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of Ontario



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Mercredi
16 novembre 2022

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Clerk: Todd Decker

Président : L'honorable Ted Arnott
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 16 November 2022

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 16 novembre 2022

The House met at 0900.

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

Prayers.

The Speaker (Hon. Ted Arnott): Next, we'll have a moment of silence for inner thought and personal reflection.

ORDERS OF THE DAY

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

Resuming the debate adjourned on November 15, 2022, on the motion for second reading of the following bill:

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

The Speaker (Hon. Ted Arnott): Further debate?

Mr. Michael Mantha: Good morning, Mr. Speaker. We've got a white sheet of snow outside that makes everything look like nice and clean. It's a beautiful morning.

I'm glad that the Minister of Energy is here with us this morning, because he actually confirmed something that I'm going to be talking about a little bit later. It's all good stuff—well, some of it, anyway.

The page who was here, Havana, is from Algoma-Manitoulin. She disappeared. Where did she go? I warned her I was going to be talking about her this morning. She's going to be here with us and helping us, and I hope that everybody welcomes her. She's going to follow in the footsteps of her sister Demily, who was a page here, as well, about five, six years ago.

It's a wonderful experience that the pages have—to be here in the middle of the discussion that we're going to be having on the fall economic statement, because some of it covers them. It's always nice to have the hallway chats with the pages. In the beginning, they come in and look around, and it's a big building and they're all excited, but then they start listening to the debate, and you can engage discussions with them in the hallway. Let's not kid ourselves; they are listening. I would encourage everybody to engage with your pages.

Every time that I rise in the House, I always try to bring a perspective from northern Ontario, particularly from the good people of Algoma-Manitoulin, to the floor of the Legislature. No different than I've always done, that's where I'm going to start off with—the shortfalls.

I look at the fall economic statement as an opportunity for this government to indicate to the province as to where they're going, what their priorities are, what's important to them—and have they been listening to Ontarians, have they been listening to the concerns of their constituents? I'm sure they're hearing the same issues that I'm hearing from the good people of Algoma-Manitoulin—such things as, what's going on in our schools, what's going on with the economy, what's going on with our energy prices. That white sheet we see outside that makes everything clean—well, that white sheet is not taking off any of the pressures that people are feeling on their electricity bills or their home heating oil bills.

That's where I want to start off today. This was an opportunity to help those who are really in need.

The 5% this government has indicated as a historical increase in ODSP really is a pittance when you're looking at individuals who are paying their rent—anywhere between \$1,500 to \$2,200—and with the price of food that has gone up.

Let me give you an example, Speaker. I met up with Chief Manitowabi of Wiikwemkoong First Nation, along with many of their councillors. The oil companies are also feeling the impacts of delivery, because when you're delivering small amounts of oil, it means you're going to households more often. When we look at the cost of heating—let's go to last year: the average cost of oil was approximately \$1.718. That was just last year, and that was tough—for people to meet the costs and pay their bills. Two years ago, it was half of that cost; 75 cents per litre is what they were paying. Because the higher costs have come in, that means the cost for an average minimum delivery to a home has gone from \$500 to \$800. When I met up with Chief Manitowabi—actually, I should say Ogimaa Manitowabi—along with many of the community members, we were trying to look at how seniors are going to be able to afford this, how single-income homeowners are going to be able to afford it, how individuals on Ontario Works—and support systems aren't going to be able to help.

Here are the numbers: In First Nations communities, for a household of one, their monthly income is \$390; a household of two is \$642; three, \$697; four, \$756; five, \$815; six and above is \$844.

As I said earlier, the oil companies are now not delivering less than a minimum of \$800 to fill up a little bit more than half of their tank. So the discussions that we had with the oil companies were, “Well, if we reduce the price, that means we reduce the oil,” which means they’re going to have to come more times. The volume is not there; it’s just the cost has gone up.

I wanted to go through that exercise just to explain that these are some of the actual—how are these people going to make ends meet? Seniors have two small pensions coming in—whether they’re on CPP, a little bit of OAS and a little bit of a pension. You’re looking at the cost of food having gone up, prescriptions have gone up, electricity—I want to touch on electricity.

I’m glad that a couple of days ago—actually, I’ve been on the Minister of Energy for quite some time now. This particular file in regard to—

Interruption.

Mr. Michael Mantha: Somebody should answer that phone. Anyway, it wasn’t for me—and if it’s for me, I’m outside, playing with my friends.

There’s a small sawmill on Manitoulin Island. It’s owned by the Taylor family. Roslyn Taylor is a person I’ve been talking to for a very long time. This issue started with the previous government, so this goes back a long time. I have been talking with numerous Ministers of Energy from this government to try to solve this issue. I want to take you back to looking at some of her energy bills. She has her on-peak, mid-peak, off-peak times for a total of—this particular bill is for the month of June; this is in the summertime. Her actual usage is \$2,050.85. Her delivery charges are \$3,900. She’s paying \$1,900 more in delivery charges than she’s actually paying in usage. This is a small business, and she has about—well, she had about 20 to 25 employees in the sawmill. Here’s another bill; this one was for May, I believe. Her usage was \$1,626.09. The delivery cost was \$3,666.43—\$2,000 more than her actual usage. And there have been more of these. We’re talking about small businesses that are the backbone of many communities across northern Ontario.

0910

In this fall economic statement, this was an opportunity for this government to show this as a priority, because there are a lot of Ontarians—whether you’re in northern Ontario, eastern Ontario or western Ontario, we’re all feeling the pinch. Every community has seniors. Every community has people who are on the verge of living paycheque to paycheque. Some are leaving their cupboards empty in order to pay their rent.

Again, I wanted to highlight those two particular issues that the government failed to address in their fall economic statement.

Doctor recruitment: Again, this is something that is a very big priority for northern Ontario—across this province. This was another opportunity for this government. I’m sure they’ve heard, because I know I’ve walked plenty of times across the way and suggested many ideas—as an opposition, that’s what we’re supposed to do. We’re very effective at our job, being the opposition—to look at the

holes, to look at the shortfalls that the government has in their legislation. It’s also our job to propose good ideas, and we have proposed ideas—particularly some of the suggestions that have come out from the Huron Shores family network, where they have proposed how they could address some of their shortfalls by changing the fee model that is there for how they’re paying doctors. Under the RNPGE model that they’re utilizing now, it’s pushing away doctors from coming to the area. Many of the doctors who are being trained out of NOSM are being trained and prepared to come and work under an umbrella of a team, a network, where you have allies you can work with. The RNPGE model doesn’t provide that umbrella, so many of the doctors are forced to go into other areas. There are some doctors who are waiting to see if there’s going to be movement from this government to provide those different models of care that will address—it won’t fix it tomorrow morning, but it will definitely lay the path for many of the northern communities to go down a better path to recruiting and retaining doctors. So we’re still waiting for that to come forward.

I want to give a big shout-out to the Wawa hospital, particularly Ann Fenlon and the community there. They have been amazing at making sure that their emergency room—and so have many of the other hospitals: Thessalon, Sault Ste. Marie, Blind River, Elliot Lake. They have gone over and above doing what they need to do to recruit, making sure they have the doctors in place, and making sure their emergency rooms are not closed. Have they come close? Many times, they have.

I want to give some particular attention to the hospital in Wawa. In order to provide the services they need for their hospital, they have had 27 different locums provide care to that community. Why do they need it?

Well, let’s look at what’s happening in the community of Wawa, in that region. There’s a good problem, actually, that’s happening there—I boasted about having the three latest mines that have opened in Ontario. One of them was Silver Lake—originally, it was Harte Gold, but they’ve been bought out by Silver Lake. Then you have Alamos mine, the Magino mine, the Argonaut mine that has opened up; you also have Wesdome that is part of that region. When you look at that entire area and the amount of employees who are there from the mining sector, it has actually increased the emergency calls by 30%. That’s an important number. You’re looking at an influx of additional patients of roughly about—including if you’re looking at the summertime, because you’ve got people who come for tourism, who go to the parks, who enjoy the fisheries. Believe it or not, people do not wear the proper footwear when they go on the trails. They wear sandals when they should be wearing proper hiking shoes. People have slips and falls. People end up in emergency rooms. You’re looking at an influx of 6,600 additional people who are needing access to the hospital. I say that because the hospital in Wawa used to get funding for six doctors who are there; they’re down to four, soon to be down to three. I put a question to this government last week: Why has this government unilaterally cut their funding, taking away

their opportunity to attract more doctors? They've increased their need for the emergency room, but they have actually removed the funding that they need in order to attract more doctors. Again, it's a question that I put to this government, because when you're looking at the numbers, it doesn't justify the action.

It's another shortfall that this government missed in this fall economic statement, to really look at a strong program, because the utilization of locums—Speaker, I don't know if you know, but they are much more expensive than an actual doctor who provides primary care. Something I just found out is that there are lucrative incentives that, depending on the hospital—because now the hospital is forced to use their hospital budgets to attract locums to cover the needs of their emergency rooms. There's no additional funding, but to make sure that they can attract them, certain hospitals are paying higher fees for locums than others.

So if I'm a young doctor—because this is the white elephant in the room—coming out of NOSM and looking at paying off my debt, not being provided with the umbrella of networks that I need to provide care, I'm going to look at becoming a locum, because I don't have to worry about the shifts being imposed on me or covering the hospital. I can basically say, "I'm going to work in Elliot Lake for about 10 days, and then I'm going to take four days off, and then I'm going to go do some coverage in Wawa, and then I'll take two days off, and then I'm going to take maybe six shifts in Thessalon, and then I'm going to take five days off." You can do this and get paid very lucrative amounts of fees. Is that the answer we want? Coverage in the emergency room is one thing, but we've totally lost primary care.

It was great; this morning, we met with the registered nurses, who are looking for more nurse practitioner-led clinics, which will actually generate that primary care we need in many of these communities.

Why are we continuing to pay more for services that we know if we make the investments in them will actually save us money in the long run? Again, that's a missed opportunity in this fall economic statement—and it's not because this government doesn't have the money. You do have the money. You just need to make it a priority to make the investments that are needed, whether it's in education, whether it's—oh, jeez, and I'm going to get to the winter roads as well, because that white sheet of snow needs to be cleared—in health care. But we're not doing that.

0920

Again, talking about that white sheet of snow: Northern Ontario is going to have plenty of it, and I see you have some here this morning. Road closures are a fact of life in northern Ontario. Unfortunately, in northern Ontario we do not have other modes of transportation. All I have is my car or my truck or my Jeep, and that's how I get to work; it's how I get my mom to her appointments; it's how I get my children to recreation; it's how the kids get on the bus to go to school. And when those roads are closed, it really doesn't help our economy either.

Like I said, in a community north of Wawa, there are many mines that are there, and if the parts aren't getting to the mine, if the products aren't getting out of the mine, it's a loss, and people are losing opportunities for working hours and are losing a lot of opportunity with their families.

Again, getting to and from the hospital—because we know we have to travel further for our services, keeping those roads open matters.

I'm glad—I think it's this evening—that we're going to be talking about a private member's bill looking at enhancing the times that are allowed to have those roads cleared. I'm glad that one of the backbenchers from the Conservative government is bringing it forward—because the member from Mushkegowuk—James Bay had this particular bill, which was a lot better than what is being proposed tonight—and we're going to be having that debate. It's going to be interesting having the discussion. Finally, a light has lit up with the government side—that there are problems with northern highways, something we've known for a very long time, as northern members. But again, there's nothing in this fall economic statement on that.

Those are just some of the issues I wanted to talk about this morning—and there's the opioid crisis; we didn't see that. We didn't even see the word—not one word in this entire thing on autism.

Speaker, again, it's a missed opportunity for this government. They have failed to really listen to what the priorities are for individuals in this province.

I look at this government and say, "Take heed of some of the criticism that is coming from this side of the House. You've got to do better."

The Speaker (Hon. Ted Arnott): Questions?

Mrs. Daisy Wai: Thank you to the member opposite for sharing.

This fall economic statement is really to serve those who are vulnerable—if you go through what we have presented. I am from the Ministry for Seniors and Accessibility. Look at what we are doing for those with a disability. We are raising the earnings exemption from \$200 to \$1,000 per month. And for the seniors who have the GAINS program, we are increasing that.

Do you think we should have direct relief measures for seniors in Ontario?

Mr. Michael Mantha: Thanks to the member.

There's our world, the bubble that we live in here, and then there's the real world of people and what they feel out there.

I just finished explaining that when a senior or an individual on OW gets notified that to heat their home this month is going to cost them a minimum of \$800—and that will only fill up my heating tank a little bit over half. My income is less than \$600. Where am I going to cut? What am I going to do? I won't be able to pay for the entire cost of the fuel. I'm going to fall behind. I'm going to put it on the credit card, if I have a credit card. How am I going to fill my cupboards? How am I going to light up my house? People are living in poverty.

Again, it comes down to what I talked about. It's a missed opportunity to really address some of the priorities. It's not like this government does not have reserves or the money in order to address those shortfalls, whether it's for seniors and people on OW or ODSP, or people in education, or investments in health care. You need to make it a priority.

The Speaker (Hon. Ted Arnott): Next, the member for Mushkegowuk—James Bay.

M. Guy Bourgouin: Ma question est pour mon collègue—belle présentation. Je suis content que le député ait amené la question des routes hivernales. Pendant des années, j'ai déposé un projet de loi pour mettre la 11 et la 17 dans « classe 1 ». Finalement, le côté du gouvernement a réalisé que peut-être ce qu'on disait est vrai. Mais ils ont amené une motion qui va créer une nouvelle classification, une classification qui n'existe même pas. On a des contrôles qui ont été donnés : le déblayage, soit huit heures ou 16 heures après une tempête de neige.

Écoute, je pense que le monde du nord de l'Ontario sont tannés d'être traités de deuxième classe. On entend ce gouvernement-là constamment dire qu'ils sont là pour le monde du nord, qu'ils sont là pour nous aider, et puis on voit qu'ils bâtissent toutes sortes de chemins, mais nous, on a juste deux artères principales : la 11 et la 17. Puis on voit qu'il y a un surplus; on voit qu'il n'y a pas plus d'investissements pour nos routes.

J'aimerais t'entendre là-dessus, mon collègue, pour expliquer la situation, parce qu'il y a eu deux tempêtes dans mon comté; deux fois les chemins ont été fermés. C'est inacceptable. Ça va être le même, tout le restant de l'hiver : une tempête de neige, une fermeture de route; une tempête de neige, une autre fermeture de route, qui va coïncider ces deux artères principales. C'est vital pour nous. J'aimerais t'entendre sur ce point-là.

Le Président (L'hon. Ted Arnott): Le député d'Algoma—Manitoulin.

M. Michael Mantha: Je veux remercier le membre de Mushkegowuk—Baie James. La réponse à sa question—c'est plus ou moins juste un rideau, un rideau que le gouvernement est en train de faire. Le gouvernement, finalement, reconnaît qu'il y a un problème avec la maintenance, le déblayage des routes dans le nord. Ils sont en train de déposer une motion qui n'est pas renforçable. Le gouvernement a la chance de développer sa propre législation pour la proposer, mais c'est un député d'arrière-siège qui va proposer une motion qui n'a pas de dents. Il n'y a pas de viande dans le dépôt de cette motion-là.

Aussi, ils ont identifié une nouvelle classification. Le gros problème qu'on a dans le nord, c'est le renforcement. Je veux être très clair, monsieur le Président : les gens qui se mettent derrière la roue pour chauffer nos camions sont des gens qui sont experts et qui ont une grosse conscience pour essayer de garder nos chemins déblayés dans le nord de l'Ontario.

The Speaker (Hon. Ted Arnott): The member for Bruce—Grey—Owen Sound.

Mr. Rick Byers: Thank you to the member for his remarks this morning—like me, in a rural riding. I was particularly interested in the issues he talked about regarding transportation, both for individuals and for businesses. I do note, in the fall economic statement, the commitment by the government to extend the reduction of fuel tax and gas tax to the end of 2023. I hope the member sees that as good news.

On the health care front: Again, the rural hospital network, whether it's Wawa, Elliot Lake, or, in my riding, Wiarton, Lion's Head, Markdale—these places need to work hard and do work hard. The member talked about funding reductions, but I point out—on page 8 of the fall economic statement—that the health care funding will rise from \$69.6 billion this year to \$75.2 billion this fiscal year, an increase of \$5.6 billion. I hope the member sees that as a positive step and will support the government in this legislation.

Mr. Michael Mantha: If you take the little pixie dust that is there within the context of the fall economic statement and make it bigger than what it is, when we're not even keeping up with the cost of inflation—I'm just going to touch on the hospitals. Right now, their annual budgets have been stagnant. The hospitals have been very clear: They need more. This is just not enough. If you keep putting Band-Aids on an infected wound, you're going to continue with a wound and you're going to end up with what we're ending up with right now: lack of doctors, the staffing that is missing in our hospitals, the disrespect that we've had for front-line workers by keeping Bill 124 in place.

0930

When you're talking about the petroleum tax, that the government has removed 5.7 cents and 5.4 cents on home heating and the gas—really? Do you not think for a moment that petroleum companies will take this as an opportunity and bump their prices so that they are not going to lose on the petroleum prices and the profits that are there? Really? You think that is going to help people? I don't think it has helped anybody in northern Ontario, when we look at the dramatic prices and how fast they can go up in northern Ontario and how the heck long it takes them to come down. You see price increases in northern Ontario that happen the morning of, and it takes about three months for them to come back down. The 5.7 cents really is not a heck of a lot.

The Acting Speaker (Ms. Patrice Barnes): Further questions?

Mr. Wayne Gates: I want to talk real quick about what's not in the bill. There's nothing in the bill to repeal Bill 124. There's nothing in this bill to protect the greenbelt. There's nothing in this bill that's going to double ODSP and OW. There's no plan to reach four hours of care per day for residents in long-term care. There is no apology from this government that 5,000 seniors have died in long-term care—our parents, our grandparents, our brothers, our sisters. There is nothing to stop the gouging by oil companies that my colleague just talked about, nothing to stop the gouging with the cost of food at grocery stores by families who are billionaires.

My question to you is, why do you think none of these important issues for the province of Ontario are in the fall economic statement?

Mr. Michael Mantha: I want to thank the member from Niagara.

It's about priorities. I started my speech this morning exactly on where their priorities are—and this being an opportunity for this government to tell Ontarians, in their fall economic statement, that this is their priority. Right now, from where I sit—and the member just hit it right on the head of the nail—this government's priorities are a lot of window dressing. They're saying the right things to have the bare minimum of impact on individuals, just enough to hit the headlines in the media, but no substance that is going to trickle down to those who are most in need—enough pixie dust to put on a little bit of shine, but really, no substance, no meat to put on the table.

When you look at what's happening in the greenbelt, we see where the priorities of this government are—it's for their friends, for the developers. Those are the individuals who are going to benefit from this fall economic statement. Very little do I see that is meeting the needs and the priorities of those—

The Acting Speaker (Ms. Patrice Barnes): Thank you, sir.

The member from Guelph.

Mr. Mike Schreiner: It's an honour to rise today to speak to the fall economic statement bill. It's clear that everywhere you look in Ontario, there seems to be a crisis—our emergency rooms, our pediatric ICUs, the level of homelessness we're seeing along our main streets in our downtowns, the affordability challenges that so many people are facing, the loss of the farmland that feeds us. Yet, if you read the fall economic statement, you would get the sense that there's no crisis in Ontario; none of these issues are really pressing. I would beg to differ.

I don't understand how you can put forward a fall economic statement without substantial increases in funding to our health care system to shore up our pediatric ICUs, to address the labour shortages, to withdraw Bill 124, which has driven away so many nurses and other front-line health care providers. Nothing in the bill says, "We recognize there's a crisis, and we're going to invest in shoring up the system that so many people in this province depend on."

Speaker, when you look at the fall economic statement, you wouldn't know that we're facing an affordability crisis that is disproportionately hitting the most vulnerable in this province.

I've been asking, demanding, pushing this government to double ODSP rates for well over a year now. The situation for people living on Ontario Works and the Ontario Disability Support Program only gets worse and worse, especially with the inflation and cost-of-living crisis that we're facing. How can anyone survive on \$1,200 a month in this province, or \$731 a month? It's impossible, especially when the average rents in many places, like my home city of Guelph—\$1,800 a month; more than that in places like Toronto. It's wrong that we're

forcing people to live in legislated poverty, especially when we know poverty costs the province \$33 billion and investments would help us actually save money in the long term.

There's nothing in this bill about addressing food inflation and the excess profits we're seeing in the concentrated retail markets.

There's nothing in the bill talking about how we make the province climate-ready. There's a lot in the bill about how we'll pave over the farmland that feeds us, the wetlands that protect us, the green space that's so vital to our quality of life, but there's nothing in the bill that says, "How do we get this province climate-ready? How do we get this province ready to succeed in the new climate economy?"

Speaker, I believe this bill fails to meet the moment.

The Acting Speaker (Ms. Patrice Barnes): Questions?

Mr. Rick Byers: I thank the member for his comments this morning. I respect his views on a whole range of subjects, but I would offer the consideration—and you said that we all know there are substantial issues in many areas, but I would say, with respect, that this bill does look to address many of them. On the funding side, in health care, we're increasing it by \$5.6 billion; education, up \$3.6 billion—major numbers. On ODSP, a very major change—to increase the monthly income threshold from \$200 to \$1,000. That's a very big change and may allow up to 25,000 people who can work, to work. That's a big structural change to the program. And infrastructure investing—I say there are all of these positive items in the bill that I hope the member will consider.

