations.

We know that under the previous Liberal government, the long-term-care sector was badly underdeveloped and neglected. In the third of its terms in office, the NDP propped up that government in that underdeveloped and neglected way—

The Deputy Speaker (Ms. Donna Skelly): Unfortunately, we've run out of time for questions and answers. We're going to go on with further debate.

Mr. Wayne Gates: I would like to say to my colleague before I start off what a great job that she did on her hour lead. It's never easy, to all the new people that are here, to stand up and do an hour lead. On behalf of myself and, I'm sure, my colleagues, you did a great job. Hopefully, the Conservatives were listening.

Bill 7, long-term care—Madam Speaker, thank you for allowing me to rise and speak today to Bill 7. Let's get right into the proposal of this bill: It's to move patients into long-term-care homes, away from their communities, without their consent. And I want to be clear on that because my colleague was right on the money. Because you can say, "Well, we're going to put them in your riding." Well, my riding is an hour's drive from Fort Erie to Niagara-on-the-Lake to Niagara Falls.

I'm dealing with a case today with a senior who wants to get her husband into Millennium Trail Manor in Niagara Falls, and do you know why she wants him there—it's her choice, right? You get choices—because she doesn't drive. This way she can walk and take care of her husband all day. So when you say, "Well, we're going to keep them close," you can say you're going to keep them in my riding but it's going to take an hour, in some cases, to get to those long-term-care facilities.

We've seen this government stretch the meaning of some of the bills, but anyone who just reads Bill 7 can understand entirely what's going on here. In fact, there's an entire section labelled, "Certain actions may be performed without consent." And what are those actions? They empower hospital administrators to now share your medical information without consent. They're allowed to discuss your personal situation with private for-care providers without your consent. They're allowed to reassess you without your consent. And I believe, as it is written in this bill, they are allowed to move you without your consent. Speaker, with this clearly spelled out in black and white, why on earth is the part-time—I can't say that. Why on earth is the Minister of Long-Term Care trying to convince people that's not the case? The minister seems to indicate it's not the case because there is a clause that says, "The actions listed in subsection (3) may only be performed without consent if reasonable efforts have been made to obtain the consent of the ALC patient or their substitute decision-maker."

I know you guys have some lawyers on the other side of the House, and they understand what "reasonable" is. Here's the issue: These discussions already happen. If someone is waiting in a hospital bed today, this discussion already occurred with them. Administrators have had this power now; there's nothing new. In fact, for years advocates have been saying the power to have these discussions already leaves seniors without proper representation. So they have these discussions, sometimes without their family members. They do it all the time.

So what is new here? Well, now they have the power to move your loved one without consent. As I get further into this, I'm going to discuss something around my family.

A serious question arises: What does this government feel is a "reasonable attempt" to obtain consent? Where's the line? Why is the government giving hospital administrators the power to override the wishes of a patient or their substitute decision-maker? This is the roundabout way that they're going to do this.

1700

Speaker, don't just take it from me; you can read it in their own bill. It's right before all of us and available online. I encourage people to read it—or they can take it from the Ontario Health Coalition. In their release on this issue, they said, "Advocates and experts spoke with one voice today decrying the new law that the Ford government introduced yesterday and intends to pass within just two weeks. The new law ... titled 'More Beds, Better Care Act' gives new powers to force the elderly and persons with disabilities who are waiting in hospitals into long-term-care homes against their choice, in what legal experts and patient advocates warn is a fundamental violation of their rights." It is there in black and white, and the government should be honest about the language they put in this bill.

What I don't understand is, there's nothing in this bill that talks about sending anybody to a publicly funded long-term-care facility, or a not-for-profit long-term-care facility where we know the outcomes are a lot better. Nothing in the bill—nothing. You can read it, if you like, when you're home tonight.

The real problem with this bill goes much deeper. This is the second term of this government. Long-term care has been fully under their watch for four years now.

It's not in my notes, but I will add here, I just came through a campaign. Actually, I've been campaigning for a year and knocking on doors. Not once did the individual I ran against, the PC—or not once that I'm aware of in the province of Ontario—speak with residents in the province of Ontario and told them what you wanted to do—not once. They can correct me, when they do their 10-minute question period, if I'm not accurate. But I know that in my riding it never happened.

Think about this, as you're all on your computers and doing whatever: This bill doesn't hire one nurse. It doesn't recruit one new doctor. It doesn't send more money to create not-for-profit long-term-care beds in communities

where people want to live. No, instead of properly funding our long-term-care homes—or home care, by the way; there's nothing mentioned in the bill about home care, where 90%—90%—of our loved ones want to stay home. We want them to stay home as well. We just need more support. No, instead of properly funding our long-term-care homes, this just ships people across the areas, without their consent, to try and hide the problem. One is left to ask, what did seniors do to this government that they're such a target? How can a government of the people so cruelly abuse our elders? Not everybody agrees with me on that statement. That's how I feel.

