

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

No. 27B

**Journal
des débats
(Hansard)**

N° 27B

1st Session
43rd Parliament
Tuesday
15 November 2022

1^{re} session
43^e législature
Mardi
15 novembre 2022

Speaker: Honourable Ted Arnott
Clerk: Todd Decker

Président : L'honorable Ted Arnott
Greffier : Todd Decker

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



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

ISSN 1180-2987

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 15 November 2022

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 15 novembre 2022

Report continued from volume A.

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PROGRESS ON THE PLAN TO BUILD
ACT (BUDGET MEASURES), 2022
LOI DE 2022 SUR LA PROGRESSION
DU PLAN POUR BÂTIR
(MESURES BUDGÉTAIRES)

Continuation of debate on the motion for second reading of the following bill:

Bill 36, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 36, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

The Acting Speaker (M^{me} Lucille Collard): I recognize the member for Don Valley West.

Ms. Stephanie Bowman: I stand today to debate Bill 36. There are elements of this bill that I can support. In the Liberal platform during the election, we pledged to double the guaranteed income supplement for seniors, and we're pleased to see that the government has adopted that proposal, albeit temporarily. The increase in ODSP is welcome, as is the increase of the income threshold, which was also in our platform.

Unfortunately, there are no new meaningful measures to assist low-income families in particular, who are finding it hard to put food on the table. Increasing the Ontario Child Benefit would help them cope with the inflation.

The extension of the gas tax cut will provide short-term relief for drivers in this inflationary period, but in the long term, we need to find ways to incent green modes of transit.

Ontario's municipalities are facing a major funding shortfall, primarily in the transit area, and urgently need assistance. Toronto alone is lacking \$815 million. If it's not addressed, city services will have to be drastically cut, and the quality of life will decrease. The government talks about their record investments in transit, and yet they're not offering a plan to deal with the funding death spiral our transit systems have been facing.

From the progress report section of the document, I support the government's adoption and implementation of another of the Capital Markets Modernization Taskforce's recommendations: allowing companies to provide documents to the OSC in electronic format, which helps reduce compliance costs. One notable exception to their adoption of the task force's recommendations is the one for increased diversity on corporate boards, which I talked about in my inaugural speech. More diverse boards result

in better business outcomes, which would also drive better overall profitability and grow our economy.

The government is proposing to amend their own legislation related to MPP pay, which freezes MPP salaries until there are two years of consecutive surplus. We have just had a surplus, courtesy of the inflationary period we're in and the underspending on health care and education of this government. Yet this economic outlook projects a \$12.9-billion deficit for next year, and \$8.1 billion the year after. Is this government concerned that, once again, they might have an "unexpected" surplus, or is this another indicator that the government knows, as the FAO has projected, that they are actually very likely to have a surplus this year—that is to say, they're not being transparent about the overall financial picture for the province, and their forecasts for large deficits are misleading. Ontarians deserve to have a realistic picture of our province's finances.

I was very disappointed to see that there was no new health care spending in this bill. The member from Don Valley East today made an excellent point that while this government says it was prepared for this respiratory virus season, the number of children in hospital and the number of ERs that are closed sure doesn't make it look like they were prepared. The government is underfunding our health care and education systems, and this current bill does nothing to rectify that.

None of the new spending, the \$1-billion contingency drawdown, is going towards health care spending. The health care sector is still missing more than \$23 billion over the next six years, according to the FAO. Why, in an unprecedented health care crisis, would the government not increase health care spending? The government states that their priority and concern is to keep kids in class. But kids in the hospital, or waiting to go to the hospital, are not in class.

In question period today, the government proudly stated that they have invested \$5.7 billion in health care, and that it's a human resource problem. Great; this bill gives the government the chance to repeal Bill 124 so they can pay nurses what they deserve and draw them back to the ERs so that Ontarians get the health care that they need.

In summary, a few good things are not good enough for the crisis we're in. Anything less than a major change in policy is a signal to Ontarians that this government is not interested in addressing the crisis in our health care sector or our education sector. I do not see that in this document, and I am certain Ontarians will be the ones to suffer.

The Acting Speaker (M^{me} Lucille Collard): We're going to go to questions for the member for Don Valley West.

Mr. Will Bouma: I appreciate the opportunity to interact with the member from Don Valley West.

I was pleased to hear her comments regarding the good things that are in the fall economic statement. I was wondering if she could speak more clearly about the other parts of her speech that said that we're not making the proper investments. I'm sure that she's aware, as everyone else is, that we're probably heading into an economic downturn. Would she not feel that it's appropriate to take a conservative approach to the forecasted recession in our budgeting and not be optimistic forecasting surpluses when there's a good likelihood that they won't happen if we do go into a global economic downturn?

Ms. Stephanie Bowman: Thank you for the question. I think that there are certainly investments that are required in a time when we are facing recession. Investments in green energy and investments in transit to keep people moving are good investments.

As I stated yesterday, the government has taken an overly conservative view on some of their estimates of taxation revenue based on forecasted growth in GDP, nominal GDP from the Bank of Canada and other economists at the FAO who do think that our revenues will be higher than currently forecasted. So that does give me confidence that there's room to make some spending and further investments in the health care sector to address the crisis we're facing.

The Acting Speaker (M^{me} Lucille Collard): Next question?

Ms. Catherine Fife: It's interesting to hear some of the comments from the member. I mean, we sit on the estimates committee—which doesn't actually get to do its job, which is obviously disappointing for us, especially when you do prepare and you have good questions.