Mr. Mike Schreiner: With all due respect to the member opposite, the health care funding the member cited was proposed in the spring budget, which was passed in August, prior to the collapse in our emergency rooms over the summer, and now in our pediatric ICUs. The fall economic statement was an opportunity for the government to respond to the crisis we've seen over the last few months, and it failed to meet that challenge. It did offer a gas tax cut, but that's money that could have gone to health care.

I know budgets are about priorities. Right now, I believe the priority is shoring up our health care system.

With all due respect, to the comments around ODSP—I agree with the member that raising the earnings threshold from \$200 to \$1,000 is a good thing, something I've been calling for for a long time now. So we'll agree on that. But to only raise ODSP rates from \$1,100 to \$1,200 a month and forcing people to live in legislated poverty, forcing them to live at about 40% of the poverty line—

The Acting Speaker (Ms. Patrice Barnes): Thank you. Question?

Mr. Wayne Gates: I appreciate the opportunity to ask my colleague a question.

There's nothing in this bill that talks about the gouging at the grocery stores. There's nothing in it talking about the gouging by the oil companies. Our food banks are at record levels, as you already said. There's nothing in here

to repeal Bill 124, an attack against workers, mostly women. ODSF and OW are poverty rates, without a doubt.

But I think the main question that I think we all should be concerned about is about our food supply, our water, our air.

Why do you think there is nothing in here to protect the greenbelt?

Mr. Mike Schreiner: Thanks for the question.

I'm going to focus on food, because the biggest source of inflation right now is rising food prices. There are some things that I believe the government could do to address that, and I want to give two of them.

I'm a farm kid. I spent my whole life working in the food and farming sector.

Eighty-five per cent of food retail is controlled by three corporations in this province. All three of them are earning excess profits. All three of them have demonstrated, in the past, issues around collusion. We need more competition in our food retail sector.

At the very least, the province could be looking at an excess-profits tax and a grocery code of conduct that would not only protect consumers but would also protect local farmers and food processors.

0940

The bottom line is, one of the biggest drivers of inflation around food is international global events, which, to me, highlights why we need to protect our local food supply. That is exactly why we have to put a stop to losing 319 acres of farmland each and every day in this province. This bill will make that worse.

The Acting Speaker (Ms. Patrice Barnes): Questions?

M^{me} Dawn Gallagher Murphy: The legislation proposes doubling the Guaranteed Annual Income System payment for all recipients for 12 months. Will the member opposite support this direct relief measure for seniors in Ontario?

Mr. Mike Schreiner: We have two seconds—so GAINS is good, but other parts of this bill make it unacceptable.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Hon. Parm Gill: It's always an honour and a pleasure any time I have an opportunity, obviously, to rise in this House and represent my constituents of Milton—and the opportunity, this morning, to speak to Bill 36, Progress on the Plan to Build Act.

Just before I get started, I want to mention that I will be sharing my time with the honourable member from Carleton.

The Progress on the Plan to Build Act was recently introduced by our great Minister of Finance. I want to thank him for the tremendous work he has done, and his two PAs, who have put a lot of time and effort into this—the member from Bruce–Grey–Owen Sound and the member from Oakville—in collaboration with all of our colleagues here in the chamber. It's a bill that has been introduced during, I would say, some of the most challenging times. We understand the economic

uncertainty that's going through the global world. The work done by this government over the last four and a half years—we had an election recently, and we took this very plan to the voters, to Ontarians, to let them have their say in terms of what they think, and I think we can all agree that it was a resounding success. They gave our government an even stronger mandate to continue to implement the plan that we have been working on over the last four years, and they want us to continue to build.

Interjection.

Hon. Parm Gill: I know the opposition likes to heckle. Unfortunately, they also proposed their policies—some, obviously, we disagreed with, all Ontarians disagreed with, and we saw the result on June 2. So I can understand why they're upset; I would be, too, if I was in their situation. But they've got to accept their results, live with them and move on. That's what I would suggest.

Madam Speaker, over the last four and a half years—let me just talk about some of the things that we have been able to do in my community. Milton has been able to benefit from the investments we have been making not just in Milton but right across this province. As most would know, Milton is one of the fastest-growing communities in the province. We've got lots of young families; we've got lots of young kids, so with that, of course, there come challenges, and the government of the day is expected to help residents with those challenges and work with our municipal partners and others to make sure the residents' needs are being met and are being addressed. I am proud to say that we have been delivering on that.

Let me share some examples with you, Madam Speaker. In my previous term of four years, 2018 to 2022, our government invested in nine new schools—where the previous Liberal government was busy shutting schools down right across our province. Just in my riding of Milton, we introduced nine brand new schools and five expansions. You might ask what something like that would cost. That was over \$250 million in investments into education—just the capital infrastructure to build new schools and expand. That, of course, included public; that included Catholic; that included French. Those nine new schools and five expansions would accommodate over 7,000 new student spaces just in my riding of Milton alone. That was obviously much needed; we recognized that after we formed the government. The mandate was given to us to get it done. I worked with my colleagues, the Minister of Education, our government to make sure those investments were delivered to my great riding of Milton.

Let me speak about another topic. Anybody who drives the 401 corridor along Milton understands the impact of gridlock and traffic congestion every single day. One of the asks was, of course, the expansion of Highway 401 right from Mississauga up to Milton. We delivered on that. Those new lanes are now in the process of being opened, and some of the residents and, obviously, the commuters who are driving through that stretch of the highway are realizing the benefits of the investment we made—and why we also ran as a party in the election, in terms of

wanting to build more highways, like Highway 413, which is also going to connect our residents, our town of Milton, with the other municipalities.

These are the investments that are very, very much needed. That investment that I talked about—the expansion of Highway 401 that stretched from Mississauga to Milton was worth over half a billion dollars. These are all necessary. Parents, workers understand that if they need to get from point A to point B, they need to be able to—not every person living in downtown Toronto who has the luxury of a great public transit system—and might I add, we've also been investing billions of dollars in that. But in smaller towns, especially in the rural parts of Ontario, not everyone has that luxury. Not as a luxury but as a necessity in life—they are dependent on cars. They don't have any other option but to drive their kids to school, drive themselves to work, to meet the needs of their day-to-day lives.

Another issue relevant to my riding that I'm proud to say our government has delivered on is rural broadband. Not a lot of people know, but my riding of Milton does encompass a large part of rural folks who don't have access to the Internet—and especially during COVID-19, we saw that when students had to stay home and had to study online. Businesses and farmers, obviously, had to operate from home, and without having reliable access to Internet—it makes life very challenging.

I also happen to live in a rural part of my riding where we don't have reliable high-speed Internet and we are dependent on satellite in some cases. Obviously, the speed is next to nil. But the investment that our government has been making over the last four years is proving to be very, very fruitful. Residents in my riding, in the rural parts, are now, finally, for the first time, getting access to high-speed Internet, reliable Internet, so they can run their businesses online and their kids can study online, if need be. We know the importance of high-speed Internet in this day and age, how it affects our lives, and how much we are dependent on that—small things.

I heard the members opposite talk about our reduction in the gas tax by 5.7 cents a litre, which was introduced initially for few a months, and now we're extending it for another year. As I mentioned earlier, for residents in a riding like mine, where people are dependent on cars—they have to drive. You should talk to somebody in my riding and ask them what that 5.7-cents-a-litre reduction in the gas tax means to them. It may not mean a whole lot to the members opposite.

I understand the opposition has a role to play and their main job is to oppose everything that the government is putting forward. At the same time, they also need to learn to be reasonable. When the government is putting forward a good piece of legislation with good policies that benefit all Ontarians, they need to get behind it. They need to work with the government. They need to support some of the measures. They can't sit on the other side and criticize the government all day long and continue to vote against some of the important measures that are in every piece of legislation, and then stand up and say, "Why isn't the government doing anything? Why isn't the government

delivering on priority A, B or C?" Yes, we absolutely are—but if they fail to see it, if they fail to support the government in our progress and what we're trying to do, then that's really unfortunate.

0950

I know I'm close to my 10 minutes, Madam Speaker, so, with that, I want to thank everyone for the opportunity. I'll turn it over to my colleague for the rest of the 10 minutes.

The Acting Speaker (Ms. Patrice Barnes): The member from Carleton.

Ms. Goldie Ghamari: I'd like to thank the minister for sharing his time with me and for his very excellent speech. I'd like to continue on what the minister was speaking about.

Madam Speaker, I rise today in support of Bill 36, the government's proposed Progress on the Plan to Build Act (Budget Measures), 2022.

Le document comprend le tout premier rapport d'étape du gouvernement sur son plan pour bâtir l'Ontario, ainsi que de nouvelles mesures ciblées pour faire avancer son programme visant à bâtir l'économie, à s'attaquer à la pénurie de main-d'oeuvre dans la province, ainsi qu'à aider les familles et les entreprises à garder les coûts bas.

Faits saillants relatifs aux mesures ciblées qui font progresser le plan du gouvernement :

—lancer un registre de crédits pour l'énergie propre, volontaire, pour stimuler la compétitivité, attirer des emplois et offrir aux entreprises plus de choix quant aux moyens d'atteindre leurs objectifs en matière d'environnement et de développement durable, grâce aux mesures législatives proposées;

—accorder aux petites entreprises de l'Ontario un allègement de l'impôt sur le revenu de 185 millions de dollars au cours des trois prochaines années, dont profiteront environ 5 500 petites entreprises grâce à l'élargissement proposé de la fourchette d'élimination progressive du taux de l'impôt applicable aux petites entreprises.

Amid uncertainty due to global geopolitical conflict, elevated inflation, rising interest rates and ongoing supply chain issues, Ontario's economy has proven resilient. Through its flexible and responsible plan, the government is working to support a long-term plan that will ensure the province is in a strong position to maintain risks in a challenging global economy, while investing to build a stronger Ontario. By preserving flexibility, the government is prepared to provide targeted supports to people and businesses, while maintaining a responsible plan to eliminate Ontario's structural deficit.

Our government's priority is to ensure long-term economic growth, while addressing the labour shortages and keeping costs down for families and businesses. We will continue to help grow the economy by getting boots to shovels in the ground to build key infrastructure projects and investing in skills training for Ontario workers and newcomers.

We're also providing an update on our economic and fiscal outlook, highlighting how its flexible and responsible plan is positioning the province to be ready to

manage any hurdles that come our way. In fact, the government is now projecting a \$12.9-billion deficit in 2022-23, nearly \$7 billion lower than the outlook published in the 2022 budget. The road ahead will not be easy, which is why now is the time for governments to show restraint. Whatever the economic uncertainty may bring, our government has a plan, and I am confident in the resilience of Ontario's economy, its workers and its people.

Our government is helping to manage rising costs for low-income people with disabilities by planning to adjust core allowances under the Ontario Disability Support Program. The changes made under this plan would allow a person already on ODSP to keep more of the money they earn, by increasing the monthly earnings exemptions from \$200 per month to \$1,000 per month. This would allow the approximately 25,000 Ontarians currently in the workforce to keep more of their earnings, and it could encourage as many as 25,000 more Ontarians to participate in the workforce.

In the spirit of boosting our economy and giving businesses and consumers more choice to be environmentally conscious, our government is launching a voluntary clean energy credit registry, which will boost competitiveness and create more jobs.

For small businesses in Carleton and across Ontario, we're providing \$185 million in income tax relief over the next three years, benefiting about 5,500 small businesses through the proposed extension of the phase-out of the small business tax rate. And we're automatically matching property tax reductions for small businesses in all municipalities that adopt the small business property subclass.

As already announced over the weekend, we're proposing to extend the cuts to the gas tax and fuel tax rates so that the rate on gasoline and fuel would remain at 9% per litre until December 31, 2023.

By eliminating the licence plate renewal fees for passengers and light commercial vehicles, drivers in southern Ontario will save up to \$120 per year and northern Ontario drivers will save up to \$60 per year.

Our Ontario seniors, who have worked hard all their lives, deserve to retire in dignity. That's why we're helping to manage costs for about 200,000 of Ontario's lowest-income seniors by proposing to double the Guaranteed Annual Income System payment for all recipients for 12 months, starting in January. That's a maximum increase of almost \$1,000 per person in 2023.

Since the announcement of the 2022 budget, the government is enhancing its plan to catch up by increasing direct payments to parents by \$140 million, bringing total investments this year alone to over \$365 million. This funding will help make life more affordable for parents and ensure students receive the support they need.

Building upon the government's plan-to-catch-up investments, Ontario is providing further supports with these recently announced initiatives:

- math action teams deployed to underperforming school boards;

- early reading enhancements that further the government's response to the Ontario Human Rights Commission's Right to Read report;

- new digital resources to support parents, students and educators; and

- new universal screening for reading for Ontario's youngest learners.

Ontario will soon be approaching that time of year when we all have to file our income tax. Our government will continue to support families by offering the following tax credits:

- the Low-income Individuals and Families Tax Credit, also known as the LIFT tax credit;

- the Ontario Seniors Care at Home Tax Credit;

- the Ontario Staycation Tax Credit;

- the Ontario Jobs Training Tax Credit;

- the Ontario Childcare Access and Relief from Expenses tax credit; and

- the Seniors' Home Safety Tax Credit.

This government is unleashing the economic potential of critical minerals, including those in the Ring of Fire, with Ontario's first-ever Critical Minerals Strategy and a commitment of close to \$1 billion to support critical legacy infrastructure such as all-season roads to the Ring of Fire. To show how serious we are about this and our commitment and dedication to this, our government even has a Minister of Mines. When was the last time that Ontario even had a Minister of Mines? That goes to show the dedication and commitment of this government.

While our province experienced strong economic growth throughout 2021 and in the first half of 2022, we are now in uncertain times, and these are factors that are beyond our government's control. That's why the Ministry of Finance has developed faster-growth and slower-growth scenarios that the economy could take over the next several years to provide more transparency about how any of the scenarios could impact Ontario's finances.

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Our government is committed to eliminating the province's structural deficit and is redoubling its efforts to bring Ontario's finances back to balance. Our fall economic statement clearly shows that our government has a responsible plan with targeted new measures to help navigate these economic challenges.

Madam Speaker, the people of Ontario re-elected us with a super majority because they believed in our plan; they believed in the budget that we had put forward. They have seen in the past four years how much we were able to accomplish after 15 years of Liberal waste and mismanagement that was propped up by the current opposition; it's for that fact that the Liberal Party still doesn't even have party status. After four years, the people of Ontario could not forget, did not forget. And yet, there are so many members of the government that we don't even all fit on one side of the House. I think that goes to show the commitment and the dedication that this government has shown in the past four years and will continue to show in the next four years.

It is my hope that all parties in this House will join with the government and vote in favour of this bill.

Whatever the economic uncertainty may bring, the people of Carleton and Ontario can rest assured that our government will always be prepared and will always have their backs.

The Acting Speaker (Ms. Patrice Barnes): Questions?

Ms. Teresa J. Armstrong: I want to ask the member about the economic statement. I have a long-standing issue in my riding, and I'm sure everyone here in this chamber has heard that elderly parents, senior parents who have adult children with development disabilities—there is no housing plan for supportive housing for these adult children. These parents are looking after them. I have such a story that I want to share, but I won't have time today—basically, they aged out. The parents had to go to long-term-care homes. Their daughter, who has an adult development disability, cannot get into Community Living supportive housing. Where is that in this budget? Can the member please talk about that?

Ms. Goldie Ghamari: A few weeks ago, the Minister of Municipal Affairs and Housing introduced legislation that deals directly with the issue of affordable housing.

And our government, during the election, committed to building 1.5 million homes in the next 10 years. That's something that we are in fact doing with the legislation we have proposed. This is actually great news for my riding—because one of the biggest issues was that the city of Ottawa refused to allow the village of Greely to expand. The village of Greely is so important, in fact, that I have been advocating for this, and we finally got the approval, because our government is here to listen to the people.

We will continue focusing on building homes, because the more homes we have, the more affordable it is for Ontarians to live in them.

The Acting Speaker (Ms. Patrice Barnes): The member from Richmond Hill.

Mrs. Daisy Wai: Thank you, member, for sharing with us.

We know that we have done extra work for GAINS, for ODSP, for gas tax. These proposed measures in the legislation that we propose now—how would that fit into the larger plan for the affordability issues that people are facing? You say that we have a bigger plan. I would like to know how this will help the people of Ontario.

Ms. Goldie Ghamari: I would like to thank the member from Richmond Hill for her question.

Our government is delivering on the promise to help manage rising costs for low-income people with disabilities. We announced an increase to ODSP core allowances and the maximum monthly amount announced for the assistance for government plans.

We're making significant changes that would allow a person with a disability on ODSP to keep more of the money they earn, by increasing the monthly earnings exemption from \$200 to \$1,000 per month. For each dollar earned above \$1,000, the person with a disability would keep 25 cents of income support.

These changes are practical results—and the practical result is that approximately 25,000 individuals currently in the workforce will be able to keep more of their earnings, and it could encourage as many as 25,000 more people to join the workforce.

The Acting Speaker (Ms. Patrice Barnes): The member from Algoma–Manitoulin.

Mr. Michael Mantha: I want to go back to the member from Carleton. I really like what she just finished off with. I want to ask her a question on behalf of Donna Behnke from Elliot Lake.

You're planning to raise the annual income for people on ODSP from \$200 to \$1,000—when will that take effect? Also, it's great that you're doing that for some, and you're also providing additional funding for parents with children. However, there are some single individuals out there who just cannot work. What are you doing for them? What is in this fall economic statement that is available for them? When are you planning on helping those individuals, who need help as well?

Hon. Parm Gill: I want to thank my honourable colleague on the other side for that important question and for recognizing the fact that there are wonderful supports in this piece of legislation that will go to help individuals who need the help the most.

I would encourage all of my colleagues in this Legislature to really go through this fall economic statement and read the bill through. There are so many different supports that are available for every single individual, whether you're a small business, whether you are a family member, whether you're a senior, whether you're on ODSP, whether you're a child care worker, whether you're a nurse—on and on and on. Obviously, it's hard for me to highlight all of them, but there's a whole suite of different initiatives worth billions and billions of dollars.

The Acting Speaker (Ms. Patrice Barnes): Question?

Mr. John Jordan: I thank the member from Milton for his earlier comments on investments in education, building schools instead of closing schools, the Highway 401 expansion and expansion of highways in general, and broadband, which is very important in my riding of Lanark–Frontenac–Kingston.

I'm wondering if the member could tell us how the proposed measures in this legislation fit into the government's larger plan to build Ontario and invest in the priorities that matter to the people of this province?

Hon. Parm Gill: I want to thank my honourable colleague for that great question.

In my remarks, I mentioned the importance of making decent investments, especially when it comes to education. In my community of Milton, which is one of the fastest-growing communities, the number of new schools that I've had the opportunity to announce over the last four and half years—nine new schools, five expansions worth \$250 million, over 7,000 new student spaces, and that's just in my riding of Milton. We've been doing that right across this great province—spending billions and billions of dollars, not just building new schools, but also investing

in education, making sure that our kids have the necessary resources to succeed in life.

As a proud parent of three, I understand first-hand the importance of making investments in education, in health care and every single sector. I'm proud to be part of this government that has been laser-focused on doing all of those things.

The Acting Speaker (Ms. Patrice Barnes): The member from Algoma–Manitoulin.

Mr. Michael Mantha: I want to give the opportunity to the member to answer the question that I asked previously to the member for Carleton, and I'm going to keep it as simple as I can. In the introduction to the fall economic statement, on page 7, it says that the earnings for ODSP individuals, before clawback, will be raised from \$200 to \$1,000 per month—it starts off in the paragraph by saying, “We plan to raise the amount” per person. My question is, when are you planning on doing that? People really need help now.

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Also, the second part of that question that I asked is, what are you going to do for those individuals who don't have the ability to work? They also need support, and that is not in this fall economic statement. Try not to go off and say there's pixie dust where there's not. Those individuals need help, too.

Hon. Parm Gill: I want to thank the honourable colleague on the other side for that question again. What I would say to that is, we understand and recognize the importance of helping those who need help the most—part of the reason why this has been introduced in this important piece of legislation.

If the member opposite really cares and really wants to get this going and deliver these supports that we've introduced as quickly as possible—talk to his other colleagues on the other side and get them to support this piece of legislation; get them to move this along quickly so we can get the necessary supports to Ontarians. We're doing our part on this side, and I would encourage the members opposite to get behind it. Let's continue the important work that has been given to us, assigned to us by Ontarians and the mandate that was given to us on June 2. We are focused on that, and we will continue to do it.

The Acting Speaker (Ms. Patrice Barnes): We are going to move on to further debate. The member from Essex.

Mr. Anthony Leardi: Good morning, Madam Speaker. It's a pleasure to see you in the chair today.

I'm going to be addressing the chamber and this assembly on Bill 36, which is the Progress on the Plan to Build Act, and as is my tradition, I'm going to start my address with a very short story that is going to tie directly into the subject of debate and assist us in illustrating what I'm talking about today.