Speaker, it should be absolutely clear to this government why this law is wrong. If loved ones need long-term care, part of that plan is to be around family and friends that they love. That means they need to be close to that family that can visit them. Oftentimes with seniors stuck waiting in long-term care, the facility is so understaffed that the family plays a critical role in delivering care.

I'd like the PCs to listen to this. I'm going to talk about my mother-in-law and my father-in-law, and my wife, Rita.

My wife, Rita, decided to retire a year early so she could take care of her dad, who was in a retirement home. My wife did an incredible job, quite frankly, because they were short-staffed. She'd get up every day, after she retired, to go help her father, to make sure he got his pills, to help him get his breakfast, sometimes to help him get clothed. She did that for a number of years with her dad until my father-in-law got too sick, went to the hospital and he passed. But if it wasn't for my wife and the rest of her family going to that home, Mr. DeLuca probably would have passed sooner. It's why it's important to have family members involved in any of these decisions, including consent.

I'm going to talk about her again, because not that long after, her mother, my mother-in-law, got sick and we had to put her into a long-term-care facility. Again, the family took care of her. They went there every day. They visited her. I visited her as well. What happened while she was there was, she got sores. If anybody who has had grandparents or parents—she had sores on her leg. It was getting close to the point where they were going to just take the leg. In Niagara, quite frankly, I think we have more people who get their legs chopped off than anywhere in the province of Ontario. But through the family saying, "We've got to find a solution to this. We've got to get this fixed before she loses her leg," the family got a doctor in Hamilton—I don't have his name, and I apologize—who worked with her, got the sores better, and she didn't have to have her leg chopped off, which happens right across the province far too much, especially to those who have diabetes.

Her mom has passed. But again, without the family's support, Grandma and Grandpa would have been gone a long time before they did pass. I talked to my wife about this because, like I said, she retired a year early, and she doesn't regret taking care of her dad or her mom one bit, because she's Italian. Mom and Dad took care of her growing up, put her through school, supported her, and she was there for them.

That's why I believe, from the bottom of my heart, it's so important to involve the family, make sure we have consent, make sure we're talking to them all the way through this process.

Under this bill, if my wife and her family, who are Italian, were not told that they were giving away their medical information—I would like to see it, but it would not be pretty, trying to find out what happened here, without a doubt.

We know our nurses are under stress. We know they're overworked. We know they've done an incredible job for the last three years. We also know that some nurses, some doctors, are being abused more than at any time, I think, in recent memory that we're aware of, and this bill will cause that, if families find out that they've given consent to long-term-care facilities to give them their private information. It's a mistake. It just doesn't even make sense to me, quite frankly, and we lived it for the last number of years.

Rita's mom and dad have been gone for a few years, but I know my wife thinks of them all the time—because everybody grieves differently; every nationality grieves differently.

What happens when an elderly patient's spouse doesn't drive? You can imagine that the partners of these ALC patients are so elderly themselves, and many depend on their families to drive them to see their loved ones. The story I talked about that I'm dealing with in my own riding doesn't drive and can't get there through a bus route. Can you imagine saying, "Well, I'm sorry, your husband is going to Niagara-on-the-Lake" and they live in Fort Erie? It's an hour. There's no transit between the two. In a lot of cases, they wouldn't be able to afford it. They certainly couldn't afford a cab. It makes no sense.

When you separate families like this, we see the health outcomes of these seniors absolutely drop. This plan will take years off seniors' lives. It will separate families. It will absolutely crush the elderly patients who are being moved. How is it possible that that outcome is better than just properly funding seniors' care in our communities?

I talked a little bit about home care. Seniors want to stay at home. As we get older, I think we all want to stay at home, be with our family, be with our friends, be with our neighbours. Why aren't we investing in home care? Why are we not investing in more PSWs? Why are we not paying PSWs the way they should be paid so that they can work full-time as PSWs in home care, so they'd have some benefits? Some may have a pension—and God forbid, from your side, maybe we'll make it easier for them to join a union so they'll get respect on the job. We saw what happened with a company called CarePartners. We had that discussion here a few years ago. Why wouldn't we do that?

1710

I know I'm supposed to go through you and I really am trying to, but I see the minister is here and I'd like to ask him—we know that minister has a lot of weight in his party. We all know that. Let him tell us why he won't repeal Bill 124. Everyone is begging you guys, all of you

guys. That is the single one that can send a clear message to every nurse, every PSW, every corrections officer, every health care worker, that we care about the job they're doing, because they're all covered under Bill 124. Why don't we do that? If you care about our seniors and you care about the crisis in health care, repeal Bill 124. There's more to this new plan that actually makes it worse than it looks and, honestly, in my humble opinion, it looks pretty bad.

Let me read you another quote from the head of the Ontario Health Coalition—and I want to be clear to my colleagues on the other side. I see my good friend from the Liberals is here as well. I want to be clear with you guys: I'm not saying this. This isn't Wayne Gates just standing up and saying it. This is coming from the Ontario Health Coalition, which is one of the most respected organizations in the province—non-partisan, and their facts and their research are second to none in this province. I admire the work they do with the limited resources they have.

