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LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 23 November 2022

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 23 novembre 2022

Report continued from volume A.

1725

MORE HOMES BUILT FASTER ACT, 2022

LOI DE 2022 VISANT
À ACCÉLÉRER LA CONSTRUCTION
DE PLUS DE LOGEMENTS

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

Bill 23, An Act to amend various statutes, to revoke various regulations and to enact the Supporting Growth and Housing in York and Durham Regions Act, 2022 / Projet de loi 23, Loi modifiant diverses lois, abrogeant divers règlements et édictant la Loi de 2022 visant à soutenir la croissance et la construction de logements dans les régions de York et de Durham.

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

Ms. Mary-Margaret McMahon: I and, I'm sure, a lot of Ontarians have been losing sleep over Bill 23, More Homes Built Faster Act. We need homes in Ontario; that much is clear. It's something we can all agree on. However, it's not about whether we grow and whether we build, but, again, how we grow and how we build.

It's now obvious how the government wants to build. They are abandoning environmental practices, disregarding municipalities' authority and barely considering the affordability crisis that we are in with this bill. Ontarians deserve more thought and consideration, not short-term thinking and quick fixes that favour developers and not people. They need a real, forward-thinking vision.

Let's talk about what's at stake with Bill 23. Ontarians' futures are being robbed—robbed of sustainable, more-energy-efficient homes; robbed of a multitude of affordable housing options, both rentals and home ownership; robbed of safe, valuable conservation oversight and protection from flooding; robbed of their financial autonomy, so much so that people are turning to MAID, which is tragic; robbed of our greenbelt; robbed of precious biodiversity; robbed of green standards—in a climate crisis, no less; robbed of clean air to breathe and clean drinking water; robbed of our basements, due to the flooding this will cause; robbed of heritage properties that display our histories and give our cities and towns character; robbed of vital funds for municipal infrastructure; robbed of their planning authority at the municipal level; and so much more.

Madam Speaker, I'm livid, and so are Ontarians. I'm getting hundreds of calls and emails from my constituents and your constituents, as many are writing from all over Ontario. Just yesterday, a man from Kitchener actually called my office to ask, "How can we stop this? How can we get through to this government and tell them to please reconsider Bill 23?" One of my neighbours explained, "In order to save our home ... we must stop digging into Mother Earth for any reason! Surely there must be another way for more homes!"

And there are other ways: Instead of sprawl and destroying the greenbelt, we can look into our own backyard. The Premier himself told the big-city mayors to look in their own backyards to help tackle the housing crisis. Why don't we look in the mirror and look in our own backyards, at our provincial land, to get going on building housing on our lands, starting with, as one presenter told us at committee, the LCBOs? We have over 500 LCBO sites in Ontario. Think of your LCBOs in your area. They are mostly stand-alone, one-storey buildings, many on main corridors in urban environments. That is a ridiculous misuse of crown property. Let's build up housing there. That's one place to start.

But why not be gutsier and strongly pursue vacant properties, educate residents on home-sharing opportunities and allow four units per site instead of three? Be gutsy, leaving no stone unturned in tackling the housing crisis.

My resident wrote to me to tell me she is currently working on an adaptive re-use project in St. Catharines, where they are repurposing an old school building to create 76 affordable rental units—just one great idea that can add density instead of sprawl.

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Another idea to promote all affordable housing was presented at one of our committee hearings. The Canadian Centre for Housing Rights, and many other tenant organizations, urged us to create a concrete definition of "affordable housing" and to tie it to a person's income as a fair and decent measure. This will ensure that Ontarians will actually be able to afford the housing that we build.

I implore the government to get creative and courageous and start implementing real long-term solutions now. When we lack creative problem-solving in our governments, it leads to bad and lazy policy, like paving over the greenbelt.

In your own Housing Affordability Task Force, you said:

"Land is available, both inside the existing built-up areas and on undeveloped land outside greenbelts.

"We need to make better use of" that "land."

So why not do just that? If the government won't listen to their own advice, who are they going to listen to?

Paving over the greenbelt would be disastrous for our province. Biodiversity loss is also at an all-time high. Southern Ontario alone has lost more than 70% of its wetlands, 98% of its grasslands and 80% of its forests. Over 200 plant and animal species are now classified as at risk of becoming extinct in Ontario. How horrible is that? We need to tirelessly work hard to preserve what we do have left, not pave paradise.

Madam Speaker, this is coming at a time when Canada is hosting the UN Biodiversity Conference in Montreal in just two weeks. They urge the importance of preserving open space, like the greenbelt, to save our biodiversity. We can't survive if we don't have our ecosystem—that means our farmlands, our wetlands, and our flood plains, things that the conservation authorities work hard to preserve. Well, we can say goodbye to the conservation authorities thanks to Bill 23. This world-leading conference is happening in Canada just next door to Ontario. How shameful that we are doing the exact opposite of their suggestions to safeguard our futures. And most likely our Minister of the Environment will be attending. What will he tell the world? That we're destroying our environment? Will he tell the truth about Bill 23?

I proposed a motion to vote against schedule 2 of Bill 23 in its entirety. This schedule will essentially eliminate the role of conservation authorities in the building and development process. My notice was rejected by the government. I am fairly certain that most of the 444 municipalities across Ontario do not have the dedicated staff or capacity to be able to fill the huge role conservation authorities currently play for us. This will lead to more development on flood plains. And Hurricane Hazel, the reason conservation authorities were created to begin with, has shown us what happens when we fail to build properly and without environmental consultation. People died, Madam Speaker. With that tragedy, 81 Ontarians passed away. We cannot take that risk again.

The resulting financial burden will also be an unbearable weight for Ontario to shoulder. Think about your constituents. How many of them have basements? Paving over the greenbelt and eliminating conservation authorities will lead to more basement flooding. The Intact Centre on Climate Adaptation at the University of Waterloo found that in the GTA, it costs an average of \$40,000 for homeowners to restore basements after they flood. It's also been seen that homes built on flood plains are more likely to be uninsurable and valued lower—doesn't seem like a good investment, nor fiscally responsible, for anyone.

On Monday, I moved that subsection 2 of schedule 1 and subsection 11 of schedule 9 be substituted in order to save the Toronto Green Standard and any other municipalities' green building standards across Ontario. Many of your ridings would have green standards. This was sadly shot down by the government.

For those who don't know, the Toronto Green Standard is a set of sustainable design requirements for new private and city-owned developments. This is Toronto's, Ontario's and Canada's path to net zero, to reach all of our climate

goals. They make buildings more efficient. They prevent bird deaths. They improve air quality, reduce stormwater runoff and so much more.