As I'm wont to do, I'm going to start this story on the second concession of Anderdon township, because that's where I grew up. On the second concession of Anderdon township, there is a row of lots. All of the lots are one-acre lots, because there's no sewer line on the second

concession; you have to put in septic tanks. Immediately behind the one-acre lots, there's a railroad, the Essex Terminal Railway. It's still in operation today. On the other side of the railroad, there's a subdivision, and that's where I live. I literally live about half a mile from where I grew up. I grew up on the east side of the railroad, and now I live on the west side of the railroad. Some people have an expression—they say sometimes that they grew up on the wrong side of the tracks, but that does not apply to me. I grew up on the right side of the tracks. In truth, in Anderdon township it doesn't matter if you grew up on the east or west side of the tracks; you always grew up on the right side of the tracks, because if you grew up in Anderdon township, where I grew up, you always had opportunity, and if you worked hard, you knew you were going to make it. We all knew that. I certainly knew that. I always had a summer job. I went to school, I went to university—more than once.

I eventually decided to go to law school. I became a lawyer and opened a law office. I opened up that law office right in the town of Amherstburg, eight minutes from my house. So my commute to work was eight minutes—from my house beside the railroad tracks in Anderdon to my law office in Amherstburg.

Running a law office for 24 years was great. I had lots of clients. I had great people to work with. I had two full-time employees. I was making a good—

The Acting Speaker (Ms. Patrice Barnes): Thank you, the member from Essex.

Second reading debate deemed adjourned.

MEMBERS' STATEMENTS

COPD AWARENESS DAY

Mr. John Jordan: In 2021, this government introduced, for the first time, and passed an act to proclaim November 16 COPD Awareness Day.

Chronic obstructive pulmonary disease is a serious and progressive disease that causes lung damage and blocks the airways. It is the fourth-leading cause of death in Canada, and it is a leading cause of illness.

The Ministry of Health has taken significant action on COPD care and prevention, aligned with Health Quality Ontario's advice, including increasing access to smoking cessation programs for patients in both hospital and primary care settings, including patients with COPD; increasing access to influenza and pneumococcal vaccines among COPD patients; and investing in early detection and treatment to slow the progression of this extremely serious lung disease.

One of our most promising investments has been in the Best Care in Primary Care program, recognized by clinicians and patients as a highly effective, made-in-Ontario, team-based, patient-centred care model. Best Care has successfully reduced emergency room visits by 63% and hospitalizations up to 60% among COPD patients. This program has improved mental health among

chronic disease patients who are receiving whole-of-person care for the first time. As demonstrated in peer-reviewed studies, Best Care in Primary Care has saved our health system millions of dollars in cost, alleviated pressures on capacity and significantly improved the quality of care and life for Ontarians living with COPD.

On this World COPD Day, I want to recognize the work of health care professionals, from physicians to nurses to respiratory therapists, who support people living with COPD every day and encourage Ontarians to remember that your lungs are for life.

MUNICIPAL PLANNING

Mr. Terence Kernaghan: Last night, London inaugurated our new city council. I want to take this time to thank all of them for stepping up to serve the city of London and to wish them all well in leading our great city to meet its potential.

It's deeply concerning that councillors are being sworn in on the same week this government is going out of their way to strip them of their powers with Bill 23. This new legislation takes power away from cities right when they need it the most. It costs municipalities hundreds of thousands in lost revenue and gives the minister sweeping powers they've never had over bylaws and local planning. It's also a direct attack on conservation authorities.

Ontario is losing almost 320 acres of prime farmland per day, but this government wants to make the incredibly rich even richer.

This bill hurts the environment, renters and weakens democracy. It jeopardizes affordable housing stock, and it's a gravy train giveaway to politically connected developers.

I worry that this government's party with the public purse is completely out of control.

Speaker, our city councillors were elected by the people of London to lead our community; this government was not.

Ontario cannot go backwards on the environment, democracy, and protections for people who need them the most.

I hope that this government will listen and learn what municipalities require, and collaborate rather than dictate.

INN FROM THE COLD

M^{me} Dawn Gallagher Murphy: Madam Speaker, I would like to inform the chamber today of a tremendous community organization in my riding of Newmarket–Aurora called Inn From the Cold, whose mission is to meet the needs of people who are homeless or at risk of becoming homeless. They provide emergency shelter in harsh winter conditions and offer a drop-by program which is open seven days a week, where community members are served meals and have access to shower and laundry facilities as well as to computers and the Internet.

I am very pleased to announce that this year our government has supported Inn From the Cold with two Resilient Communities Fund grants, for a total of

\$277,400, through the Ontario Trillium Foundation. These grants helped Inn From the Cold with staffing costs, including the hiring of a systems navigator. The grants also helped with the costs associated with building a new website to improve its digital presence, as well as to implement a health and wellness strategy and organizational risk management plan.

When touring the facility, I had the privilege to meet their systems navigator and volunteers, while witnessing first-hand the many vital services they provide.

I would like to thank Ann Watson, the executive director, and all the volunteers at Inn From the Cold for the great work they do in our community.

1020

FIRE SAFETY IN NORTHERN AND REMOTE COMMUNITIES

Mr. Sol Mamakwa: *Remarks in Oji-Cree.*

Good morning. Winter is almost upon us. This morning I'd like to raise awareness of the impact of house fires and the risks in First Nations.

In 2019, in Kitchenuhmaykoosib Inninuwug—also known as KI—a mother and four children passed away from a house fire.

Unfortunately, I have stood here in this House and asked for moments of silence multiple times for people in Kiiwetinoong who have died in house fires.

At the time, KI had a non-operational fire truck and an incomplete fire hall due to a lack of funding—despite First Nations having a 10-times-higher mortality rate compared to non-First Nations communities in Ontario. First Nations children ages zero to nine have the highest fire-related mortality rate, which is 86 times greater than non-First Nations children in Ontario.

House fires and hazards are at an increased risk in all First Nations, where access to fire departments and emergency medevacs require additional time for support—or they may not even have access to this, who do not have access to year-round roads, a challenge for 24 fly-in First Nations in Kiiwetinoong.

These concerns are directly linked to the safety, well-being and lives of children.

As the seasons change, I ask the members to consider the experiences of families in the north as they try to stay warm while living in these conditions.

THE GINGERBREAD MAN

Ms. Goldie Ghamari: Mr. Speaker, I rise today to speak about one of Manotick's most charming and whimsical shops, the Gingerbread Man. Many from the historic village of Manotick and those who have travelled from far and wide to see the one-of-a-kind shop will remember the gingerbread aroma that fills the shop, the incredibly detailed gingerbread showpieces, the multitude of gingerbread cookies for every occasion, the famous butter tarts, the delicious Kawartha ice cream, and so much more.

Richard Palframan started the Gingerbread Man in 1998 in Toronto. In 2001, he moved his home and business to Manotick. The shop has grown with the village of Manotick and has had the pleasure of watching neighbourhood families grow and of having their gingerbread houses become part of Christmas traditions.

The shop is also where Richard met his wife, Kaori. Kaori helped the business grow with her fantastic shortbread, banana bread and intricate decorating skills.

Unfortunately, on November 4, Richard and Kaori were devastated by a massive fire that took away their home and business. The 150-year-old building, which was one of the first houses ever built in Manotick, will have to be torn down. The weeks before Christmas are the busiest time of year for them. The loss of business means loss of revenue to pay their bills and support the community, and the loss of their home means that they are left with a hole in their hearts.

Mr. Speaker, this is a huge loss for the village of Manotick.

I send out my condolences to Richard and Kaori. And if anyone wishes to support them, please check out their website.

TOWNSHIP OF ARMSTRONG SEWAGE LAGOON

Mr. John Vanthof: I would like to once again make this House aware of a situation in my riding: the importation, storage and spreading of raw human sewage, imported from Quebec, stored on a former dairy farm lagoon. The neighbours raised concerns when this was approved by the current Minister of the Environment. I contacted the minister, especially because it was a former dairy lagoon and there was a well situated in the area. The ministry replied that it was a green site, there was no former infrastructure, and there was no well. There is a well; it was former infrastructure—when I made this, again, aware to the minister, no reply.

A few weeks ago, I wrote the minister a letter saying, “Well, since the ministry didn’t even identify that there was a well, how can the neighbours be assured you’ve identified any of the other infrastructure around the former dairy site?” I got a nice letter back on Friday saying that everything is fine.

On Saturday, hopefully by coincidence, the lagoon was pumped. On Saturday night, after dark, excavators went in and excavated till 4:30 in the morning. I called the MOE—no report. But the local MOE inspector did send an email to one of the neighbours that this was MOE-sanctioned and they were digging out the former foundations of the barn that didn’t exist.

We no longer have faith in the ministry. We need all the documentation.

FIFA WORLD CUP QATAR 2022

Mr. Mike Harris: Normally, when we get up and do members’ statements, we talk a little bit about something that’s happening in our ridings. But gosh darn it, Speaker,

I am so excited, I just can’t hide it—the World Cup is coming November 20, on Sunday. I am a huge football, or soccer, fan. Believe it or not—for everybody here in the House—I have two children and one of them has the middle name Chelsea, after Chelsea Football Club, and one of them has the middle name Robben, after the Dutch footballer Arjen Robben. I’m very excited and I’m really looking forward to seeing, for the first time since 1986, Canada playing in the World Cup.

I will say, I’m a little partial to the German team. We normally fly the German flag outside our house during the World Cup, but this year it’s going to be a little bit different; we’ll make sure that the Canadian flag is on top.

I encourage everybody, if you have an opportunity—it’s a little bit different with it being in Qatar this session; the games are going to be on at different times. It’s going to be a little weird. They start on the 20th. If you have an opportunity, please tune in and support Canada.

I know we have some athletes from Team Ontario here today. Welcome to the Ontario Legislature. Maybe one day they’ll have an opportunity to play in the World Cup as well.

GREENBELT

Mr. Mike Schreiner: I rise today to pay tribute to the thousands of acres of protected land that will be lost to the government’s plan to pave over the greenbelt, and to give voice to the millions of people in this province who love the greenbelt. They want the Premier to keep his promise. Over and over again, inside and outside this House, the Premier explicitly promised to protect the greenbelt from development. There’s a reason these lands are protected. It’s the land that protects us from expensive floods and that cleans our drinking water. It’s home to so many places where people love to spend time with their family. It’s home to the farmland that feeds us and supports our economy. All of this is under threat so that a handful of land speculators can turn millions into billions, and the rest of us will pay the price in longer commutes, higher flood costs, increased property taxes and reduced food security.

Speaker, there are 88,000 acres of land already approved for development within existing urban boundaries, where we can build affordable homes in communities where people want to live.

We simply cannot afford to continue to lose 319 acres of farmland each and every day.

So, on behalf of my constituents and millions of Ontarians, we say, Premier, keep your promise. Keep your hands off the greenbelt.

JOB CREATION

Mr. Anthony Leardi: All of us remember that, under a Liberal government, 300,000 jobs fled the province of Ontario. But I have good news, because those jobs are coming back. They’re coming back to my riding of Essex, and they’re coming back to the town of Kingsville.

1030

I had the pleasure of going to Kingsville with the Minister of Economic Development and Trade. He brought a provincial investment of \$1 million to the town of Kingsville, and that \$1 million is going to be matched by \$11.5 million from business investors, for a total of \$12.5 million of manufacturing investment in the town of Kingsville. That's a town of 21,000 people, so \$12.5 million is a big deal. It's going to create 29 jobs—good jobs, skilled jobs, jobs you can start a family with, jobs you can build a house with.

Mr. Speaker, I want to thank the Minister of Economic Development and Trade—and I want to thank the leadership of the Premier.

I want to congratulate Idol Core Industries of Kingsville and MC3 Manufacturing of Kingsville for creating good, long-lasting jobs for the people of the county of Essex.

GREATER WINDSOR CONCERT BAND

Mr. Andrew Dowie: I'd like to recognize a tremendous and well-loved institution in my riding of Windsor–Tecumseh, the Greater Windsor Concert Band. This past weekend, the band celebrated their silver jubilee. True to form, they celebrated in style with a free community concert at the Serbian Centre of Windsor.

Led by their enigmatic director, Ric Moor, the band brings back to our community the magic of wind-band and concert-band music. From their humble beginnings in 1997, comprised of Ric and 12 musicians he was able to recruit—and hosted at St. Thomas of Villanova high school—the band delivered their first of many Christmas shows that year, and they have kept an incredible holiday spirit alive in our community ever since.

The COVID-19 pandemic didn't keep the band down. Their YouTube and TikTok channels are going strong, delivering incredible music when it was needed the most to keep our spirits lifted.

And for those among us who just can't get enough of All I Want for Christmas Is You, rest assured that the Greater Windsor Concert Band has an incredible rendition of this beloved holiday classic.

Thank you to President Diane Hernandez, Vice-President Lori Coulter, Secretary Annette LaRose, Treasurer Matthew Grayson and Directors Karen Barnes, Amanda Hanson, Angela Manser and Laura Zarlenga for sharing your love of music with all of us in Windsor–Tecumseh.

The Speaker (Hon. Ted Arnott): That concludes our members' statements for this morning.

INTRODUCTION OF VISITORS

M^{me} France Gélinas: It is an honour to welcome the Nurse Practitioners' Association to Queen's Park. That includes: Barbara Bailey, Amanda Rainville, Corsita Garraway, Jennifer Clement, Chantal Sorhaindo, Dana Cooper, Lauren Scott, Teresa Wetselaar, Kelsey York,

Clinton Baretto, Krysta Cameron, Claudia Mariano, Valerie Winberg, Andrea Anderson, Beth Cowper-Fung, James Lindberg, Jayme Wilson, Thomas Gendron, Noah Mondrow, Vanessa Mooney, Justine Rose, Marcela Killin and Pavarni Jorgensen.

I also want to thank police officers from my riding who are here: Matt Hall, Jacques Roberge and Steve Train. Thank you for coming to Queen's Park.

Mr. Dave Smith: I'd like to introduce two police officers from my riding: Sergeant Jeff Chartier and Mark Ballantine.

MPP Jill Andrew: I'd like to welcome Bob Murphy from ACORN to Queen's Park. It's good to see you, Bob.

M^{me} Dawn Gallagher Murphy: As parliamentary assistant to the Minister of Health, I'd also like to introduce the Nurse Practitioners' Association of Ontario. Thank you to the member opposite for announcing all their names.

Nurses from across the province are here to meet with MPPs and government officials today to highlight the critical role of nurse practitioners across the province.

Welcome to Queen's Park.

Ms. Jessica Bell: I'd like to introduce Barbara Hall, the former mayor of Toronto, to Queen's Park today.

Mr. Logan Kanapathi: I'm honoured to welcome business delegates from Nigeria, organized by my good friend Bose Odueke. In the gallery is Peace Wisdom, Dr. Chinwendu Bilite Onyegbula and Kehinde Akinsanya. Welcome to Queen's Park.

Mr. Sol Mamakwa: It's an honour to welcome Nishnawbe Aski Nation Deputy Grand Chief Victor Linklater, Wally McKay and Wendy Caruk. Meegwetch.

Hon. Monte McNaughton: I'd like to welcome Ian DeWaard, provincial director of CLAC, and Karen Renkema, vice-president of the Progressive Contractors Association of Canada. Today they are joined by representatives of workers and companies that build Ontario, from Ottawa to Windsor and Toronto to northern Ontario.

Welcome to Queen's Park today, and thank you for all you do.

Mr. Joel Harden: I'm very privileged to say that there are a number of vulnerable-road-user advocates with us in the chamber today: Mark Fernandez and Bob Murphy from the Toronto Community Bikeways Coalition; Ingrid Buday, Taqrim Syed, Tasnuba Syeda, Syed Abukarem Ahmed, Stewart Wallace and Colleen Worsley. Thank you so much for joining us today for the Moving Ontarians More Safely Act.

I would be remiss if I didn't acknowledge John Sewell, who apparently was led out of this building by police officers because he's standing up for our province.

Thank you, John, for being here.

The Speaker (Hon. Ted Arnott): I'll ask the members to introduce their guests without additional political commentary.

Ms. Goldie Ghamari: I'd like to welcome, from the Ottawa Police Association, Barmak Anvari, Brian Samuel, Cameron Entwistle and Matthew Cox. I look forward to meeting them today.

I also want to welcome, from the progressive contractors' association, a constituent of mine, Matt Hill.

Welcome to Queen's Park.

Mrs. Jennifer (Jennie) Stevens: I would like to recognize Patrick McGilly from the Niagara Region Police Association.

Patrick, I'm looking forward to the meeting later on this afternoon. Welcome to Queen's Park.

Mr. Mike Schreiner: I'd like to welcome all members of the Police Association of Ontario who are here today, especially Philip Perrins and Matt Jotham from the city of Guelph.

Mr. John Yakabuski: It's not exactly an introduction, but I want to wish our granddaughter Adelaide Helena Colucci a happy ninth birthday today, and our granddaughter May Mundt a happy 15th birthday on Friday.

MPP Kristyn Wong-Tam: I'd also like to recognize Barbara Hall, former mayor of the city of Toronto as well as the former chief commissioner of the Ontario Human Rights Commission, and a resident of Toronto Centre. Welcome.

Ms. Christine Hogarth: As the parliamentary assistant to the Solicitor General, it gives me distinct honour to introduce representatives of the Police Association of Ontario who are joining us today at Queen's Park: President Mark Baxter; executive director Tyler Callaghan; OPPA president John Cerasuolo—and members of the board and staff: Tim Reparon, Michael Duffy, Lauren Alpern and Karen Peral. Welcome to Queen's Park. I know my colleague has more to add.

Mr. Robert Bailey: I'd like to continue those introductions and welcome Brad Durst, Cameron Gough, Matt Jotham, Colin Woods, Anne Brennan-Walsh and Jim Mulligan. You're all invited to their reception tonight.

Ms. Donna Skelly: I'd like to welcome members of the Hamilton Police Association: Hope Paiva, Jaimi Bannon and Jason Leek. I look forward to meeting you this afternoon.

Mr. Andrew Dowie: I'd like to welcome many members of the Windsor–Tecumseh community here today. From the Police Association of Ontario: Rick Derus, Shawn McCurdy, Pete Mombourquette and Kent Rice—as well as Justin Poirier, representing the progressive contractors of Ontario. Welcome to Queen's Park today.

1040

Hon. Neil Lumsden: In August, Niagara hosted the 2022 Canada Summer Games. It was a massive success. Team Ontario won 198 medals—the most. Almost 4,000 volunteers helped pull this event off—world-class legacy with a facility that will deal with sports medicine, sports for all ages, recreation. It is one of the best around, and it will serve a very large audience around the Niagara region and beyond.

The leadership team is here today—look at that; it's like they've got lights on. It's an opportunity to introduce them: Chair Doug Hamilton, Wade Stayzer, Elizabeth Grimmond, Eleanor McMahon, Mario D'Uva, Lynn Hamilton, Vittoria Wikston, Mahaylia Datars, Steve Sevor,

Justan Steele, Janice Robinson, Aimee Maggiacomo, Isaac Blank.

You guys were unbelievable. The next hosts are going to have a heck of a time matching what you've done. Congratulations.

MPP Jill Andrew: I would also like to welcome John Sewell to the House. I know he was our former mayor, and I also recognize that he has been removed.

Thank you, John, for your hard work. You've made our hometown of St. Paul's very proud.

And welcome to all the students in the House. Welcome to your House.

Mrs. Robin Martin: It's my honour to rise today to recognize our page captain Nicholas Baryliuk from my riding of Eglinton–Lawrence, and to introduce his proud parents, Ruth and Colin Baryliuk, who are joining us in the east lobby. Welcome to Queen's Park.

Hon. Graydon Smith: I'd like to welcome the Invasive Species Centre and partner organizations attending Queen's Park for their annual advocacy day—Kyle Borrowman, Terry Rees, Andrea Klymko, Bob Lambe, Mark Ryckman, Belinda Junkin. I invite everyone to attend their reception this evening in room 228.

Mr. Rudy Cuzzetto: Today I would like to welcome St. Enva's school in Mississauga–Lakeshore here—especially Mr. Otto and his grade 5 class, as well as Nina Chiarelli and her son Hank Quinn from grade 5. Thank you for being here.

Mr. Kevin Holland: I want to give a shout-out to the members of the Thunder Bay Police Association who are here today, as well as my former colleagues from the Ontario Association of Police Services Boards and the Ontario Police Arbitration Commission.

MPP Kristyn Wong-Tam: I'd like to recognize Eleanor McMahon, a friend as well as a mentor, a former Minister of Tourism, Culture and Sport, as well as President of the Treasury Board and founder of the Share the Road Cycling Coalition, and the president and CEO of the Trans Canada Trail. Welcome.

Mr. Nolan Quinn: I'd like to welcome Justin Wheeler from the Cornwall police force that's here today with the Police Association of Ontario. We all know the hard work that they do.

Thank you, Justin, for everything you do.

Mr. Mike Harris: I know they've been welcomed already—but a special welcome to the members of the Waterloo Regional Police Service who are here today.

And my wife, Kim, is joining us today.

Mrs. Daisy Wai: I know he has been recognized, but I'd still like to recognize Mark Baxter, the president of the police association, and your team members. I look forward to meeting you later today.

The Speaker (Hon. Ted Arnott): I, too, am very pleased to welcome a former member to the chamber: the member for Burlington in the 41st Parliament, Eleanor McMahon. Once again, welcome.

There's a point of order.

Mr. Mike Schreiner: Point of order, Speaker. I am seeking unanimous consent that, notwithstanding standing

order 45(b)(iv), the time for debate on opposition day motion 2 be allocated as follows: 54 minutes to each of the recognized parties and 12 minutes to the independent members as a group.

The Speaker (Hon. Ted Arnott): Mr. Schreiner is seeking the unanimous consent of the House that, notwithstanding standing order 45(b)(iv), the time for debate on opposition day motion 2 be allocated as follows: 54 minutes to each of the recognized parties and 12 minutes to the independent members as a group. Agreed? I heard a no.

