

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

---

**Official Report  
of Debates  
(Hansard)**

No. 133A

**Journal  
des débats  
(Hansard)**

N° 133A

1<sup>st</sup> Session  
43<sup>rd</sup> Parliament  
Monday  
18 March 2024

1<sup>re</sup> session  
43<sup>e</sup> législature  
Lundi  
18 mars 2024

---

Speaker: Honourable Ted Arnott  
Clerk: Trevor Day

Président : L'honorable Ted Arnott  
Greffier : Trevor Day

### **Hansard on the Internet**

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

### **Index inquiries**

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7400.

### **Le Journal des débats sur Internet**

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

### **Renseignements sur l'index**

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

---

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



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

ISSN 1180-2987

# CONTENTS / TABLE DES MATIÈRES

Monday 18 March 2024 / Lundi 18 mars 2024

## ORDERS OF THE DAY / ORDRE DU JOUR

<b>Working for Workers Four Act, 2024, Bill 149, Mr. Piccini / Loi de 2024 visant à oeuvrer pour les travailleurs, quatre, projet de loi 149, M. Piccini</b>	
MPP Jamie West .....	7707
Mr. Anthony Leardi .....	7711
Mr. John Fraser .....	7711
Mr. Sheref Sabawy.....	7711
MPP Lise Vaugeois.....	7712
Mr. Matthew Rae .....	7712
Ms. Jess Dixon .....	7712
Mr. Sheref Sabawy.....	7714
Mr. Chris Glover .....	7715
Mr. Brian Saunderson .....	7715
Mr. John Fraser .....	7716
MPP Jamie West .....	7716
Mr. Lorne Coe.....	7716
Ms. Peggy Sattler .....	7716
Ms. Jessica Bell.....	7717
Third reading debate deemed adjourned .....	7717

## MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

<b>Joyce Marshall</b>	
Mr. Lorne Coe.....	7718
<b>Sudbury community services</b>	
MPP Jamie West .....	7718
<b>Member for Kitchener South–Hespeler</b>	
Ms. Jess Dixon .....	7718
<b>GO Transit</b>	
Mr. Wayne Gates .....	7718
<b>Nowruz</b>	
Ms. Goldie Ghamari.....	7719
<b>City of Oshawa</b>	
Ms. Jennifer K. French.....	7719
<b>Punjabi Arts Association of Toronto / Emergency services</b>	
Mr. Hardeep Singh Grewal .....	7719
<b>Cost of living</b>	
Mr. Stephen Blais.....	7719
<b>Ontario Trillium Foundation grants</b>	
Mr. John Jordan.....	7720
<b>Black youth action plan</b>	
Ms. Christine Hogarth.....	7720

## INTRODUCTION OF VISITORS / PRÉSENTATION DES VISITEUSES ET VISITEURS

Mr. Dave Smith.....	7720
M. Guy Bourgouin .....	7720
Ms. Jess Dixon .....	7720
Mrs. Lisa Gretzky.....	7720
Mr. Ric Bresee .....	7721
Hon. Charmaine A. Williams .....	7721
Mr. Amarjot Sandhu.....	7721
Hon. Todd J. McCarthy.....	7721
Mr. Andrew Dowie .....	7721
M. Stéphane Sarrazin .....	7721
Mr. Hardeep Singh Grewal .....	7721
<b>Wearing of shoes</b>	
Mr. Dave Smith.....	7721

## QUESTION PERIOD / PÉRIODE DE QUESTIONS

<b>Health care</b>	
Ms. Marit Stiles .....	7721
Hon. Peter Bethlenfalvy .....	7721
<b>Health care</b>	
Ms. Marit Stiles.....	7722
Hon. Sylvia Jones.....	7722
<b>Health care</b>	
Ms. Marit Stiles.....	7723
Hon. Sylvia Jones.....	7723
<b>Taxation</b>	
Mr. Sam Oosterhoff.....	7724
Hon. Todd Smith.....	7724
<b>MedsCheck Program</b>	
Mr. Wayne Gates .....	7724
Hon. Sylvia Jones.....	7724
<b>Veterinary services</b>	
Ms. Goldie Ghamari.....	7725
Hon. Lisa M. Thompson .....	7725
<b>Health care</b>	
MPP Jamie West .....	7726
Hon. Sylvia Jones.....	7726
<b>Seniors' housing</b>	
Mr. Stephen Blais.....	7726
Hon. Raymond Sung Joon Cho .....	7726
<b>Taxation</b>	
Mme Dawn Gallagher Murphy .....	7727
Hon. Todd Smith.....	7727