One of my constituents wrote to us as an advocate for birds, strongly supportive of the Toronto Green Standard. It says, "I strongly oppose the proposed change to remove Toronto's ability to require architectural details and landscape" in "the Toronto Green Standard," especially because of the more bird deaths which will annually occur. And, according to FLAP, Fatal Light Awareness Program, each year in Canada, around 25 million migratory birds die as a result of collisions with buildings. How can we in good conscience propose a bill that would increase that number? Do we wish to ever hear a bird sing again?

We should be replicating these standards across Ontario, not annihilating them. The government just took away Toronto's best method for addressing climate change. The rest of the world is focusing on climate adaptation, and we are asleep at the wheel and driving in the wrong direction.

I spoke with the Minister of Municipal Affairs and Housing the other day and urged him to consider my amendment. But I think the minister misunderstood. I appreciate that they saw the success and need to keep green roofs by bringing forward their own amendment, but it only focused on green roofs. It's like they mixed up green roofs with green standards. It's puzzling, really.

Toronto will not meet their net-zero emissions goals without the Toronto Green Standard. Cutting these standards will not lead to more affordable homes, and the Toronto Green Standard never caused delays in the planning process—quite the opposite. Building environmentally efficient homes ends up being a win-win for all involved. I'm deeply disappointed, as an MPP for my constituents and also as a Torontonians and Ontarian myself.

We need every tool in our tool box to reach our climate and housing goals, and losing the Toronto Green Standard and part of the greenbelt will only harm our progress. This is only the tip of the iceberg with Bill 23.

Ontarians need affordable, long-term, sustainable housing options now. Stop robbing Ontarians of their futures and put the people of this province first.

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

Mr. Aris Babikian: On this side of the House, we understand that we need the federal government at the table working with us. We continue to advocate for Ontarians' fair share of federal funding. Of all Canadian households in core housing need, 44% of them are in Ontario—the highest in the country. However, Ontario's allocation of federal funding under the National Housing Strategy is around 38%, which means the province is underfunded by approximately \$480 million for housing and homelessness over the 10-year term of the NHS. Will the opposition join us in our calls to have the federal government pay their fair share so we can build more affordable housing across the province?

Ms. Mary-Margaret McMahon: Thank you for the question. I appreciate that.

Absolutely, I'd be happy to support you and the government in speaking to our federal counterparts. I have

a great rapport with my MP, Nathaniel Erskine-Smith in Beaches–East York. I'm happy to continue the conversation and work all together in this House. It would be nice, actually. That's what I came here for—for all of us to work together, and quite frankly, we do. And we heard that from people at committee. Everyone is worried about the housing crisis, and everyone wants to do something about it. Let's work together, let's listen to each other—which did not happen at committee and did not happen with the amendments.

But I would also say, if we're looking for money as well, why are we robbing municipalities of their development charges that they so desperately need to implement vital infrastructure?

The Deputy Speaker (Ms. Donna Skelly): I recognize the member for Nickel Belt.

M^{me} France Gélinas: I was listening with intent. When the member started her presentation, she talked about people having huge difficulties finding housing and turning towards medical assistance in dying because of their situations being so dire. I was wondering if she has an example to share with this House where such a decision was made. It is pretty drastic. Lack of housing or lack of money should never be a motivation for medical assistance in dying.

Ms. Mary-Margaret McMahon: Thank you to the member for Nickelback—Nickel Belt, sorry; I need to come up to your neighbourhood—for that heartfelt question.

No, I have not had an experience with a resident who has opted for that drastic choice to end their lives. It haunts me, actually, as an Ontarian, how we, as a society, can let people down. We can let our neighbours down. We can just walk by people on the street. We don't work together for housing.

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I have not had that experience, but it haunts me, hearing that people have. We are in the position that we can change that. We can help every Ontarian, and from extreme choices like that. It's our right to do that.

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

Mrs. Robin Martin: Thank you to the member from Beaches–East York. I listened to what you had to say, and while I was doing that, I was just looking at some emails from constituents. I know you were a city councillor before you came here. Toronto's city council has certainly been responsible for a lot of blocking, shall we say, of any housing.

My constituent said—I wouldn't say this personally, because it may confront you a little bit more directly than I would. But my constituent says—so I think I should put it to you—that city councillors ought to know that “in blocking development, they're directly contributing to the erasure of our green space, farmland and biodiversity, because if we don't have it here in the city, then we need to have land elsewhere.”

I just wanted to put that to you. What would you say to my constituent to explain what you've been up to?

Ms. Mary-Margaret McMahon: That's a great question. I'm glad your constituent asked it, and I'm glad

you're asking me that now. As I mentioned the other day, you're talking to—yes, I was a former city councillor at Toronto city hall. As I mentioned the other day, I'm the biggest YIMBY you'll ever meet. Right away, when I first got in, in 2010, there was a six-storey proposed for Queen Street in the beach, which is a quaint little neighbourhood, and I fully supported it against major opposition, because six storeys in the city of Toronto is the right thing to do—in that area, but also higher. I've supported 12 storeys on the Danforth, where there are only two storeys. I've supported Main Street in my neighbourhood; it's one of the biggest mobility hubs. We have a GO station, a subway station—

The Deputy Speaker (Ms. Donna Skelly): Response.

Ms. Mary-Margaret McMahon: I've supported multiple towers there. As well, I spearheaded the laneway suites. So, you're talking to the wrong person, but I was happy to—

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

Mr. Chris Glover: Thank you to the member from Beaches–East York for your comments today. In particular, I want to pick up on the Toronto Green Standard, which this bill overrides. The Toronto Green Standard, from my understanding, was designed so that Toronto would get to net zero by 2040. I believe you may have been a city councillor when it was developed; certainly you were there when it was being implemented. It's tiered so that, year by year, the government of the city of Toronto mandates higher standards for buildings. And this government has just torn that all up. What will it mean for the environment and for the environmental impact of buildings that are built in Toronto when there's no Toronto Green Standard?

Ms. Mary-Margaret McMahon: Thank you very much for the question. Yes, I was there at city council when we voted on the green standard, and so was the former mayor of Toronto, Rob Ford, may he rest in peace, and our current Premier, Doug Ford, who fully supported—it was actually a unanimous vote—the Toronto Green Standard. So we know that the Premier is supportive of the Toronto Green Standard, or at least was.

Our government prides itself on being open for business, and what I'm hearing from people—innovative business organizations and companies—is that they want clarity and predictability, and they will invest in places where they have it. If they're clean-tech environmental firms, they are not coming to Ontario when we don't have the regulations like the Toronto Green Standard, which are so vital, especially in a climate crisis.