But the finance minister uses this word "prudent." I looked up the definition of "prudent" and it means acting with or showing care and thought. Do you think, honestly, that this fall economic statement, which provides no new funding in the midst of a health care crisis, is truly acting with or showing care for the people of this province?

Ms. Stephanie Bowman: Thank you for the question. As I said, further investments in health care are clearly needed. What we have right now is not working. Repealing Bill 124 would be a significant investment, costing the government over a billion dollars, but we have that money. We have that in contingency funds. The government has reported on that, and that would be a very prudent measure to take: to spend that money, get our nurses back into the workforce and treat them with respect so that we can give Ontarians the care they need.

The Acting Speaker (M^{me} Lucille Collard): Next question?

Mr. Stephen Crawford: It's nice to hear the member opposite talk about the budget, and it's nice to hear that everyone on the opposition side is not critical of every single component of the budget. You obviously have some issues with it.

You did touch on the ODSP changes we made, and we are increasing the exemption from \$200 a month to \$1,000 a month. You seem to be supportive of that, from the

sounds of it. Could you maybe share any stories that you may have with constituents in your riding or constituents you may have heard of who may be on ODSP and working, that this is how this is going to benefit those people?

Ms. Stephanie Bowman: Thank you for the question. As I mentioned, I do think those measures are effective and they can help those who are able to work. Certainly, there are people in my riding who have said that they welcome that change, so that is positive.

As we've heard from other members of the opposition today, the concern is around those who are not able to work. We had called for a 20% increase; I know others have called for higher. But those are the people who are really suffering right now in terms of being able to put food on their table.

There are people who are taking very drastic measures around their health and looking at end-of-life solutions rather than being homeless. I think those are the kinds of people we need to take care of. While some are able to work and will benefit, I think those who are not able to work do need some further supports.

The Acting Speaker (M^{me} Lucille Collard): We don't have time for another question. We'll move to further debate.

Mr. Todd J. McCarthy: It is my pleasure to join my colleagues in this House to speak in support of our government's economic outlook and fiscal review, so appropriately named Ontario's Plan to Build, 2022.

Speaker, as my colleague the honourable Minister of Finance articulated in the House yesterday, our government is continuing to make inroads within this great province by attracting new investments and quality jobs to Ontario. Since the passage of the budget in this House in August, our government continues to make resources available to Ontarians who need it most. We are building Ontario, while we continue to help grow the economy by getting shovels in the ground to build key infrastructure projects and investing in skills training for Ontario workers and newcomers.

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Speaker, unlike the typical and overplayed rhetoric the opposition continues to speak about, our government is providing this update on Ontario's economic and fiscal outlook, which highlights our government's prudent, flexible and responsible plan for positioning the province to be ready to manage uncertainty and to manage risk, because the world is facing emerging economic challenges.

Our government is now projecting a \$12.9-billion deficit in 2022-23, nearly \$7 billion lower than the outlook published in the 2022 budget. This is positive news because this means that this government's cautious approach to the province's finances is paying off.

His Majesty's loyal opposition is continuing to say that our government "continues to underspend." Well, that's interesting, because our government is spending an additional \$5.6 billion on home-based care, acute care and long-term care—\$5.6 billion of new spending, again, part of our record investments in health care. And our government is spending an additional \$3 billion on education,

part of a track record of record-breaking investments in health care and education.

While the members opposite from parties of previous governments talk about our update as taking Ontario down the wrong path, I remind all Ontarians and all members of this House about the billions of health care dollars wasted on eHealth, Ornge Air Ambulance, wind turbines, a cancelled gas plant—we could go on, but I'll limit it to those four.

While the opposition wishes to focus on fiction, I'm going to focus on the facts, and the facts are right here.

Ontario's Plan to Build: A Progress Update includes helping to manage rising costs for low-income Ontarians with disabilities by planning to adjust core allowances under the Ontario Disability Support Program to keep pace with inflation each year, beginning in July 2023. We are proposing, as well, changes that would allow persons with disabilities dependent upon ODSP to keep more of the money they receive by increasing the monthly earnings exemption from \$200 to \$1,000 each month. This would allow approximately 25,000 individuals currently in the workforce to keep more of their ODSP income, and this also could encourage as many as an additional 25,000 to participate in the workforce.

We propose to adjust for inflation the maximum monthly amount for the Assistance for Children with Severe Disabilities Program each year, beginning in July 2023.

We are proposing a voluntary clean energy credit registry to boost competitiveness, attract jobs and provide businesses with greater choice in how businesses pursue environmental and sustainability goals, as enabled by proposed legislation.

We also propose providing Ontario's small businesses with \$185 million in income tax relief over the next three years, benefiting about 5,500 small businesses through the proposed extension of the phase-out of the small business tax rate.

We propose automatically matching property tax reductions for small businesses within all municipalities that adopt the small business property subclass.

We propose investing an additional \$40 million in 2022-23, for a total of \$145 million for the latest round of funding in the Skills Development Fund. This has already helped over 393,000 people take the next step in their careers in in-demand industries.

We also propose investing an additional \$4.8 million over two years, beginning in 2023-24, to expand the Dual Credit Program, encouraging more secondary school students to enter a career in the skilled trades or in early childhood education.

We are proposing to extend the cuts to the gas tax and fuel tax rates so that the rate of tax on gasoline and fuel—diesel—would remain at nine cents per litre until December 31, 2023.

We are helping to manage costs for about 200,000 of Ontario's lowest-income seniors by proposing to double the Guaranteed Annual Income System payment for all recipients for 12 months, starting January 2023—a maximum increase of almost \$1,000 per person in 2023.

