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LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 27 February 2023

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 27 février 2023

Report continued from volume A.

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YOUR HEALTH ACT, 2023
LOI DE 2023
CONCERNANT VOTRE SANTÉ

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

Bill 60, An Act to amend and enact various Acts with respect to the health system / Projet de loi 60, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate? The Minister of Education.

Hon. Stephen Lecce: Thank you, Speaker—

Interjections.

Hon. Stephen Lecce: —the excitement of all members. I do want to let you know I'm splitting my time with the member from Simcoe–Grey.

I thought I would add my voice to this debate because I've seen in my community the advent of new hospital capacity that has been finally expanded in the community of Vaughan and King, desperately needed for the 905 and the GTA. I am proud, Speaker, that it was our government that finally opened the Cortellucci Vaughan Hospital, adding hundreds of additional beds and capacity at a critical time during the pandemic, which families from Brampton to Cambridge are better off for, because when the province was under siege, seized by the difficulties of COVID-19, it was the Cortellucci Vaughan Hospital that became a regional support for so many patients in need of care across Ontario.

Mr. Speaker, in the community of many colleagues of mine from Aurora, Oak Ridges and Newmarket, we share this wonderful hospital in Southlake. We committed just some months ago to build a second campus, to expand and renew this hospital, which of course includes the centre of cancer care in York region—a critical investment to build capacity. And so we're building the bricks and mortar. We're expanding the number of beds available. We're expanding the amount by thousands of workers in the health care sector: more doctors, more nurses, more PSWs, more front-line medical practitioners designed to save lives and to help improve the quality of life of our citizens.

Speaker, when you contrast and compare that record of investment in publicly funded health care, the highest investment ever recorded in the province's history on a year-over-year basis—the fact that there are 20 major hospital projects—in virtually all of our communities, there are

now new hospitals being renewed and expanded, and in some cases new projects being put online.

But contrast that with the record of the former government, where the Kathleen Wynne/McGuinty Liberals at the time froze hospital spending and constrained doctors' OHIP payments from 2013 to 2016. Thanks to those actions, hospitals had to cut beds. They had to cut nursing staff. Emergency rooms became ridiculously crowded. Surgeries were cancelled. Many patients were relegated to hallway health care—an unacceptable reality for Ontarians that our government resolved to invest in. And I can mention the eHealth fiasco, the \$1 billion of taxpayer money that was wasted instead of investing in front-line services.

Interjections.

Hon. Stephen Lecce: But members of the New Democrats were just giving me a bit of a heckle here, and I thought we should also reflect on their record, too, because we remember their record. I remember, as a young student of history at the time, the forcing of doctors and nurses to take 10 unpaid days, also known as the Rae Days, which led to labour upheaval and less care for Ontario families. I remember one of Premier Rae's worst decisions—the New Democrats, when they were fortunate to govern this province—was actually to limit the number of doctors graduating from medical schools. I think, in his own words, he accepts that was an error of judgment.

We have a severe shortage of physicians that is still felt today. But thanks to the investment of our Premier, the Minister of Health and our entire Progressive Conservative team, we are building the capacity to meet the needs of our province, for the hundreds of thousands of people who will choose Ontario as their destination and their new home. Part of that acceptance is that the status quo simply should not and cannot be acceptable any longer.

I always find it odd as an observer in this Legislature for the forces in the opposition to oppose any form of change and innovation, even when we build up the capacity of our publicly funded system to permit more OHIP-covered choice to patients, to reduce wait times. Even then, when the quality of care is strong, when the system is paid for with your OHIP card, even when it follows all the best practices and leading medical expertise of these doctors and nurses, even still, there is ideological opposition to innovation which—the members of the New Democrats and Liberals seem to believe that the status quo, the reality under the former Liberal government, was better off than permitting some form of innovation that has already been part of Ontario's medical culture and ecosystem for a generation.

None of you objected to that certainly for the last 20 years. I don't remember hearing any of you oppose the Shouldice clinic and others that have existed in Ontario, providing basic, quality care, OHIP-funded, complying with the Canada Health Act. I never heard a New Democrat oppose it, or a Liberal. But yet today, when a bill is before this House to provide some sense of reform, to be a challenge function to a system that is failing Ontarians, the one constant you can count on in this House is the opposition of Liberals, New Democrats and the Green member. To oppose an improvement to a system that simply is not working—that is nothing to be proud of.

At one point, I heard one member opposite speak about Tommy Douglas, the great saviour of socialized medicine—yes, the gentleman that advanced eugenics; somehow, this is the individual. We should develop a system predicated on that as the inspiration. I'd rather be inspired by the parents, the citizens, the seniors, the young people who access patient health care every day and who demand government challenges to the status quo, who insist that we have the courage to bring reform to a system that has not changed probably since I've been on earth. I think we can accept that's quite too long.

The Your Health Act, introduced by the Minister of Health and Deputy Premier, is designed to place that challenge function. It's designed to provide more convenient, more connected care through these four legislative reforms, one of which includes the modernization of community surgical systems, to support the expansion of those surgical systems in more of our communities so more families in London, in Sudbury, in Hamilton and Niagara and Toronto and Windsor—I think I've captured them all—could have some sense of dignity. They don't have to wait years for care that most industrialized economies could provide in weeks or months. We must do better.

At one point, the opposition member from Niagara said, "Who did you consult?" The Ontario Hospital Association stood with the government at the announcement validating the necessity for this reform, because they know the status quo is unacceptable, and families in Hamilton know that too.

The second component that we announced that I think is important is the enabling of inter-jurisdictional registered health professionals to practise immediately—enough with the red tape enabled by the former government, never fixed by the former government. We're actually allowing interprovincial—we're taking a pan-Canadian vision. You can meet the needs of health in Newfoundland or in British Columbia. From sea to sea, you should be able to work, live and have a good job in the health sector in this province. That's what this bill does.

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It also empowers pharmacists to independently initiate prescriptions based on their own assessment of a patient's health when providing medication therapies. As you know, tens of thousands—I believe 70,000, no less—of those interventions have been provided since this change was made.

Madam Speaker, I know that the system of health care in Ontario needs reform. I saw this first-hand with my own

grandmother, who spent over a month this past January in a hospital waiting many, many hours in ER and finally getting a bed—and in speaking to a nurse and understanding, from the front-line perspective, those in the trenches, how truly committed they are to these patients, how committed they are and how determined they are to go above and beyond, but the recognition that, for so many of these patients, their dignity is at risk; their quality of life is at risk, unless we in government and as parliamentarians could find a way to leverage existing systems that are bona fide, that are credible, that are regulated, that are respected, that are internationally regarded, and use them to provide the care families and patients deserve.

And so, Speaker, we believe this bill will strengthen patient care. It will improve access and choice. It will reduce wait times. It will help eradicate part of our province's history, hallway medicine—a legacy, sadly, of the former government. And while we continue to build hospitals, build medical schools, hire—in a net perspective—thousands of additional ancillary workers to work in our hospitals, we're going to continue to bring forth reform that incrementally can improve the lives of our citizens. That is what a responsible government will do.

The Acting Speaker (Ms. Bhutla Karpoche): The member from Simcoe–Grey.