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

Mr. Rudy Cuzzetto: I noticed that the member across was speaking about the greenbelt. We have two million acres in the greenbelt and we're cutting into one third of 1% of the greenbelt. The previous leader of your party cut into the greenbelt 17 times and removed 400 hectares of land without replacing any of it. We're replacing 2,000 acres of land into the greenbelt to increase it to 2,002,000 acres of land. Did you agree with what your leader did by removing greenbelt land and cutting into it 17 times?

Ms. Mary-Margaret McMahon: I started my job June 2, 2022. This is where I am now, and I'm going forward.

There's no need to go into the greenbelt—no need whatsoever to go into the greenbelt. We can solve this housing crisis by building in existing communities. People want walkable, sustainable communities. You want to propose to replace lands that you want to pave over? Why not give your developers the land you want to replace it with? Give them that land. Don't use the pristine, protected—protected for a reason. We cannot build in flood plains. We will risk monumental disaster building in flood plains. We cannot open up the greenbelt whatsoever. I won't let that happen.

The Deputy Speaker (Ms. Donna Skelly): We do not have time for any more questions, but we do have time further debate.

Mr. Rudy Cuzzetto: It's an honour to rise this afternoon to speak in support of Bill 23, the More Homes Built Faster Act, introduced by the Minister of Municipal Affairs and Housing. I'd like to thank him again for his leadership on this issue, together with his team, including the Associate Minister of Housing and his parliamentary assistant from Thunder Bay—Atikokan.

I'd also like to thank the members of the Standing Committee on Heritage, Infrastructure and Cultural Policy and all of our municipal partners and industry experts, including the Housing Affordability Task Force, who provided their feedback.

Speaker, earlier today, I met with representatives from the Ontario Real Estate Association as part of their lobby day at Queen's Park. Their CEO, Tim Hudak, told me recently that Bill 23 is "the most bold, pro-home-ownership and pro-housing legislation" that he has ever seen in the history of Ontario. He said, and I agree, that this "will make Ontario a leader in Canada at getting homes built that people can actually afford."

It's worth taking a moment first to talk about some of our progress that we have already made. Three years ago, I spoke here in support of the More Homes, More Choice Act, which made several changes to speed up approvals and made it easier to build laneway homes and basement units. The More Homes for Everyone Act went a step further to speed up approvals. In total, over the last four years, our government has introduced over 90 initiatives to build more housing. MZOs are helping to accelerate over 58,000 planned housing units across Ontario. These laws are clearly working.

As the minister said, over the last 30 years, there were an average of 67,000 housing starts per year in Ontario. Last year, there were over 100,000 housing starts. That's the most since 1997, when David Peterson was Premier. And there were more than 13,000 new rental housing starts, the most since 1991, when Bob Rae was Premier.

Despite all of this progress, we know that more needs to be done. The Canadian dream of home ownership, or even just affordable rental units, is out of reach for far too many Ontarian young people who are just looking to start a family. The real estate association reports that almost half of young Ontarians have considered leaving the province just in order to afford a home.

It is difficult to overstate the extent of this crisis. Last year, Scotiabank reported that Canada has the fewest housing units per capita of any G7 country, and Ontario has the fewest units per capita in Canada. Across the G7, there are 471 housing units per 1,000 people. In Canada, there are 424 units per 1,000 people. In Ontario, there are under 400 units per 1,000 people, and in the GTA, there are just 360 units per 1,000 people. Scotiabank reports that Canada would need another 1.8 million housing units just to bring us up to the G7 average, and two thirds of them, 1.2 million homes, are needed in Ontario alone. And that's without taking into account the population growth. Ontario is expected to grow by over two million people over the next 10 years with 70%, or 1.4 million people, coming to the Golden Horseshoe—and that is without taking into account the federal government's new plan, announced earlier this month, to take in 500,000 immigrants each year, by 2025. As the minister and the Premier said, we expect up to 60%, or 300,000 people, each year will come to Ontario. We need them to help address our labour shortage, and we welcome them. But at the same time, as the minister said, we know this will put more strain on our housing supply.

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The Housing Affordability Task Force recommended—and our government committed—to build at least 1.5 million new homes over the next 10 years. About half are needed in just three regions: Peel, York and Toronto. That includes 120,000 homes in Mississauga, or 12,000 per year. To put this in perspective, the city of Mississauga reported that last year it issued building permits for 5,500 new units. This year, it issued permits for 6,100 units so far. In other words, in order to meet our target, Mississauga must double its current level of permits—and again, this is absolutely the minimum requirements.

The Canadian Mortgage and Housing Corp. reports we need at least two million new homes over the next 10 years. In my community of Mississauga—Lakeshore, the Lakeview Community Partners are developing the 177-acre site on the former OPG coal plant into a new Lakeview Village, with over 8,000 units and 20,000 new residents. Port Credit West Village Partners are developing the 72-acre site of the former Texaco refinery into the new Brightwater Community, with over 3,000 units. Speaker, to hit our target of 1.5 million new homes and 120,000 in Mississauga, we would have to build a new Lakeview Village and Brightwater every year for the next 10 years.

Earlier this year, the Housing Affordability Task Force recommended that we roll back exclusionary municipal rules that block and delay new housing and often prevent young families from buying a home in the neighbourhood they grew up in. For example, the task force recommends housing up to four units as of right on a single residential lot and unlimited height and density as of right next to major transit stations.

Speaker, if passed, sections 15 and 23 of schedule 9 would allow three units per lot as of right on most land zoned for one home without the need for a bylaw amendment. Depending on the property, these three units could

include in-law or basement suites and laneway or garden homes. This is exactly the kind of gentle density and missing middle housing that we need to bridge the gap between single-family homes and high-rise apartments. It is important to note that these new units would still have to comply with the building code and municipal bylaws. However, there would be exemptions from development charges and other fees. Three units as of right is a good first step towards ending exclusionary zoning.

If passed, sections 6, 15 and 23 on schedule 9 would help move towards as-of-right zoning near major transit stations, reducing approval timelines and getting shovels in the ground faster. Section 6 would require municipalities to update their zoning bylaws within one year to meet minimum density targets around major transit stations.

Speaker, I can give you an example in Mississauga–Lakeshore. There's an application to develop an old funeral home in Port Credit into an 11-storey, 42-unit condo building. The location is less than 500 metres from the Port Credit GO station, a major inter-regional transit hub that will connect to the Hazel McCallion LRT corridor on Hurontario, the GO train and the BRT on Lakeshore. This is exactly where we need to add density, but the city's maximum allowed height for this area is just three storeys. And again, this is right next door to a major inter-regional transit hub.