We are also proposing, Speaker, to expand eligible expenditures for the Ontario Production Services Tax Credit to include location fees, to help to attract domestic and foreign film and television production to Ontario and to incentivize more on-location filming in communities across Ontario.

I pause here to note that Ontario has built in appropriate levels of prudence in the form of contingency funds to ensure that the necessary fiscal flexibility is available to respond to uncertainty and risks. The extent of contingencies over the course of the outlook reflects a cautious approach to planning as uncertainty increases over time.

Now, Speaker, on base health sector funding, we know that it is expected to increase by \$5.6 billion from 2021-22 to 2022-23. This growth is primarily due to investments in a number of areas:

—first, to address growing demand in the hospital sector, including the continuation of over 3,000 acute and post-acute beds and hundreds of new adult, pediatric and neonatal critical care beds—this also includes increasing base funding for hospitals to respond to Ontario's growing and aging population;

—second, to provide a permanent wage enhancement to personal support workers who deliver publicly funded support services in home and community care, long-term care and public hospitals;

—third, to address increased utilization within the Ontario Drug Benefit Program and the New Drug Funding Program;

—fourth, to expand services in the home and community care sector; and

—fifth, to address increased demand for mental health services.

As previously announced and referenced earlier, our government is proposing the extension of cutting the gas tax and fuel tax rates to nine cents per litre until December 31 of next year, the end of 2023. It would provide real relief to Ontario families if affirmed by this House. This will save Ontario households \$195, on average, between July 1, 2022, and December 31, 2023.

Speaker, our government is also honouring its commitment toward helping keep costs down for all citizens and businesses, small businesses in particular. During this current period of rising prices, it is essential that we support those who need it most. As an immediate step, the government plans to help vulnerable seniors by proposing to double the Guaranteed Annual Income System payment—that's the GAINS payment—for all recipients for 12 months starting in January 2023.

Doubling the GAINS payment would support about 200,000 of Ontario's lowest-income seniors. The government is planning to introduce measures to expand GAINS program eligibility in the coming months to ensure that even more seniors who need financial help receive it. The government would ensure the GAINS payment increase does not impact recipients' access to other Ontario income-tested benefits by making related program changes. This would ensure that GAINS recipients continue to be able to access the supports they rely on.

Our government is proposing to implement a comprehensive, needs-based autism program and provide regular updates to families as new elements of the program roll out. The OAP, the Ontario Autism Program, is now supporting about 40,000 children through existing behaviour plans, childhood budgets, interim funding, core clinical services, caregiver-mediated early years programs, the entry-to-school program, foundational family services, and urgent response services.

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Our government has adopted the autism advisory panel's key recommendations, which have helped create the foundation for a comprehensive needs-based and family-centred OAP. The Implementation Working Group also provided valuable advice on the implementation of key design elements for the needs-based Ontario Autism Program. This program offers multiple pathways and a range of services to respond to the individual needs of children and their families. Speaker, while our government continues to implement positive change, we are supporting families as they transition to the needs-based program.

Our government is supporting workers by helping them earn bigger paycheques, providing better protections and plans to keep workers and the public safe. On October 1, 2022, our government increased the general minimum wage to \$15.50 per hour. This is the second increase in this calendar year, the first having come to pass in January, and it brings the total increase in the general minimum wage to 8% over one year, helping workers keep up with rising costs. The majority—58.3%—who are benefiting from this minimum wage increase are women. The minimum wage will continue to rise, with the next increase to be announced in April 2023.

In turn, Speaker, we also removed the lower minimum wage rate for liquor servers and raised the wage rates for the other special minimum wage categories proportionately to the increase in the general minimum wage. With this increase, Ontario's minimum wage is among the highest in Canada.

Maintaining a close relationship with municipal partners is also critical as this government continues to build Ontario's economy during this time of uncertainty. The province is working in partnership with municipalities to build and strengthen Ontario. That is why the government has been increasing ongoing supports to municipalities. For example, through the doubling of the Ontario Community Infrastructure Fund, the OCIF—this has been doubled to \$400 million annually. The introduction of the northern Ontario resource development support program, known as the NORDS program, is providing up to \$15 million annually, over five years, to support northern municipalities with crucial infrastructure projects.

We are also providing \$500 million in unconditional funding through the Ontario Municipal Partnership Fund in 2022 to support 389 municipalities, primarily in northern Ontario and rural areas of the province. We are proposing \$375.6 million through Ontario's gas tax program to improve and expand public transit in municipalities across Ontario. To make up for reduced gas sales due to COVID-19, this year's gas tax funding for 2021-22 includes one-

time additional funding of \$120.4 million to ensure that municipalities can support their transit systems.

Now, through the Municipal Modernization Program, the Audit and Accountability Fund and the Streamline Development Approval Fund, the government is making available \$350 million to assist municipalities in making their planning and approvals processes far more efficient, and we are committing nearly \$4 billion to ensure that every community across Ontario has access to high-speed Internet by the end of 2025.

Speaker, there is no blinking at the fact that inflation in this country is at a 40-year high, and yet we have a federal government committed to increasing taxes on Canadians, cutting health care transfers to provinces and aiding foreign interests rather than helping everyday Canadians.

With this degree of uncertainty, our Ontario government needs to remain prudent, flexible and forward-thinking. We will continue, therefore, to stand up for the people and businesses in Ontario, rather than unnecessarily taxing them. We will move forward with a responsible and targeted approach to our province's finances, rather than spending needlessly into oblivion.

I have three examples I wish to point out, in terms of the impact locally, in Durham riding and Durham region.