Mr. Brian Saunderson: Thank you very much to Minister Lecce for his excellent comments and also for sharing his time with me today. It's a pleasure to rise in this House on behalf of the constituents of Simcoe–Grey in support of Bill 60, Your Health Act. I think it's been common agreement across this floor that the status quo in Ontario is not working.

But let's be very clear: We have the biggest health care budget of all the provinces and territories in Canada: \$78 billion last year. That is our biggest single portfolio by a factor of two, with education coming in at slightly under \$35 billion. That is a major, major investment, and this government has been working hard with the other provinces to leverage additional funds from the federal government to make sure that they are contributing.

When the Medical Care Act came in in 1966, it was on a 50-50 basis. The federal government set out five requirements to make sure that provinces who complied would qualify for those transfers—in 1984, a fifth was added, and that is accessibility. So we have universality and accessibility as the cornerstone of those transfer payments coming from the federal government. And we just negotiated that additional \$8.4 billion from the federal government, plus a \$776-million one-time payment to help with urgent needs. If this government was contravening the provisions of the Canada Health Act, those transfers would cease.

So let's be very clear: If we were privatizing health care, we would not qualify for those transfer payments, and the federal government just agreed to increase those federal transfers by \$8.4 billion. Let's be very clear: We are on the same page with the federal government. We are compliant with the Canada Health Act. We are receiving our transfers, and those transfers account for less than 25% of our total amount that this province invests in making sure that we take care of our residents and provide them

with the care that they need. That is why this government is proposing to make bold and innovative changes to make sure that we do that, to make sure that we're giving Ontarians the care they deserve, where they deserve it and when they deserve it.

I'd like to provide quotations and comments of support from Dr. Rose Zacharias, president of the Ontario Medical Association:

"The OMA is very encouraged by this next important step to reduce wait times. We support the government's action to move lower-acuity surgeries out of hospitals, which in turn will free up hospital resources to focus on emergency, acute and complex cases, while relieving strain and capacity issues. The introduction of legislation to move from independent health facilities to integrated community health centres is the strongest signal yet of the government's intention to ensure the necessary safeguards are in place as part of this transformative reform."

We heard a lot from the other side of the floor this morning about non-regulation and lack of oversight. This bill brings in that oversight, it calls in that accountability, and it will put in place a mechanism for patients to make complaints. And if it's not resolved by the integrated community centres, then it can go to the health ombudsman. There's two levels of appeal for accountability there.

I'd also like to read the quotation from Allan O'Dette, who is the CEO of the OMA: "The OMA appreciates the collaboration with Ontario's government and their commitment to thoughtfully implement the shift of more procedures out of hospitals into the community. We are very encouraged this legislation, if passed, aligns with OMA's recommendation to replace the Independent Health Facilities Act with a more comprehensive framework that strengthens prohibitions against two-tier health care, creates greater capacity for quality and safety controls and transitions towards a more integrated health care system. We look forward to participating fully in the legislative process to ensure shared principles are met for Ontario's patients."

Speaker, we heard a lot from the other side of the floor today about lack of collaboration, lack of input, lack of accountability, lack of oversight and the general degradation of health care. In fact, this strengthens it. It serves more patients, faster, in the communities they live in and it does it in a much more regulated environment.

This legislation, if passed, will make it easier and faster for people to connect to convenient care, closer to home, reduce wait times for surgeries and procedures, and enable as-of-right rules that make it easier for out-of-province health care workers to practise in our province.

We have heard today about the three pillars that were introduced under our health care plan for connected and convenient care, aimed at providing people with better health care experiences through a broad series of initiatives under three pillars, the first pillar being the right care in the right place. We're looking at supporting our family physicians and creating stronger long-term care and reducing emergency department pressures, and we're connecting people to the care they need closer to home by expanding the role of pharmacists so they can prescribe up

to 13 medications for common ailments across the province at no extra cost.

We know that since January 1, when that was brought into effect, pharmacists across our province have been consulted 70,000 times and have issued over 40,000 prescriptions. That efficiency has allowed our physicians to concentrate on more complex cases, the more complicated cases, while our residents can get the care they need for the simple or less-critical illnesses right from their pharmacy. It's taking an additional step out, and it's relieving pressure on our waiting rooms and our hospitals.

Pillar number 2: faster access to care. We are maximizing our surgical capacity by investing more than \$18 million in existing centres to cover care for thousands of patients, and expanding hospital and community bed capacity for the desperately needed services. We've increased 60,000 new and upgraded long-term care beds. In addition, we have created 3,500 hospital beds across the province in the last three years in 50 hospital developments, and two of those are in my riding of Simcoe-Grey: Collingwood General and Marine Hospital and the Stevenson Memorial Hospital in Alliston. These important initiatives will help to expand and modernize our capacity across the province to ensure that people are able to connect to the quality care they need when they need it.

Pillar number 3 is hiring more health care workers by recruiting, retaining and optimizing to ensure our province has the right number, the right type and the right distribution of health care professionals. This is the largest expansion of medical school education in more than a decade in the province: 116 undergraduate seats and 295 post-graduate seats will be added over the next five years to help train the physicians we need across the province.

We are the first jurisdiction in Canada to introduce the as-of-right rule to allow registered health care workers across Canada to immediately start working and caring for the people without having to first register with one of Ontario's health regulatory colleges.

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Under these three pillars of our health care plan, which is supported by this bill, it speaks to this government's laser focus on improving health care for Ontarians. We have increased, as I said, our health care budget by \$14 billion since 2018. That's almost a 25% increase. We are working with our partners to increase our health care workforce by adding 60,000 new nurses and 8,000 new physicians.

As part of this initiative, we are supporting enabling external data integration and amending the Freedom of Information and Protection of Privacy Act to enhance privacy obligations of external data integrators and facilitate safe integration of de-identified health administrative data. This will allow our patients and physicians and treating health care professionals to have access to the important information that they need on their patients, on a basis that they won't have delays. When I had the pleasure of meeting with the Ontario Medical Association at Queen's Park in November to discuss their recommendations for strengthening our health care system and reducing wait times, they were in support of this.

It should be said again that this is de-linked data, meaning it's not personal information. The information will be overseen by the Information and Privacy Commissioner so that the whole process is protected and we are treating our patients while protecting their privacy.

It's a pleasure today to stand in this House in support of Bill 60. It's part of this government's bold and innovative steps to increase health care in this province. It will be public, it will be accessible with your OHIP card, there will be no additional costs, and it complies with the Canada Health Act. That, you can take to the bank.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

MPP Jamie West: Thank you to the members opposite for their debate. When the Minister of Education was talking about this bill, he talked about the history of all of our parties with things that happened. I think it's important to also recognize that when Mike Harris was in power, they fired 6,000 nurses.

It leads to the question I'm talking about, because very often when the Conservatives speak, they'll talk about the number of people they're hiring and attracting, but they don't talk about the hole in the bucket—the PSWs, the nurses, the health care workers who are exiting this field because of Bill 124, because of the exhaustion, because of the burnout and the lack of respect from the Conservative government.

I was at a convocation at Laurentian University, and one of the ladies there told me that she was a nurse. I said, "Congratulations." She said, "I'll never work in this field. I did placements in this field; I'll never work in this field. It's the worst thing I've ever seen."