The local councillor was quoted in *insauga* last month. I'll just read the quote: The funeral home is "very much a part of what" we want, "we've come to know, and like about Port Credit."

This application has gone to the Ontario Land Tribunal, but as the minister has said, delays in the approval process can add up to \$3,300 in construction costs per unit per month. As the task force reports, NIMBYism, or BANANAism, is a barrier in the way of building new housing. I understand there's a new word, another term: CAVE, which stands for citizens against virtually everything. Opposition from just a small handful of constituents is enough, in far too many cases, to convince local councillors to vote against development that's needed.

We also know that the government charges and fees add hundreds of thousands of dollars to the cost of building a home. On average, 25% of the cost of a new home in the GTA is government fees, taxes and other charges. This can add \$250,000 or more to the cost of a typical single-family home, and most of this goes to municipal governments. The Building Industry and Land Development Association reports that municipal fees and charges have increased by 30% to 36% since 2020, while average approval time has increased by 41%. And far too often, the fees are simply added to municipal reserves. Province-wide, they've added about \$9 billion in municipal DC reserve funds, including over \$165 million in Mississauga alone.

That is why, if passed, schedule 3 of Bill 23 would amend the Development Charges Act to freeze, reduce and end fees to help encourage more home construction. All affordable and inclusionary zoning units and non-profit housing development would be exempt from municipal development charges and other related fees, like community benefit charges. And if passed, development charges for purpose-built rental construction would be reduced by

a percentage based on the number of bedrooms. Conservation authority fees for development permits would also be temporarily frozen, Speaker.

Earlier today, at a special council meeting, Mississauga councillors raised concerns about the potential of lost revenue and asked that the city be made whole for any revenue lost. As the minister said, we are working with the federal government to ensure that the municipalities will continue to receive funding for the infrastructure that they need to support growth, including new roads, waterworks and transit. This includes funding through the new \$4-billion Housing Accelerator Fund.

The 2022 federal budget also includes a signal that access to all federal infrastructure funding will be tied to actions by provinces and municipalities to increase housing supply. That represents \$43 billion in new federal funding that could be available to municipal governments over the next 10 years, including up to \$17 billion for Ontario, or \$1.7 billion each year.

Speaker, every level of government has a role to play in building more homes and making housing more affordable. At the province, the ministry is reviewing all the development fees collected by provincial ministries, boards, agencies and commissions, with the intent to further reduce or eliminate these fees completely to reduce the cost of housing.

One of the key recommendations of the Housing Affordability Task Force was to provide more resources for the Ontario Land Tribunal and encourage it to prioritize projects that are close to the finish line. That will help to unlock new housing capacity now. These were recommendations 30 and 31 in this report. We have already hired 12 new—

The Deputy Speaker (Ms. Donna Skelly): I apologize to the member for Mississauga–Lakeshore, but it is now 6 o'clock, and unfortunately, time for debate has come to an end.

Third reading debate deemed adjourned.

1800

PRIVATE MEMBERS' PUBLIC BUSINESS

HEALTH CARE IS NOT FOR SALE
ACT (ADDRESSING UNFAIR FEES
CHARGED TO PATIENTS), 2022

LOI DE 2022 SUR LES SOINS
DE SANTÉ QUI NE SONT PAS
À VENDRE (LUTTE CONTRE
LA FACTURATION D'HONORAIRES
INJUSTES AUX PATIENTS)

Madame Gélinas moved second reading of the following bill:

Bill 24, An Act to amend the Regulated Health Professions Act, 1991 and the Independent Health Facilities Act to address unfair fees charged to patients for health care services / Projet de loi 24, Loi modifiant la Loi

de 1991 sur les professions de la santé réglementées et la Loi sur les établissements de santé autonomes pour traiter de la facturation d'honoraires injustes aux patients à l'égard des services de soins de santé.

The Deputy Speaker (Ms. Donna Skelly): Pursuant to standing order 100, you have 12 minutes. Back to the member for Nickel Belt.

M^{me} France Gélinas: I just want everybody to know that we have a real crisis in our health care system right now. We have a health human resources crisis in our health care system. To see the number of emergency rooms closed this summer; to see that Chesley hospital has been closed for seven weeks and they won't open till December 3; to see the number of cancelled surgeries; to see hospitals full and over capacity; to see our hospital in London cancel surgeries for kids—our hospitals are in crisis.

Whenever we ask the Minister of Health about the crisis, she never agrees that we have a crisis, to start out with, and then she says, "The status quo cannot continue. We need to innovate."

So I started to look into what innovation should look like. It doesn't take long that you make the link between innovation and privatization. If you look at the Financial Accountability Officer, he will show us that this government, just in the last quarter of the last fiscal year, invested \$13 million more in independent health facilities—that's the name given to private, for-profit clinics. I'll open a little parentheses: There are 2% of independent health facilities that are not-for-profit; 98% of them are for-profit. We see that this is happening right here, right now.

Independent health facilities are something that I have been keeping my eye on for quite some time. I remember way back, when we used to have Ontario Health, they did a report on independent health facilities—they're now part of Ontario Health, but when they were on their own—and they basically said that Ontarians were at risk of unfair fees and being charged extras because of the lack of oversight from the government to private clinics that exist in Ontario, that have existed for a long time.

The Auditor General has done a number of studies that always come to the same thing: There is a lack of oversight from the government for independent health facilities, for private, for-profit clinics. The last one of them is a value-for-money audit of outpatient surgeries dated December 2021.

You will remember, Speaker, that we have a huge backlog—two million. That's a huge number of backlog, of procedures that haven't been done. We have a huge backlog of surgeries that haven't been done.

We hear more and more about private, for-profit, community-based surgical suites. So you would not go to the hospital to have your surgery if it could be done on an outpatient basis; you would go to those surgical suites.

I have nothing against care based in the community. I come from the community sector. I have nothing against it. But right now, medicare is—if you go to a hospital, care is based on need, not on ability to pay. If you see a family physician, any physician, care is based on need, not on ability to pay. That's all that medicare covers—hospitals and physician services. The minute you take a procedure

from our hospitals and put it in the community—right here, right now in Ontario, we have no accountabilities for them, and the reality will show us that more and more procedures are being done outside of our hospitals, by private clinics, and the great majority of them find ways to charge people extra fees.

I would encourage any of my colleagues to go to any health fair that is happening, even a seniors' club, and talk about, "Have you had to pay for any services given to you by a physician lately?" I guarantee you, you will have a lineup of people who come and talk to you and say, "Well, I don't really know. I really like my doctor. He was really good. He did my cataract surgery, but I had to pay \$600; I don't really know why. But he's really good and I really like him, but I had to pay 600 bucks and I don't know why." Sometimes it's 150 bucks and sometimes it's \$5,000 that they had to pay, and they don't know why.