In April of this year, General Motors announced an investment of more than \$2 billion to transform the company's Oshawa and Ingersoll manufacturing facilities to deliver the company's next generation of vehicles, including General Motors's new all-electric commercial vehicle brand BrightDrop, with the Ontario government providing up to \$259 million in support.

Secondly, locally, in Durham region, recently completed highway projects include Highway 401 in Oshawa, replaced and rehabilitated at the Oshawa Creek bridge.

And, of course, expanding GO Transit—the Bowmanville GO rail extension, the extension of the GO Lakeshore East line to Bowmanville, will help relieve gridlock and provide expanded rail service in Durham beyond the current terminus at Oshawa GO station. Ontario has started the procurement process, and the request for proposals to construct the required rail infrastructure was released in April 2022. I look forward to continued progress on the GO train extension to Bowmanville within my riding.

Our plan to build Ontario will not only help people and businesses today within my riding of Durham and across Ontario, but it also will offer hope and optimism to citizens and businesses for a better and prosperous tomorrow.

I believe in our government's fiscal approach. I believe in the strength and tenacity of Ontario's people and businesses, particularly our small businesses, which are the backbone of Ontario's economy. I believe that we can and must build Ontario, as this plan provides for. I believe that we can and must grow the economy and create the environment in which Ontario is the engine of Canada's economy, for only then can we be certain, without doubt, that we have the economic foundation to support and fund the public sector services in health care, education, and in relation to social supports that Ontarians expect and rely upon.

Building Ontario, a strong economy, leading Canada, creating prosperity for all, and funding core public services—that is what Ontario's Plan to Build is all about.

The Acting Speaker (M^{me} Lucille Collard): We have time for one quick question and answer.

MPP Jamie West: The member from Durham talked about the Ontario Autism Program. I want to remind him that #50KIsNotOK is trending. It has been a failure from the start, since the time Doug Ford promised to fix the mess the Liberals had. I'm just wondering why he thinks that this is a success when it very obviously is not.

Mr. Todd J. McCarthy: I thank you for the question.

I only wish that this program had been in place when my now 24-year-old son Jake was just a young boy, but we had a different government with a different party in power at that time. I am thankful, nevertheless, that Jake is with us and is doing the best he can. This program will help a new generation of young adults to succeed, and I'm proud of it.

Second reading debate deemed adjourned.

The Acting Speaker (M^{me} Lucille Collard): It is now 6 o'clock, so it's time to move to private members' public business.

PRIVATE MEMBERS' PUBLIC BUSINESS

FIXING LONG-TERM CARE AMENDMENT ACT (TILL DEATH DO US PART), 2022

LOI DE 2022 MODIFIANT LA LOI SUR LE REDRESSEMENT DES SOINS DE LONGUE DURÉE (JUSQU'À CE QUE LA MORT NOUS SÉPARE)

Ms. Fife moved second reading of the following bill:

Bill 21, An Act to amend the Fixing Long-Term Care Act, 2021 to provide spouses with the right to live together in a home / Projet de loi 21, Loi modifiant la Loi de 2021 sur le redressement des soins de longue durée afin d'accorder aux conjoints le droit de vivre ensemble dans un foyer.

The Acting Speaker (M^{me} Lucille Collard): Pursuant to standing order 100, the member has 12 minutes for her presentation.

1800

Ms. Catherine Fife: One of the most important responsibilities that we have as legislators is to honour the stories that we hear from constituents—to listen, to learn, to advocate. Today, as we debate Bill 21, on this third attempt, I am truly trying to respect the experiences of senior couples in my riding of Waterloo, and indeed couples from across Ontario, as they try and navigate a long-term-care system in Ontario which has been broken for a long time.

One of those voices I've been travelling on this journey with is Jim McLeod. He's an individual I greatly respect. He would be here today but November 15 happens to be his 65th wedding anniversary. So he is where he should be. He's driven from his home to his wife's home to celebrate with her, to be with his beautiful wife, Joan. He is where he is supposed to be, with his life partner. That's what this piece of legislation is about. We are trying, in this House tonight, to honour those relationships, that trust and the love of partners.

Jim has some choice words for some of you. Just one of the reasons, actually, that I find him so endearing—he doesn't mince words. He's literally fighting to spend the rest of his life with his life partner. It's very romantic on some level, it's very noble, it's very honourable—but it should not be happening in Ontario. And love is not always patient, Madam Speaker, and love is not always kind. Certainly, Jim and Joan have run out of patience and they are also running out of time.

Four years ago, when I introduced the Till Death Do Us Part legislation, it passed here, in this House, on voice. It was sent to committee and then it just stayed at committee. It was reintroduced in early 2022—this was following the surprise prorogation of this government—and this is the third attempt to see seniors reunified in the long-term-care system.

We know that reunification is possible. It is feasible. This is a manageable thing that we can do as lawmakers. The rights of couples to stay together, on the same care campus, can happen in Ontario. And just look at what happened with Bill 7. This government expedited Bill 7 with very minimal debate, and you changed the rules of engagement that seniors have in our hospital system in Ontario.

Now, Jim has one major question for you, and this is a direct quote: "If you were in this position, what would you do?" I remember the member from Peterborough-Kawartha wishing his parents, Ron and Wilma Smith, a happy 56th anniversary. Of course, we applaud and we acknowledge that that's a significant milestone. But I wonder how he would feel, as a son, to see his folks separated after 56 years of marriage.

I think what I want all members on all sides to understand is that the system as a whole runs on a crisis status, meaning that when things get really bad and the spaces for those long-term beds is intense, often the determination is made based on how bad life has become for the patient and family. This becomes a tipping point and this fast-tracks people into various long-term-care options. So what I'm proposing through this legislation is that we need to rethink this crisis status and include reunification as a factor in that determination, especially when dementia is involved.