I think the government needs to respond to that, and understand that when they talk about bringing people in, people are exiting on a regular basis because the job is terrible. For the lower-paid workers, it's not enough, and the respect just isn't there for the higher-paid workers.

The Acting Speaker (Ms. Bhutla Karpoche): Response?

Mr. Brian Saunderson: I'll defer to the minister.

Hon. Stephen Lecce: That's very kind of you. It's very generous, in fact.

I thank the member. I actually didn't hear a question from the member opposite, but what I can confirm is that there's 12,000 new nurses registered to work. These are net additions to the province last year. There's \$340 million of provincial funding that went towards the hiring of over 5,000 new and upskilled registered nurses and registered practical nurses, and 8,000 PSWs.

When the members opposite create a false narrative of a reduction of personnel in the field—even after attrition—knowing that these numbers are provided to the Ministry of Health through hospitals, who are doing the principal hiring, it doesn't provide the full picture that builds the confidence of our constituents.

There are literally thousands of additional workers and there will be more, because our government is finally expanding medical centres and medical learning places in the province of Ontario.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Sam Oosterhoff: I want to speak a little bit about education, so my question is going to be to the Minister of Education.

In the Niagara region, we've seen a doubling of our local nursing program at Brock University, going from 300 to 600 nursing positions. The school that they shared a program with prior to that was also doubled, from 300 to 600 students. We've seen five new nursing programs launch across the province. Of course, none of the nurses are graduating yet from those programs; it takes a little bit of time for people to actually be able to graduate. I know they're in second year, I believe, at Brock. Obviously, next year we should start seeing those new nurses entering into our space. Also, of course, two new medical schools—so important investments being made in medical education here in the province of Ontario.

What do those new grads coming online mean for the future of health care here in the province of Ontario?

Hon. Stephen Lecce: Thank you very much to the member for the question. I do believe adding human resource capacity is, in part, the solution, as many leaders in this space have communicated, including the Deputy Premier, who believes that by having more medical schools, we are literally creating the next generation of workers—and, frankly, skilled workers—who can provide this necessary support for families and patients, especially as the population increases and the population ages. Demographics may work against us over the coming years; having that capacity is important.

For the first net new medical school to be approved, I believe in a generation, under our Progressive Conservative government—it wasn't done by the Liberals. It certainly wasn't done by the New Democrats, when spaces were literally cut in the province in the 1990s. It's our government that's getting it done, because we recognize that families—particularly seniors—deserve dignity in their health care. That's why we're making the investments families deserve.

The Acting Speaker (Ms. Bhutla Karpoche): Question?

Mr. Terence Kernaghan: I'd like to thank the minister and the member for their comments. Frequently in this chamber, we hear a lot of buzzwords and catchy slogans, but I wanted to define for the government what is meant by the term "status quo." It is defined as the existing state of affairs, especially regarding the social or political issues of the day, more broadly known as the current situation. Given that the government is in their second term, they are responsible for the status quo. In fact, they uphold the status quo. They have created the status quo.

The FAO has recently given a report indicating that the government is going to cut spending on health care by \$5 billion, and then they wonder why health care is not working. This is the Conservative status quo: to cut. Bill 124 is also humiliating nurses, leading to cancelled surgeries and closing ERs. This is the Conservative status quo.

Why is the Conservative government ideologically attached to the for-profit model, rather than fixing problems of their own creation?

Mr. Brian Saunderson: Thank you to the minister for letting me answer this one, and thank you for the question from the member opposite. First of all, I think my friend would agree that this is a multi-multi-multi-billion-dollar corporation here, and you don't turn a ship on a dime. You also have to understand that we've gone through the pandemic, and we continue to go through the pandemic, which was a major learning experience.

This government, since coming into office, has eliminated the LHINs and created family health teams, which our local physicians are applauding as an extremely successful measure. We are working on the expansion of training. When you bottleneck training and you don't get enough coming out of the pipeline, that takes time. We are doing that. We are also working with our partners in the health care sector on many fronts.

But let's be very clear here: This is a pragmatic government, and we are working with bold initiatives to transform and address very long-standing problems, and the 15 years of the Liberal government did not help.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Matthew Rae: This question is to the member from Simcoe–Grey; I'll give the Minister of Education a little break.

To my great colleague across the way: You mentioned in your brief remarks the protections we're having for those who are concerned about extra billing from our integrated community centres, both private and non-profit—which is something the opposition continues to ignore. Many non-profit community centres already provide great service, and we're working with them to expand. Can you allude to how the protections are protecting patients against extra billing?

Mr. Brian Saunderson: Thank you very much to my colleague for his excellent question and all his hard work. This is a critical piece of the puzzle. We are expanding oversight and patient protections when it comes to Your Health, and we have the integrated community health service centres, which will now post any uninsured charges both online and in person so that when somebody is going into a clinic, they will know up front if there is a difference between insured and uninsured, and they are not under any obligation to accept anything that goes beyond the insured expenses.

Every community surgical and diagnostic centre must have a process for receiving and responding to patients' complaints—I dealt with that a bit in my comments—and if the initial complaint is not resolved to their satisfaction, then there is the provincial health ombudsman that they can appeal to.

Patients cannot be denied access, and that is part of our obligations under the Canada Health Act. Accessibility and universality must be part of this process, and it absolutely is.

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The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Wayne Gates: I just want to say to the opposition: They were in opposition for 15 years, and you can probably find out what they did on the back of a napkin.

I want to talk to the minister who brought up Bob Rae, which I always find interesting to hear. So I thought it would be fair and reasonable to bring up Mike Harris's record. We all know about Walkerton and the number of people that died there, but between 1995, when they were elected, and 2003, when the Harris-Eves government was defeated, a total of more than 11,400 hospital beds were cut. More than one in every three Ontario acute and chronic care hospital beds was closed. Between 1996 and 2000, 39 hospitals were ordered closed, 44 other hospitals were amalgamated, and Harris's restructuring commission also proposed 100 more hospitals to be combined into 18 networks. And just to throw it off, he thought it would be great if he laid off 6,000 nurses.

My question is, why is this government still challenging the ruling on Bill 124?

The Acting Speaker (Ms. Bhutla Karpoche): Response?

Interjections.

Mr. Wayne Gates: Somebody has to respond.

Mr. Brian Saunderson: There was interference being run by one of your members, so I'm happy to answer that question.

The short answer is, again, that this matter is before the courts—Bill 124—so I won't comment specifically on that aspect of it. I will say this: Bill 124 was brought in in 2019 with a three-year period of moderation, and most of the other professions have come through that moderation period prior to the pandemic.

With that being said, I will leave it at that. Thank you.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Joel Harden: It's a pleasure to rise today and add my voice to the debate on this truly awful piece of legislation. I mean, I just want to try to be straight with the government. They're probably going to know exactly from where I'm coming.

There's an ideological difference—there's a lot of talk about ideology in this place. On that side of the House, they believe that if we can get somebody in the private sector to do something that public programs once did, that's always a big W—that's a win.

On this side of the House, we believe that some things are sacred. Some things need to be protected, and some things need to be kept out of the private sector, because if the private sector is let in—which successive governments in this country have done to our health care system—it creates problems. So this is just an ideological difference.