But the body of evidence is there. Whether we talk about the Ontario Health Coalition, Canadian Doctors for Medicare, the Canadian Medical Association, our Auditor General right here in Ontario, the Patient Ombudsman, the Canadian Institute for Health Information, or Health Quality Ontario, the body of evidence is there, Speaker, that we lack oversight and accountability of the publicly paid-for but privately delivered care in Ontario, and there are unfair fees being charged all the time.

In the report from the Auditor General, she quotes—on page 41, if you're interested—"(4.6) No provincial oversight to protect patients against inappropriate charges for publicly funded surgeries." She goes on to say—she will give many, many examples in her report where this has already taken place—that the add-on charges for modified lenses and additional testing varied by provider, but could range from a few hundred to a few thousand dollars.

The Canadian Medical Association goes on to say, "Patients who misunderstand the optional nature of non-insured services may make substantial sacrifices to pay for cataract surgery. Alternatively, they may decide to postpone or forgo surgery until they can afford the non-insured costs, which will leave them to suffer unnecessarily for longer...." We know that this is happening. We know that this is bad. It happens a lot in ophthalmology, in people needing cataract surgery.

The Auditor General went on: "Mystery shoppers being given misleading and inconsistent information." So the Auditor General hired some mystery shoppers who went around to the private clinics that exist right here, right now in Ontario, and basically she found out that "many clinics did indicate that specialty lenses ... are or may be mandatory depending on the surgeon's assessment. As noted ... specialty lenses are considered an add-on and should never be mandatory, meaning these clinics were providing misleading information to the mystery shoppers."

She goes on to say that additional costs that patients will have to pay out-of-pocket also include—"Some clinics indicated that the standard eye testing covered by OHIP is of inferior quality and that add-on tests provide more thorough and accurate results. While there may be benefits to undergoing add-on tests, specifically when opting for a specialty lens, these clinics are misleading patients by indicating that the OHIP-covered testing is inferior." She

goes on and on, Speaker, to talk about add-on fees that people have to pay.

On page 45, she says, “Ministry expanding access to outpatient surgeries provided by private clinics without addressing existing issues of inappropriate billings and misleading sales practices”—this should not go on. And she goes on.

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Very quickly, in the two minutes that I have left, I want to talk about Paul. Paul Dutton had an appointment with his gastroenterologist here in Toronto, who “told him that he would get a publicly covered colonoscopy faster at a private clinic—but only if he paid \$495 to see a dietitian first.” The physician said that he did not need any nutritional consultation, but he said that he could not have the procedure done at the clinic without seeing the nutritionist first and paying 495 bucks.

Brenda Seaton talks about her 90-year-old mother, Geraldine Henry, who had to “dig deep” into her pension for \$1,000 for basic cataract surgery performed by Dr. Derek Lui right here in Woodstock: “Her mother had already had an eye operated on and needed the other one done quickly” because the unequal vision was causing her problems.

She had already waited six months for Dr. Lui to perform the surgery. The doctor said that she could wait longer or she “could pay him to do the surgery at a private clinic an hour away.” They went to the clinic, they paid the \$1,000, and the doctor went on to say that the clinic kept those fees “and that he received no financial benefit. ‘I am just using their facilities.’”

My bill will change all of this. If the health care professional has an unfair fee, the college that registers all health care professionals will now have the mandate—they protect the public. They will have the mandate to protect the public against unfair fees, so that if it happens, it will be the college that will oversee and take punishment toward them, as well as if the independent health facility—like the case with Dr. Lui happens; it’s not him billing, it’s the independent health facility—the contract with the ministry could be ceased or they would not be allowed to do that procedure anymore.

People in Ontario need to be protected against unfair fees. It is happening way more often than you think, Speaker. People don’t talk about it because they love their doctors. They don’t want to be discriminated against. But it is wrong. It is against the law. It has to change. This bill will bring the oversight that’s needed to change this.

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

Mrs. Robin Martin: Good afternoon, everybody. I’m happy to speak to Bill 24. I’d like to start by speaking to the important work that our government is doing to ensure that our health care system provides fair and equitable access to all Ontarians when and where they need it.

To achieve this, we have launched the largest health care recruitment, training, retention initiative in the province’s history. In March 2022, we introduced a lump sum payment of \$5,000 for eligible nurses in order to help retain and stabilize the workforce during this critical time.

We also launched the learn and stay grant for nursing graduates to receive a full tuition reimbursement in exchange for committing to practise in underserved communities.

Building on the over 12,000 health care workers added to our health care system since the start of the pandemic, we are investing in a range of initiatives to attract, retain, train more nurses and to get them into our system sooner, including a \$342-million investment to add over 5,000 new and upskilled registered nurses and registered practical nurses, as well as 8,000 personal support workers. This also includes new initiatives to make it easier for foreign-credentialed health workers to work in Ontario hospitals and other health care settings in need of staffing support. These changes by the Ontario Ministry of Health, the College of Nurses of Ontario, and the College of Physicians and Surgeons of Ontario support recruitment efforts and make it faster and easier for health care professionals trained in Ontario, other provinces or territories or internationally, to register and practise here in Ontario.

And, Speaker, I am very happy to say that our plan is already having results. The College of Nurses, I think we’ve already mentioned here in the Legislature, has now registered the most new nurses ever, at 12,801 so far, up to the end of October, with a couple of months left to go in the year. That has never happened before. That’s a record number. In addition, we’re also seeing record numbers of new students looking to join the nursing profession, also something all Ontarians should celebrate.

The Council of Ontario Universities says that more than 13,000 people applied to a university nursing program in 2022. That’s up around 8% compared to 2021 and 25% compared to 2018-19. Those are great numbers.

Also, our Supervised Practice Experience Partnership program provides internationally educated nurses the opportunity to achieve their evidence of practice and language proficiency requirements and obtain their nursing registration. As of November 2022, over 1,700 internationally educated nurses are actively enrolled in that program, and over 900 internationally educated nurses have achieved their registration to practise through this program since it launched in January of this year. And those are great numbers. These changes will bring more health care workers into our health care system faster, helping to care for people when they need it, something which I know is very important to everybody, and I’m glad to see that these items and initiatives are having results and particularly that we are now able to get some of the people who have come to this country looking for opportunities and have those skill sets to be practising medicine in Ontario.

When fully implemented, the government’s Plan to Stay Open: Health System Stability and Recovery will add up to 19,000 more health care workers, including nurses and personal support workers, to Ontario’s health workforce.