What happens to couples' health, what happens to their mental health, what happens to their well-being when they are separated from each other is well documented—the research and the evidence is really clear. There is a sharp decline in the health and well-being of married couples or partners when they are separated.

We have many stories from all of your ridings, because we've reached out across the entire province. The research and the evidence indicate a severe decline, which leaves couples in crisis. It is not right, and we need to fix it.

Before I begin telling you the stories from your ridings, I just want to say that I want to thank the hundreds of people who have shared their stories in support of this bill over the years. You become connected to people when they have these emotional journeys, because often seniors never anticipated that a system would be so cruel that it would separate them in their last years. Essentially, our long-term-care and retirement-care system is not designed to keep couples together. It's not designed in some respects to even be compassionate and to deal with this life journey that seniors face.

I hope that tonight, for all of those families' sake that reached out, that shared their stories—because these are hard stories to hear—that this time may be the third time that will be the charm, Madam Speaker. I really am bringing that to the floor of the Legislature today.

So, just to recap, though: The Till Death Do Us Part act “amends the Residents’ Bill of Rights set out in section 3 of the Fixing Long-Term Care Act, 2021, by adding the right of residents not to be separated from their spouse upon admission but to have accommodation made available for both spouses so that they may continue to live together.” The bill before you today in this Legislature has come about from the last six years, to find care options for couples.

We know that seniors do not age at the same rate. We know this. And so, having options for seniors to actually even be on the same care campus—when I'm thinking about Joan and Jim and where they could be, Joan could be in one wing of a long-term-care system, where she would receive higher levels of care. Jim would be on the assisted-living side of the care campus, so he wouldn't have to drive miles every single day to see his wife. He could walk down the hall. They could still have a meal together.

Right now, those options exist for them, but the system is not designed to look at this couple who have spent 65 years of marriage together as needing to be together. In fact, there are barriers that are set up. I've been, obviously, advocating for quite some time for this couple. I had a meeting with the LHIN and with one of the policy analysts, and she said, “This is just not a priority right now.” It can be, though. It can be if this piece of legislation passes, and it comes because one couple that I started working with six years ago I wasn't able to reunify. But I will never forget, Madam Speaker, when I spoke to the husband and he said to me—he came to the office with his daughter, and they were advocating for being together with his wife. He said, “I took an oath, a vow, ‘until death do us part.’”

So that is something that we can do, in this dark time right now in Ontario, when we have a better understanding of how broken this long-term-care system is and how fractured it is, and where the competing interests are within that system. Having gone through this pandemic, we can't hide from the truth anymore—and the fact that

couples decline so sharply when they are separated, and especially, as I mentioned, when dementia is involved. This was one of those moments that will stay with me forever.

So, fast-forward a few years from that heartbreaking moment; since then, this legislation has come to the floor of this Legislature twice. So, today, this group that's here currently in the Legislature can vote to send this to social policy and then call it at social policy—actually do the work on the bill: invite specialists, invite analysts who will come to that committee and inform us on how this can actually happen. That is essentially what I want to do. This bill needs to become law, and we have no other excuse not to make that happen.

1810

I do want to say that viewing reunification as a crisis qualification is something that also can happen very quickly. When you consider how the government moved Bill 7, fast-forwarded Bill 7, and had those ALC patients removed from hospital, not always to the homes of their choice, within 150 kilometres of their home—that bill not only removes them from a spouse; it actually removes them from their family support network, which we also learned during the pandemic is key to the health and well-being of seniors in their home.

When family members, when those care partners were removed from long-term care during the pandemic, we saw the sharp decline in feeding, in nutrition, in exercise, in connection, in hygiene. What the Canadian Armed Forces saw in our long-term-care homes—we should never look away from that report. I have that report with me all the time. Those soldiers have PTSD based on what they saw in our long-term-care homes.

So, Madam Speaker, I am just imploring—there's no rationale, there's no reason why the government cannot do this bit of work on behalf of seniors to restore a little trust and a little compassion back in the long-term-care system.

Just think about what Jim had asked of all of you: “What would you do?” Eventually, we may be in this same position. The best-case scenario is to age with your partner.

At the very least, this government should explore, through the committee work, how this piece of legislation can be made actionable and can honour the seniors who built the province of Ontario. We owe it to them. Let's correct this wrong today.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Mr. John Jordan: Thank you to the member from Waterloo for bringing this forward. I appreciate the opportunity to speak to it.

As the parliamentary assistant to the Minister of Long-Term Care, I have observed closely how committed the ministry and this government is to fixing the long-standing issues facing the sector after years of neglect by previous governments. Since day one, our government has taken action to fix long-term care and support all Ontarians who rely on the long-term-care sector in this province.

Building capacity, addressing the human resource needs, improving and standardizing the quality of our homes—all of these are part of the Fixing Long-Term Care Act.

This includes seniors who have applied for long-term care and are trying to reunite with their spouses in long-term-care homes across the province. Reunification is already provided for in this act.

Again, our government brought forward the landmark Fixing Long-Term Care Act, 2021, to help improve the quality of life and quality of care for seniors living in long-term-care homes, including provisions like the reunification priority access beds to help reunite spouses in long-term care. Spouses currently seeking reunification who are in the crisis category can apply for a placement in one of these reunification beds through a separate prioritized wait-list. These are designated beds for this purpose. Legislative amendments were made in September of this year to further improve the reunification process by expanding the eligibility for these beds. Yet the opposition criticized our measures, and the members opposite voted against such measures. Speaker, I'm not really sure why they voted against reuniting spouses at that time if they claim the issue is important and a priority now.