You've heard us this afternoon, Speaker, jousting with numbers. On this side of the House, we've talked about the legacy of previous Conservative governments and this current Conservative government—now in its second term—about the evidence of austerity and cuts and the hurt that's

meant to staff, the hurt that's meant to patients, the lineups that has created for people waiting in pain for surgery.

On that side of the House, we've heard about \$14 billion since 2018 and thousands of new people ready to work as health care professionals. So for the viewer, if you're watching this, if you want to reconcile these perspectives, just consider the evidence that's right in front of you. Let's look at that. The Toronto Star reported on it.

In 2022, we know that 158 emergency rooms were closed to patients when they presented themselves, often in significant duress, for care: "We're not open." If this government was, in fact, funding health care the way they claim to be funding health care, would those emergency rooms be closed, colleagues?

Mr. Wayne Gates: No.

Mr. Joel Harden: If this government was actually a champion of health care, as we have been hearing from speaker after speaker over there—let's look at the latest numbers as late as today. We heard the member from Simcoe–Grey talking about the fantastic deal they got from the federal government and how, if we got this money through the Canada Health Transfer, "We can't be doing anything wrong because they wouldn't have given us this money in the first place." Of course, that presumes that we should trust the federal government, which I'm kind of surprised to hear them over there talking about.

Here's what I know—facts which have heavy heads. The fact is, Ontario has 38% of the Canadian population that live here. There are 15-million-odd people that live here. But when you look at the \$46 billion that was divvied up in the latest federal health announcements with the provinces and the territories—Speaker, do you want to guess what Ontario's cut was with that, the fantastic deal these guys apparently got for us?

Ms. Sandy Shaw: Wasn't it 38%?

Mr. Joel Harden: It was 19%. So we've got 38% of the people, and we got 19% of the money—about \$9 billion. But it gets better. It gets better. Not only did these guys shortchange the province of Ontario for the health care funding the federal government just offered up—because they don't care about funding public health care. That's my belief. You want the private sector to play more and more of a role. You want to starve the system. You want people to burn out. You're doing your job; that is happening.

Not only that, the finance minister as recently as today was asked, "What do you intend to do with the \$776 million the federal government has prioritized in surge funding to deal with the crisis in pediatric hospitals, emergency rooms and long wait times for surgeries? Will you commit that that \$776 million," folks in the journalism profession were asking the finance minister, "will go to public hospitals and non-profit providers?" The finance minister would not make that commitment. Is anybody here surprised?

So you negotiate a lousy deal with the federal government. You pat yourself on the back for apparently not breaking the law of the Canada Health Act, five principles we've been debating this afternoon, and then you turn

around and say baldly to folks in the journalism profession, "Yes, we're going to get this money, but we're not necessarily going to use it within the public, not-for-profit system."

For me, that ends the debate. To me, that ends the debate. We have clear evidence that they are incompetent at organizing an effective appeal to the federal government to deal with the crisis in our public care system. We have clear evidence that they have a bias towards for-profit, investor-held companies doing the work of our public health care system. And who will suffer, Speaker? Not them. Not them. Not the people who fund the Conservative Party, like Cherry Tabb and Sheldon Herzig from the Herzig Eye Institute, which was the beneficiary of the gift bestowed by this government earlier in January where the Herzig Eye Institute will be getting 5,000 cataract surgeries—not the complicated ones, Speaker, not the complicated ones that require a lot of help and assistance after the fact. We're talking about the turnstile ones where you can bring 20 to 25 people through a day, for which the Herzig Eye Institute will charge a nice tidy little 33% markup—a nice tidy little 33% markup.

Are you surprised, Speaker—is anybody in the opposition surprised—that Cherry Tabb donated \$1,083 to the Conservative Party in 2019? Are we surprised that the two directors, Sheldon Herzig and Cherry Tabb, have made significant donations to the Conservative Party 10 times? No, of course we're not surprised. This government is transactional—utterly transactional, perhaps the most transactional government I've ever seen in my lifetime. So transactional that there is a community artist back home—God love you, Velvet LeClair; thank you—who made us an ATM that we take now to our rallies for public medicare. She made us an ATM out of cardboard. She runs a home daycare, and when she's not looking after children, she loves to do art for the community. So she made us an ATM because Velvet was trying to tell the community through this great piece of agitprop art that the government of Ontario has now made a very horrifying shift—

The Acting Speaker (Ms. Bhutla Karpoché): Stop the clock. Pursuant to standing order 50(c), I am now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. The debate will therefore be deemed adjourned unless the government House leader directs the debate to continue.

Ms. Andrea Khanjin: Please continue.

The Acting Speaker (Ms. Bhutla Karpoché): Member from Ottawa Centre.

Mr. Joel Harden: I thank my friend from Barrie–Innisfil for that. All right. Now, look—

Interjection.

Mr. Joel Harden: The member from Peterborough is upset with you.

The fact of the matter is, Speaker, this lovely agitprop piece of art—which, folks, if you follow us on social media, you can see for yourself. We're bringing it to our advocacy work in the riding to talk about what I believe to be the most transactional government in Canadian history.

If you look at the agitprop piece of art, it's got buttons you can press. One is called "destroy greenbelt." One is called "health care privatization." But there's one button on the ATM that doesn't work. There's a big X through it. And that button is called "Bill 28." It doesn't work. What Velvet was trying to tell this government about this lousy piece of legislation, Bill 60, is that the people who actually make our education system work—the custodians, the ECEs, the ECAs, the library techs, the clerical folks—they stood up to these people back in November. You're trying to force something down their throat, just like you're doing right now with Bill 60, moving super-fast, super-quick, saying, "We know what innovation is, and we're going to do this for you, and it's going to be great for you."

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But you know, there's something very uniquely Canadian about what happened in November 2022, Speaker, in my opinion, in that debate. The people who frankly don't have time for politics, because they roll up their sleeves every day and they go and do work, and they put out fire after fire after fire, behavioural crises with kids, something's not working in the boiler room or whatever—that is their job; they do real work for the people of Ontario—got fed up with this government. When this government said, "You take what we're going to give you, or we're going to fine you \$4,000 a day for illegally striking. We're going to fine your unions \$500,000 a day for illegally striking," those workers' gaze shifted to this government, and they said, "Okay, it's on."

And workers in the private sector linked arms with those education workers, and that's why, as Velvet was saying through this ATM that we're taking around back home to our health care advocacy—she's saying, "You've made this mistake once with Bill 28, when you tried to force a lousy piece of legislation onto our education system," and God bless every single one of those education workers that stood up to this government. But do you know what's absolutely bizarre for me, Speaker? It's that they haven't learned the lesson, because here we go again.

I get a text from Rachel Muir, president of the Ontario Nurses' Association for the Ottawa Hospital, Local 83, on Friday night. Rachel tells me, "Joel, there is a private, for-profit surgical clinic opening up at the Riverside Campus tomorrow at 7 a.m. I know this is happening because today and during this week, recruiters have been in the Ottawa Hospital, the Civic and the General, trying to recruit ONA members to work for this private, for-profit orthopaedic clinic run by four surgeons."