It is now time for oral questions.

QUESTION PERIOD

COVID-19 RESPONSE

Mr. Peter Tabuns: Speaker, as you know, children in Ontario are facing a health care crisis. Public health officials are saying that we should be masking indoors to protect our children. The Premier and his government are not following that advice, but they are telling others to follow it. It seems like a classic case of “do as I say, not as I do.”

Is the Premier going to be a leader and mask up indoors or not?

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

Hon. Sylvia Jones: The most important thing that we can do to protect our children and protect our hospital capacity is to keep up to date on our vaccinations.

If you qualify for a booster, get that booster. Get that flu shot. Make sure you protect yourself so that you can protect vulnerable people in our society.

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

Mr. Peter Tabuns: Normally, leaders stand up—but I will go back to the Premier.

There is so much more this government needs to do to address the crisis that our children face. We need an ambitious flu and COVID-19 vaccination push. We need an advertising blitz to encourage people to mask up and get vaccinated. We need 10 paid sick days so that people can stay home when they're sick. We need government members to show personal leadership. Will the Premier step up today and lead on these critical public health initiatives?

Hon. Sylvia Jones: Again, since the beginning of the COVID-19 pandemic, through a flu season that we anticipated and prepared for, we worked with our hospital partners to make sure that they had sufficient resources, through investments that we've made to ensure that we have enough personal support workers, that we're training and licensing additional RNs and physicians in the province of Ontario who were trained internationally and want to practise here in Ontario. We've done the work. We will continue to do that work. We will work with our partners

to make sure that they have the resources, because at the end of the day, it is our health care professionals who are putting in the hours, who are making the investments, who are coming up with creative and innovative solutions to make sure that our children and our most vulnerable are protected.

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

Mr. Peter Tabuns: Speaker, this government has a choice to make: They will either choose to accept the recommendations of the medical officer of health and address the crisis in our children's hospitals—which, by the way, is not being addressed—or they'll ignore the recommendations from the medical officer of health. Ignoring those recommendations will mean that more children are going to be put in very dangerous situations and may die because they cannot access the critical health care they need. This is what we're talking about—the risk of children dying.

Will the Premier be a leader and act on the recommendations of the medical officer of health or not?

Interjections.

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

Minister of Health.

Hon. Sylvia Jones: Speaker, with the greatest of respect, I think it is very unfortunate that when we have innovation, when we have CHEO, which has been experiencing a higher prevalence rate—have actually been able to reimagine and build, literally, a pediatric ICU unit in an expanded way in their hospital.

We have SickKids nurses who are leaders in childhood and pediatric RSV and flu innovations. They are now offering that expertise to nurses in community hospitals, because they understand that, working together, we will get through this flu season; we will get through this higher rate of RSV. They are doing it because they work together and they are innovating.

1050

It is very unfortunate that the member opposite is suggesting that nothing has been happening, because in fact there have been many positive innovations that have—

Interjections.

The Speaker (Hon. Ted Arnott): Thank you. The official opposition will come to order.

The next question.

LABOUR DISPUTE

Ms. Chandra Pasma: This government's cuts to education mean our kids aren't getting all of the supports they need and deserve in schools. There are educational assistants running back and forth in hallways with walkie-talkies trying to figure out which kid needs help the most. Parents are getting a phone call saying, “Your child can't come to school today; there's no EA available.”

The government claimed all the disruption it caused to our kids' school year with Bill 28 was to support our kids. So why is the Premier refusing to bargain a deal that

ensures every child gets the support they need with no more disruptions to the school year?

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

Hon. Stephen Lecce: Speaker, our government believes children should be in the classroom, and I hope the members opposite would agree with that premise.

We said we would repeal Bill 28, and we did that. We said we would increase wages across the board. In fact, we have increased wages by over \$335 million over four years for the lowest-paid workers. We also said that we would offer a flat rate; we did that too.

The question is, why are we here? We did everything we said we would to workers at CUPE to get a deal that keeps kids in school.

We are absolutely committed to a fair deal. We're going to stay at the table.

I urge the union to call off this needless strike. Work with the government. Let's get a deal that keeps kids in the classroom.

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

Ms. Chandra Pasma: The minister has got four days to get it done, so I hope he puts his money where his mouth is.

Custodial staff do such important work to keep kids safe, but we've got schools where teachers and principals are forced to fill in for shortages because of custodians missing, schools with libraries closed because there's no library worker.

If the government is serious about making up for learning loss and giving kids a normal school year, why is the Premier refusing to negotiate a deal with real investments and throwing things into chaos once again?

Hon. Stephen Lecce: Mr. Speaker, the government of Ontario has offered an enhanced proposal to CUPE: \$335 million more from that, compared to the legislated option that has been repealed before this House—a \$335-million increase for CUPE alone. We offered a flat rate, which they demanded. We have not requested any concession.

All we ask is that kids stay in school. We think they need to be in school after the disruptions of the pandemic, of recent strikes. This should not be something that is done in this province ever so casually—strikes every few weeks. Kids deserve to be in school.

I urge the union to stay at the table. Let's get a deal that's fair for the workers and keeps kids in the classroom in this province.

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

Ms. Chandra Pasma: That's pretty rich coming from a minister who already forced hundreds of thousands of kids out of school for two days this year.

Speaker, we know from the Financial Accountability Office that this government isn't investing enough to support our students. They are underfunding education by \$400 million this year, and they will be short \$6 billion over the next six years.

Education workers are fighting for our kids.

Will the government do the right thing and make the investments needed to ensure our schools remain good places to learn?

Hon. Stephen Lecce: Well, it is our Progressive Conservative government that has increased funding in public education to the highest levels ever recorded in Ontario history—\$3 billion more than at the peak of spending under the former Liberal government. We now, under our government, have nearly 7,000 additional education workers hired in our schools, almost 1,000 front-line teachers working to support our kids.

Mr. Speaker, unlike the provincial Liberal former government that closed 600 schools, we have now invested in over a hundred construction projects, as we speak—\$14 billion over the next 10 years to renew our schools. We are increasing funding, increasing staffing. And we insist these kids stay in the classroom.

COVID-19 RESPONSE

Mr. Joel Harden: My question is for the Premier.

In a recent video posted online, Chloe Dion, a two-year-old girl, is labouring to breathe at the Children's Hospital of Eastern Ontario. The surgical tape that's holding the breathing tube on Chloe's face is cut in the shape of tiny hearts.

Speaker, experts are urging that all of us wear masks indoors to protect kids like Chloe and to ensure that kids can stay safe through this triple pandemic of countervailing factors. That's why Chloe's parents had the courage to put this video online so that we could all see it.

Premier, why not lead by example and put on a mask for Chloe and other kids like her today?

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

Hon. Sylvia Jones: Speaker, again, I will reinforce how critically important it is to protect patients like Chloe—and that is to make sure that you get that booster shot when you qualify, that you get a flu shot if it is appropriate for you, in consultation with your primary health care practitioner.

Speaking specifically to what we have seen, what we have anticipated in the fall rise with influenza and RSV, we have given—and we will continue to support our hospital sector. And I must say, this is not just about the SickKids and the CHEOs of the world. We are making sure that we are collaborating with our community hospitals to ensure that they are able to step up, just as SickKids and other children's hospitals stepped up when we were dealing with COVID-19, at the height of the pandemic.

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

Mr. Joel Harden: Back to the Premier: The Premier and I have disagreed on policy in this place, and that's fine, but what I've noticed about him in the past is that he sometimes had the courage to change his mind. I encourage him to do that today.

In the video I'm talking about, Chloe's parents, Jeff and Christine, are singing Chloe Somewhere over the Rainbow

as her eyes are filled with tears, and quite clearly she's terrified about the situation she's in.

There are 250 kids right now at CHEO, some of whom are going through that exact same nightmare. Some parents are living that exact same nightmare. On Monday, there were three kids who needed to be resuscitated for significant breathing blockages; on Sunday, there were four.

Premier, I see you here this morning, and I'm glad you're here this morning. I want you to send a message to Jeff and Christine, Chloe's parents, and every other kid struggling to breathe right now in the province of Ontario. Please, put a mask on. Show some leadership, as this province's leader, so our kids can be safe. Will you do that today?

The Speaker (Hon. Ted Arnott): Once again, I'd ask the members to make their comments through the Chair, not directly across the floor of the House.

To reply, the Minister of Health.

Hon. Sylvia Jones: The message I want to give to Chloe's parents and to all parents who are concerned: If your child needs health care in the province of Ontario, it is there, and it will be there. We have provided that assistance.

We have seen an unprecedented level of co-operation between hospitals to make sure that when SickKids, when CHEO is experiencing a challenge, when they are seeing more children than they normally do, there are community hospitals that are stepping up and doing the right thing and accepting those older pediatric patients—to make sure that wherever you need help in the province of Ontario, your government and your community hospitals will be there for you.

TECHNOLOGY SECTOR

Mr. Billy Pang: My question is for the Minister of Economic Development, Job Creation and Trade.

Technology is one of our province's most important economic drivers. Yet for years, under the previous Liberal government, our best STEM graduates were leaving the province in droves to pursue jobs in the US and elsewhere.

Since Ontarians elected our government in 2018, the importance of a resilient technology sector has grown stronger.

Will the minister explain how our government is ensuring that our tech talent remains here at home while showcasing that Ontario is open for business?

Hon. Victor Fedeli: Ontario is proud to be home to Canada's largest technology sector and second-largest tech cluster in all of North America. There are over 21,000 technology firms employing more than 400,000 top professionals in the sector. We are fostering the perfect environment for Ontario's 65,000 STEM graduates.

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That's why, earlier this month, we joined both L&T Technology Services and Snowflake engineering as they announced millions in investment and hundreds of new

tech jobs. LTTS, a leading global engineering company from India, opened their first office in this province and created 100 engineering jobs. Snowflake landed in Ontario from Montana with their Toronto headquarters and engineering hub, providing 300 well-paying tech jobs. This is all proof that we have created the best conditions for businesses to invest here in Ontario.

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

Mr. Billy Pang: It's great that our government is attracting investment from around the world to create jobs for our annual 65,000 STEM graduates.

For Ontario to outperform Silicon Valley, our government must also support the Ontario-made technology ecosystem.

We heard that in 2021 alone, Ontario attracted record levels of venture capital investments, leading the nation with \$8.4 billion in investments.

Will the minister explain how our government is ensuring Ontario's venture capital sector and high-potential technology companies are staying ahead of competitors to the south?

Hon. Victor Fedeli: There was a time when companies were fleeing Ontario—300,000 jobs left here. But under this government, we have lowered the cost of doing business by over \$700 billion a year, every year. The result? Look at Telus—a \$23-billion investment in network infrastructure and broadband technology, creating 9,500 new jobs over the next five years. Tata Consultancy Services, an Indian tech firm, launched their fifth global hub right here in Toronto—5,000 new jobs and 100 internships for those 65,000 STEM grads.

We have created the right climate for companies like LTTS and Snowflake to locate right here in Ontario, all because Ontario is open for business.

CHILDREN'S HEALTH CARE

Mr. Sol Mamakwa: *Remarks in Oji-Cree.* My question is to the Premier.

The children in northern First Nations are the most vulnerable in Ontario because of their limited access to health care. Because of the lack of children's pain and fever medications, Nishnawbe Aski Nation leaders and their allies are planning to travel to the US to get these medications, because this government cannot ensure supply.

The thought of losing any of our children because we do not have these basic medications available is intolerable.

How is Ontario working with Nishnawbe Aski Nation to address this issue?

Interjections.

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

Minister of Health.

Hon. Sylvia Jones: The member opposite raises a very important issue. In fact, I met with the grand chief early today and it was one of the conversations that we had. How

do we ensure that our federal government actually steps up and stops putting barriers to ensure that we have children's medication? I have spoken to Minister Duclos as recently as this past weekend. Of course, it was raised by all of the health ministers at our federal-provincial-territorial meeting last week. I have received assurances from Minister Duclos; frankly, I wish that he had acted sooner. The barrier that we have seen that is preventing children's medication to be imported into Ontario and Canada is disturbing. I think, in this case, we should have had a short-term solution that said, "If it only has English on the packaging, we want it, because we are in short supply." The federal minister has finally acted on that, and I am pleased to see that action.

The Speaker (Hon. Ted Arnott): The supplementary question. The member from Toronto Centre.

MPP Kristyn Wong-Tam: My question is to the Premier. I hope that I get an answer from the Premier.

My constituent Stephanie told me that when she had to get Tylenol for her child she went to five stores and they were all out.

My constituent Ronnie told me that when his one-year-old was sick, he went to every single nearby pharmacy and none of them had Tylenol.

This shortage is straining physicians. The ERs for children are bursting.

What is this government doing to ensure that all families have access to the medicine they need—including the ones that are manufactured right here in Ontario? Why is it that American pharmaceuticals can create a workaround and we don't see the same thing happening right here in Ontario?

Hon. Sylvia Jones: As I mentioned in answer to the previous question, Health Canada is finally acting, and I am pleased to see that.

The member opposite talks about how important it is to build up and ensure that we have sufficient supplies here in Ontario. Where was that member when we were building up Ontario and making sure that we had a supply of personal protective equipment built here in Ontario? Was the member supporting those initiatives when we made a made-in-Ontario solution that said, "If you have ideas, if you have initiatives, we want to hear about it and we want to be part of the solution"?

Interjections.

The Speaker (Hon. Ted Arnott): Official opposition, come to order.

Hon. Sylvia Jones: We did that when the pandemic began, and we've continued to do that through the excellent work of the Premier and the Minister of Economic Development and Trade.

We will continue to ensure that manufacturing is a large part of what we want to see in the province of Ontario, and I hope the member opposite will support that when they come forward.

The Speaker (Hon. Ted Arnott): First of all, interjections are always out of order. And we refer to other members by their ministerial title or by their riding.

The next question.

NUCLEAR ENERGY

Mr. Lorne Coe: My question is for the Minister of Energy.

Our government continues to champion the use of nuclear power, and rightfully so. Nuclear power represents a critical component of Ontario's energy production. In the past, the minister has spoken about the untapped potential of small modular nuclear reactors in providing a safe, stable, reliable source of energy to meet our future electricity needs.

Speaker, while this all sounds very promising, it has led to questions from my constituents about this new energy technology and what it can offer to our province.

Can the minister please tell us more about SMR nuclear technology and what our government is doing to continue to advance this energy source?

Hon. Todd Smith: Thanks to the member opposite for the question. He does come from Durham region, which is Ontario's clean energy capital—Canada's clean energy capital, as a matter of fact—home to Darlington and Pickering nuclear generating stations, with 76,000 people working in this sector in Ontario and across the country.

The Premier had the vision three years ago to sign an MOU and to lead the MOU with three other provinces—Alberta, Saskatchewan and New Brunswick—on the deployment of small modular reactors, and boy, have we seen progress on this file since he had the vision to do that.

This time last year, OPG decided on the technology that they were going to be building on the site at Darlington, the GEH BWRX-300, a 300-megawatt small modular reactor that is going to be producing clean, reliable electricity on our grid by 2028. Saskatchewan has signed on to purchase potentially four and site them in their province to help them eliminate coal generation in Saskatchewan. We have seen TVA, one of the largest utilities in the United States, sign on and collaborate. And just a couple of weeks ago, the federal government signed on with almost a billion dollars from the Canada Infrastructure Bank—

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

Mr. Lorne Coe: Back to the minister: It's great to hear that Ontario is leading the way on small modular nuclear reactor technology in Canada and worldwide. But with Russia's unprovoked and illegal attack on Ukraine, and growing instability in Asia as China attempts to destabilize the region, many of our global partners and allies remain in search of a strong, stable and reliable source of energy. Ontario is well positioned as a global energy leader by providing technological access and opportunity to advance small modular nuclear reactor capacity worldwide.

What is our government doing to show global leadership and provide our European and global allies with access to and understanding of this new technology?

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Hon. Todd Smith: Thanks again to the member for the question.

There's a lot happening. I talked about what's happening in North America. There's a lot happening in Europe. The world really is watching what's happening as this first grid-scale modular reactor is being built at Darlington. A company out of Poland has already signed an MOU with an Ontario company, BWXT out of Cambridge, to purchase a billion dollars' worth of key components—that's good jobs that will be in our supply chain here in Ontario, but there's the opportunity for so much more.

Just last month, I was in Europe, visiting with officials in Poland and the Czech Republic, along with members from OPG and Laurentis energy, their international arm, where they signed two SMR collaboration agreements with Czech and Polish companies. Estonia is also very interested, and many others in Baltic countries and in eastern and central Europe are interested.

Our technology that we're building right here in Ontario—technology that's going to result in more economic activity, cleaner air for the people of Ontario, great-paying jobs—

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

AFFORDABLE HOUSING

MPP Jill Andrew: My question is to the Premier.

This government's Bill 23 changes the definition of affordable housing from one based on income to one based on average market prices. Under this new definition, a family would need an income of at least \$130,000 to afford a so-called "affordable" home in the city of Toronto. This is far beyond what most education workers, teachers, library workers, nurses, PSWs, transit operators, tradespeople—or most workers in Ontario—make, quite frankly, in a year. It's more than what many of us MPPs in this room make in a year.

Will you amend this bill's definition to give working Ontarians the chance at a home they can actually afford?

The Speaker (Hon. Ted Arnott): Minister of Municipal Affairs and Housing.

Hon. Steve Clark: I think the member opposite is making the case exactly for Bill 23.

We've talked to our municipal partners, and we realized that it takes too long to get housing in the ground. We also know that municipal fees are adding an average of \$116,900 to the end cost of a home in the GTA. So we know that costs are too high, we know that fees are too high, and we know that it takes too long to get shovels in the ground.

Exactly what we're proposing under Bill 23 moves forward on those baseline costs. It allows development charges to be waived for affordable housing, for sustainable housing, for inclusionary zoning—all of the things that New Democrats talk a good game on, but then when it comes to actually voting for it, they always vote against. This is, again, a challenge with Ontario's New Democrats. They say one thing and then do something completely different.

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

MPP Jill Andrew: In Toronto, a current bylaw says that if a rental-purpose building is demolished, it must be replaced with another building of all rental units. Bill 23, however, gives this government the power to change this and deplete much-needed rental stock, replacing it with luxury condos no one can afford. The city bylaw is and has been vital for our community in St. Paul's, where over 60% of our folks are renters. Many of them are seniors or people on a fixed income, living in older buildings with rent-controlled units. Without this bylaw, they risk being pushed out of their homes and into a market where a one-bedroom in St. Paul's is roughly 2,300 bucks a month. Many of them would end up on the street.

My question is back to the Premier—I would love it if he would actually answer his questions, as the Premier: What in this bill protects tenants in my community of St. Paul's? Where is the real rent control, vacancy control, demoviction or renoviction protections that make rentals affordable?

Hon. Steve Clark: This is probably the most preposterous argument that New Democrats have put forward as part of Bill 23. We're actually announcing a consultation on these type of rent-replacement bylaws. The member opposite knows that there is nothing in these proposed amendments that will have any impact on rental protections or requirements under the Residential Tenancies Act. She knows that. The stakeholders know that. They don't let the facts get in the argument of a good question—

Interjection.

The Speaker (Hon. Ted Arnott): Order. The member for Toronto—St. Paul's, come to order.

Hon. Steve Clark: We're going to continue to stand up for people who—there's a generation right now in her riding that don't realize the dream of home ownership. That's exactly what Bill 23 relieves. It provides an opportunity for us to create more housing, more affordable housing, more inclusionary zoning, and more sustainable housing. New Democrats are against that.

CHILDREN'S HEALTH CARE

Mr. John Fraser: My question is for the Premier.

In today's Ottawa Citizen: "Children's Health Crisis: Seven Kids Resuscitated at CHEO"—and today's Hamilton Spectator says that McMaster Children's Hospital is running out of cribs and infusion pumps for medication, and it is only expected to get worse.

We know that children's surgeries are being cancelled across the province and that emergency rooms and ICUs are more than overwhelmed.

The Chief Medical Officer of Health said that if surgeries are being cancelled and hospitals are in crisis, he would consider mandating masks. Anyone who reads a newspaper or watches TV knows we're already there.

So, through you, Speaker, will the Premier require universal masking in our schools and on public transit, or

at the very least, do what he's asking others to do, which is to wear a mask whenever possible?

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Minister of Health.

Hon. Sylvia Jones: Anyone who reads a newspaper or watches the news also knows that there is an increase internationally in RSV and influenza. We've seen that. We've prepared for that. We've worked with our hospital partners.

I'm going to again say that when children's hospitals and the staff within them stepped up and helped when our hospitals were being challenged with COVID-19 patients—we are now seeing those same hospitals reciprocate and assist children's hospitals with pediatric patients. That work will continue. That innovation will continue.

I have spoken to all four sick kids' hospital CEOs. I've said, "Whatever you need, however we can help, please let me know." We have given those investments. CHEO, in particular, in Ottawa—transferring a ward room and making it into a pediatric ICU within weeks is an incredible innovation and shows leadership and shows people understanding that where there's need, we will find—

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

Mr. John Fraser: Forty-three years ago, our oldest child, Kirsten, was admitted to CHEO for pneumonia. She was just a year old. There were four more admissions that winter, and it went like this: admission, oxygen tent, medication. She's here today because of the people at CHEO. I think we all agree on that.