"What we think it is about is filling up the beds of the worst long-term-care homes that people do not want to go to, for good reason.... The government cannot override the rights of seniors to shore up the profits of long-term-care operators with terrible records and reputations. The Ford government has come under fire for its connection with the for-profit long-term-care companies before." Now, I didn't say that. It didn't come from Gatesy. It could have, but it didn't. It came from the Ontario Health Coalition.

This is where I'm going to say again that over the last couple years, two and a half years, close to 5,000 of our moms, our dads, our grandparents, our parents, mothers-in-law, fathers-in-law, aunts and uncles have died in these facilities. Most of those deaths—where were they from? They were in for-profit long-term-care facilities. Now, I don't have the stat right in front of me so I'm not going to—I guess I will guess. I would say it's over 70% who died in these for-profit long-term-care homes. We had better outcomes in publicly funded, publicly delivered homes.

It's not mentioned in the bill. I read the bill because I was asked to read the bill by the minister. I read the bill and I can't find anything where it mentions not-for-profit homes and regional homes. By the way, the regional homes do a great job as well.

Speaker, imagine that. We know for a fact that properly funded, properly staffed, safe long-term-care beds aren't available right now. We know that. The safe ones aren't available. In fact, most of them have long waiting lists.

There's a reason the homes this government plans to send people to have openings. Oftentimes they are the worst-run homes with records of abuse, with several seniors to a room and without air conditioning. These are homes that are closely related to PC insiders, and we all know about that. We know who's on boards. We know that.

I've only got a minute and 30 seconds left. I want to talk about the air conditioning in the rooms. The minister did speak about that there's 100% air conditioning in long-term-care homes. What he didn't talk about is the air conditioning in the residents' rooms where, because of COVID and because of the outbreaks, they then have to stay in their rooms. They're staying in their rooms for days because of the COVID outbreaks, and it's 40 degrees Celsius. I challenge anybody, any of my colleagues—I'll go with you—to go sit in one of those rooms with no air conditioning for 24 hours. That's our seniors. We know that they are fainting because of the heat. As a matter of fact, it's going to get hot again today, tomorrow and the day after. They're going to go through the same thing in a lot of these long-term-care homes. We know they are fainting. We know they're getting sick. We know they're having heat stroke. Everybody knows it. We have to do better, as a government—and I'll take some of the blame. Maybe I wasn't loud enough. Maybe I didn't talk enough. But we need to have the air conditioners put in the residents' rooms. No senior—not your mom, not my mom—should have to live under those conditions in the summer.

How many of you have gone out to a ball game or anything, and you're sitting there sweating? Can you imagine sitting in a room with no air conditioning in our long-term-care facilities? It's absolutely wrong in the province of Ontario. Many of the homes with wait-lists are even missing basic things—I just said that.

We see numerous record-breaking heat waves—

The Deputy Speaker (Ms. Donna Skelly): We now have time for questions and answers.

Hon. Paul Calandra: You know, I hesitated on whether I should get up and ask a question at all, given how incorrect many of the statements were in the member's—and, obviously, there's no intention, actually, to accurately reflect what's in the bill. But I would just ask the gentleman this: Does he know the difference between "consent to move" and "consent to review"?

Mr. Wayne Gates: What I do know, sir, is that if I'm a senior and I'm in a hospital, I should be able to give consent. You should have to come to me to give you consent. Just because I'm old doesn't mean that I don't matter in this province. Just because you're a little younger, maybe you're in your fifties, they can go to you and get consent. But with a senior, you don't need consent.

You can give away their medical history. Do you think that's right? You're the minister. Do you think it's right? I don't mind having that debate with you, or that talk. I don't think it's right that we don't say to that senior, "We'd like to do this for you. We need your consent," and have those discussions. They're having them now. The difference is that they're giving them to other people. They're not keeping it in the hospital; they're giving—

The Deputy Speaker (Ms. Donna Skelly): Thank you. Next question.

Mr. Michael Mantha: I've always been one, when I look at legislation—there's winners and there's losers. There's positives, and there's negatives. I always try to get to the point of, why is this coming? Why is this the top priority for the government of the day to bring this forward? It leads me down to a path as far as, who's going to be benefiting from this? I don't see seniors or

individuals that are in long-term-care homes that are going to be benefiting greatly with the language.

Words are also powerful. When you grab this at face value and you read the legislation where one title is, "Certain actions may be performed without consent," and there's a variety of things that can be done here without consent, it leads me down to the path that, yes, words are powerful and you are doing things without consent.

My question to the member is, who is going to benefit from this legislation?

Mr. Wayne Gates: Well, I think that's a great question. I'll tell you who's not going to benefit from it: our seniors, their families. They're not going to benefit from it.

But I'm pretty sure we know who's going to benefit from it because they didn't mention in the bill that they can go to a publicly funded long-term-care facility or a not-for-profit. All they talk about is for-profit. So who's going to benefit from this? In my humble opinion, the owners of the for-profit care; I think that goes without saying.