I thought these guardrails this government was talking about this afternoon around poaching staff were supposed to be preventing that. I thought these guardrails that they're talking about against upcharging—that this was going to be an airtight, watertight piece of legislation. Look at the legislation, Speaker. Find me the passage that talks about what will actually be done to stop staff from being poached, as they were attempted to be poached this week. There was zilch, nothing.

And what do we know about agency nursing already, as members have already spoken about in this debate,

Speaker? We know that right now, with surge pricing, they could be charging as much as \$140 an hour for agency nurses going into hospitals. So tell me, folks in this House, how would you feel if you were working in a stressed-out, overloaded system, for 40 to 45 bucks an hour as a career nurse, and someone walks into your unit for \$140 an hour—and that's not the worker's cut; that's what they're charging the system.

But this is supposed to be about value for money, isn't it? Isn't that what these guys are about? This is supposed to be about protecting the taxpayer. It's not. They don't like public medicare. They won't say that publicly, but they don't like public medicare. They want to see people like Cherry Tabb, Sheldon Herzig and these four orthopaedic surgeons who are running this private clinic at the Riverside Campus of the Ottawa Hospital get rich, and I'm assuming they hope they'll make big donations to the Conservative Party. That's one way to do politics. That's not the way I like to do politics, but that's one way to do politics.

Speaker, I want to talk briefly about the status quo in our Ottawa Hospital system as we have watched this government—this government, which, as the member for Niagara Falls said very well, is the status quo. This is a situation right now where there are over 2,000 orthopaedic surgeries waiting in a queue. Do you know what the word is? I talked to the recording secretary of CUPE 4000. They represent pretty much all the workers at the Riverside Campus of the Ottawa Hospital, where they're doing this privatization experience. I was told that the expression that's used for these people who are on this orthopaedic wait-list is "the walking wounded." You haven't gotten your treatment yet. Do you know how I have a connection to this, Speaker? I was one of them, once upon a time. I'm part of our city's mountain bike community. I had quite a theatrical fall, and I broke my collarbone—broke it so bad that it was tenting. You could see the bone separated and tenting. I have a plate on my collarbone now to fix the mistake. I walked around for a while heavily medicated, for a couple of months, before I got in. It was 2016—the "walking wounded" list.

So what this private orthopaedic clinic could do for someone like me in decent shape is just turnstile me in and out—fix me up, in and out. But what that will do, as the member for Nickel Belt said very well, is take funding away from our hospitals. Why? Because they are measured and funded to the extent to which they can put people through the system. So if you take the easy stuff out of the hospital and you give it as a gift to this consortium now working at the Riverside Campus, or if you give the cataract surgeries as a gift to the Herzig Eye Institute, you are depleting our public hospitals of the funding—the stuff they can do quickly and efficiently—and you are leaving them with the complicated procedures. It is an attack on public medicare, full stop. The writer Naomi Klein talked about this strategy very well. She wrote a book celebrated around the world called *The Shock Doctrine*. People by and large do not want to accept dangerous, risky change, but they will consider it if you use expressions like,

“You’re never going to have to use your credit cards; you’re just going to use your OHIP card.”

But what the public is not finding out—and we will endeavour to tell you—is that it doesn’t matter what card you’re using; it’s maxed out. It’s maxed out. These guys are going to max out the OHIP card by handing out gifts to their friends, whether it’s Sheldon Herzig, Cherry Tabb, the four orthopaedic surgeons now operating on weekends at the Riverside Campus. They are maxing out the OHIP card, and they don’t care about that. If they cared about that, they would get us a better deal from the federal government. If they cared about that, they would commit to operating within the public and non-profit system, where every dollar goes as far as it can. They don’t care about that at all. What they care about is creating market opportunities for organizations they either ideologically support or perhaps have a financial relationship with. We will find out. We will find out.

The one thing I do want to say, too—back to that ATM I was talking about earlier. Again, I think the government is trying to move fast. I think they’re hoping moving fast at a time of year when it’s hard to protest, rally and advocate outside is going to work in their favour. They think all of these things are going add up to a passed piece of legislation and this will be over, done, dusted—the first government in Ontario history to open up major avenues—superhighways really—into accessing OHIP dollars for private, for-profit, investor-funded clinics. That’s what they think will happen.

Well, you are underestimating the people who work in the system. That’s all I’m going to tell you. I know for a fact, being married to somebody who works at our children’s hospital, that the people who go into that place go in with full hearts. They’re under heavy stress. You may think they’re too burnt out, too tired to stand up to us. That may be your conclusion. Be very, very careful, because the 327 people who are members of CUPE 4000 at the Riverside Campus have built up that facility for decades, where cleaners make a living wage, where the people doing patient transportation make a living wage, where the people who do food services, personal care assistance, registered practical nursing—they have worked collectively to make that a decent place to work. Does anybody in this building think they’re just going to let one government at one moment in time rip through their workplace and not fight back? I don’t. I have faith in the people who work in our health care system. And, while they are busy and while it’s illegal for many of them to engage in workplace action, I know that if they invite us—and by us I mean the whole people of Ontario—into community mobilizing to support them by whatever means necessary, the people will come.

It started last Saturday when I got that text from Rachel Muir and 20 of us showed up in the morning. Minus 24, cold—we were there. We were there so the workers—not the politicians, the workers—could tell the media why it was wrong for this government to hand out their workplace as a gift to four orthopaedic surgeons working under arrangements they knew nothing of.

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No one talked to the staff. No one actually went through the front door and paid those workers the respect of asking them how that campus could function its ORs on the weekend. They could have done that. They could have done that. They chose to go through the back door, the secret chambers.

And they’ve made, I’m just going to say—this government is not going to believe me. I look forward to the questions I get in debate. But you’ve made a big mistake by disrespecting health care workers. You made a big mistake. When I see people getting up in this place and saying, “Bill 124 is before the courts. I can’t comment,” what a load of nonsense.

This government has now made a sport out of losing court cases. I actually wonder if—we don’t have an Ontario Student Assistance Program anymore with this government; we have an Ontario lawyer assistance program with this government, because you keep sending the members of the Attorney General’s office to lose court cases. Whether it’s gas stickers that don’t stick or whether it’s your failed attempts to undermine any environmental progress in this province, you keep losing court cases. That may be one of the biggest parts of the Conservative legacy in the province of Ontario.

So, take all the money you’re currently spending on losing in court against the federal government, take all the money you won’t get for us in signing lousy deals with the federal government, do better, and fund the health care staff on the front lines. It’s not complicated.

We’re losing 15%. We have a 15% attrition rate right now with health care staff at the Ottawa Hospital. That is a scary number: 15%. How do you bring them back? Look, I’ll use the words of a professor at the University of Ottawa who said, “You can’t recruit people in a system that’s bleeding.”

Why can’t you pay more for the nurses who are already there and offer incentives to those who have left? To come back, to actually believe in the system they’re studying to be part of—in the member of Sudbury’s case.

It is possible. We don’t have to fail on purpose to create markets for our friends. We can build the system up that our grandparents gave to us, treat it with respect and treat the staff who make it work with respect.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Graham McGregor: I want to thank my colleague from Ottawa Centre for his thoughtful comments on the bill. We may disagree, but when he does say that he wants to cause trouble by any means necessary, I do believe him. As we saw, he’s got a penchant for protesting doctors’ offices. I think the NDP caucus or the NDP party was communicating that Ontarians were going to need to take out a second mortgage, use their credit card, pull out their wallet to access health care in this country. We know that’s not true, colleagues.