I can tell you, there is nothing more frightening than watching your child struggle to breathe. There is nothing more powerless than that feeling. Right now in Ontario, there are hundreds, thousands of parents in hospitals and at home feeling exactly the same thing.

The people who are caring for them, the people at CHEO, are asking us to do something very simple: to wear a mask. That's all they're asking us to do. They need other help, but that's a simple thing we can all do right now.

Speaker, will the Premier do the right thing and require masking in schools and on public transit, and wear a mask himself?

Hon. Sylvia Jones: Speaker, it's a bit rich coming from the member opposite and the party opposite, who actually cut residency fees, who cut the ability for doctors to practise and learn in the province of Ontario, to stand up and say that our government is not doing enough.

We have made sure that investments are happening in our health care system as recently as four months ago, with the passage of our budget, which included an increase of \$5 billion. We are making the investments. We are working with our health care partners. We will continue to do that work because we understand that people want to have a health care system that is healthy and ready for them when they need it. And that is happening in the province.

INVASIVE SPECIES

Mr. Rick Byers: Invasive species are a growing concern to Ontario's biodiversity. Last year, the Ministry of Natural Resources and Forestry said, "It's likely that there are small numbers of wild pigs scattered across southern, central and eastern Ontario." Invasive species like these put our ecosystem and agricultural sector at serious risk.

In my community, media reported that wild pigs were spotted in Grey-Bruce last year, raising concerns about the damage they could inflict on crops and farmland. The cost of wild pig damage to agriculture and the environment can be extensive and costly.

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Speaker, my question to the Minister of Natural Resources and Forestry: What is our government doing to stop the spread of invasive species in Ontario?

Hon. Graydon Smith: Thanks to the member from Bruce-Grey-Owen Sound for that important question.

Preserving Ontario's tremendous biodiversity is a key responsibility for my ministry—a responsibility that includes protecting our lands and waters from invasive species. We're making investments to prevent, detect and respond to the threat of invasive species in Ontario. Our investments are aimed at offsetting the significant social, economic and ecological damage done by invasive species—impacts estimated at more than \$3.5 billion each year.

We've made significant progress in preventing invasive wild pigs from establishing themselves in Ontario. Wild pigs are now regulated under the Invasive Species Act, and my ministry completed our wild pig strategy in 2021.

We also have the valuable resources and support provided by the Minister of Agriculture, Food and Rural Affairs. I want to thank the minister for their work on this file as we continue to work together to tackle this important issue.

By investing now to prevent and manage invasive species, we're protecting our natural resources, mitigating damage to our economy, and preventing future costs.

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

Mr. Rick Byers: Speaker, I thank the minister for that answer.

We know invasive species do not respect borders and the strategies to prevent invasive species differ significantly across jurisdictions. Invasive species cause biodiversity loss and negative impacts on forestry, tourism, recreation and agriculture. The cost and consequences of delay and inaction are immeasurable and far-reaching. We must ensure that our government's actions are both reactive and proactive when addressing this issue head-on.

Speaker, what is our government doing to partner with other jurisdictions and agencies in order to protect Ontario's agriculture and the environment from invasive species?

Hon. Graydon Smith: I want to thank the member again for that thoughtful question.

We work collaboratively with organizations and experts dedicated to protecting our province from harmful invaders. By sharing our knowledge and resources, we can strengthen our mutual efforts in the fight to safeguard Ontario from this threat.

A perfect illustration of the teamwork needed to control invasive species is our efforts to manage phragmites in Ontario. The fight against phragmites, which we all know well, has involved participation from all levels of government, academia, the Nature Conservancy of Canada, Canadian Wildlife Service, and more than 25 conservation organizations. We're working with the Green Shovels Collaborative to plan for broader management of phragmites in Ontario. The work undertaken by the collaborative will help guide our control activities for this damaging species.

And since invasive species don't recognize international or provincial borders, my ministry does continue to work closely with our Canadian and US federal, provincial, territorial and state counterparts to address these threats to our shared waters and natural environment.

STUDENT ASSISTANCE

Mr. Chris Glover: To the Premier: A constituent in my riding has a student debt of \$66,000 from her undergraduate degree. Over the past 18 months, your government has doubled the interest on her student debt, from 3.5% to 7%.

Instead of gouging Ontario students with these high interest rates, will your government do what the NDP government in British Columbia did and eliminate interest on student debt?

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

The Minister of Colleges and Universities to reply.

Hon. Jill Dunlop: Thank you to the member for that question.

In fact, when this government came into power in 2018, tuition in Ontario was the highest in Canada. To help students, we decreased tuition by 10% and froze that tuition since then. What we are doing is there to support students, to make education accessible for all learners in Ontario, so we can access the world-class education that's happening here, at colleges, universities and private career colleges in this province.

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

Mr. Chris Glover: Your government boasts about what you've done with tuition fees, but it's because the Liberals had already done your dirty work—they doubled the tuition fees over their 15 years in office.

Ontario students continue to have the highest student debt rate in this country and the lowest per-student funding in the country. One in six bankruptcies in Ontario is tied to student debt. And 46% of Ontario university students have anxiety and depression because of student debt.

The NDP has successfully pushed the federal government to eliminate interest on federal student debt. Instead of supporting the NDP fight to eliminate interest on student debt, your government has allowed the interest rates on student debt to double.

Will your government follow the NDP's lead and eliminate interest on student debts?

Hon. Jill Dunlop: The NDP supported the Liberal government in doubling tuition, making it the highest in this country.

It's this government that is standing up for students by decreasing tuition and freezing tuition, and, in fact, making OSAP eligibility for micro-credentials, for Indigenous institutes—to allow more and more learners to access the education opportunities in this province.

We will continue to work for—

Interjection.

The Speaker (Hon. Ted Arnott): The member for Spadina-Fort York will withdraw his unparliamentary remark.

Mr. Chris Glover: I withdraw.

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

FIRST RESPONDERS' MENTAL HEALTH SERVICES

SERVICES DE SANTÉ MENTALE POUR PREMIERS INTERVENANTS

Mr. Trevor Jones: Every day, Ontario's police officers put their lives on the line. They go above and beyond to serve and protect our communities. Thank you.

Front-line police officers are leaders in our communities. Our government should be determined to continue providing them with the support, resources and tools they need to do their jobs effectively.

Unfortunately, studies reveal that during a police officer's career, they will be exposed to nearly 1,000 traumatic events, ranging from fatal car crashes to homicide scenes.

Speaker, could the Solicitor General inform the House about what our government is doing to support the brave men and women who serve in our police services?

Hon. Michael S. Kerzner: I want to thank my friend for the question. It's an important issue.

Officers can't just leave the impacts of those traumatic images behind at the end of the day, but for too long that's what was expected of police officers by the public, by their superiors—even by the officers themselves.

The Police Association of Ontario was very excited to learn of Ontario's \$45-million investment in supporting the mental health of first responders in our last budget.

My ministry is also working closely with the police associations to continue to make improvements to mental health for our officers.

I can tell the front-line officers this: Your government has your back today and every day.

Monsieur le Président, je suis fier de soutenir nos policiers, qui nous protègent au quotidien.

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

Mr. Trevor Jones: Speaker, I want to thank the Solicitor General for that response.

I want to take this opportunity to thank the police officers from my riding of Chatham-Kent–Leamington and all across this province for everything they do, every day, in the line of service.

However, the reality is that due to the nature of their jobs, these officers face traumatic situations and are more likely to suffer from PTSD. Our government must ensure that these brave individuals have the resources and treatment they need to heal, return to work safely, and return to their family safely.

Speaker, could the Solicitor General please explain what our government is doing to help our officers with work-related PTSD?

Hon. Michael S. Kerzner: To my friend opposite: the Ontario Police College, a place that I have been to, has been in partnership with police associations across the province, providing specialized training for front-line officers to help cope with occupational stress injuries.

I'm proud to say that our government has invested over \$1 million in the Runnymede project for first responders.

We will continue to work with police associations to build awareness.

Yesterday morning, I was proud to attend the PAO annual meeting. I'd like to acknowledge Mark Baxter, the president, who is with us today.

Monsieur le Président, nous travaillons avec tous les organismes d'application de la loi de la province pour assurer la sécurité des Ontariens.

LAND USE PLANNING

Mr. John Vanthof: My question is to the Minister of Agriculture.

Every day in Ontario, we lose 320 acres of farmland—farmland that is paved over and will never again grow food.

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In 2020, the government was actually looking at things to perhaps stem this flow. They were talking about agricultural impact assessments. But now they're even talking about paving over farmland that was formerly protected in the greenbelt. Speaker, the nine billion people soon in the world are going to need that farmland, and so are Ontarians.

Do you think housing is expensive? Do you think food is expensive now? Just wait.

Why is the Minister of Agriculture so silent on the preservation of our precious farmland?

The Speaker (Hon. Ted Arnott): The Minister of Municipal Affairs and Housing.

Hon. Steve Clark: I thank the honourable member for the question.

The consultation that the government has engaged in is for a very important purpose: We have a crisis in housing in our province.

We are proposing to remove 15 areas from the greenbelt, and in exchange, we're going to be adding over 2,000 acres. Many of those thousands of acres will be prime agricultural land that we'll add in as part of the Paris Galt moraine and the urban river valleys. The government is taking a balanced approach.

Again, when you look at the fact that last year was our best year in over 30 years—we only had 100,000 starts. The proposal that we put forward to Ontarians to consider will allow, as a minimum, 50,000 homes to be built. In addition, we will add significant opportunities for protected land that will go back into the greenbelt. The net gain is thousands of acres.

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

Mr. John Vanthof: Speaker, there are already now thousands of acres that are zoned for housing development. Housing development isn't being hindered by the land specifically in the greenbelt.

We are going to need agricultural land. Despite the great job that farmers have done increasing productivity—I'm a farmer; I know—you need the base land.

Again, why is the Minister of Agriculture so silent on the need to protect one of the greatest gifts that God has ever given us, the farmland in Ontario?

The Speaker (Hon. Ted Arnott): The Minister of Agriculture, Food and Rural Affairs.

Hon. Lisa M. Thompson: Mr. Speaker, the fact of the matter is, when we met with stakeholders just last week—the Premier and our parliamentary assistants—we heard loud and clear from our agricultural stakeholders that the number one issue in Ontario right now is labour. You can grow all the crops that you want in this province, but if we don't have processors with the proper labour force, then it's all for naught.

Our number one priority is making sure—

Interjection.

The Speaker (Hon. Ted Arnott): The member for Waterloo, come to order.

Hon. Lisa M. Thompson: —that we're in a position that there is adequate housing in this province to satisfy the increased employment that we need to satisfy and make sure our processing facilities are operating at optimum efficiency.

Again, we have a housing crisis in this province of Ontario—and our processors and our stakeholders are asking for more homes to support that labour.

SENIORS' HEALTH SERVICES

Mr. Vijay Thanigasalam: My question is for the Minister of Long-Term Care.

As Ontarians grow older, their health care needs often become more complex. Data shows that Ontario has an aging population. In 2011, just over 14% of our population was age 65-plus, but over the last decade, the number has grown significantly and will only increase further.

But our seniors are not statistics. They are individuals who deserve quality care. Those with unique care needs

like dementia greatly benefit from specialized care while avoiding unnecessary hospitalization.

Speaker, what is our government doing to ensure our seniors with complex needs receive the quality care they deserve?

The Speaker (Hon. Ted Arnott): The parliamentary assistant to the Minister of Long-Term Care.

Mr. John Jordan: Thank you to the member from Scarborough–Rouge Park for the question.

As the member noted, some Ontarians, such as those living with dementia, have complex care needs—needs which cannot be adequately met in their current care setting. For these reasons, behavioural specialized units can provide enhanced care in the form of increased staffing, a tailored environment and focused behavioural assessment. Behavioural specialized units offer support to the growing number of Ontarians with dementia and other complex care needs.

As part of our plan to support aging Ontarians, our government is investing in new behavioural support units, ensuring everyone, including those with complex care needs, receives the support they deserve.

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

Mr. Vijay Thanigasalam: Thank you to the parliamentary assistant for his response.

Sadly, the reality is that while our senior population grew over the last decade, the health care system did not.

From 2009 to 2018, the Liberal government failed to plan for seniors' services and programs needed. The Liberals' lack of attention on health care services for our seniors created a rise in hallway health care and a long-term care wait-list that ballooned to an appalling 40,000 people.

Our health care system is deeply interconnected, and more seniors on long-term-care wait-lists means more pressure spread across the system.

Could the minister please explain how these new behavioural specialized units will address these pressures, especially for the residents in Scarborough–Rouge Park?

Mr. John Jordan: Thank you once again to the member for the question.

Behavioural specialized units ease hospital capacity pressures in two ways: first, by ensuring alternate-level-of-care patients receive specialized assistance in a more appropriate care setting—this has the added benefit of freeing up much-needed hospital beds. Behavioural specialized units are available to members of the community with complex needs, and by providing this enhanced level of care, we can prevent unnecessary hospitalizations.

Our government is investing \$3.7 million to create behavioural specialized units at two long-term-care homes in Scarborough—15 beds at Bendale Acres and 32 beds at Extencare Rouge Valley. These investments contribute to our larger plan to fix long-term care, making up for years of Liberal inaction, and ensuring our elders get the care they deserve.

NURSE PRACTITIONERS

M^{me} France Gélinas: Ma question est pour la ministre de la Santé.

The nurse practitioners' association is at Queen's Park today. They have a very simple ask to the government: Lift the cap on the number of nurse practitioner-led clinics. The 25 existing nurse practitioner-led clinics are all success stories. Everywhere in Ontario, they provide access to top-quality, interdisciplinary primary care to over 100,000 Ontarians who used to go to our overcrowded emergency rooms for care.

Will the minister lift the cap on the number of nurse practitioner-led clinics so unattached patients in communities across Ontario, including in Coniston in my riding, can gain access to primary care?

Hon. Sylvia Jones: It was a real pleasure for me to meet with the nurse practitioners yesterday and hear directly about how an innovation that, frankly, wasn't in existence in previous years has been such an integral part of our medicine and health care system.

I often talk about how it is critical that we have regional health teams that work together, that coordinate that care no matter—from diagnosis through to treatment and, ultimately, palliative, if that is necessary.

It is heartening to hear the member opposite acknowledge that innovations, like nurse practitioner-led clinics, are an important part of how we can assist patients in the province of Ontario.

We will absolutely, as I said yesterday, continue to expand that model because we see it working very valuably.

The Speaker (Hon. Ted Arnott): Supplementary.

M^{me} France Gélinas: Another step that the minister can take to help the 1.3 million Ontarians who do not have a family physician is simply adding more nurse practitioner positions to the existing clinics. It is a cost-effective and immediate step that the government can take that will help patients. It will help the health care crisis. And it will save money. It is a win-win-win.

In Capreol, the nurse practitioner-led clinic is the only show in town. They have thousands of people who want access to primary care. They have nurse practitioners who are available to fill those roles, but the nurse practitioner clinic in Capreol has no funding to hire them. Their request for funding continues to go unanswered.

1140

Minister, why is this affordable, effective, immediate solution to our health care crisis being ignored? Why don't you fund more nurse practitioners in the existing clinics?

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

Minister of Health.

Hon. Sylvia Jones: I will repeat what I've said. When we have these innovative programs that are working, that are providing care in our neighbourhoods, in our communities, we obviously want to embrace that and endorse it. It's why Ontario health teams are such an important model that ensures individual organizations are working

together to treat the patient first and foremost—it's not about stand-alone operations; it's about ensuring our Ontario health teams are doing the appropriate care and coordinating that care around patients. We will continue that work because we know it's working.

AGRI-FOOD INDUSTRY

Mr. Rob Flack: Last week, I had the pleasure of celebrating the 100th anniversary of the Royal Agricultural Winter Fair. Many, I know, came and enjoyed it. We were joined by the Minister of Northern Development and the Minister of Agriculture, Food and Rural Affairs. This annual fair, as I have said before in this House, has been a successful platform promoting agri-business in Ontario for the past century.

The agri-food sector provides critical support to our province's economy and food security, and we must continue to foster its growth and development.

Can the Minister of Northern Development please inform the House what actions our government is taking to build a more robust agri-food sector in Ontario, especially for northern communities?

Hon. Greg Rickford: I want to thank the member from Elgin–Middlesex–London. His contributions to the agri-food sector are well known, and we're sure better off with him in our caucus making a difference in the agri-food sector. I appreciate him and my parliamentary assistant and the Minister of Agriculture joining me for more than \$6 million worth of announcements in a variety of different places and spaces in the agri-food sector.

There's a very important reason for that: The largest growth opportunity for the agri-food sector is actually in northern Ontario. That's right; from the clay belt, in Thunder Bay–Superior North and Rainy River—the official beginning of the Prairies—we see a tremendous opportunity to boost up our agri-food production.

The Premier and I were announcing in the spring a beef barn—

The Speaker (Hon. Ted Arnott): Response?

Hon. Greg Rickford:—dairy automation in Thunder Bay, and an intermodal grain terminal facility in Cochrane.

Northern Ontario is ready to receive the opportunity to contribute to Ontario's world-class agriculture sector.

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

Mr. Rob Flack: As we navigate through these times of uncertainty, rural, remote and northern agricultural communities continue to face unique challenges. These include global economic instability, supply chain disruptions and ongoing labour shortages, as we've talked about today. Our government must take swift action to support the growth and prosperity of this great industry, the agri-food sector, in rural, remote and northern communities across this province.

Mr. Speaker, can the Minister of Northern Development please share with us what investments our government is making to provide additional certainty for

agri-food businesses, especially those in our remote and northern communities?

Hon. Greg Rickford: Just yesterday, I spoke to the chief at Eabametoong First Nation. We're working on an exciting agricultural project in his community. This goes to food security—we're very conscious of this in northern Ontario, and that's why our targeted investments are in tile drainage, to create more arable land, and to create high-tech automation so as to be as competitive as anybody in Canada when it comes to agri-food production, ensuring that we have the ability to continue to grow good food and raise livestock in our province.

The newly self-anointed and self-appointed food security man from Timiskaming–Cochrane had no less than \$28 million worth of agricultural investments in his riding. And do you know what he did? He voted against them every time. Why?

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Response?

Hon. Greg Rickford: We're investing in intermodal training facility terminals. We're creating new capacities for Indigenous communities to grow agricultural products in their community—

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

LONG-TERM CARE

Ms. Catherine Fife: Last night, my private member's bill, Till Death Do Us Part, passed second reading. While it's a very hopeful step for seniors in the province of Ontario, there is still so much more that we can do to ensure that senior couples are reunited in long-term care.

For Jim and Joan, who have been separated for five years, after 65 years of marriage—yesterday was their anniversary—there is a toll on their health. Jim is now seeing a heart specialist. Joan's mental health has declined. There is the saying, "Love is patient, and love is kind"—but love is running out of patience, and they are running out of time.

What I want to ask the Minister of Long-Term Care today: Will this government commit to Jim and Joan and thousands of other seniors across this province that you will bring my bill forward at the social policy committee, that we will call delegations, and that we will ensure that reunification for seniors in Ontario is possible, that it is resourced, that it is funded, and that seniors who enter long-term care never have to go through the pain and anguish that Jim and Joan McLeod have experienced over the years?

Hon. Paul Calandra: Of course, the committees will make their own decisions with respect to what bills they hear at that time. I'm sure the member wouldn't want the government dictating the work of committees.

For Jim and Joan—a wonderful letter from Jim explaining to me the circumstances of his situation. That is why we did make changes well in advance to ensure that we could speed up the process of bringing families and couples together much quicker. At first blush, the

member's bill actually would seem to delay that process and make it more difficult to bring families together—that's certainly not, I'm sure, her intention. It's not what we want to do.

Ultimately, one of the reasons why we're making so many investments into long-term care across the province of Ontario is not only for people like Jim and his wife; it's for families who want to be close to the people they love and communities that they helped build. That is why we're building 60,000 new and upgraded beds in every part of this province. We're going to rural and remote communities. We're bringing long-term care into small communities that have never had long-term care before—because we've heard not only from people who live in big cities, but in small communities.

We want to be close to home. We want to be with our families and friends. And we want to be in the communities that we helped build for generations.

We're getting the job done for people.

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

NOTICE OF DISSATISFACTION

The Speaker (Hon. Ted Arnott): Pursuant to standing order 36(a), the member for Ottawa South has given notice of his dissatisfaction with the answer to his question given by the Minister of Health concerning children's health. This matter will be debated today following private members' public business.

ANSWERS TO WRITTEN QUESTIONS

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

Ms. Jennifer K. French: When members submit written questions to the order paper, I believe the government has 24 sessional days, but my written question number 1—I've now waited 98 calendar days. It was due yesterday from the Minister of Health, and I would ask that I receive an answer to my written question, as is my right as a member.

The Speaker (Hon. Ted Arnott): The member does have a valid point of order, I'm advised.

I will ask the minister when she might be able to give the House some indication as to when the response will be forthcoming.

Hon. Sylvia Jones: My apologies to the member opposite. We will get that done forthwith.

FLU IMMUNIZATION

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

Mr. Adil Shamji: I rise to offer a friendly reminder to all members of the Legislature that a flu vaccine clinic is taking place in the library this morning and afternoon until 1:40 p.m. A flu shot is one of the best and most effective

ways that we can protect each other, as well as our children, during the crisis we're in. I encourage everyone to participate.

The Speaker (Hon. Ted Arnott): There being no further business at this time, this House stands in recess until 1 p.m.

The House recessed from 1150 to 1300.