And we know, just to add a little bit to it because I've got a few seconds left, they've already, over the course of the last 10 years, made $1.2 billion in profit. What we need to do is to take that profit out of long-term care and put it into publicly funded care, so we can take care of our seniors properly, so they can live longer, so our parents live longer.

That's a great question. Thank you.

The Deputy Speaker (Ms. Donna Skelly): Questions?

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Hon. Paul Calandra: Can the member point out, given the statement that he just said, where specifically in the bill it says that somebody will be forced against their will to move into only a for-profit long-term-care home?

Mr. Wayne Gates: Okay, so that is a very good question on behalf of the minister, because nobody's going to be forced. It's not in the bill. Because you have said very clearly it's not going to be forced. But what they're going to do to them is they're going to have them charged the higher rate in that hospital—that's what's going to happen. And then what's going to happen? They're not going to be able to afford it. That's one of the things that they can do.

So you're not going to forcibly treat them like a prisoner and put the stuff around their ankles and their wrists and then send them out. You're not going to do that. But you're definitely, definitely going to make sure that they leave that facility. You know it, I know it, and that's why the consent is such a big issue, not only here today, but outside these four walls. That's why they're talking about consent.

The Deputy Speaker (Ms. Donna Skelly): Question?

M^me^ France Gélinas: The member shared with us what had happened to some of his family members—more particularly, to his wife's family members. How different do you figure your family situations would have been if this bill had been there and the placement coordinator would have been able to determine eligibility for long-term-care homes, select a home and authorize a patient's eligibility if—the story you shared about your mother-in-law—how different would her last few years of life have been if this bill would have been enacted at the time?

Mr. Wayne Gates: I appreciate the question. I really can't say how her last two years would have been. What I do know is the hospital discharge planner would have been able to talk to the family and would have had that conversation.

But I'll tell you, and I already said it in my question: My family's Italian. They're very, very close. They love each other to death. Every Sunday we go to grandma's and have our pasta dinner. But if this bill would have been brought forward to my family, it would not have been a good discussion at the hospital. And I think that's wrong, quite frankly, because they take it out on the wrong people, for sure.

So to answer—the outcome? I can't answer the outcome. I know that my wife and her family and everybody around them gave as much love and as much care as we could, and the end result was that they both have passed. So I can't answer the question of would they have lived six months later, but I know that this wouldn't have passed with my family.

The Deputy Speaker (Ms. Donna Skelly): Question? The member from Ottawa South.

Mr. John Fraser: Thank you, Speaker, welcome to the chair. It's good to see you there.

I just simply want to say to the member: You know that the delegation of power to override people's basic rights by having them moved without their consent, because it says that specifically in the second line of the explanatory note. We can all imagine conversations that go like this:

"Mrs. Smith, we have to move your mom."

"Why are you moving my mom that far away? I'm not going to be able to get to her as often. We won't be able to see her."

"Mrs. Smith, I'm sorry, but that's the law. I have no choice."

How do you think those conversations would go in the case of your family?

Mr. Wayne Gates: Because we're having this discussion around consent, and this is in the bill, to my colleague from the Liberal Party: "This new provision authorizes certain actions to be carried out without the consent of these patients. The actions include having a placement coordinator determine the patient's eligibility for a long-term-care home, select a home and authorize their admission to the home" and "allowing persons to collect, use and disclose personal health information" without "making reasonable efforts to obtain the patient's consent."

If that would have happened with my family, they would have been extremely upset, and the problem that I think I'm having is that they wouldn't be taking it out on who they should be—

The Deputy Speaker (Ms. Donna Skelly): Question?

Hon. Paul Calandra: So in the member's own words, he said that the bill does not allow—this is the member from Niagara Falls—somebody to be removed from a home without their consent. He further said that if this bill

was enacted when his in-laws were there, they would not have consented to that.

So again I ask the member, because it's not consistent with what he's answering to questions, with what he has said in his speech. So will he agree then, again, as he just did, that it is actually not in the bill that somebody could be removed from a home without their consent?

Mr. Wayne Gates: Once again, what I said to him was, "You're not going to physically take them out." That's exactly what I said. In other words, you're not going to put handcuffs on them and put them on the gurney and take them to a long-term-care facility. But you're going to find other ways to make sure that they can no longer stay in the hospital. That's what you're going to do. That's the intent of the bill. You know it. You're not saying it. You'll say it in regulations, I'm sure—I should speak through you. I apologize. I should go through the Speaker. You'll put it in regulations—we all know what you're going to do—and you're going to fill up the for-profit long-term-care homes that can't fill themselves because of their past record of the number of people that have died and the outcomes that have happened in long-term-care facilities.

The Deputy Speaker (Ms. Donna Skelly): Further debate?

M. John Fraser: Le projet de loi 124 leur a fait plus de mal que tout autre texte de loi dont je me souviens. Et maintenant, le gouvernement propose le projet de loi 7. Le projet de loi 7 va violer les droits fondamentaux des patients en modifiant la loi pour leur permettre, entre autres, d'être déplacés sans leur consentement. Ce n'est pas juste.