Actually, they talked a lot about PC donors, PC fundraising: How does the PC Party fundraise? But when

you're using this kind of ramped-up, fearmongering rhetoric to raise money, I'm actually curious: How much does the NDP raise by stoking fears in the province about our health care system?

Mr. Joel Harden: The average donation to our party is 31 bucks, Speaker. I'm very proud to rise in this place and say that. The average donation to the party is 31 bucks. I think, the last time I saw the estimates on this government, it was north of \$724. That's all you need to know about the difference between the parties.

And don't give me a lecture about fearmongering. This is the government, which that member is supporting over there, that tried to intimidate education workers with \$4,000 fines and \$500,000 fines, and they stood up to you. They beat you then, and you're going to get beat again if you don't pull this bill off the floor.

The Acting Speaker (Ms. Bhutla Karpoche): I'm going to ask the members to please speak through the Chair.

Questions?

MPP Jamie West: It's always great to hear the member from Ottawa Centre talk about any item. He's great at debate and bringing facts forward.

Earlier today the member from Nickel Belt, our health critic, talked about Health Sciences North in Sudbury and the fact that there are surgeries that are required and the room is available, but the funding isn't there from the government. The member from Ottawa Centre talked about the lack of funding, the underfunding and the starvation of hospitals. I'd like him to expand on why it's a better idea to fund our public hospitals that do public work, that currently exist and lie idle and empty, than it is to pour money into their friends' pockets.

Mr. Joel Harden: Thank you to the member from Sudbury. Look, this is a government—to answer the member's question—who cheered when the Red Cross had to come into the Children's Hospital of Eastern Ontario, and they called it innovation: “Wow! Isn't it great?” The Children's Hospital of Eastern Ontario is a fantastic organization because of its staff and its leadership, but it's nothing to be happy about when the bloody Red Cross has to come into the place because of how understaffed they are. We need, urgently, more money going into that institution, just as the member from Sudbury is saying, but in every public hospital. They deserve funding, not rhetoric, from this government.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Graham McGregor: I appreciate that. Again, the member didn't address in the answer about his protesting at doctors' offices. I know he got really into that during his speech. I think we'd like to hear a little bit more about that.

And let's remember who this is, right? I mean, we've got members that are saying to voters—they're looking Ontario residents in the eye and they're saying, “You will have to use your credit card to pay for health care in this country.” That is categorically false, colleagues. We will always use our health card, never the credit card. Now, they go and they peddle and they say, “You're going to

have to take a second mortgage out; you're going to have to pick up a second job in order to go to the doctor's office.” I guess, to my colleague, what if Ontarians actually believe you? If one single person didn't go to access health care because they believe the rhetoric coming out of this side of the House, would you stand up and apologize then?

Mr. Joel Harden: I always love getting lectures on finances from members of this House. I notice from the Elections Ontario disclosures that that member over there didn't actually provide all the receipts from the last election, and he shorted his own riding association by 3,800 bucks this quarter. So getting lectures on finances from that member is a bit rich.

But I will say this: Inasmuch as he actually has contempt for people's charter rights to protest, which I'm used to from this government, we have protested, in Ottawa, the Herzig Eye Institute, with peaceful protests on the sidewalk, disrupting nobody's access to care. We have the right to do that. We also had the right to make sure staff spoke out against this government's attempt to work in their institution behind their backs. Will we apologize for that, Speaker? Absolutely not.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

MPP Kristyn Wong-Tam: To the member from Ottawa Centre, thank you very much for your remarks—incredibly insightful. British Columbia is one of the provinces that actually went down this path around two-tier health care systems, and we know that they have seen some dramatic decline in the level of services that their patients and residents receive. At the same time, they're getting billed significantly more than if they were just working through a public system. We now know they're buying back those clinics. They're doing everything they can to retreat from the private system.

Do you fear that Ontario, if we follow the same path, will have to go through this expensive exercise, learn the expensive and hard lessons, and then have to come back and repurchase all those clinics to get ourselves out of the mess we're about to dive into?

Mr. Joel Harden: That is an excellent question. Just a note to my friend over there: That's actually an excellent question. The question is, what do we do if we go down this rabbit hole further of handing out money to investor-funded, private, for-profit clinics? Is it hard to get out of it? A valid response would be to say, yes, it is. Because these people will hire more lawyers to insist on the proprietary rights for the contracts that they walked into.

That's why these folks need to realize that the raving socialist on a Monday afternoon has a point, that this is a bad piece of legislation. You should stand up at your caucus meeting this week and say, “Pull this off the order paper. You're walking our party into”—you know, there were Conservative governments in this province that built schools and swimming pools and hospitals. The only thing these guys build is rhetoric and animosity with the people who are working hard to make our systems function. The member from Toronto Centre has an excellent point.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Matthew Rae: Thank you to my colleague from Ottawa Centre. I'm giving Brampton North a little break, but I'm sure he'll get up if I'm brief and ask as well again. I just want to read into the record that the increase in the base hospital operating funding in my riding—again, rural Ontario; you're welcome to come to my riding any time, to my colleagues—31% since 2018 for Stratford General. The base operating funding has increased. This is for the last fiscal year, so I look forward to seeing it updated shortly.

My question to the member opposite is, we're investing in our public hospitals and innovation. Why are they not supporting an innovative solution to the challenges we face in the province of Ontario?

Mr. Joel Harden: I thank the member for the question. I'm actually from Glengarry–Prescott–Russell, so I have a lot of appreciation for small-town health care. But I do find it concerning to learn in a question that the member's hospital is doing very well, in a Conservative-represented area, when the FAO just told us that the government's plans for its budget forecasting mean a \$5-billion cut to health care. What does that mean, that in this member's riding the core funding for hospitals is going up, where across the board it's going down? It's a note for concern.

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The Acting Speaker (Ms. Bhutla Karpoche): Questions?

MPP Jamie West: Very briefly, because we don't have a lot of time, the member spoke about Bill 28 and Bill 124. My question, very simply, is, why does the Conservative government hate workers?

Mr. Joel Harden: I can appreciate, as a politician and as a community organizer, people who do the work and do the work well and promote themselves in a particular way. The member from Sudbury has got an edge to his question—but you're a champion for workers in this province, so it must get up your grill when you hear “working for workers” and the talk that this government peddles when, in fact, what they've done is, keep people's wages flat, and then when we ask questions about Bill 124 in this place, they say, “Oh, it's before the courts. There's nothing we can do.” And as the member for Windsor West has said in this place many times, they seem to pick on the women-dominant professions.

Again, I'm just going to tell the government, you are courting disaster. If you think people are going to put up with it ad infinitum, get ready; this Thursday, the nurses are going to shake this town. They're coming to this town and they're going to shake this town.

The Acting Speaker (Ms. Bhutla Karpoche): A quick question?

Further debate?

Mr. Graham McGregor: It's an honour to rise in this House to speak to this bill.