INTRODUCTION OF GOVERNMENT BILLS

BETTER MUNICIPAL GOVERNANCE ACT, 2022

LOI DE 2022 VISANT À AMÉLIORER LA GOUVERNANCE MUNICIPALE

Mr. Clark moved first reading of the following bill:

Bill 39, An Act to amend the City of Toronto Act, 2006 and the Municipal Act, 2001 and to enact the Duffins Rouge Agricultural Preserve Repeal Act, 2022 / Projet de loi 39, Loi visant à modifier la Loi de 2006 sur la cité de Toronto et la Loi de 2001 sur les municipalités et à édicter la Loi de 2022 abrogeant la Loi sur la Réserve agricole de Duffins-Rouge.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the minister care to briefly explain his bill?

Hon. Steve Clark: I'm going to paraphrase from the explanatory note. This bill would introduce new legislation that amends the City of Toronto Act and the Municipal Act and enacts other legislation. The proposed changes support our bold and transformative plan to get 1.5 million homes built in the next 10 years.

The bill, if passed, together with regulations, would give heads of council in Toronto and Ottawa an additional tool to further share our provincial-municipal priorities. It would also allow the Minister of Municipal Affairs and Housing to appoint the regional heads of council for Niagara, Peel and York regions for the 2022-26 municipal council term. This would take decisive action to help address the housing crisis in some of Ontario's fastest-growing communities.

INTRODUCTION OF BILLS

MOVING ONTARIANS SAFELY ACT, 2022

LOI DE 2022 VISANT À ASSURER À LA POPULATION ONTARIENNE DES DÉPLACEMENTS SÛRS

Mr. Harden moved first reading of the following bill:

Bill 40, An Act to amend the Highway Traffic Act to provide for consequences to those who cause injury or

death to certain road users / *Projet de loi 40, Loi modifiant le Code de la route pour prévoir les conséquences qu'encourent les personnes qui causent des blessures à certains usagers de la route ou leur décès.*

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Does the member for Ottawa Centre wish to briefly explain his bill?

Mr. Joel Harden: I just want to acknowledge, as I give this brief explanation, that Bob Murphy from the Toronto community for safe cycling is with us here today, and it's one of the vulnerable road user organizations advocating with us this morning. Thank you, Bob, for being here.

The bill amends the Highway Traffic Act. It is also about the legal consequences, as you mentioned, of a collision that seriously injures or kills a pedestrian, a cyclist, a mobility device user, a roadway worker, an emergency responder outside their motor vehicle or another individual listed in this bill.

Some highlights include that the driver who caused the injury or death is guilty of an offence if they caused it by breaking one of the rules listed in the bill, which includes unlicensed drivers, driving while using a cellphone, speeding, careless driving, disobeying signs or lights at intersections or pedestrian crossovers, improper signaling, sharing the road and so on and so forth.

In a nutshell, it's continuing a piece of legislation that's been attempted three times in this Legislature. I look forward on this fourth occasion to winning the support of my colleagues in this House to keep our streets safe.

PROTECTION FROM COERCED DEBTS
INCURRED IN RELATION TO HUMAN
TRAFFICKING ACT, 2022

LOI DE 2022 SUR LA PROTECTION
CONTRE LES DETTES CONTRACTÉES
SOUS LA CONTRAINTE
DANS UN CONTEXTE DE TRAITE
DE PERSONNES

Madame Collard moved first reading of the following bill:

Bill 41, An Act to amend the Consumer Reporting Act and the Prevention of and Remedies for Human Trafficking Act, 2017 with respect to certain debts incurred in relation to human trafficking / *Projet de loi 41, Loi modifiant la Loi sur les renseignements concernant le consommateur et la Loi de 2017 sur la prévention de la traite de personnes et les recours en la matière à l'égard de certaines dettes contractées dans un contexte de traite de personnes.*

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member for Ottawa–Vanier want to briefly explain her bill?

M^{me} Lucille Collard: Yes, thank you. The bill amends the Consumer Reporting Act and the Prevention of and Remedies for Human Trafficking Act, 2017. The Consumer Reporting Act is amended to prohibit the inclusion in consumer reports of unfavourable information about a consumer that resulted from human trafficking. The Prevention of and Remedies for Human Trafficking Act, 2017, is amended to add a new part IV which provides for the concept of a coerced debt, that being a debt incurred under a credit facility while the debtor was subjected to human trafficking.

I'm also very proud to say that this bill is co-sponsored by MPP Glover, MPP Schreiner and MPP Scott. Thank you for the support.

GENDER AFFIRMING HEALTH CARE
ADVISORY COMMITTEE ACT, 2022
LOI DE 2022 SUR LE COMITÉ
CONSULTATIF DES SOINS DE SANTÉ
AXÉS SUR L'AFFIRMATION DE GENRE

MPP Wong-Tam moved first reading of the following bill:

Bill 42, An Act to establish the Gender Affirming Health Care Advisory Committee / *Projet de loi 42, Loi créant le Comité consultatif des soins de santé axés sur l'affirmation de genre.*

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member care to briefly explain their bill?

MPP Kristyn Wong-Tam: Yes, I would. Thank you, Speaker. It's with great pride that I'm able to read an explanatory note explaining this bill.

This bill, of course, is being introduced days before Trans Day of Remembrance, on November 20, and I'd like to share with you that the bill enacts the Gender Affirming Health Care Advisory Committee Act, 2022. This act provides that the Minister of Health shall, within 60 days of the act coming into force, establish a gender-affirming health care advisory committee. The advisory committee shall submit a report making recommendations to the minister for improving access to health care and coverage for gender-affirming health care for all Ontarians. After receiving the advisory committee's report, the Minister of Health shall inform the assembly of the measures that the minister intends to recommend to the government of Ontario so that they can implement the recommendations to ensure that every Ontarian has gender-affirming health care and that it be delivered as speedily and as freely as possible.

MAIZAL TORTILLERIA INC.
ACT, 2022

Mr. Glover moved first reading of the following bill:
Bill Pr10, An Act to revive Maizal Tortilleria Inc.

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

1310

OPPOSITION DAY

HEALTH CARE WORKERS

TRAVAILLEURS DE LA SANTÉ

M^{me} France Gélinas: I move that:

Whereas staffing shortages in Ontario have forced emergency room and ICU closures across Ontario, reducing access to complex and potentially life-saving care in many communities; and

Whereas other hospitals have been forced to close units, redirect patients to other facilities and reduce beds, contributing to ER wait times of up to 36 hours for patients that require a hospital stay; and

Whereas health care job vacancies have more than quadrupled since 2015, resulting in more than 45,000 openings in primary care, and research by the Financial Accountability Office of Ontario underscores the urgent need to train and hire tens of thousands of extra nurses, PSWs and allied health professionals to meet the government's own 2024-25 long-term care targets for hands-on staffing care, while the College of Nurses of Ontario reports over 15,000 nurses in Ontario are licensed and not practising; and

Whereas health care workers are overworked, underpaid, subject to violence, and distressed by their inability to provide the care patients need due to poor working conditions and inadequate staffing, driving many to leave the profession in record numbers; and

Whereas Ford government policies such as the Protecting a Sustainable Public Sector for Future Generations Act, 2019—previously Bill 124—and other stopgap measures have failed to fix the problem, leaving nurses, allied health professionals and other front-line health care workers with wages falling far short of inflation, while the government of Ontario chose not to invest over \$1 billion of the money allocated for hospitals in the 2021-22 budget; and

Whereas this government allowed the health human resource crisis to persist while billions of dollars in unspent public funds have been allocated to discretionary funds instead of Ontario hospitals that are struggling to maintain quality of care because they are dramatically understaffed; and

Whereas the Ford government has failed to develop a comprehensive health care staffing plan to train, recruit and retain sufficient numbers of health care workers and have ignored the advice of health care professionals on how to solve the staffing crisis in hospital and primary care; and

Whereas the Ministry of Health's inadequate temporary retention bonus for nurses fails to address systemic issues in the sector and falls far short of the efforts to retain,

retrain and recruit front-line health care staff in Quebec, British Columbia and Atlantic Canada; and

Whereas the Minister of Health's recent directives on internationally trained health care professionals fail to provide the funding, education spaces and internships needed to help address the staffing shortfall, and fails to implement many of the painful lessons learned during the pandemic; and

Whereas nursing vacancies in Ontario hospitals increased by almost 300% between March 2020 and March 2022, the turnover rate for nurses has increased by 72% since 2020, and the turnover rate for RPNs, PSWs and other health care workers more than doubled since 2016;

Therefore the Legislative Assembly calls on the Ford government to create, in consultation with unions and other health sector stakeholders, a multi-layer health care worker recruitment and retention incentive package that includes short-, medium- and long-term solutions to recruit, retain and return workers across the health sector with full-time, public, unionized positions and immediately repeals Bill 124, restoring workers' right to bargain for wages that reflect their worth and the significant impact of rising inflation.

The Speaker (Hon. Ted Arnott): Madame Gélinas has moved opposition day number 2. Further debate? I recognize the member for Nickel Belt.

M^{me} France Gélinas: It is no surprise to anyone that health care workers, whether we look at nurses, physiotherapists, occupational therapists, speech-language pathologists—we look at social workers, respiratory therapists, laboratory technologists, all allied health professions, physicians—they are crying out for help.

There is a severe shortage of health human resources in Ontario, and it's brought our health care system to its knees. We haven't seen a crisis like this in generations. Health care is something that happens between two human beings. When one of them is burnt-out and cannot continue to work, our system collapses.

If it was even possible, across the province, hallway medicine has worsened; people are waiting 24, sometimes 48, hours on a stretcher in a hallway in an emergency room before being admitted. We're talking about people that are sick enough to need admission into our hospital waiting in a busy, noisy emergency room for days on end, Speaker.

According to Ontario Health, in September this year, the wait times in our emergency rooms across Ontario hospitals reached a record high. On average, every single day—they take it at midnight—there were 946 patients waiting for a hospital bed in an emergency room. Think about it: 946 Ontarians who were sick enough to go to the hospital, who were waiting to be assessed by a physician and a team of caring health professionals who have told you that you need to be admitted, and they are waiting in our emergency rooms.

That number in August was 884, but I am sure that as soon as the numbers for October come out, it will be even higher than 946 people.

Since this summer alone, Ontario emergency rooms have shut down more than 86 times, Speaker. In October, the emergency room in Chesley announced that it was forced to shut its doors until December. This is over eight weeks where there is no emergency department available to the good people of Chesley. Speaker, would you say that this is normal?

This comes after years of neglect by previous Conservative and Liberal governments that have brought us to where we are today—add on top of this a pandemic. We are at the point where people are afraid of falling sick. They are afraid to seek medical support. They are afraid to go to our emergency rooms, because they know that they are going to wait too long.

Now this crisis has landed in our pediatric hospitals, and families—young children—are paying the price for a crisis created by Conservative and Liberal governments' neglect. Parents are scared, Speaker.

SickKids, a world-renowned pediatric hospital, had to shut their intensive care unit. The intensive care unit is where you care for the sickest of the sickest of the children. Right now, over half of the kids in intensive care are on a respirator. This is unheard of. SickKids cannot care for all of the kids. Their intensive care unit is full, at 130% capacity, yet here we are. They're sending kids as young as 14 years old outside of the pediatric hospital into general hospitals, because they have no room to care for them. In a province as rich as Ontario, it is incomprehensible that we have come to that.

1320

There are presently 32,000 job vacancies in our hospitals, long-term-care homes and residential care facilities. Add to this another 10,350 job vacancies, for a total of over 42,350 vacancies in our health care system right here, right now in Ontario. Things have to change. We cannot continue this way. Ontario has the lowest per capita investment. We have the lowest nurse per capita in Canada. We have the least hospital beds.

There are solutions: Repeal Bill 124 and give our nurses and everybody else who works in health care the respect they deserve. There will be many other solutions coming forward by my colleagues, and I hope they will be acted upon.

The Speaker (Hon. Ted Arnott): Further debate?

Mrs. Jennifer (Jennie) Stevens: I stand today in support of this motion because it supports health care workers, and, by retention, seniors, children, families and hospitals in Niagara and across Ontario. In Niagara, we have seen the cost of staffing shortages. We have seen a Niagara Health system that has buckled under the pressure. The results have been closures of emergency rooms in our region.

We have also seen the cost for families seeking pediatric care having to wait hours to get the help they need. Niagara has seen sexual assault survivors that are seeking justice having to be redirected to other communities, often more than an hour away.

We are well into half a decade of majority PC government and I think everyone will agree that health

care access is worse now than it was five years ago. If the problem is getting worse—which it is—this government must take responsibility: Do more. Take action.

Nursing vacancies in Ontario hospitals have increased by almost 300% between March 2020 and March 2022. Health care workers and Ontario patients need immediate and sustainable solutions. At this point, the weight of the response needs to match the crisis.

This is why I was shocked this week to learn that in the fall economic update there is not a single new penny in the government's economic update for nurses and health care workers as the staffing crisis shakes our hospitals.

Ford is refusing to spend in critical areas like public health and yet sits on billions. Nurses need support. They are being run off their feet. Families are facing the fear of what it will mean if their loved ones—a child or a senior—get sick and have to go into their local hospitals. Instead, we have seen the government put in policies like Bill 124, which has been widely recognized to make the health care staffing crisis worse.

The previous PC government under Mike Harris met the moment of a health care crisis with privatization and cuts. Those actions led to fewer nurses and a provincial long-term-care sector that was one of the worst performers in Canada throughout the pandemic.

Over the last five years, we have had opportunity after opportunity to fix the staffing crisis in hospitals. It is about time we do that, and it is why we need to pass this motion and fully commit to solutions to retention and recruitment in health care right now.

The Speaker (Hon. Ted Arnott): I'm just going to remind members that we refer to other members by their ministerial title or their riding, not by their surname.

Further debate?

Mr. Terence Kernaghan: I rise today in support of our opposition day motion because it's clear that Ontario is in the midst of an unmitigated health care crisis. Recently, the member for London West and I had the opportunity to meet with the Registered Nurses' Association of Ontario at their event Queen's Park on the Road. I'd like to share some of the information that we gleaned from that evening, because it's important that we listen to the front-line workers who are dealing with this crisis day in and day out, and who are not affected by this government's spin.

We heard stories about a fourth-year nursing student who was paired with a nurse as their mentor who had just two months of experience. Asking nurses who barely know how to be a nurse to perform as an educator—that's the staffing crisis that we are in.

This government has introduced legislation that has had a dramatic and drastic impact on nursing morale and the amount of people who have decided to leave the profession altogether. In fact, RNAO shares that 69% of nurses, of respondents, are choosing to leave the profession entirely, and 95% want to go into another field somewhere else.

There are stories about people who had been on a wait-list for seven days in home and community care. Another

example is of a patient who needed daily wound care and had to wait 28 days to get their care. In fact, they had to turn to an emergency room.

Because there is a lack of a health human resources strategy from this government, it's no wonder we're in the crisis that we are in. People who are waiting for home care are left in no position but to go to an ER because they're simply waiting far too long.

We talked to emergency room nurses who shared that they had upwards of 46 patients by 5 p.m. and they had nowhere to put people. We're talking that the hallways were full; the closets were full. There were people who were waiting for care and there was simply no place to put them, because ERs, unfortunately, cannot turn people away from the health care they need. When they're not able to get the home care in their community, they simply turn to an ER.

They also mentioned that the London Health Sciences Centre had recently posted that there was a 20-hour wait for people to be seen in emergency rooms, and, unfortunately, that's not an accurate portrayal. They shared with us that it was up to 48 to 72 hours before people received the care they needed.

I urge this government to support this motion because we need a health human resources strategy to make sure that we're responding to the health care needs of Ontarians immediately.

The Speaker (Hon. Ted Arnott): Further debate?

Ms. Jennifer K. French: Today, I want this Premier to hear from people in my community, to hear from my hospital and health care professionals. I want this Premier to stop and listen and understand that his sycophantic echo chamber of yes men are not listening to women in care fields or health care workers who are desperate for support to care for their patients.

I wish this Premier cared about parents who are terrified that their kid will be one of the growing number of children who need to be resuscitated or ventilated or whose surgery will be postponed because there isn't enough room or staff to care for them.

This government is allowing folks to get sick and to suffer. Day after day, listening to the health minister talk about the fact that they knew the surge was coming is enough to make anyone sick. How is it that they declare proudly that they anticipated this surge, but don't understand that the terrifying and deteriorating situation we find ourselves in was not the foregone conclusion that they have accepted, knowingly, and, I would argue, invited with complacent and complicit arms.

Speaker, we are hearing terrible stories from real people. Here is a wrenching email that I received:

"Hi Jennifer. I'm sending this email because our health care system is falling apart. The hospital is understaffed with only half the amount of staff working. I'm currently at the hospital having a miscarriage and I have waited seven hours to see a doctor. This is insane, and we need to do something about this. There's people laying on the floor who have been here before I got here waiting to see a doctor. We should not have to wait this long for health

care. The hospital staff shouldn't have to be under this much stress trying to give care to people, short-staffed."

Imagine that.

It was only this past July that Lakeridge Health had to make the difficult decision to temporarily close and relocate the Bowmanville ICU in the middle of a significant staff shortage. Speaker, while that ICU is thankfully again operational, things are not better. Just a few days ago, the Region of Durham Paramedic Services and Lakeridge Health put out this joint statement:

"Lakeridge Health's emergency departments continue to experience critical staffing shortages and high patient volumes. This is impacting overall wait times for less acute patients and increasing the time that the Region of Durham Paramedic Services is able to offload ambulances at Lakeridge Health hospitals."

Hospitals are struggling with a staffing shortage and are handcuffed by Bill 124. The government is fine with them being held hostage by private nursing agencies who can demand any amount for their nurses, but the hospital isn't allowed to pay their own employees to retain them, to bargain competitive wages or to even remotely pay them what they're worth. Breaking the system apart to privatize it is reckless, self-serving, backwardly ideological and not what leadership looks like.

What could leadership look like, Speaker? This government needs to repeal the wage-suppressing Bill 124. The government needs to work with unions and health sector stakeholders to create an effective plan to recruit, retain and return health care workers, and restore workers' rights to freely bargain for fair wages. That would not only be leadership, but also responsible government.

1330

People are not only sick and tired of this government's bully tactics, they are sick. And this government needs to listen to the health care sector and the hurting public who are rightly demanding funded and supported not-for-profit health care.

The Speaker (Hon. Ted Arnott): Further debate?

Mr. Wayne Gates: It's my honour to rise today to discuss our NDP motion to recruit and retain more front-line health care workers. This is an incredibly important motion. When you have a government that introduces legislation like Bill 124 during a global pandemic, capping the wages of our burnt-out front-line health care staff, you end up with a crisis in staffing.

In September of this year, the president of Niagara Health released a statement about the challenges created by the staffing crisis in health care:

"There is no bigger issue facing Ontario hospitals today than the serious shortage of health-care workers.

"These challenges are unprecedented and something we will be dealing with for years to come."

This comes after another statement from Niagara Health in July, noting that the Niagara Health system was trying to fill a total of 608 positions, 608 vacancies, across the region of Niagara in our hospital system. Think about that. There are almost 5,000 patients awaiting non-emergency surgeries that have been postponed. Across the

province of Ontario, emergency departments have had to close more than 86 times due to staffing shortages just since this summer. We see the results of the staffing shortages almost every day in my office.

This government introduced Bill 124, and it was a slap in the face to our brave front-line health care workers and other workers in the province of Ontario. It should be immediately repealed. This legislation has no place in a province of Ontario that respects workers.

We know that this government does not respect workers. They attack workers' rights all the time. The labour minister, Monte McNaughton, supported Bill 124, the attack against workers, the attack against collective agreements, the attack against seniority. Also under a Conservative government, under Harris, they laid off 6,000 nurses.

Speaker, we know about how the province's vacancies from nursing jobs have increased almost 300% since the start of the pandemic. Turnover rates for RPNs and PSWs have doubled in the last six years. Why do you think that's the case? Maybe my colleagues can help me. Can we all say "Bill 124"?

Early retirements of nurses have doubled. Our health care staff are burnt-out, exhausted, leaving the profession they love because they just can't do it anymore. They're the people who showed up every single day of the pandemic to protect us—front-line health care workers.

This is a crisis. And where is this government? Nowhere to be found. Front-line health care workers have been telling them directly that they need to act to address this crisis. Five of the biggest health care unions wrote a joint letter to the Premier—think about this—asking him to address this crisis. As of last week, no response from the Premier—no mask, either. This government would rather attack the collective bargaining rights of workers than fix this problem.

Speaker, we need a serious plan for the staffing crisis in our health care system. And do you know how to start? It starts by repealing Bill 124. That's the first step in fixing this incredible problem. Because Bill 124 froze wages, including for nurses, they have taken—think about this—with the rate of inflation, a 6% pay cut during this time. It's unacceptable. Frankly, it's another attack on the collective bargaining rights of workers. We need to repeal Bill 124 immediately—

Interjection.

Mr. Wayne Gates:—and I'm being told to sit down. Thank you.

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

Ms. Marit Stiles: It's a real pleasure to speak to this very important motion that would launch a massive recruitment and retention plan to address the health care staffing shortage in our province, a shortage that has resulted in the worst health care crisis in generations.