We’ve also introduced an important new initiative built around the Ontario health teams. Ontario health teams are groups of providers and organizations that at maturity will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population. With the recent announcement of three Ontario health

teams in northern Ontario, we now have 54 teams across the province, covering every region. We've also invited four prospective teams in the northeast to submit their full applications to become Ontario health teams. This is an important milestone in our journey to achieve full provincial coverage with our Ontario health teams. Under this model, providers are empowered to work together as one collaborative team to improve patient experiences and outcomes by providing better-connected and more integrated care. Over the last three years, we've already seen Ontario health teams rise to the occasion during the pandemic and make significant progress on that vision in the face of our very challenging circumstances.

I would like to share a few leading examples with you in the area of digital and virtual care, COVID-19 response and underserved communities: The COVID-19 pandemic demonstrated the need for innovative approaches to improve patient access to health services. To that end, Ontario health teams have advanced digital and virtual care that meets local needs. For example, the Durham Ontario Health Team launched the Durham Virtual Urgent Care Clinic, which virtually triages urgent care patients' visits to the appropriate physician clinic.

The Burlington Ontario Health Team launched the Mental Health and Addictions Virtual Care Library, which loans tablets to increase access to virtual education resources and supports.

The Kawartha Lakes Ontario Health Team launched the Community Paramedic Remote Patient Monitoring Program, where paramedic teams conduct proactive home visits and phone calls to high-need patients following discharge from hospital until the patient and their family regain their ability to be at home safely.

It's important to emphasize that the vision of improving patient experience is not only limited to how patients receive care but also how accessible it is. Improving equitable access to care is essential to the vision for Ontario health teams.

We're seeing teams design and implement new integrated models that are responsive to the unique needs of the communities they serve. For instance, the Greater Hamilton Health Network Ontario health team has held a series of low-barrier health drop-in days for women experiencing homelessness, where over 200 women receive primary and preventive care; reproductive health, mental health and addictions services; immunization and access to community support.

The North Western Toronto Ontario Health Team has implemented a care model to support smooth transitions from hospital to home for patients who suffer from chronic obstructive pulmonary disease—COPD.

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The All Nations Health Partners Ontario Health Team is increasing equitable access to primary care through routine physician visits to First Nations communities.

The Mississauga Ontario Health Team is designing a community health advisory network in collaboration with Indigenous, francophone and racialized committees to create a space for diverse voices of patients, clients and their networks.

Ensuring Ontario health teams continue to focus on equity is a priority for this government. We are working with Indigenous, francophone and other groups to ensure the Ontario health team model can be responsive to all of the needs of these communities. These early successes of our Ontario health teams have been due to the hard work and enthusiasm that providers and organizations across the health system have brought to them, and they are key to our success in the future.

Ontario has and will continue to support one of the largest publicly funded health care systems in the world. Our government has invested \$75 billion this year to continue to provide Ontarians with the care that they need where and when they need it. With record year-over-year investment in access, it's also important that our government protect all patients that interact with the health care system in their communities every day. That's why the Commitment to the Future of Medicare Act ensures that patients with valid OHIP coverage are entitled to access insured health care services at no charge. The protections under the act apply to all OHIP-insured services provided to all insured Ontarians to ensure no one is ever charged for an insured service. Specifically with respect to extra billing, physicians and designated practitioners cannot charge more than the amount payable under OHIP for providing an insured service to an insured person.

Charging patients for all or part of an insured service: No one can charge insured patients or their private insurers for a service that is insured under OHIP.

But what about protecting against queue-jumping? The Commitment to the Future of Medicare Act prohibits anyone from accepting payment for giving patients preferred access to insured services. It also prohibits patients from paying an amount or some other benefit in order to receive preferred access to insured services.

What about using block or annual fees to restrict access to insured services? Well, the Commitment to the Future of Medicare Act, first of all, does not prohibit charging fees for uninsured services—like the preparation of sick notes, or cosmetic surgery—however, it is illegal for a physician, practitioner or hospital to refuse to provide access to insured services if a patient chooses not to pay a block facility fee or an annual fee.

The Ontario Ministry of Health reviews all possible extra-billing violations that are brought to its attention. If the ministry finds that a person has paid for an insured service or some component of an insured service, there is a mechanism in place for the ministry to ensure that the full amount of payment is returned to that person. Last year, there were 90 complaints reviewed, which found 37 violations, resulting in a return of \$18,638 to Ontarians who were inappropriately charged.

If anyone's constituents believe that they have been charged for an insured service or access to an insured service, they should contact the ministry by email at protectpublichealthcare@ontario.ca or by phone, toll-free, 1-888-662-6613.

Again, these are important changes that we're making. I know the member raised a couple of cases. A lot of those—as I was listening and discussing with my colleagues—were where a citizen had elected to make a

choice in the circumstances, they thought that was the best choice for them, and they decided it was worth paying to have that choice. So those things, of course, are—when the person makes a choice, that's a different issue. But if anyone has any concerns about something they've been charged for, that's what protectpublichealthcare@ontario.ca is to respond to. If there are any violations of the Commitment to the Future of Medicare Act, please email there or please phone 1-888-662-6613.

Thank you for the opportunity, Speaker, to share the important work the government is doing to ensure that our health care system provides fair and equitable access to all Ontarians to receive care when and where they need it.

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

Ms. Jennifer K. French: I'm glad to be able to add a few comments in this debate to the private member's bill, Health Care is Not for Sale Act.

This is about unfair fees being charged to patients, but some of the conversations that we've had not only this afternoon but were had this morning when the member from Nickel Belt had posed this question to the minister and the minister—and I'm not even close to paraphrasing, but my take-away was the minister was making it seem like, "Oh, this isn't happening. Everything is fine here. Nothing to see in Ontario." But this is happening, and it's happening in a lot of really ugly ways.

I will pick up, actually, just from where we had heard the parliamentary assistant to the Minister of Health talking about those who are making choices, and if they choose to pay for something along their health care journey, then that's their choice. But if they didn't have a choice, if they feel they require protections, then she was giving a website and a phone number.

We want people to be able to get redress for things that have gone awry, but at the same time, for seniors in our community or for folks in the community with language barriers or just folks who trust their doctors, which is most people, they don't know when it is a choice. If a doctor says to them, "Oh, I would recommend this lens for your cataract procedure," they are going to listen to that doctor. If the doctor says, "I'm going to recommend this lens. Would you like this lens?" they're going to nod and say, "Oh, my doctor wants me to have this. I'll take it."

Their doctor isn't saying, "But it's not covered by OHIP. There is one that's covered by OHIP, but this expensive one"—I'm going to assume there is something in it for the doctor. So I would say that's not a choice, if they don't know.