In addition to these reunification beds, there are several other priority categories for spouses in different situations seeking to reunite in a long-term-care home. The ministry also supports spouses seeking reunification by subsidizing the cost of semi-private rooms. These targeted measures are an important piece of our larger efforts to fix long-term care. Basically, these reunification regulations already exist under the Fixing Long-Term Care Act.

Our plan to fix long-term care is built on three pillars. The first pillar is building modern, safe and comfortable long-term-care homes for Ontario seniors, so people who need long-term care can get long-term care. I want to emphasize care needs, because that is missing from Bill 21. The second is improving staffing and care. The third is driving quality through better accountability, enforcement and transparency. We, as a government, are taking action and making great progress under all three pillars.

We are also engaging diverse perspectives across the sector, including residents, their families and caregivers, through forums such as a Strategic Long-Term Care Advisory Table to support our plans as we move forward. Stakeholders from across the sector are contributing in a number of ways through these forums:

- providing advice on how to drive systemic change;
- bringing forward their ideas, experiences and successes on initiatives that drive transformation;
- promoting opportunities for collaboration; and
- participating in targeted tables to discuss immediate-term issues that would lay the foundation for future actions.

These are the consultations that are taking place. Ongoing dialogue and engagement are key to a culture of continuous improvement and the ongoing implementation of our plan to fix long-term care.

As I mentioned, the first pillar of our plan is building modern, safe, comfortable homes—building our capacity. Under this pillar, we're making historic investments to develop the long-term-care sector at an unprecedented scale. We are investing \$6.4 billion to build 30,000 net new and 28,000 upgraded long-term-care beds. We're

making remarkable progress in these projects, and these beds are for people who need the care—the right care, the right place, the right time.

We currently have more than 31,000 net new and 28,000 upgraded long-term-care beds in the development pipeline. Of the 364 projects that are in the pipeline, 139 of those projects have proposed to be part of a campus-of-care model that the member has referred to. This model focuses on supporting healthy seniors' living by better integrating the long-term-care home and broader health care services.

We also recognize the diversity of our aging population. That's why 30 of the announced projects have proposed to serve Indigenous communities, and 39 have proposed to serve Ontario's francophone population.

Of course, we don't just need more long-term-care beds for seniors to call home; we need the right levels of staff in place to provide high-quality care. Under staffing and care—the second pillar of our plan—our central commitment is to increase the system level average hours of direct care provided by registered nurses, registered practical nurses and personal support workers. We aim to increase it from the 2018 provincial average of two hours and 45 minutes per resident per day to a system level average of 4 hours per resident per day by March 2025. This increase is part of our government's commitment to provide quality care.

To achieve this ambitious target, we're investing up to \$4.9 billion by 2024 to help add more nurses and personal support workers in long-term care. In addition, this funding will support a 20% increase in the system-level average of direct care time provided by allied health professionals, including physiotherapists and social workers, by March 2023. These are important care needs in long-term care that are being addressed.

Using this funding, we've made many targeted investments to achieve our ambitious goals. To date, this has included investments to increase enrolments in PSW and nursing programs, including training over 16,000 PSWs and 2,000 nursing students. Further investments will add over 5,000 new and upskilled registered nurses and registered practical nurses, as well as an additional 8,000 personal support workers to the health and long-term-care workforce.

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To support the training of the 16,000 new PSWs last year, we announced a \$73-million investment over three years to create the preceptor resource and education program for long-term care. This program provides more opportunities for career development and ensures that students receive critical hands-on experience—again, quality of care. We're training the 2,000 additional nursing students through two programs that support the training of PSWs and nurses who want to advance their careers in long-term care, and the investment is up to \$100 million by 2024.

In addition, in October we launched the Hiring More Nurse Practitioners for Long-Term Care Program with an investment of \$57 million, and we've launched programs in collaboration with six Indigenous institutes to support

the training of approximately 340 practical nurses, 60 registered nurses and 400 PSWs over four years.

Our government has also expanded the innovative Community Paramedicine for Long-Term Care Program. We launched this program in 2020 in five communities with an investment of \$5 million. 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, again, taking the pressure off those long-term-care beds that the member opposite is looking to use.

We're also making progress under the third pillar of our plan: Driving quality through better accountability, enforcement and transparency. This will allow us to hire 193 new inspection staff, which will double the number of inspectors across the province, ensuring quality and accountability.

We also introduced new administrative monetary penalties to hold homes accountable. Quality and accountability are our focus.

We're continuing to work on creating a long-term-care quality framework, establishing a quality centre and moving to standardized resident and family-caregiver experience surveys to support a culture of continuous quality improvement.

As I have detailed, our ministry is making unprecedented progress in every area of the sector, from capital development and staffing to accountability and enforcement, to meet the outstanding need that we have for long-term care—to meet the care needs for long-term care residents, including the need for reunification. We will continue to work with our health sector partners to fix long-term care and we'll continue to do everything we can to ensure that every long-term-care resident experiences the best possible quality of life, supported by high-quality care.

This government is committed to reunification. We want every home to be a preferred home.

The Acting Speaker (M^{me} Lucille Collard): We'll go to further debate.

MPP Jill Andrew: I'm still not 100% clear as to whether or not the government is supporting our member from Waterloo's Bill 21, Fixing Long-Term Care Amendment Act (Till Death Do Us Part).