For the last few months, I've been travelling around Ontario, from North Bay to Nepean, from Fort Erie to Whitby, from Brampton to Sault Ste. Marie, and just last weekend to Kingston. A few weeks back, I was up near

Chesley. We've heard Chesley talked about a lot in this place. Back in October, they announced that they were going to be closing their ER until December. And if it wasn't already bad enough, that situation—for this government to take some kind of urgent action, surely the desperate pleas of parents whose children are stacked up in overcapacity children's ICUs should be enough, you'd think, but no, Speaker. In the midst of this, this government chose not to spend a single new dollar to address this situation—absolutely shameful.

From March 2020 to March of this year, nursing vacancies increased by 300%. Health care professionals are clear about what's happening—the terrible working conditions; overworked, stressed, underpaid, underappreciated; unable to provide the quality of care that they know their patients deserve; hospitals forced to close emergency rooms and ICUs. Speaker, I know that many people out there have been told by this government and governments before them that this is the best they can expect, but I can tell you one thing: Waiting in an emergency room for 14 or 20 hours, that's not normal, and we should not be forced to accept that in this province.

This government wants to tell you that's as good as it gets, but the answers are right here in this motion. Get rid of Bill 124—there's a start. Get rid of Bill 124. Restore health care workers' rights to bargain for wages that reflect their worth. Work with us. Work with health care stakeholders to develop an incentive package. This government needs to do better and they need to do it urgently.

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

M. Guy Bourgouin: Ça me fait plaisir de me lever pour la motion sur la pénurie dans notre système de santé.

Je vais vous parler d'une situation. On entend ce gouvernement-là dire de bonnes choses, mais quand ça arrive à l'action, ils ne sont jamais là. Je vais vous parler d'une proposition qui a été déposée en mars 2022. La ministre a demandé de l'aide aux hôpitaux, pour voir s'il y a des solutions, des propositions, qui pourraient aider la situation avec la pénurie qu'on vit. Ils ont fait une proposition en mars. Ils ont envoyé une lettre à la ministre, demandant de l'aide pour un anesthésiste.

On n'a généralement qu'un anesthésiste dans notre région. Ça veut dire que s'il n'est pas là, il n'y a pas d'opérations. Donc ils ont demandé un anesthésiste de plus pour les hôpitaux de Hearst, de Kapuskasing et de Cochrane, pour nous aider—puis pas rien que ça, l'anesthésiste est après de se brûler. On a un anesthésiste; s'il fait un « burn-out », on n'en a plus, et ça veut dire qu'on repousse tout. Ça veut dire qu'il y a eu, jusqu'à aujourd'hui, 75 chirurgies qui ont été mises de côté. Vous allez dire que 75, ce n'est pas gros; mais pour la région, c'est gros. Pour un hôpital comme à Hearst, c'est gros. Douze fois l'hôpital est passé proche de se fermer.

Mais ça s'arrête pas là. Ils ont demandé à multiples reprises, depuis 2020, à la ministre de répondre—une simple réponse. C'est un manque de respect, ça, quand tu ne donnes pas une réponse à quelqu'un. Ils ont une solution qu'ils proposent pour aider. Une simple

réponse—aucune réponse. J'ai envoyé une lettre personnellement. Je l'ai délivrée en main personnellement; aucune réponse. Encore hier, en personne, j'ai dit : « Madame la Ministre, répondez, parce que ça va répondre aux besoins. » Silence radio; aucune réponse.

Des fois, les bottines, il faut qu'elles suivent les babines. Ce n'est pas compliqué, ça. Vous dites les bonnes choses, mais rien ne se passe. Sur le terrain, vous ne reflétez pas ce que vous dites.

Vous avez des solutions qu'ils vous proposent pour aider les communautés dans les régions du Nord. On n'a déjà pas assez de médecins; on n'a pas assez d'infirmières. Qu'est-ce qu'on fait? On ne donne pas de réponse. C'est un manque de respect, ça, aux commettants du nord de l'Ontario, de mon comté, où on a besoin de médecins et on a un anesthésiste qui est après de se brûler. S'il tombe, qu'est-ce qu'il y arrive? Aucune opération. Voyons, ça fait du sens. Réveillez-vous. On a du monde qui a besoin d'anesthésistes.

Emergency rooms are closing. Surgeries are being postponed and cancelled. Missing ICU beds for children—for children. Ils se sont endormis sur la switch, l'autre bord.

Hospitals are having to hire nurses through agencies with hefty fees, paying 50% or more—50 % et plus. Je parlais avec l'hôpital—250 000 piastres pour un mois. Est-ce que ça fait du sens, payer ça? C'est nous, les payeurs de taxes, qui payons plus pour un gouvernement qui fait pas assez—pourquoi? Parce qu'ils veulent privatiser notre système de santé.

1340

On a une pénurie. Agissez. Faites la bonne chose. Commencez par enlever le projet de loi 124. Il y a plus de monde qui sort que de monde qui rentre dans notre système de santé. Comme on dit en français : « Allume, légume! » Je pense qu'on s'est rendu là. Le gouvernement devrait allumer, parce qu'il y a un manque, une pénurie. Le projet 124 nuit à ça.

Puis, répondez. Je dis à la ministre : répondez à l'hôpital de Hearst, qui mérite une réponse, parce qu'on a besoin—on a des solutions qui vont nous aider, mais c'est silence radio.

Commencez par enlever le projet de loi 124, puis répondez aux propositions qu'on vous a données pour répondre aux besoins de notre communauté. Merci.

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

MPP Jill Andrew: It's my honour to stand in support of our NDP opposition motion calling for a health staffing shortage strategy so we can recruit, retain and respect—and pay, quite frankly—HCWs, who are supporting our community, supporting those in St. Paul's and across Ontario.

Let me be clear: Any new beds or hospitals this government has promised do not mean anything without the staff, without the front-line health care workers, in place—not burnt-out, not stressed out, not sick themselves—there to do the caring work.

In order for the Conservative government to do what they need to do, they must repeal Bill 124, a wage-suppressing bill, a bill that takes away workers' collective bargaining rights. And frankly, these workers are predominantly women and BIPOC folks, as I have said over and over. Bill 124 is driving our front-line health care heroes, our workers, angels—whatever you want to call them—out of the profession.

We need to ensure that internationally trained professionals can enter the workforce. The Conservative government had a chance to support the member from Scarborough Southwest's legislation, and they chose not to. The government has had opportunities to support the member from Sudbury's PMB to raise the wage floor for hard-working PSWs so they can simply make a livable income.

The government is not listening. The impact of them not listening means that our ERs are closing down. Children are being turned away. Parents like Lisa, a mom in my riding—she has pulled her 15-year-old daughter from school because the risk of her contracting COVID in a mostly unmasked classroom, thanks to the Premier, is too high and life-threatening given her lifelong cardiac and respiratory medical complications. If this 15-year-old needs service, she will be triaged into an adult facility, because there's no space in child ICUs.

In the Niagara region: Myself and the MPP for St. Catharines wrote to the Minister of Health in September about the crisis happening there with sexual assault survivors who cannot access kits, because, frankly, there aren't enough specialized staff, the sexual assault nurse examiners, to administer those kits. September 29—I've got the letter right here to the Minister of Health; no response. We need a response.

This government needs to give health care workers 10 paid sick days so they can actually heal and stay in the profession when they're sick.

And finally, Speaker, they must end the scheme—because this is a scheme. Their Christmas wish is to privatize health care, and there isn't a single Ontarian who is on board with that and neither are any of our health care workers. The government needs to create a health care strategy to keep our front-line health care workers on the job, happy, respected, paid and protected.

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

MPP Jamie West: This is about health care, and there are often times when members of the opposite side won't listen to us, so I'm going to read some letters that I have about the real crisis in health care. I'm going to ask my colleague to let me know when I start running out of time.

The first one is from an RN: "I am a registered nurse in the province of Ontario and I do have a deep appreciation of the current situation in our diverse sectors of health care. I am reaching out this afternoon, not as a nurse but as a very concerned patient currently in the system. Last summer I was diagnosed with bilateral pulmonary embolisms from which I almost died.

“During this hospital stay, I was made to wait 24 hours in the emergency department as no critical care beds were available.

“While I survived this ordeal, I am still not fully recovered and need further testing done and possibly surgery to remove the blood clots in both of my lungs.

“I had to wait at least a month to have a CT scan of my lungs.

“My biggest concern at this time is that I will need surgical intervention that cannot be done close to home. I will need to travel to southern Ontario for this procedure.

“With the current state of our health care system, how long will this be?”

“How many times will this procedure be cancelled and rebooked due to a lack of physicians and nurses?”

“Will I need to pay for the procedure and for any further diagnostic tests that I need?”

“I cannot afford to pay for expensive procedures and test if the” Conservative “government moves ahead with privatization of our health care system.

“While all of this was happening, I was also laid off from my full-time job. I am only able to find part-time work and therefore I have no benefits, no sick time, and I must pay out of pocket for medications, which total roughly \$400 every three months.

“I am having to make the hard choice to remain on my medications and not be able to purchase enough groceries. At times, I have to deny myself meals in order to pay for medications and maintain my household expenses.

“Please help not only myself, but the many ... patients who are in similar situations.

“When will” the Premier and the Minister of Health “realize that our system is in crisis now and this crisis will not improve unless Bill 124 is repealed and they are willing to listen to the people who are currently facing such challenges?”

“The plan to privatize the health care system is not the solution.”

Karen is an RPN. She reached out to me.

“I am a constituent in your riding of Sudbury.

“I am ... one of Ontario’s 50,000 registered practical nurses (RPNs) who has been working on the front lines of this pandemic, providing critically needed care for the people in your community. I am writing today to share my concerns that RPNs continue to be undervalued for the important care we provide, despite going above and beyond the call of duty.

“Ontario’s RPNs are college-educated, regulated nurses who combine nursing skill, knowledge and judgment to deliver exceptional care....

“I work alongside RNs and perform the same care, and am paid considerably less....

“Though the RPN role is much more similar to our registered nurse (RN) colleagues, our compensation continues to be more closely aligned with personal support workers (PSWs)....

“RPNs are continuing to be squeezed by growing workloads as they care for an increasingly complex patient and resident population, while facing stagnant wages. We

have also seen inflation grow to over 4.5%”—higher since she wrote this. “I am paying more for gas, groceries, insurance as well paying my licensure and mandated liability insurance through WeRPN. This is over \$700 per year.

“More and more nurses are considering leaving the profession at a time when we need them most. As my elected official, I am urging you to take action to recognize the extremely challenging realities that RPNs like myself are facing.... As a first step, I am asking that the government take immediate steps to increase the wages of RPNs to align with the current realities of their role.”

I am asking on behalf of her for the government to repeal Bill 124.

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

Mr. Peter Tabuns: I appreciate the opportunity. I want to thank all my colleagues who have spoken so far today and who I know will be speaking further to this opposition day motion this afternoon.

Speaker, there is no doubt whatsoever that we have a crisis at our hospitals. You are well aware of this. McMaster Children’s Hospital in Hamilton is strained to the limit. We’ve had ERs shut down this past summer alone more than 86 times. In October, the emergency room in Chesley was forced to shut its doors for eight weeks.

The reason for this strain or crisis on the system is not mysterious: We have a body of workers—nurses and health care workers—who have been pressed to the limit through the pandemic, who were suffering under a huge strain before the pandemic and who have been put in a box of a 1% wage increase per year. These people who risk their lives, who risked the lives of their families, were told that they were heroes, yet their financial needs, their aspirations to live a decent life, have been kicked to the side, have been forgotten.

Until we get rid of Bill 124, until we actually bring in compensation that will retain these people that we need to have, until we actually bring in compensation that will bring back some of the early retirees, we will not be able to make up for the number of people that we’re losing in our health care system, in our hospitals. That will mean the crisis that we face will continue.

Speaker, this motion to set in place an approach to retention and to recruitment is going to be critical to make sure that any of us in this room and our families will be able to get the urgent medical care they need when they need it, will be able to get the surgeries that they need when they need it—not delayed six months, not delayed a year or two years, but when they need it. If we fail to do this, we are putting the people of Ontario in an impossible position, a position where their lives are at risk, the lives of their children are at risk, the lives of their friends and family are at risk.

1350

I am urging the government to not only vote in favour of this motion today, but, upon passage, to actually take the steps necessary to implement these very critical measures so we have a health care system that works, that

will deliver and once again will be the envy of people around the world.

The Deputy Speaker (Ms. Donna Skelly): I recognize the member for Scarborough Southwest.

Ms. Doly Begum: I'm proud to rise and speak on behalf of my good people of Scarborough Southwest to speak to this bill to recognize the staffing shortages that we're facing in our province and, frankly, propose solutions, because this government—seeing the crisis that we're facing in our health care sector, seeing the crisis we're facing in our hospitals—does not have a clear plan to respond to the health human resource crisis that we're facing in Ontario.

Hospitals, long-term-care homes, home care and community care settings are all reporting critical staffing shortages, and it is causing major damages across the board. When we look at the Health Quality Ontario report, they reported the average wait time was seven times the provincial target of two days in Kingston and six times the target in Milton, Oakville, London, Toronto and Scarborough. And 13 hospitals reported that patients have waited over 24 hours on average—and that's just the average.

I was recently in an emergency room and I have seen first-hand what people are facing, what kind of injuries people are sitting with and the amount of excruciating pain people are having to go through. I just look at the faces of the nurses and the doctors and how hard they're trying to be able to just keep up and the amount of time they would come back and say, "We're trying our best. We're trying our best." You could see the stress in their faces, their eyes. They want to help, but we are failing them and we need to do better, and this does that.

I heard from a constituent, Farzana Ghani, recently. Her husband has cancer and he was diagnosed at Michael Garron Hospital. He waited for months for an oncologist appointment, and now they are waiting another month just to get a PSW and a caregiver. This family had to lose their income just to take care of him because they are waiting for a caregiver. We don't have enough PSWs and caregivers.

Another constituent in Scarborough Southwest reached out. Her adult daughter has experienced trauma recently. There is an 18-month waiting period to access the trauma program at the Women's College Hospital—18 months. That's the norm that she was told.

Another mother actually wrote, and because I have a short time, I am just going to say that all she asked is, "Can you ask this government, 'Has everyone given up? Are we accepting this as the norm? Has everyone given up?'" Because if we look at the government's fiscal update, it looks like they have given up. They don't see the health care crisis.

We need to have a multi-layer health care worker recruitment and retention incentive package that includes short-, medium- and long-term solutions to recruit and retain workers across all health care sectors with good jobs. We need to repeal Bill 124. It is the number one thing that's causing so many health care workers to leave our

province and go to other professions, because they do not feel respected and they do not feel appreciated. Even though we're calling them heroes, we're not paying them the wages that they deserve.

We need to restore workers' rights to bargain for wages that reflect their worth and we need to recognize the internationally trained professionals, the internationally trained health care workers, who are waiting to contribute to this province, who have waited for years. There are workers across this province who are Canadian citizens, are Ontarians, who can be contributing right now to this province, but we're not making it easy for them.

We need to do better by all of these people and we need to do better by all the kids who are waiting in our hospital rooms. We need to do better for our seniors who are waiting to have better care and we need to do better for all our health care workers.

Please pass this. I hope the government will listen and, this time, come up with a strategy.

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

Ms. Catherine Fife: Ontario needs a human resources strategy for our health care system, which is why we brought forward this motion.

"There are more vacant positions for nurses than nurses working in one GTA" hospital, as CTV reported last week, "a sign of how dire staff shortages are 'deteriorating' a medical system already on edge.

"A consultants report for Lakeridge Health calls the situation at its Oshawa hospital a 'crisis' as it lays out how" workers are leaving the system en masse, primarily because of "low morale, misaligned incentives, and EMS offloads," which are compounding the problem.

The chief emergency room doctor said, "Normally we would internally try to work on solutions and try to improve our efficiencies ourselves, but realistically the government is not coming in on a stallion to fix everything for us," which means that they do feel abandoned.

"He said that the hospital is far from the only one feeling the shortage of nurses who, because of stress and overwork, are choosing to retire or leave at faster rates than they can be hired or trained....

"It's extremely troubling that there's a majority of vacancies. More vacancies for nurses than there are nurses."

They are going south of the border.

Natalie Mehra of the Ontario Health Coalition said this "is indicative of what's happening in large hospitals all across Ontario. We've never seen anything like it. It is really serious."

As the finance critic, I want to point out that the government, just this week, said in their mini-budget that there's no new money for health care in their economic update because they already prepared for the surge in illness. Parents are being sent home from my local hospital of Grand River Hospital, which is at 150% capacity in our pediatric ICU unit. It doesn't sound like you're prepared, it doesn't sound like you invested, and it doesn't sound like you are fighting for health care.

This province has the money. That's the important part I want to tell you. The FAO has forecasted a \$100-million surplus just this year. He is projecting surpluses for the foreseeable future. If the political will were there, if this government cared, they would use the unallocated contingency funds, which the FAO has said, over the next six years, will balloon to \$44 billion. This is not about money; this is about political will and this is about not having a human resources strategy which recognizes how important our health professionals are to maintaining a publicly funded health care system.

I urge the government to listen to this motion and to work with the NDP—His Majesty's official opposition—to bring forward solutions to serve the people of this province.

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

Mrs. Robin Martin: Thank you to my colleagues opposite for your contributions to this debate. I am excited to talk about this today. I wanted to start by saying that I am really proud of our government, and particularly our government's health care recruitment, retention and training strategy, which has been in place now throughout the pandemic, and we keep adding and enhancing it. We have short-, medium- and long-term solutions to recruit, retain and train our health care workers, and I am proud that we brought in the elements of that strategy at the beginning of the pandemic and ongoing throughout our term in office. So I am really excited to have an opportunity to speak today about the investments in our health human resources and our health human resource recruitment, retention and training strategy—the largest of its kind in Ontario's history and probably the largest of its kind across Canada, given that Ontario is a big part of Canada.

First off, I want to reiterate how I am amazed every day by the ongoing, remarkable commitments, dedication etc. of all of our health care workers, all of our health care providers, to give every Ontarian the best care possible, often under trying circumstances. They do that every day and I think we all owe them at least a little applause for that, because they do such a great job.

But I can certainly tell you that, from the outset of the COVID-19 pandemic, our government has been taking deliberate action on a health human resources recruitment, retention and training initiative that is, as I said, the largest of its kind. We've done everything we can to meet the health needs of Ontarians, and our commitment to that goal has not wavered in any way. We have worked and we will continue to work tirelessly to ensure that Ontarians' health workforce is supported, equipped and able to respond to the needs of patients across our health care system.

1400

Since the beginning of the pandemic, programs launched by our government have already added over 12,000 health care professionals to the system, including acute care settings, including long-term-care homes and including our home and community care settings that help

to preserve hospital capacity, and we're still doing more of that. After our initial work to create additional capacity through the Ontario matching portal, we invested \$52.5 million to recruit, retain and support over 3,700 health care workers and caregivers, to ensure continuity of safe care for patients and long-term-care residents in the province.

In addition to the work we've done to increase the supply of health care workers to the province, we have worked to support and retain our existing workforce. We introduced temporary pandemic pay as a measure to recognize the dedication and the long hours of working to contain the COVID-19 outbreak. We introduced that, and Ontario's pandemic pay program is one of the largest of its kind in the country, and it's unprecedented in the province's history. Under that, over 375,000 of Ontario's front-line workers are receiving or have already received pandemic pay, of which over 225,000 are in the health care sector. On average, a nurse receiving pandemic pay received \$12,000—on average, each nurse—of temporary pandemic pay during the period of the heart of the pandemic. From, say, March 2020 to March 2022, they received that \$12,000 extra in temporary pandemic pay.

And the government has continued to invest in Ontario's health care workforce. Since October 1, 2020, the government invested more than \$1.3 billion to provide a temporary wage enhancement to more than 158,000 personal support workers and direct support workers providing publicly funded services in hospitals, long-term-care homes, home and community care, and social services. We're now investing \$2.8 billion over the next three years to make this temporary wage-enhancement program permanent.

In February 2022, to retain nurses across the health care sector and to stabilize the current nursing workforce, the government announced that it would invest, over two years, \$764 million to provide Ontario's nurses with a retention incentive of up to \$5,000 per nurse. Taken together, then, during the period from March 2020 to March 2022, the average nurse in Ontario received \$12,000 in pandemic pay and \$5,000 in a retention incentive, for a total of \$17,000 extra during that period of time—which, of course, they earned, because they all were working so hard, but this is important to recognize, that that was during that period of time.

In the summer of 2020, our fall preparedness plan invested \$52.5 million to recruit, retain and support over 3,700 health care workers and caregivers, to ensure continuity of safe care for patients and long-term-care residents. Amongst other things, we supported the Nursing Graduate Guarantee program, providing nursing graduates, registered nurses and registered practical nurses in Ontario with temporary full-time employment above staffing complement, to support their successful transition to practice and to full-time employment. The program provides 20 weeks of funding for each new nurse approved to participate in the program, and includes 12 weeks of funding for the nurses' transition-to-practice period and eight weeks of funding to reinvest in existing front-line nurses and their professional development.

In 2021-22, more than 1,500 new nurses were matched to employers through the Nursing Graduate Guarantee program. So far, in 2022-23, more than 1,200 nurses were matched to employers through the Nursing Graduate Guarantee program.

The plan also supported the community commitment for nurses, which offers registered nurses, registered practical nurses or nurse practitioners a \$10,000 incentive in return for a one-year commitment to practise in a hospital, long-term-care home or home and community care agency in high need.