And trusting a doctor—I don't know that I would have the agency to say to a doctor who says, "You should have this thing; I recommend this"—I don't know that I would say, "Oh, are you sure? I don't think so," because I don't know.

If the doctor says to a patient, "I need to re-measure your eye. We measured it last week, and now I need to re-measure it before your surgery," I don't know that I would say, "I don't know that you do."

My grandma who is 101, is she going to be able to say, "Well, I've had the eye for 101 years. It's probably the same size"? You're going to assume that the doctor is

making a recommendation based on something medical, not something financial, frankly, right? And this, in health care—

Interjections.

Ms. Jennifer K. French: I'm not sure what nerve I touched over there, but I think it's a fair comment, that people trust their doctors.

The value-for-money audit on outpatient surgeries outlined a lot of ugly things and problems. So I do hope that the minister and I do hope the parliamentary assistant and I do hope the government take a look at those things and says, "Okay, are we seeing a theme here? Is there a problem?" Because we're talking about the need to stop privatizing health care.

For the folks at home, publicly funded does not equal publicly delivered. The minister loves to say, and the government members are going to defend themselves by saying, "Oh, don't worry. You'll always pay with your OHIP card, never your credit card." Fine, but that money all goes into that public bucket. We're all publicly paying for something. But when you have different private profit-takers pulling money out that goes to profit margins instead of better outcomes, that's what we mean when we say we want to keep health care publicly delivered so that the benefits stay in the system and not going to profit margins.

Interjections.

Ms. Jennifer K. French: Again, I don't know the nerve that I'm hitting over there. I don't know how what I said was arguable, but anyway. There is the ideological divide, I guess. I want better outcomes for Ontarians, and they want better profit margins for folks and friends, I guess.

The power imbalance has a need for strong oversight. People, especially seniors or folks with a language barrier, are not going to argue with their doctor when there's something recommended that they think is going to be covered by OHIP and it's not.

I've got an email here that I will read. It's a letter from Don Leblanc, who says:

"Hello, I hope all is well with your family. I had to see my doctor because I was having troubles with feet/ankles and my balance, dizziness. I got my mail today and in it is a bill from Alpha Laboratories for \$30 dated Nov. 09.... I am at a point where I do not have \$30 to spare for anything.

"Last Friday, I had to put down my elder cat, she had a liver issue at 17 years old. That has taken a toll on me and Onyx.

"Luckily, the expense was covered by the Farley Foundation.

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"Now I get a bill from the lab for my blood tests? What if I do not pay it? I was not told it would cost me out of pocket for a blood test! Bad enough I have to pay a deductible for my prescriptions every year!! No wonder people stop seeing their doctors.

"This upset me very much, just as I thought I might have the rest of this month covered, then this. I know it does not seem like much, but \$30 is a big chunk of money when you do not have it.

“Sorry to bother you with this. I needed to vent and find out anything about this charge.

“Thank you....

“Don.”

Don is just a guy writing to his MPP to tell me about his circumstance, his cat, his family and his worries. When, piece by piece, things are being taken out of the hospitals and put into private profits, this is hurting real folks. Maybe you don't know Don, maybe you don't know other people like him, but that's where we're at.

Anyway, Speaker, I've got lots more to say, but not today.

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

Mr. Adil Shamji: Thank you very much to everyone for joining me this evening. It's my pleasure to rise and speak to this bill, which I think addresses some important challenges across our health care system.

I wanted to just take a moment to respond to the parliamentary assistant for health and some of the remarks that she had made earlier. In her celebratory remarks, she forgot to mention that under her leadership, in August and September and the months prior to that, our health care system has been in the worst state than it has been since 2008. It's not funny; it's just facts.

I also noticed that the government says that they are going for fair and equitable access to health care, when I think actually the greater challenge is access to health care in the first place. We're not achieving that primary goal, let alone the fair and equitable part.

And finally, in regards to the comments about health human resources, this government loves to address the efforts that they're making recently to recruit health care workers—but nothing to retain them. Nothing. I'd love to know what the nursing vacancy rate is across the province in our hospitals, but the government won't give that to me.

Anyways, moving on to address this bill, I think it captures a commitment to ensuring health care continues to abide by those five principles of the Canada Health Act: comprehensive, universal, portable, publicly administered and accessible. I think that's more important now than ever before.

Respectfully, I don't think that this bill is perfect, but I do think that it walks an important line that helps us address one of the challenges that we're experiencing now, as some people have already addressed, in our health care system. We can consider it within the financing of health care and the delivery of health care.

We all know that the Canada Health Act very strongly protects the financing of health care to be public. The delivery? There is considerably greater variation on the delivery, but it is predominantly private—private not-for-profit. What I mean by that is our hospitals are generally not-for-profit corporations. When a physician operates a clinic, it is operated privately. That physician or those health care workers hire and fire their own staff. They look after their own logistics. But it occurs within what is considered a fiduciary relationship, which is a legal obligation to put the interests of patients first and above those of profits and corporate or shareholder interests.

What I worry is coming down the pipeline and what seems to be signalled by this government is the proliferation of for-profit independent health facilities that will walk the line between ensuring things are—at least at face value—publicly financed, but open the opportunities for a significant amount of private financing.

So to the member who has forwarded this bill: I think it has merits. I think it has much further to go, and so I would propose a number of amendments in committee proceedings, if the government across will support it.

The first is that I think this bill focuses on unnecessary fees, but it should also focus on unnecessary services. We do oftentimes see that unnecessary services are bundled with necessary services. It doesn't identify what an unfair fee is. I want to be very clear that uninsured services are uninsured services; they aren't unfair services.

It isn't clear to me which health care professionals would be impacted by this bill. I just want to be clear: I don't think it was intended in this way, but there were some remarks about physicians that I worry could be a little bit disparaging, around the use of potentially unfair practices. I don't think it was intended that way, but in the wake of a letter that just went out to all family doctors and family health teams across Ontario instructing them to work seven days a week, as we go into the fall respiratory season, with no additional funding—I think the dramatic majority of physicians are, frankly, subsidizing the health care system. So I hope we can be clear on that.

I would just love to see it reaffirm the principles of the Canada Health Act within its own text.

Finally, in response to some of the comments from the government across in regard to the protective measures that are in place right now, the Auditor General, in her 2021 report, was quite clear that the current measures are not adequate.

I support the spirit of the bill. As I mentioned, it's not perfect. I think it is workable, and I hope that we have the opportunity to work on it in committee proceedings.