I want to be absolutely clear that this is a piece of legislation that every single MPP in this House should be supporting. This should be a non-partisan issue. This is an issue of compassion, of recognizing that when you've spent dozens of years—40, 50, possibly 60 or more years together—with the love of your life, it is absolutely critical to your physical, your mental, your social and your emotional health, to the health of your heart and your mind, that you stay with this loved one as long as possible. That is why reunification must be considered as a crisis qualification. It is key that couples who can be unified are unified together and staying in the same long-term-care residence.

I want to thank LeZlie Lee Kam and Angel in St. Paul's, who are two queer seniors who are always advocating for better care for LGBT seniors in long-term-care residences.

I want to make it clear to folks: It is hard enough to live as a queer, trans or non-binary person, but when you go into long-term care and you're either forced back into the closet because of fear of homophobia, transphobia or biphobia, or you lose your partner—and I'm thinking of my partner right now—who might be the only family you have that's accepted you through your life, this is heartbreaking.

Do what's right, this Conservative government, and say yes to the member of Waterloo's Bill 21, and do not stand by as our elders die from a broken heart.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Ms. Doly Begum: Around this time last year, after weeks of efforts from my team and years of efforts from their family, two seniors from my community, Patricia and Jim, were finally reunited. Patricia and Jim, like many other loving couples, had a simple wish: spend their most vulnerable time, their last few years, together. Yet, when Jim was placed in a care home, Patricia spent over 578 days on the waiting list to be reunited with her husband so they could live together in their old age. After more than four years, Patricia was finally able to reunite with her husband on November 20, 2021. Unfortunately, Patricia passed away on December 12, 2021.

When Patricia's niece and nephew wrote to our office with this heartbreaking news of her passing, this is what they wrote:

"With your help (after being on the wait list for 578 days), Pat moved on November 30 into Providence long-term care where her husband Jim lives. Finally Pat and Jim ... were reunited after more than four years of separation. Halleluiah!

"Sadly, after only five days at the Houses of Providence, Pat took sick and was transferred to Michael Garron Hospital where she died eight days later from a lung infection and complications of a weak heart.

"Naturally, we are saddened that their 'spousal reunification' took so long. The pandemic was an understandable factor in delaying their reunion, but there were so many bureaucratic issues and systemic prioritization of those with (visible) physical illness (broken hip) over those with invisible illnesses, such as a weak heart and mental health concerns (which was Aunt Pat's situation.) This must change. Caregivers such as ourselves work tirelessly in the trenches advocating for the voiceless elderly. Sad.

"We're hopeful that MPP Catherine Fife," the member for Waterloo, "will be successful in advancing Bill 153 (now M21), known as the Till Death Do Us Part Act, to amend Ontario's Long-Term Care Act with respect to a Residents Bill of Rights (section 3). The right of seniors to live together is at the heart of Pat and Jim's story."

How our system failed, how we failed Pat and Jim, cannot be justified and should not be justified. We have to do better. It should not be about which illness or condition is poor enough so that they may be prioritized. No one should be separated from their loved ones, not for four years, not for a day, especially in the last dying years. We

cannot subject our loved ones, our parents and grandparents, to this kind of carelessness or cruelty. Elders and our seniors deserve dignity, they deserve to be taken care of emotionally and mentally. Ontarians deserve so much better. They deserve a system that allows for people like Patricia and Jim to spend their final years together.

I cannot believe this is the third time this member has brought this bill forward. Do the right thing. It's too late for Pat and Jim, but there are so many others that you can help. Just do the right thing. Vote for this bill, let it go through committee and make sure that it passes through third reading.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Mr. Wayne Gates: Thank you for allowing me to rise today to discuss this important private member's motion, one I fully support. Our seniors deserve to spend the end of their life in dignity, and that includes doing everything we can to keep couples together. That's what this Legislature is all about. It's about ensuring we as a government do the right thing and show compassion to those in the end of their life.

Right now I think we're aware of 5,000 seniors who have died in long-term-care facilities. There's a crisis. This government is ripping seniors out of the hospital and forcing them into long-term care away from their communities. It's the wrong approach; quite frankly, it's cruel. Legislation like the one we have in front of us today works to take a different approach, a more humane approach.

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As critic for long-term care, it's an important issue for me, but I also have a first-hand experience with the devastation a couple can feel when they're separated. I'm going to tell you a little story from Niagara. In 2016, our office learned that an elderly couple in Niagara was separated in two separate long-term-care facilities: one in St. Catharines, one in Grimsby. They were married for 70 years and they were being separated. Their names were Clarence and Jessie. Their children got hold of us and said, "Is there a way you can get our family together?"

Because, as we all know—and we should know—the minute you separate loved ones, if one's in one home and one's in another, you know what's going to happen? They're going to give up and they're going to die. We know that.

The associate minister over there said, "We support reunification." Well, if you support reunification, then support this bill, because it's the fourth time, not the third time, it's been before this House. Today you can prove that you support it, and support it. Because you know what? There isn't a senior that's been married for 50, 60, 70 years that should be separated at the time when they need each other the most and the families need each other the most.

I'm challenging your government. You say that we voted against it. We probably voted against a poisoned pill in the bills that you bring forward, but I'll guarantee you, we will never vote against reunification of loved ones and families like Clarence and Jessie, who were married for 70 years. All they wanted to do was spend the rest of their

lives together. Unfortunately, both have died. They have been dead for a couple of years. But I'll tell you what: As an MPP, the family called me and asked me to come to the funeral—their way of saying thanks because they got back together.

Support this bill. Support our member who has brought this forward three times; I brought it forward once.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

M^{me} France Gélinas: I'm really proud of the member from Waterloo for bringing this important bill, Till Death Do Us Part Act, forward to this Legislature. If couple reunification was working right now, she would not need to bring this forward. But I can tell you, my riding is not that big but I have story after story of people waiting to be reunited.