Imaginez une conversation : « Madame Smith, nous devons déplacer votre mère. »

« Mais vous ne pouvez pas la déplacer si loin. Nous ne pourrons pas la voir. »

« Je suis désolé, madame Smith. C'est la loi. Je n'ai pas le choix. »

Le projet de loi ne fonctionnera pas pour les patients, leurs familles ou les personnes qui s'occupent d'eux. Ce n'est pas parce que vous êtes vieux que vous n'avez pas les mêmes droits que tout le monde.

Les foyers de soins de longue durée sont confrontés à des pressions encore plus fortes en matière de dotation en personnel que ce que nous observons dans nos hôpitaux. Contrairement à nos hôpitaux, ils n'ont pas de soupape de sûreté. Ils ont quelqu'un dans ce lit qui a besoin de soins 24 heures sur 24, sept jours sur sept.

Pour aggraver les choses, les agences de recrutement à but lucratif débauchent leur personnel. Dans certains cas, ce même personnel revient travailler à un coût deux ou trois fois supérieur. Et les maisons de soins de longue durée ne peuvent pas refuser une admission. Sinon, elles sont pénalisées.

For months now, homes across Ontario have been pleading with this government for help. Long-term-care homes and the associations have been pleading for help. Bill 124 has been one of the most destructive pieces of legislation to our health care system that I can remember.

And now the government is proposing Bill 7. Bill 7 is going to violate patients' basic rights by changing the law to allow them, among other things, to be moved without their consent. That's not just. That's not right.

Imagine this conversation:

"Mrs. Smith, we're going to have to move your mom."

"But you can't move her that far. I'm not going to be able to get there as often. I'm not going to be able to see her."

"I'm sorry, Mrs. Smith. It's the law. We have no choice."

Bill 7 is not going to work for patients, their families or the people who care for them. You're putting the people who care for them in a bad position. You're putting them in a position where they're going to use this law to pressure people.

I know the government says, "Well, we're not going to physically restrain them or drag them out," but anyone who's been involved with a conversation at a hospital about a loved one knows from time to time you're told you have to do things, and a lot of people just say—well, they defer: "I guess if the doctor says that, if the nurse says that, that's what I'm going to have to do. I don't want to break the law. My family doesn't want to break the law. I guess mom has to go over here." That's what's going to happen. It's not about physical restraints or dragging people out; it's about the pressure you're putting on people in long-term-care homes to accept people, the pressure that you're putting on families.

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The reality is that our hospitals, well, they have a release valve. They can close down ambulatory services inside a hospital. Sometimes they close an ER or an ICU. A long-term-care home—24/7, that person is in that bed and they need care. And if there's no one there, that's a problem. We've seen what has happened when there are not enough people there. There's no mechanism to assure us that the people will be there. It's especially concerning because long-term-care homes are experiencing greater staffing and personnel pressures than our hospitals. This is because some people are going from long-term care to working in hospitals. Many of them are being poached by for-profit staffing agencies, and they'll go back and work in the same place for two or three times the price. So they can't get staff.

And it's not just nurses and PSWs; it's dietary people. There is no relief valve in long-term-care homes to protect people, like we have in hospitals. That's the thing that should be concerning to most of us.

Now, we've all talked about the patient's right not to be moved without their consent. I think I very clearly explained this. Actually, the bill is saying that and is creating the context to create the pressure. But the other piece is, we're just tossing personal health information protection legislation out the window; you don't have it. Do you think that's going to happen to any of us? Do you think any of us would stand for any of this that's happening right now? Anybody's family? Can you say that for your family this is okay? I wouldn't say it's okay

for my family. I don't think it's fair; I don't think it's right. What needs to happen is, we actually have to provide the supports in long-term-care homes so that we can get people there, so that they will be safe, so that they will have steady, stable workforces. Right now, it feels like the government's plan is—and I appreciate the minister being here. It feels like we're thinking of sending people to places that aren't ready, because there's no real mechanism to determine their readiness. That's an inspection. So we don't know.

I think the government should withdraw Bill 7. I don't think it's going to have its intended consequences, that it's going to have the consequences that the government believes it wants to do. I don't think people want this to happen to people, but it's going to. I can tell you, it's going to happen. The pressure in the long-term-care system is far too great on their human resources. It's easier to know that, the pressures at hospitals, because you see an ER close or an ICU close. It's very easy to see. It's very hard to see in our long-term-care homes. They don't get the same kind of coverage. As a matter of fact, most of the time, most of us don't know what's happening in our long-term-care homes.

Overriding people's basic rights is something that we wouldn't stand for. Just because you're old or frail or close to the end of your life doesn't mean that your rights are any less valid than any of us. I urge the government to withdraw Bill 7 and, I'm just going to say this again for the umpteen-millionth time, as everybody else has in here, to repeal Bill 124. Bill 124 has done more damage in long-term care, especially not-for-profit long-term care—just ask them. They've been telling you for 18 months. For gosh sakes, even the Ontario Hospital Association told the government before Bill 124, "Don't do it. You're going to make a mess. It's going to be a problem." Then the pandemic happened, and like the pandemic has done with so many other things, it's made the problem infinitely worse.