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

Ms. Marit Stiles: I want to start by thanking the member from Nickel Belt for tabling this very important bill. I also want to take a moment to acknowledge the member's extraordinary leadership over the many years that she has advocated for a stronger and more equitable public health care system in our province and against the creeping privatization we have seen under consecutive Liberal and Conservative governments.

I also want to thank our official opposition anti-privatization working group. I believe this is the first bill to come out of their important work.

As has already been mentioned, this bill focuses on an unfortunate practice of some health professionals charging unfair fees. We know—thanks to the father of medicare, Tommy Douglas—that it's illegal to charge additional fees for insured services in the province of Ontario, but some independent and private facilities work around that barrier by telling patients that an additional fee is charged for comfort or for quality above and beyond what an OHIP-covered service is. We know that not every health professional or every physician does this, but there are some who

do. This bill proposes to create a section of the independent regulatory college to deem what is an unfair or an illegal fee—and it's a place where patients who feel they've been charged an unfair fee can contact the college to ask whether that fee is considered legal or fair. In that respect, I think that's also helpful to those health professionals out there who want to do the right thing. More importantly, it does set out consequences, so that if a facility is found to be charging one of those fees, they could have their licence taken away or their ability to provide certain services revoked.

Some people may ask, "What's wrong with charging an additional fee?" I think we need to understand the power dynamic that exists and what that means for patients. Imagine that you're going to your cataract surgery appointment and the eye doctor says, "I think this other lens is a better option for you. It's going to cost an additional \$600, but I really recommend it." Well, what's your option there?

My grandfather spent much of his life legally blind, because many years ago, in the 1950s, he had an operation on his cataract and they botched it. So he went blind in one eye, and then he refused for most of his life to have the other eye operated on. He went through life legally blind for many, many years, until one day we convinced him to give it a try. And do you know what? He could see again—amazing, a miracle. We believe in the surgery; it's super important. But if he had been in the position where somebody said to him, "If we charged you a little, this might be a better option," he would be so vulnerable in that moment. He was terrified. He was scared. He had to trust.

Imagine that you're going in for a relatively simple procedure like a colonoscopy and the doctor says, "We can give you this extra thing just to make you feel a little more comfortable." Well, in that moment, when—I'm just going to say, if anybody has ever gone through this—you're feeling rather vulnerable, a little exposed, you don't really feel like you have a choice. There is a power imbalance there, and it means that some patients are particularly vulnerable at that moment. I want to add to that, if your first language is not English and the health care professional is English-speaking, you are at an additional disadvantage.

I want to take a moment to thank the Ontario Health Coalition for what has been really excellent research in this area in identifying over the years how widespread a concern this is. In fact, there was a study they did a while back where they contacted 135 private clinics and hospitals to find out whether they charged patients user fees and extra bills for services. They found that there was actually a majority of those private clinics that tried to charge patients user fees, and that those user fees ranged anywhere from \$50 to \$3,500 or more.

An example would be an administrative fee to buy a medically unnecessary lens at an eye institute, or it could be thousands more for an additional lens, a better lens, and cataract surgery—not necessarily a medically necessary one, of course. But all of this comingles with the implication that something that's OHIP-insured is somehow old-fashioned.

I want to ask the members opposite, the members of government, to join us to support this legislation. This is another example of the creeping privatization of our health care system. It needs to end. I encourage the government to join the NDP official opposition in supporting this excellent bill.

The Deputy Speaker (Ms. Donna Skelly): Further debate? I recognize the member for Nickel Belt. You have two minutes.

M^{me} France Gélinas: Everybody understands that most health care providers are very caring and would never charge unfair fees, but there is a small number out there who do, and they do it quite frequently.

The land line, the line that the parliamentary assistant to the Minister of Health was talking about, actually investigated 314 complaints. Of those 314 complaints, a third—over 100 of them—were found to have done wrong and had to refund the patients, but none of them were ever sanctioned. They continue to do the exact same thing.

Things have to change. Everybody is telling us that the oversight we have right now in Ontario does not work. It does not protect the patients. The Auditor General says: "Surgery provider sales practices include providing misleading information and charging patients for unnecessary add-ons." It is taking place right here, right now, in Ontario.

The Ontario Health Coalition—go on their website; they have thousands of examples. Canadian Doctors for Medicare—same thing; they have many, many examples. Look at the Canadian medical society or look at Ontario Health. The body of evidence is there to show that Ontario has a problem: We haven't got enough accountability for unfair fees in our health care system. That is providing barriers to care for a lot of patients who don't know the difference. The power imbalance is there. If you are in need of care and the providers tell you something, you will do it. You will pay it because you want to get better.

The government has a role to play to protect them, to protect all of us, and this is by passing my bill, Health Care is Not for Sale Act. I hope I can count on your support.

The Deputy Speaker (Ms. Donna Skelly): The time provided for private members' public business has now expired.

Madame Gélinas has moved second reading of Bill 24, An Act to amend the Regulated Health Professions Act, 1991 and the Independent Health Facilities Act to address unfair fees charged to patients for health care services.

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

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

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

In my opinion, the nays have it.

A recorded vote being required, it will be deferred until the next instance of deferred votes.

Second reading vote deferred.

The Deputy Speaker (Ms. Donna Skelly): All matters relating to private members' public business having been completed, this House stands adjourned until 9 a.m. tomorrow morning, Thursday, November 24.

The House adjourned at 1844.

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Brady, Bobbi Ann (IND)	Haldimand—Norfolk	
Bresee, Ric (PC)	Hastings—Lennox and Addington	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Byers, Rick (PC)	Bruce—Grey—Owen Sound	
Calandra, Hon. / L'hon. Paul (PC)	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Minister of Long-Term Care / Ministre des Soins de longue durée Government House Leader / Leader parlementaire du gouvernement
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough- Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Hon. / L'hon. Stan (PC)	Willowdale	Associate Minister of Transportation / Ministre associé des Transports
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Dixon, Jess (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Dowie, Andrew (PC)	Windsor—Tecumseh	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fife, Catherine (NDP)	Waterloo	
Flack, Rob (PC)	Elgin—Middlesex—London	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
Ford, Hon. / L'hon. Michael D. (PC)	York South—Weston / York-Sud—Weston	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	
Fullerton, Hon. / L'hon. Merrilee (PC)	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Gallagher Murphy, Dawn (PC)	Newmarket—Aurora	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Hon. / L'hon. Parm (PC)	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Jones, Trevor (PC)	Chatham-Kent—Leamington	
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
Karpoche, Bhutla (NDP)	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
Lumsden, Hon. / L'hon. Neil (PC)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Todd J. (PC)	Durham	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York / Beaches—East York	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Associate Minister of Housing / Ministre associé du Logement
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
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	