Speaker, our government is making transformative changes to break from the status quo. We, along with every

Ontarian we serve, recognize the critical need to make it easier and faster for people to connect to critical care closer to home while at the same time reducing the backlog. I have only been elected since June—I will say I will be splitting my time with the member from Barrie–Innisfil. I was supposed to say that at the start.

We also recognize the importance of expanding our health care workforce. As-of-right rules will allow for nurses in other provinces across Canada to serve in Ontario as of right without having to first register with one of Ontario's health regulatory colleges. This is a first in all of Canada.

There's simply no need for more bureaucratic delays when it comes to our health care system. Our government believes in easier and faster care, not longer delays and less opportunity, which is what the opposition continues to vote in favour of.

Speaker, our government's action is working. We're seeing real results. We're making it more convenient for people to connect to care closer to home by allowing pharmacists to treat and prescribe medication for 13 common ailments—things like pink eye or UTIs. I guess this is the corporate profiteering that the members opposite are talking about. But we know that our plan is working because in less than two months we're seeing incredible progress, where pharmacists across Ontario have assessed for the most common ailments over 70,000 times. I suppose the members opposing this bill would rather those 70,000 people were in a hospital waiting room.

Here in the PC Party, we put results over ideology. We do what makes sense, not what makes good sound bites or good tweets.

Again, Speaker, our plan is working. If passed, the Your Health Act will reinforce that people will always receive insured services using their health card, not their credit card. This is part of the plan, and this part of the plan is something that the opposition continue to choose to ramp up fear about, and it's an absolute shame. It's sad; above all, it's downright scary that this opposition would rather use scare tactics and fearmongering, telling people that they will not be able to afford health care, when our government has said time and time again we will continue to ensure people pay for their health services with their health card, not their credit card. If passed, no centre will be able to refuse service to somebody because they choose not to purchase upgrades, and people cannot pay additional fees to receive faster service than anybody else. This bill will also require centres to transparently provide this information up front and ensure there is a mechanism to address people's concerns.

Knowing this, it gives me great concern when I hear from the opposition about the pending American-style health care. In January, for instance, the member from Niagara Falls tweeted that our government is “ushering in American-style unequal health care.” I think there are some great things the American political system has, but I would kindly ask the members of the opposition to keep American-style politics of intentional fearmongering out of Ontario. The Premier has been clear: Ontario residents

will pay with their health cards, not their credit card. I'll say it louder for those on the side: They will use their health card, not their credit card.

Of course, if you listen to the NDP you would think that this wasn't the case. Listen to the federal NDP leader who said—and colleagues will remember from the previous government where they voted to fire nurses and shut down hospitals, he was very loud and active in his support of the Liberal government at that time, but now he's saying, "Conservatives who want American-style health care have begun privatizing health care." He said, "You will get a bill." I think members of this House should think twice about this kind of dangerous rhetoric around our health care system. What if people actually believed you? Imagine if a single resident believed the opposition fearmongering on this issue, that they would have to pay out of pocket, they'd have to take out a loan, they'd have to get a second mortgage on their house to access health care in this country.

The same member for Niagara Falls I referenced previously said, "If you have the money, you'll get better health care services; if you don't have the means to pay, tough luck." What if that resident neglected to go see a doctor because they actually believed what this member had to say?

The member for Oshawa, earlier in her remarks—I listened intently—invoked Tommy Douglas and called this an attack on medicare. What would Tommy Douglas think about the level of debate we're having in this Legislature? Again, one more time: Ontarians will always use their health card, never their credit card.

By boosting the availability of publicly funded health services in Ontario, our government is ensuring Ontarians currently waiting for specialized surgeries will have greater access to the world-class care they need, where they need it. Timely access to surgery and diagnostic imaging is critical to increasing early detection for diagnoses and improving people's prognosis and quality of life, in addition to reducing pressure on our health care system in the long term.

Just imagine, a senior in Ontario who has been waiting months and months and months for cataract surgery that could change their lives, could change the lives of their family and positively impact their future forever—our government will make sure that that person gets the surgery they need just with their health card. The opposition continues to scare them and get them to stay trapped in the surgical backlog.

Now, look, I can get partisan with the best of them—or the worst of them in some cases. If you continue to put politics ahead of good results for Ontarians, you'll continue to see the results that you faced in the last election. I would remind the opposition, they did this fearmongering before in the last term. They said that the PC government was going to fire all these government workers. The government workers that lost their jobs were actually the NDP caucus members in the seats that we flipped when we won a bigger majority in 2022, including in Brampton North. Think twice about what you're doing.

Now we're finding a way to clear the backlog and we're putting Ontario first. The opposition is putting their political games first. I understand the partisanship, but you really need to give your head a shake—through the Speaker, they need to give their head a shake. The opposition sends out fundraising emails, puts out petitions, drives people to sign up members with these types of divisive tactics. We hear from them all the time talking about PC donors, "How much did the government raise on X?" I still haven't heard an answer—I asked this question earlier. How much money did the NDP raise off fearmongering, telling seniors they had to pay for health care, which is just not true?

They talked about a secret plot where we're breaking the system, conspiracy theories about manufacturing crises. Let's talk about what these members did to break the system for 15 years, supporting a Liberal government who fired nurses, closed hospitals and left our health care system on life support—

The Acting Speaker (Ms. Bhutla Karpoche): I'm going to ask the member to please keep his comments closer to the bill.

Mr. Graham McGregor: Thank you, Speaker. As I said, I'm recently elected. These are the rules of the House that I'm still learning.

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You're right, I shouldn't talk about 15 years of neglect that they supported; let's talk about Bill 60, which, we've heard from the comments in earlier debate on the bill, the opposition say we're not investing to increase public access to health care. Speaker, there hasn't been a government in the history of this province that has invested more money into health care than the PC government.

I know the opposition will not support this bill. We hear that from their rhetoric. Or I suspect—I can't presuppose how they'll vote, but it seems like they won't, and that's a shame because this bill will transform the lives of Ontarians and it will revolutionize our health care system so that every Ontarian can receive the care they deserve faster and closer to home.

The opposition has stated they will not support this bill, but frankly, we don't need you to, because I have faith in the 83 PC caucus members that are sitting on this side of the House and sitting on this side of the House. Rather than ask the NDP members to vote in favour of this bill, because you have to vote your own conscience and I understand that, I think you should go back to a point that I made a little bit earlier—

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Order.

Mr. Graham McGregor: Again, as you continue to fearmonger and tell people that they're going to pay out-of-pocket for health care services, just remember, what if they actually believed you? And I hope that the members keep that in mind.

I will share the rest of my time with the wonderful member for Barrie–Innisfil. Thank you for your indulgence, Speaker.

The Acting Speaker (Ms. Bhutla Karpoche): The member from Barrie–Innisfil.

Ms. Andrea Khanjin: I want to thank my colleague from Brampton North, and I'm so glad he's sitting in this Legislature and advocating for his residents, who are also getting a new hospital. Which brings me to my lovely community of Barrie–Innisfil: We're very excited that we'll also be building a brand new hospital in Innisfil to, of course, absorb the great growth that we're getting. Of course, the north campus of RVH is also growing as our community continues to grow.