This is not going to fix the things you think you're going to fix. It's going to hurt more than help.

The Deputy Speaker (Ms. Donna Skelly): We have time for questions and answers.

M^me^ Natalia Kusendova-Bashta: Madame la Présidente, imaginez une autre conversation, où M^me^ Smith arrive avec une douleur thoracique : « Madame Smith, vous avez besoin d'une chirurgie cardiaque. Madame Smith, vous avez besoin d'un lit de réadaptation cardiaque. Mais, madame Smith, on n'a pas de lit dans cette unité—on a juste un lit dans le couloir—car on doit attendre une décharge de l'hôpital des autres patients. »

Aujourd'hui en Ontario actuellement, il y a 5 000 patients—c'est l'équivalent de 11 hôpitaux communautaires—qui devraient être soignés pas dans les hôpitaux.

So my question to the member, if he opposes this policy: Are you suggesting that seniors are better off in institutionalized hospital-like settings—in the hallways, perhaps—rather in the home-like environment that long-term care offers?

Mr. John Fraser: The place where you're asking them to go is experiencing more pressures than the place that they're already in, and they're going to have difficulty delivering care. Why would you do that, at the risk of separating people from their families, from their essential caregivers? Look, there's no easy answer to that; I'm just saying this is not the answer. The answer is to provide the supports that are necessary in long-term care—

The Deputy Speaker (Ms. Donna Skelly): Through the Chair, please.

Mr. John Fraser: Sorry, Madam Speaker—the resources that are necessary in long-term care to ensure that the care is there so that when people get there, we won't see what we've seen over the course of the pandemic in long-term care. There's a lot of pressure in there right now. I appreciate your question.

The Deputy Speaker (Ms. Donna Skelly): Question?

M^me^ France Gélinas: As the member mentioned, in the explanatory note, it says, "This new provision authorizes certain actions.... The actions include having a placement co-ordinator determine the patient's eligibility for a long-term care home, select a home and authorize their admission to the home."

What do you think will happen to ALC patients in our hospitals after this bill is passed?

Mr. John Fraser: Thank you very much for your question. It gives those placement coordinators more power. Before we were debating this bill, I've seen the kind of power that placement coordinators can have. People are vulnerable. Sometimes people don't have advocates. Sometimes their advocates don't know how to express themselves. They don't have a voice. They don't know what their rights are.

There's going to be a lot of pressure on those placement coordinators—it's not easy—and that pressure will be: "Get them out of the hospital. We need you to get them out."

All I'm trying to say is the value of the lives of those people who are ALC is the same as anyone else, and we have to try and treat it as best we can the same—

The Deputy Speaker (Ms. Donna Skelly): Thank you.

Question?

Hon. Paul Calandra: I just want to circle back to what he's saying. Forget the fact that both opposition parties say that we can't trust long-term-care coordinators and hospitals to work on the best behalf of the patient. Forget that for a moment, Speaker. He understands, of course, that nobody can be discharged into a long-term-care home that doesn't have the appropriate staffing, that that is part of this bill and that it is actually part of the Fixing Long-Term Care Act. He does understand that that is actually the case.

So I'm wondering if the member could hearken back to the Fixing Long-Term Care Act and to this part of the bill that is very clear: You cannot be discharged into a home without your consent and into a home that does not have the resources needed to handle the patient who is being transferred.

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Mr. John Fraser: So why do you need this bill? Why do you need this bill—

The Deputy Speaker (Ms. Donna Skelly): Through the Chair, please.

Mr. John Fraser: —if you already have the power? If everything is okay, why do you need this bill? Why do you say the things you say in this bill? If that's what your argument is, why do you need this? Why do you have to say that you can move people without their consent? Why do you have to say that you can take their personal health information and transfer it without their consent? Why do we need this?

Just withdraw it.

The Deputy Speaker (Ms. Donna Skelly): Through the Chair.

We have no further time for questions. We will now have further debate.

Mr. Ross Romano: I want to begin by saying that I would like to share my time with the member from Burlington, later in the speech, of course.

I want to start by thanking the good people of Sault Ste. Marie for giving me the privilege and the honour to represent them once again here in the provincial Parliament of Ontario. It's my third opportunity to represent my wonderful community, and I was really proud to have this opportunity on June 2, so I really wanted to take that opportunity to say thank you.

I'm going to be taking some time this afternoon to speak about the More Beds, Better Care Act of 2022 and the difference that it is making in my community of Sault Ste. Marie. I'd like to bring that perspective on behalf of my constituents, because I think it's so important that we can really appreciate how the work we are doing in this House is impacting the lives of individuals across every part of this province, but most notably within the communities we represent. In Sault Ste. Marie and across northern Ontario, and of course throughout all of Ontario, this work is significant. More important than its significance is how important it is to the people of our communities, to the people we love, the people we care for, our seniors.

We are the first government to enshrine this commitment into the legislation with the Fixing Long-Term Care Act.