While COVID-19 has been a testing time for the system and for all of us, the PSW return-of-service program and the Community Commitment Program for Nurses are examples of programs that will be instrumental to us in the future as we continue to work to distribute the workforce effectively, placing our precious resources where system gaps appear or where the demands are the greatest. We hope to place up to 3,000 nurses in areas of need through the program over the next two years. Over 600 nurses have already been placed with employers through the program since it relaunched in May 2022, and the government is supporting important actions to attract our new nurses to where they are needed most in the province.

Additionally, the government has announced the new Learn and Stay program. Starting in the spring of 2023, up to 2,500 eligible post-secondary students who enrol in priority programs, such as nursing and paramedic and work in underserved communities in the region where they studied after graduation, will be eligible for grant funding.

I know the young pages around here are listening intently because they can see there's some good opportunities in health care in Ontario.

Certainly our physician workforce needs to grow too, so that we can continue to meet demands in the system. In March 2022, the government announced a significant expansion of medical school education in Ontario—so pages, listen up; this could be you—adding 160 undergraduate seats and 295 postgraduate positions over the next five years. This is the largest expansion of undergraduate and postgraduate education in over 10 years. The expansion aims to increase access to family and specialty physicians all across the province. Training more doctors will ensure that Ontarians can access the health care they need, when they need it and wherever they may live.

Internationally educated health care providers are a large and important part of our health care workforce that has been neglected for many years, but we're fixing that. This government is taking action to fix that. That's why we've got lots of expanded opportunities for internationally educated providers across the province, including our supervised practice experience partnership program, which provides internationally educated nurses the opportunity to achieve their evidence-of-practice and language proficiency requirements to obtain their nursing designation. As of November 4, 2022, over 1,700 internationally educated nurses are actively enrolled in that program, and over 900 have achieved their registration to

practise through this program since it launched in January of this year.

That probably has been plaguing Ontario's health system for years and has never been addressed until now. It is this government, fronted by a Premier who cares very, very much and a health minister who is willing to consider all options, that we've come up with these solutions, and we're making a real difference for immigrant communities who come here with lots of talent and want to apply them, and we need them to work in our health workforce. So I'm so glad that we've managed to get that done. That is a serious plan to address our health human resource needs.

We are also approving regulation changes, including internationally educated nurses to register in temporary class and begin working sooner as they go through their full registration. As the pandemic has unfolded, of course, the government has recognized mental health challenges faced by our health workforce. In response, because we have a Premier who cares so much, we have invested a continuum of supports for health care workers, including in-person and virtual supports, with funding of \$3.8 million in 2021-22 and \$8.7 million in 2022-23.

1410

These investments support existing and expanded mental health and addiction supports for our health care workers whose mental health has been adversely impacted by COVID-19 and workplace and occupational stress.

I find it interesting that the members opposite have chosen to highlight some of the challenges our health care system is facing without acknowledging the role that they played for 15 years.

Speaker, for years Ontario has been facing a rising number of individuals in the province without access to primary care physicians. After cuts to residency programs and caps on medical school spaces from the previous government, it's our government with a Premier who really cares and wants to do something about it and is looking for solutions that is putting forward those solutions.

In the 2012 Auditor General's report on health human resources, it was revealed that northern Ontario had a shortage of 200 physicians, or 40,000 hours of care, and yet little was done. And that was 2012. I know the member from Mushkegowuk is concerned about the lack of access in his community. These things existed in 2012, and yet, when the members opposite held the balance of power, when the NDP held the balance of power, they did nothing to solve this problem.

It's important to note that at that time there was a minority Liberal government supported by the members of the NDP, many of whom are the same members here today complaining that nothing was done.

Interjections.

The Acting Speaker (Ms. Patrice Barnes): Opposition, come to order please.

Mrs. Robin Martin: They're asking me where I was. Well, I wasn't elected then, so I couldn't make a change. But you could have, sir. You could have made a change, and you did nothing.

If the members opposite truly wanted to improve access to primary care at that time or at any time, they could have made it a condition of their support. Yet they chose not to do that.

The former Premier admitted to freezing hospital spending for years and, in 2015, eliminated 50 medical residency positions from Ontario. They defended their decision to eliminate the 50 positions, when 800,000 Ontarians were without a family doctor, by saying they were, “scaling back to make better use of scarce health care dollars.”

This reduction came in the same year that 250 nurses would be laid off from hospitals in communities across the province, including Newmarket, Sarnia and London. If the members opposite were committed to improving our health care system, they could have done it then, and yet they did nothing.

Madam Speaker, I get tired of listening to some of the complaining going on. I get tired of listening to people trying to make a crisis and make fear in the population at a time of pandemic even worse by using words and expressions like “the worst crisis in generations” and “oh my God, the government is going to privatize,” trying to scare people. I think it’s irresponsible to be talking like that at a time when the health care system is of course under strain.

The interim leader for the NDP said that the reasons for the crisis are not mysterious. And the first two he listed, I agree. People worked hard before the pandemic in our health care system, and they worked very hard throughout the pandemic. That is true. That is why we continue to work to improve the system and pay them back.

But let’s remember that these waits in emergency rooms for health care have been going on for many, many years. I personally have waited—what was the example given, 14 hours and 20 hours? Is that normal? No, it’s not normal, but I have personally waited that long over 10 years ago with my parents in the emergency departments. So that is not new, unfortunately, in Ontario. That is why this government is taking steps to address it.

At the same time, in 2019, before the pandemic arose—November 2019, as I recall—emergency rooms were being closed in Nova Scotia. I remember the story on the national news. It said there’s a sign on the door in the emergency department of this town in Nova Scotia: “Don’t go to this emergency room because no one is here. Drive to the next town.” That is not a new issue. It was a pre-pandemic issue, and it’s a staffing challenge.

Why do we have a staffing challenge? The members opposite are correct. There is some pressure in our staffing, but let’s talk about that. It’s not a funding issue. It is a staffing issue because there are not enough health human resources—

Ms. Catherine Fife: That’s a funding issue.

Mrs. Robin Martin: Thank you, and I’m speaking. Thank you.

I just went through a lot of things we’re doing to fix that problem, but let’s just talk about this for a second. Part of the reason that we need so many new staff is because we have so many more jobs for them, because we’re trying to

hire more, right? We’re trying to hire 27,000 new PSWs and nurses for our long-term-care homes. That will make more jobs available. So, yes, there are more vacancies. And we’re trying to hire nurses. We’ve just added—

Interjections.

The Acting Speaker (Ms. Patrice Barnes): I will call the opposition to order, please. Thank you.

Mrs. Robin Martin: We have just added 3,500 more hospital beds to Ontario’s health care system. That is the equivalent of six community hospitals. They all need staff. So, yes, there are more jobs available. That’s why we’re doing everything we can to pull out all the stops, recruit, retain and train all of those workers so that we have more health care for people.

Somebody over there said, “We’ve never seen anything like this before”—

Interjection.

Mrs. Robin Martin: That’s right. Somebody over there said, “We’ve never seen anything like this before.” You haven’t. You’ve never seen anything like this before, because this government is hiring so many new health care workers that we have those vacancies which we’re going to fill and we’re going to provide better care for the people of Ontario. Thank God we have a plan.

The Acting Speaker (Ms. Patrice Barnes): The member for London West.

Ms. Peggy Sattler: Last week, the member for London North Centre and I met with RNAO’s Middlesex-Elgin chapter, and we listened to the nurses who attended that meeting. These were nurses who worked in home care, long-term care. They worked in emergency and pediatric emergency. They worked in the ICU. They worked offloading patients from ambulances. They worked in public health. It was a mix of experienced nurses, student nurses, nurse educators. They told us that they are exhausted, they are burned-out, they are done, and they have no faith that anything the government is going to do will help make a difference. They saw the growth of hallway medicine under the Liberals, and they have seen the weaponization of Bill 124, legislation that directly targets a predominantly female workforce and tells health care workers, tells nurses, that this government does not value them, does not respect them and does not care about the demoralization they feel after almost three years of a pandemic and the workload pressures, the stress and the violence that they face every day on their job.

Speaker, I hear daily from Londoners who contact my office who can’t find a family doctor, whose routine screening tests were cancelled, whose surgeries were postponed. I hear from worried parents who are reaching out to my office, asking me what is going to happen if their child becomes seriously ill and they have to take that child to a children’s hospital in London where there are waits of hours—hours-long—with a desperately ill child. Imagine how you would feel as a parent, knowing that if that child had to be admitted to an ICU bed and they’re over 14 years of age, it may be to an adult ICU bed or it may be to an ICU bed in another community altogether.

Speaker, we have heard the Minister of Health say that this surge was expected, that the overwhelming of

pediatric emergency rooms is not a surprise to this government, that the number of children being ventilated is nothing to worry about, that they have a plan, and that plan, this government claims, is so good that no additional resources or measures were necessary in the fall economic statement.

1420

We just heard the parliamentary assistant talk about the recruitment programs that this government has put in place. But I have news for this government: Investing public dollars to recruit workers who don't stay in the health care profession won't do a thing to shore up the health care workforce.

What we need to do is compensate them fairly. We need to improve their working conditions. We need to support them with appropriate mentorship programs, training programs, other programs. We need to repeal Bill 124. These are the measures that would really make a difference.

I call on this government to support the motion before us today, to consult with unions and health sector stakeholders to develop a multi-layer health care worker recruitment and retention incentive package that includes short-, medium- and long-term solutions. We need to do everything possible to recruit, retain and return health care workers.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Ms. Chandra Pasma: I am pleased to rise on this motion today calling for a solution to the health care crisis, especially after we have just heard the government side say, "Crisis? What crisis?"

Let me tell you about the crisis in Ottawa, Speaker, a crisis which the chief of staff of CHEO has just called an "unprecedented" crisis. The pediatric ICU at CHEO is at 280% capacity. This weekend we saw seven kids resuscitated. A child who went to the hospital by ambulance for a severe allergic reaction waited 13 hours to be seen. That's "what crisis" we are seeing in Ottawa.

And it's not just limited to CHEO. At the Queensway Carleton Hospital this weekend, there are 22 beds in the ER. There were 24 patients admitted and waiting for a bed in the hospital, yet the emergency room staff still had to see an additional 240 patients with no beds in the ER available. Wait times at Ottawa hospitals are as long as 17 hours. These are people in pain. These are people struggling to breathe. These are people experiencing some of the scariest moments of their lives, and they're not getting the support that they need from this government.

At the same time, Speaker, I am hearing heartbreaking stories from the nurses and health care workers who are supporting them day in and day out, the nurses of ONA Local 83 and ONA Local 84 at the Ottawa Hospital and the Queensway Carleton Hospital: stories about nurses being assigned to units that they are not trained for, including the ICU and the emergency room; about a nurse who had served only a few short months being asked to take responsibility for a unit by herself overnight; about nurses who are beginning every shift in tears because

they're being asked to do work they don't feel qualified for or that they are not being supported to do.

Nurses want to provide great care, but the conditions this government is putting them in are not allowing them to do that. There are nurses leaving the health care sector for retail jobs because they are burnt-out and tired, and tired of feeling fundamentally disrespected by this government—this government which thanked them for being pandemic heroes and turned around and capped their pay, despite the fact that they were putting in long hours short-staffed; a government that has refused to budge on Bill 124, despite hearing of the impact on health care workers and on patients day in and day out; and a government that has seen this crisis in our health care sector—one that they won't acknowledge is a crisis—and not put a single new dollar toward our health care system in the fall economic update.

That is why it is so essential that we take this time to acknowledge what is going on in our health care sector, to acknowledge the work of our health care workers and to actually ensure that we are providing the investments and resources and supports that they need, starting by repealing Bill 124 and giving them a decent wage; providing the investments in the health care sector; and recruiting, retaining and returning nurses to the sector so that they no longer need to be short-staffed and so that everyone who goes into a hospital in Ottawa and across the province knows that they are going to get the health care they deserve in a timely fashion.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mr. Joel Harden: I usually get up and say I'm happy to rise to speak in this House, but this is a subject that hits close to my heart because I'm married to someone back home who is one of those health care professionals at CHEO dealing with kids who are struggling to breathe—struggling to breathe. This is Canada—struggling to breathe.

We have flu season every year. We don't have seven kids over a weekend having to be resuscitated. We don't have little kids like the one I talked about this morning, Chloe, fighting to breathe—fighting to breathe, and our friends in government are saying, "Crisis? What crisis? There is nothing happening here to be concerned about. We're giving the system more money than we ever have before." Chloe's fine. My partner working her tail off back at CHEO is fine. Everything's great. Shouldn't we applaud them for how innovative they're being in this moment?

I just want to appeal to the hearts of the government members opposite and ask them to truly consider the gravity and ethical implications of making comments like that, because it is one thing to ask first responders and health care workers to sacrifice, which is what they signed up to do every single day—it's one thing to do that, but it's another thing to tell us a story about how there's no significant problem here and how we're investing more money than ever before and we're just fantastic, because it doesn't correspond to the reality of the nurse or the doctor or the orderly or the custodian holding the hand of the mom with the breathing tube in the kid's face. There is

a disconnect. I want my friends in government to understand that disconnect. It hurts.

What also hurts is when they see government in July give 44 members of this government caucus a parliamentary assistantship—the greatest percentage of parliamentary assistantships in Ontario history. That’s a \$16,000 raise while you’re giving 1% to people in hospitals keeping kids alive, a \$16,000 raise while you’re telling people that you’re doing the best you can and it’s the best it has ever been.

I just want to appeal, through you, Speaker, to the government to acknowledge that we are in the middle of an unprecedented crisis. I asked the Premier this morning to lead by example and wear a mask in this place. The Premier would not stand and answer my question. He deserves the opportunity to honour the office he holds for the province of Ontario, to wear a mask and to actually be on the ground in communities across this province, repealing Bill 124 and the other legislation which is not only hurting health care workers but it’s insulting their everyday reality.

Stop the insult. Fund the health care that we need. Fix it right now.

The Acting Speaker (Ms. Patrice Barnes): Further debate?

Mr. Michael Mantha: I think you’ve heard loud and clear from all my colleagues during our oppo day where the needs are and where the answers are also located. There are many answers that have been provided to this government, many suggestions that have been provided to this government.

This government continues to force hospitals and long-term-care homes to use agency nurses, which are three times the cost of what we know would work effectively. Give that opportunity for individuals to return to the workforce, to return under good working conditions: Repeal Bill 124 to remove those conditions that are there, but add 10 paid sick days so individuals can go back to work without any worries and care for the people who they work with, but also stay at home when they need to stay at home.

This government has created a self-imposed crisis. We ask ourselves, “Why did they create this crisis?” The simple answer to it is to accept them doing an action. What is that action? A lot of it comes down to privatization of those services. This government can stand in their place and deny it, but you can see it happening in all of the communities. It’s apparent this is your path. It’s in your DNA. There’s no changing it, and you cannot continually stand in this House and continue to deny that.

In Algoma–Manitoulin, a lot of the hospitals are operating their ER departments. Why? Because they have locums. We’re paying high fees for those locums to make sure that our ER—thank goodness that we have the ability, but that’s not the answer, because primary care is being set aside. Patients in their communities are not getting the care that they need. There are nurses—we had an excellent breakfast this morning with registered nurses who have the answers for this government. You need to sit with them,

listen, provide them with the opportunity to expand their services. That’s part of the answer.

1430

The Acting Speaker (Ms. Patrice Barnes): Further debate? Further debate?

The member for Nickel Belt.

M^{me} France Gélinas: Thank you, Speaker. I will be using my right of reply to the motion.

It was an interesting afternoon, where a lot of real-life stories that highlight the crisis in our health care system have been shared. There is a health human resources crisis in health care. Health care happens between two people. When the people who provide the care are burnt-out, when the people who provide the care feel demoralized and disrespected and just cannot continue to do their jobs anymore—jobs that they love, jobs that they are good at, jobs that they trained to do and want to do, but the circumstances in their workplace right now, whether it be in hospital, in long-term care, in home care, in primary care are such that they can’t take it anymore—we need to act.

We cannot continue to let this happen the way it is. How can anybody sit in their seat when you know that SickKids and CHEO—those are pediatric hospitals that are world-renowned. They provide the best children’s care. People come from all over to see what we do right here in Ontario. When we hear that their ICU is full, at 130% capacity, when we hear that there are little ones in every single ICU bed and bassinet and crib and there are no more ways to care for them, how come some people can stay there and say, “All is good. We have recruited 12,000 new workers?”

You don’t look at attrition. What is happening right now in Ontario is a mass exodus of health care workers who are afraid for their licence, who are afraid for their mental health, who are afraid for their own health, and who just give up. They would love to come back. In order for that to happen, we need to acknowledge what they have gone through.

We need to acknowledge that things were not good before. You’re absolutely right that there have been hospitals full, at 120% capacity, for years. There have been people admitted into TV rooms, lounges, ends of hallways, everywhere. There is a huge patient room in the basement of my hospital, next to the morgue, where eight people lay without a window, without a bathroom. We are full, over capacity—yes, our hospitals are—but don’t just sit there and say, “We’ve recruited 12,000 more,” because the exodus is there. Go on the website of any hospital in Ontario, go on the website of any long-term care, and you will see vacancies, 42,000 of them, right here, right now, as we speak, where there is nobody applying for those jobs.

And some of the programs that the government has put forward—yes, they took the training, they went and worked as PSWs, and four weeks later, half of them had given up on that job, because it was just too hard, too difficult for what they were getting out of it. They still could not pay the rent and feed their kids with the work that they were doing as a PSW.

What we're asking through this motion is really a multi-layer approach that looks at how we solve the health human resources crisis. How do we bring people back? How do we respect them for the hard work, the important work that they do? This is what this motion is all about. We had nurse practitioners, who are here today, going into the different offices. They are telling you, right here, right now, that there are nurse practitioners underemployed right here in Ontario. Each and every one of them, if you were to fund the position in any nurse practitioner-led clinic, they would take on 800 patients that are unattached. You could do this right here, right now this afternoon.

But no, none of that is happening. They have recruited 12,000 new health care professionals. It doesn't matter that there are 42 vacancies. It doesn't matter that the exodus is continuing. We see a government that is very reluctant to act, and like everybody else, you have to wonder, "Why is that?" Well, the "Why is that?" is because they will come out with a solution of privatization. They're not proud of it. They hide it. They don't say it. But they do it.

Repeal Bill 124. Treat people with respect and you will be amazed what Ontario health care workers will do.

The Acting Speaker (Ms. Patrice Barnes): MPP Gélinas has moved opposition day number 2. Is it the pleasure of the House that the motion carry? I heard a no.

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

Those opposed to the motion, please say "nay."

In my opinion, the nays have it.

Call in the members. There will be a 10-minute bell.

The division bells rang from 1436 to 1446.

The Acting Speaker (Ms. Patrice Barnes): Members, please take your seats.

Madame Gélinas has moved opposition day number 2. All those in favour of the motion will rise one at a time and be recognized by the Clerk.

Ayes

Andrew, Jill	Gates, Wayne	Schreiner, Mike
Armstrong, Teresa J.	Gélinas, France	Shamji, Adil

Begum, Doly	Harden, Joel	Stevens, Jennifer (Jennie)
Bell, Jessica	Hsu, Ted	Stiles, Marit
Bourgouin, Guy	Kernaghan, Terence	Tabuns, Peter
Bowman, Stephanie	Mamakwa, Sol	Vanthof, John
Collard, Lucille	Mantha, Michael	West, Jamie
Fife, Catherine	McMahon, Mary-Margaret	Wong-Tam, Kristyn
Fraser, John	Pasma, Chandra	
French, Jennifer K.	Sattler, Peggy	

The Acting Speaker (Ms. Patrice Barnes): All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Anand, Deepak	Hardeman, Ernie	Rae, Matthew
Babikian, Aris	Harris, Mike	Rasheed, Kaleed
Bailey, Robert	Hogarth, Christine	Rickford, Greg
Bethlenfalvy, Peter	Holland, Kevin	Riddell, Brian
Bouma, Will	Jones, Sylvia	Romano, Ross
Bresee, Ric	Jones, Trevor	Sabawy, Sheref
Byers, Rick	Jordan, John	Sandhu, Amarjot
Calandra, Paul	Kanapathi, Logan	Sarkaria, Prabmeet Singh
Cho, Raymond Sung Joon	Ke, Vincent	Sarrazin, Stéphane
Cho, Stan	Kerzner, Michael S.	Saunderson, Brian
Clark, Steve	Khanjin, Andrea	Scott, Laurie
Coe, Lorne	Kusendova-Bashta, Natalia	Skelly, Donna
Crawford, Stephen	Leardi, Anthony	Smith, Dave
Cuzzetto, Rudy	Lecce, Stephen	Smith, David
Dixon, Jess	Lumsden, Neil	Smith, Graydon
Dowie, Andrew	Martin, Robin	Smith, Laura
Downey, Doug	McCarthy, Todd J.	Smith, Todd
Dunlop, Jill	McGregor, Graham	Surma, Kinga
Fedeli, Victor	McNaughton, Monte	Tangri, Nina
Flack, Rob	Oosterhoff, Sam	Thanigasalam, Vijay
Fullerton, Merrilee	Pang, Billy	Thompson, Lisa M.
Gallagher Murphy, Dawn	Parsa, Michael	Wai, Daisy
Ghamari, Goldie	Pierre, Natalie	Williams, Charmaine A.
Gill, Parm	Pirie, George	Yakubski, John
Grewal, Hardeep Singh	Quinn, Nolan	

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 28; the nays are 74.

The Acting Speaker (Ms. Patrice Barnes): I declare the motion lost.

Motion negatived.

Report continues in volume B.

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

Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

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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	
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	