And, in fact, when you talk about the type of smart growth that we often talk about in this Legislature, a lot of the needs that Canadians are going to have and new Canadians that are coming to Ontario and choosing to work and live here—they're going to have health care needs, Speaker. That's why this hospital says: If you have health care needs, if you need to get your eyes checked or you need to go get eye surgery—guess what? You're able to do that and in a quick manner. And guess what? You're going to be paying with your health card. If you're going to need other surgeries, you will continue to pay with your health card, and that will continue.

Because in Canada, we have a universal health care system, which attracts a lot of people. But guess what doesn't attract a lot of people? When you go to a hospital and you're waiting hours upon end just to see a doctor, that doesn't attract people. When you're working in a hospital, shift after shift, and you don't have enough health care workers to replace you, that doesn't attract people. This is why we're adding health care capacity to our hospital network, why we build Ontario health teams, why we're building more hospitals and why we're training more doctors.

And that's in contrast to—when the Liberals had their chance, they dug this health care system into the ground, and we saw that with the pandemic. When the NDP had their chance, we had the Rae Days, where they didn't even allow health professionals to work and they had to volunteer 10 of their days to not work, so they had to choose. If two health care professionals work in a household, who is not earning money that day? Speaker, that's not acceptable.

That's why, instead of capping health care professionals like Premier Rae did, we're expanding the amount of health care professionals that can go to school. Whether it's training more nurses, more personal support workers or more doctors, this government is getting it done. We're not just saying it like the opposition; we're doing it through meaningful action. We're building new medical schools. We're expanding medical positions.

In fact, every year we've committed to 52 new spots for physician assistants' training spots, 455 new spots for physicians in training, 150 new nurse practitioner spots and 1,500 additional nursing spots. So this government is attracting more health care professionals, as opposed to driving them out of the province. And we remember how many health care workers this opposition, including the Liberals, made leave the profession by firing them, as opposed to them volunteering to choose another profession.

And in addition to that, we're also training, every year, 24,000 personal support workers, and we're encouraging

them to choose the profession by supporting their learning, whether it's incentivizing folks to go into the personal support worker profession or the learn and stay program, which we have through Georgian College. That will, of course, pay for the books and the supplies for those individuals to study nursing programs.

And I was just at Georgian College not that many weeks ago, with a few of our ministers from this government, to see first-hand those nurses who are being trained. They are passionate; they're excited. The things they get to work on, the experiential learning they have and the use of amazing technology we have today for them to do their training are incredible. So, I want to thank Georgian College for all the work they're doing to make that program a success. In fact, just talking to them the other day, they said they currently have 329 full-time students enrolled in their first year of practical nursing and nursing degree program at the college. And they're very excited for the expansion in Owen Sound for the learn and stay program.

They happen to be right next door to Royal Victoria Hospital. In speaking with Gail Hunt, the CEO of Royal Victoria Hospital, about this bill, they were also very much welcoming what this government is doing to expand access to health care. She said: Royal Victoria health care centre, RVH, "along with many hospitals in the province, is dealing with a backlog of surgeries caused by operating room closures during the pandemic. We have seen modest improvement recently as the staff and physicians at RVH continue to run our operating rooms and endoscopy suites at full capacity, but wait times still remain longer than pre-pandemic levels.

"We are thankful for the government's initiatives contained in the Your Health Act, and how it could help patients access care, including diagnostics and other procedures, more quickly without impacting our already challenged human resources." This is from Gail Hunt, the RVH president and CEO. She anticipates that "these creative approaches, when combined with ... staffing levels and new infrastructure, will enhance the availability of safe, quality surgical care that the people of this region deserve." Again, that's their own CEO.

This change follows the already historic funding we were able to deliver to many hospitals, including Royal Victoria Hospital—\$14 million that Royal Victoria Hospital got alone to help fund their surgical backlog. Back then, we were working with the former CEO—I want to thank her for all her work—who was Janice Skot. She also welcomed that particular funding, and she said, "This is a great news story for RVH and the citizens of the region, because we are beginning to ramp up our surgical and scheduled procedures."

And that's not just it. Now, in addition to the procedures that people need, and promptly, and to ensure that we have a fully accessed public health care system, we also need the equipment. Speaker, if it was up to the opposition, we'd be still in the dark ages, without cell phones, without technology. Since the beginning of the 15 years of the previous Liberal government, we've had a lot of technologies that came on board, but with technology, it needs

improvements and upgrades. We see that very much in our MRI and our CT scanner infrastructure. So you saw announcements across the province of this government finally leaning into funding our MRI and CT scanners.

In Barrie, we were able to announce, with the Attorney General and my colleagues around Simcoe county, the fact that Royal Victoria Hospital is getting a PET CT scanner, and we also got an MRI imaging machine. This is a game-changer for residents. As a growing community, instead of having people get onto Highway 400, having to commute to the city of Toronto, they can get services and care that they need in their own city. This is a complement to everything we're trying to do as the government, which is bring more health care services closer to home as our communities grow, instead of commuting to other places to get their health care needs.

Which leads me to pharmacies. Many of us have lots of pharmacies in our communities, and we know that those pharmacists can do more. A pharmacist that I know very well, Simon McKay—we actually went to school together—is getting compliments from all kinds of folks in the community. Just a few weekends ago, I was talking to the Kells family—I ran into Barb Baguley—and they were saying how it's great that they can just go their local pharmacist, Simon, at the Rizzardo health centre and he's able to now write, in fact, for 13 different ailments, for 13

different conditions, which he's now able to do, so they welcome that.

And Sandycove Drug Store, by a really growing seniors' community—now they have access to more ailments if they need through Cristina Privado, who is their local pharmacist. This past summer I went to their five-year anniversary to celebrate that pharmacy.

And, of course, up in Barrie we also have Jay Shah, who is a pharmacist and owner of the Remedy'sRx Ferndale pharmacy. I was speaking with him about what his thoughts are on what we're doing for health care and the expansion of what he can do. He says, "We're very excited about the minor ailments prescribing authority coming to Ontario pharmacists. It will enable us to practise to our full scope while helping patients receive timely care for many different conditions. We'll, of course, refer if there are any red flags but I'm sure patients will appreciate not having to wait for several hours in the ER or walk-in clinic, for example"—

The Acting Speaker (Ms. Bhutla Karpoche): I'm sorry to interrupt the member. It's 6 o'clock.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Bhutla Karpoche): The House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1800.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.

Speaker / Président: Hon. / L'hon. Ted Arnott

Clerk / Greffier: Todd Decker

Deputy Clerk / Sous-greffier: Trevor Day

Clerks-at-the-Table / Greffiers parlementaires: Valerie Quioc Lim, Wai Lam (William) Wong,

Meghan Stenson, Christopher Tyrell

Temporary Sergeant-at-Arms / Sergent d'armes par intérim: Mike Civil

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barnes, Patrice (PC)	Ajax	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-présidente du comité plénier de l'Assemblée législative
Begum, Doly (NDP)	Scarborough Southwest / Scarborough- Sud-Ouest	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Bell, Jessica (NDP)	University—Rosedale	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Bowman, Stephanie (LIB)	Don Valley West / Don Valley-Ouest	
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	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
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 / Northumberland—Peterborough-Sud	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	
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	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
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	Opposition House Leader / Leader parlementaire de l'opposition officielle
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	