There are two key components that I would like to speak about here today.

Firstly, the work that we are doing that is proposed within this legislation is going to do so much to improve staffing levels and increase hours of care for every resident per day. This has been going on incrementally since 2021, and it will continue to 2024-25.

I then want to speak about the great strides that are being made regarding the building of modern, safe, comfortable homes for our seniors. A key pillar of the work that we are doing to fix long-term care involves hiring 27,000 new care staff. That is going to increase the quality of care that the people of our great province are receiving. It's going to allow our government to fulfill our commitment of providing an average of four hours of direct care for every resident for every day.

Last year alone, our government invested $270 million to increase staffing levels by over 4,050 people. This year, we're looking at investing an additional $673 million into our long-term-care homes so that we can hire—and not only hire, Madam Speaker, but retain an additional 10,000 long-term-care staff across our great province of Ontario. This is part of a $4.9-billion—and of course, that's billion with a B—investment over the next four years to allow us to reach our commitment of hitting that average of four hours of daily direct care per resident. There has been $100 million dollars invested already, which has increased our nurses in long-term care by 2,000 through to 2024-25 and has supported the training of thousands of PSWs and nurses who wish to advance their careers in the long-term-care sector. Earlier, in the fall economic statement, our government announced that $57.6 million is being invested over the next three years to add an additional 225 nurse practitioners in long-term care.

As I said, Madam Speaker, I want to speak a little bit about my own particular riding of Sault Ste. Marie. Within my hometown, all of this funding amounted to an additional $2.8 million for staffing in 2021-22, and $17.2 million when we look at moving to 2024-25. Some of the specifics we have in my riding: a wonderful long-term-care home, the Ontario Finnish Resthome. That home this year alone received additional funding of $549,000, and $980,000 looking over next year, and by the time we get to 2024-25, we're talking about over $1.3 million. It didn't stop there, Madam Speaker. The F.J. Davey Home saw a funding increase of $3.2 million this year, $5.8 million over the next year and over $8.1 million by the time we get to 2024-25. This is a significant investment in long-term care. These large numbers we speak of translate into large numbers within every one of our ridings—every one—so that residents across all of Ontario receive the care and the dignity they deserve.

I want to speak next about a key pillar for our plan to fix long-term care across the province of Ontario and to address the tremendous wait-list that was left behind by the former government, who built a measly 600-plus beds.

Interjection: Wow.

Mr. Ross Romano: Yes, 600-plus beds.

Interjection.

Mr. Ross Romano: That's absolutely right. It's unfortunate that the sector had been ignored for so long by the Liberal government, for over 15 years—611 beds from 2011 to 2018, Madam Speaker, leaving the province of Ontario with a wait-list of over 40,000 of our loved ones waiting for care. That is why it was so important for our government to build 30,000 new long-term-care beds.

I have seen the fruits of our government's work in my riding of Sault Ste. Marie. Moreover, the people of Sault Ste. Marie have seen it. I believe that is why they saw fit to send me back to this House on June 2.

The Ontario Finnish Resthome Association was allotted 68 new beds and the redevelopment of another 60

beds. But we didn't stop there. Extendicare in Sault Ste. Marie saw an allotment of a net new 20 beds and 100 redeveloped beds.

But Madam Speaker, something I'm so proud of: I wanted to ensure that I speak to you in my last moment here about the great work that our community has done, that our government has done, of not having a one-size-fits-all approach, but working with long-term care in a way that is culturally appropriate for the communities we represent, and in partnership with our Indigenous communities.

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In March 2021, I was so proud to announce that we received 96 new beds for the Batchewana First Nation long-term-care home.

Then, in April 2022, I was able to join Chief Jason Gauthier of the Missanabie Cree First Nation to announce an additional 192 new beds for Sault Ste. Marie, and I was proud to be able to have a groundbreaking celebration with Minister Mulroney in Sault Ste. Marie for that newly established centre.

In my final seconds, I want to say that we have created 376 new beds, 160 redeveloped beds—all in all, just about as much as the Liberal government created in eight years—and that was in one riding in the province of Ontario, Madam Speaker, something I am very, very proud of.

With that, I will conclude, and I thank you again for the opportunity to address the House.

The Deputy Speaker (Ms. Donna Skelly): I recognize the member from Burlington.

Ms. Natalie Pierre: I'm happy to be here today to speak on this pressing issue. I'm here today to speak on the More Beds, Better Care Act, 2022. This bill amends the Fixing Long-Term Care Act, 2021, by adding provisions for patients who occupy beds in a public hospital and are deemed to be requiring an alternate level of care. This proposed amendment is part of a broader strategy from our government to ensure recovery and stability in the Ontario health system.

Health care has many moving parts—primary care, acute care, long-term care, health care human resources, and, most importantly, the patient—all of which need to work together to deliver the most appropriate care to our most vulnerable in their time of need. When one or more of these parts are misaligned, it puts a strain on the whole system. In normal times, these strains can be tolerated. COVID-19 showed clearly that we have some long-standing issues that can no longer be ignored.