I have F.L.—those are the initials—from Chelmsford. The husband is at St. Joseph's Villa and the wife has been on the crisis list, waiting for spousal reunification, since March 2022. The wife is still in her apartment, but on the crisis list. She needs 24-hour supervision. Her daughter stays with her all the time. Her sister is her backup for her mom. They are still waiting for reunification. The family is exhausted from looking after the mom but they won't let her go to any other home than the long-term-care home where her husband is. It has been nine months. When you're talking about 90-year-old people, nine months is a long time. They want to be together.

I have this other one. The wife is at Finlandia-Hoivakoti, a very good long-term-care home in my riding. The husband's health has declined. He is now on the crisis list. The family was pressured to choose a different long-term-care home that has a shorter wait-list and told that if he is really in crisis, he has to go to the first available bed. What happened is that he gave up. While he was waiting for spousal reunification, he died. The family was adamant that the stress and impact on his mental health contributed to his fast decline. He cried daily because he was missing his wife.

I have J.R., who wants to be with her husband, who is at Pioneer Manor. She is low-income, she has mobility issues and she cannot visit her husband very often at all. She is very depressed and she feels that it would be best for both of them if they could live together as husband and wife, like they have always been. Her husband calls her and tells her he misses her every single day. This couple has been on the crisis list for reunification since April. They have been apart for eight months.

The list continues, Speaker, and this is just in my riding. This is happening in every single one of your ridings. If you ask people to reach out to your office if there is couple reunification, I guarantee you that there are. We can do better. We have legislation that would allow us to fix this. They're already taking spots in long-term care. They're not going to add spots in long-term care. We're just going to treat them with dignity. We're going to treat them with respect and say, "You've lived together for 70 years. You still love each other. We will respect this and put you in the same home."

We can do this. We are Ontario. We care. Show that you care. Vote for the bill.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

The member has two minutes to respond.

Ms. Catherine Fife: I want to thank everyone for being part of this debate today. To the member from Lanark–Frontenac–Kingston, I think your voice was shaking because I think you’re suggesting that we didn’t support Bill 7. We will never support Bill 7. Bill 7 forced hospital patients awaiting long-term care into nursing homes not of their choice 150 kilometres away. If patients refused, they were going to be charged \$400. Of course, we’re never going to support that. It runs counter to providing dignity for seniors, and this move rightfully received outcry from seniors’ rights advocacy. This is what Natalie Mehra said from the Ontario Health Coalition. She said, “Under the Ford government’s new legislation, frail, vulnerable seniors have been targeted, wiping out their human right to informed consent for health care.” That’s what Bill 7 did. “This is a fundamental question of justice. Elderly patients are not taking undue resources any more than other patients. It is the cruelty of ageism laid bare and the Ontario Human Rights Commission must finally take action.”

So what I want to say to the members in the House today is, if you don’t build reunification directly and specifically into any piece of legislation, especially as it relates to long-term care, then it becomes an afterthought. It is not a priority right now in the system. We all have stories in our ridings. If the member from Lanark–Frontenac–Kingston, on behalf of the Minister of Long-Term Care, were correct, we would not have these stories. And they’re ongoing. They are current. Jim and Joan, right now, are celebrating their anniversary and they’re living in different places. The system is not prioritizing them, and it’s not dealing with them with compassion or with dignity.

That is the opportunity that we have here tonight, to change that by sending this bill to social policy and changing the long-term care act. I hope that you vote in the right way.

The Acting Speaker (M^{me} Lucille Collard): The time provided for private members’ public business has expired.

Ms. Fife has moved second reading of Bill 21, An Act to amend the Fixing Long-Term Care Act, 2021 to provide spouses with the right to live together in a home. Is it the pleasure of the House that the motion carry? Carried.

Second reading agreed to.

The Acting Speaker (M^{me} Lucille Collard): Pursuant to standing order 100(h), the bill is referred to the Committee of the Whole House.

Ms. Catherine Fife: The bill should be referred to social policy.

The Acting Speaker (M^{me} Lucille Collard): Is the majority in favour of the bill being referred to the Standing Committee on Social Policy?

Interjection: There was a no.

Mr. Will Bouma: I said no twice.

The Acting Speaker (M^{me} Lucille Collard): I didn’t hear a no.

Interjections.

The Acting Speaker (M^{me} Lucille Collard): I’ll rephrase the question to hear. Is the majority in favour of this bill being referred to the Standing Committee on Social Policy?

Interjections.

The Acting Speaker (M^{me} Lucille Collard): All right, so just to be clear: This bill has passed second reading and it’s going to committee. So again, the question is, is the majority in favour of the bill being referred to the Standing Committee on Social Policy?

Mr. Will Bouma: Point of order, Madam Speaker. I clearly said no.

The Acting Speaker (M^{me} Lucille Collard): I didn’t hear a no. It’s now before the committee. The bill is referred to the Standing Committee on Social Policy.

All matters relating to private members’ public business having been completed, this House stands adjourned until tomorrow at 9 o’clock.

The House adjourned at 1840.

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Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Pierre, Natalie (PC)	Burlington	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Mines / Ministre des Mines
Quinn, Nolan (PC)	Stormont—Dundas—South Glengarry	
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Hon. / L'hon. Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development / Ministre du Développement du Nord
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Skelly, Donna (PC)	Flamborough—Glanbrook	Chair of the Committee of the Whole House / Vice-présidente et présidente du comité plénier de l'Assemblée Deputy Speaker / Vice-présidente
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Smith, 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
Tabuns, Peter (NDP)	Toronto—Danforth	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	