This government has responded with an actionable plan to secure an improved health care system. The Plan to Stay Open: Health System Stability and Recovery outlines five key initiatives to provide the best possible care for Ontarians while keeping the province open and thriving. The More Beds, Better Care Act amendment to the Fixing Long-Term Care Act is one of those specific actions aimed at delivering better care and increasing health care capacity through making the most appropriate use of health care resources.

When a person's recovery has progressed to the point where they no longer require the specialized services of an acute-care hospital, they are normally discharged to home if they are well enough, or to long-term care if additional assistance is required. Those patients who qualify for discharge but are waiting for their preferred long-term-care residence end up staying in hospital. These patients are characterized as alternate-level-of-care, or ALC, patients.

As mentioned, health care is a system of parts that must work together. An ALC patient is occupying a bed in an acute-care hospital when that bed is needed for incoming patients. This creates backups throughout the system. It is most visible when a patient spends too long in an ER bed waiting for in-patient admission. It is less obvious when a surgery gets cancelled because a recovery bed isn't available.

Yesterday, in my riding of Burlington, there were 10 in-patient beds that were occupied by ALC patients at Joseph Brant Hospital. Last year at this time, 20 beds were occupied by ALC patients. Those are beds that are not available to patients in the ER or to patients who will need a recovery bed after a surgery.

Speaker, nobody wants to stay in a hospital a moment longer than necessary, but they need a place to go, one that provides quality of life and meets their needs. ALC bed occupancy is not a new problem. Hospitals have been raising this issue for decades.

COVID-19 has brought this problem to a new level. We have two years' worth of pent-up surgeries, and we need to be prepared for a possible fall surge of new COVID cases. We need the beds available, and we need front-line health care staff focused on the sickest of patients.

Previous governments have ignored the problem and let the situation build. I'm proud to say this government is the first in Ontario to address the problem in a compassionate, proactive and practical manner. These actions are intended to provide more high-quality spaces for our patients. This amendment provides the tools necessary for physicians and staff to have compassionate conversations with ALC patients and their families about transitioning from hospital to a temporary long-term-care home while they wait for a space in their preferred home to become available.

The intent of this amendment is similar to those of other provinces in Canada, such as British Columbia, Alberta and Nova Scotia. We recognize that the decision to transition to temporary long-term-care homes can be a source of anxiety for patients and their families. We want to assure Ontarians that we are doing all we can do to alleviate that anxiety.

Our government has been working with partners, hospitals, long-term care, union leadership and experts to find the best solution. First, we have invested heavily to improve long-term-care homes in the province of Ontario. Our government is moving quickly on our commitment to build 30,000 new long-term-care beds and to redevelop thousands more across the province. We invested a total of $6.4 billion into the development of new homes and

beds, and have 31,705 new and 28,648 upgraded beds in the pipeline. The commitment to build 30,000 new long-term-care beds in the province is the largest long-term-care building program in Canada, ever.

In my riding, 64 new beds are being added to the CAMA Woodlands Long Term Care Home. In Maple Villa Long Term Care Centre, 195 new beds are being added and another 93 beds are being redeveloped.

We have reinvested in more direct care. Before the government's investments to increase direct care, patients were getti1ng 2.75 hours a day of direct care from registered nurses, registered practical nurses and personal support workers. Our government is investing $4.9 billion over four years to reach our commitment of an average of four hours of daily direct care per resident.

In Burlington alone, in my riding, we will receive more than $46 million in four-hour-care funding over the next four yea1rs and an additional 259 new beds and 93 redeveloped beds.

We are also training new PSWs for these homes. The Ministry o1f Colleges and Universities is working closely with the Ministries of Long-Term Care, Health and Education to bulk up the PSW workforce by addressing recruitment, retention and training initiatives. This ensures that PSWs are available to meet resident needs.

As part of the plan to stay open and based on the advice of the Office of the Chief Medical Officer of Health, we are right-sizing the number of isolation beds based on community demand and COVID-19 risk levels. There will be 300 long-term-care beds that will now be safely available for use, and the potential for 1,000 more beds in the next six months.

Second, patients do not need to worry that accepting a temporary placement in one home will cause them to lose their place in line for their preferred residence. We will work with our front-line partners on placement guidelines that will ensure patients stay close to their loved ones and that no one is out of pocket for any cost difference between their temporary home placement and the cost of their preferred home.

Third, this amendment includes provisions that temporary placements will have the skills and the facilities—

The Deputy Speaker (Ms. Donna Skelly): Seeing the time on the clock, this House will adjourn until 9 a.m. tomorrow morning.

Second reading debate deemed adjourned.

The House adjourned at 1800.

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Gélinas, France (NDP)	Nickel Belt	
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Hardeman, Ernie (PC)	Oxford	
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Hogarth, Christine (PC)	Etobicoke—Lakeshore	
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Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest–Nepean	
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Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
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Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
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Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
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Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
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Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
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Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Smith, Laura (PC)	Thornhill	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
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Wai, Daisy (PC)	Richmond Hill	

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Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	