<b>Health care</b>	
Ms. Bhutila Karpoche .....	7727
Hon. Sylvia Jones.....	7728
<b>Taxation</b>	
Mr. Mike Harris .....	7728
Hon. Prabmeet Singh Sarkaria .....	7728
<b>Health care</b>	
Ms. Peggy Sattler .....	7729
Hon. Sylvia Jones.....	7729
<b>Taxation</b>	
Mr. Dave Smith.....	7729
Hon. Graydon Smith .....	7729
<b>Health care</b>	
Ms. Sandy Shaw.....	7730
Hon. Doug Ford .....	7730
Hon. Sylvia Jones.....	7730
<b>Taxation</b>	
Mr. Kevin Holland.....	7730
Hon. Vijay Thanigasalam.....	7731
<b>Notice of dissatisfaction</b>	
The Speaker (Hon. Ted Arnott) .....	7731

#### DEFERRED VOTES / VOTES DIFFÉRÉS

<b>Taxation</b>	
Motion agreed to .....	7731
<b>Visitors</b>	
Mrs. Daisy Wai .....	7732

#### REPORTS BY COMMITTEES / RAPPORTS DE COMITÉS

<b>Standing Committee on Finance and Economic Affairs</b>	
Mr. Ernie Hardeman .....	7732
Debate adjourned .....	7732

#### INTRODUCTION OF GOVERNMENT BILLS / DÉPÔT DE PROJETS DE LOI ÉMANANT DU GOUVERNEMENT

<b>Supply Act, 2024, Bill 174, Ms. Mulroney / Loi de crédits de 2024, projet de loi 174, Mme Mulroney</b>	
First reading agreed to.....	7732

#### PETITIONS / PÉTITIONS

<b>Assistive devices</b>	
Mme France Gélinas .....	7732
<b>Social assistance</b>	
Ms. Peggy Sattler .....	7732

<b>Éducation en français</b>	
Mme Goldie Ghamari.....	7733
<b>Ferry service</b>	
Ms. Jennifer K. French.....	7733
<b>Adoption disclosure</b>	
Ms. Teresa J. Armstrong .....	7734
<b>Environmental protection</b>	
Ms. Sandy Shaw .....	7734
<b>Affordable housing</b>	
Mr. Peter Tabuns .....	7734
<b>Social assistance</b>	
Ms. Bhutila Karpoche .....	7734
<b>Northern Health Travel Grant</b>	
Mme France Gélinas .....	7734
<b>Health care</b>	
Mr. Peter Tabuns .....	7735

#### OPPOSITION DAY / JOUR DE L'OPPOSITION

<b>Health care</b>	
Ms. Marit Stiles .....	7735
Mme France Gélinas .....	7737
Mrs. Robin Martin.....	7738
Mr. Sol Mamakwa.....	7741
M. Guy Bourgouin .....	7742
MPP Jill Andrew .....	7742
Ms. Bhutila Karpoche .....	7742
Ms. Chandra Pasma.....	7743
Mr. Wayne Gates .....	7743
Mrs. Jennifer (Jennie) Stevens .....	7743
Mme Dawn Gallagher Murphy .....	7744
Ms. Jessica Bell.....	7747
Ms. Jennifer K. French.....	7747
Mr. Jeff Burch .....	7748
MPP Lise Vaugeois.....	7748
MPP Jamie West .....	7748
Mr. Chris Glover .....	7749
Ms. Peggy Sattler .....	7749
Ms. Sandy Shaw .....	7749
Ms. Marit Stiles .....	7750
Motion negatived .....	7750

#### ORDERS OF THE DAY / ORDRE DU JOUR

<b>Working for Workers Four Act, 2024, Bill 149, Mr. Piccini / Loi de 2024 visant à oeuvrer pour les travailleurs, quatre, projet de loi 149, M. Piccini</b>	
Mr. John Fraser .....	7751
Mr. Sam Oosterhoff.....	7752
Ms. Sandy Shaw .....	7753
Mr. Joel Harden.....	7753

Mr. Sam Oosterhoff.....	7753
Mrs. Lisa Gretzky .....	7754
Mr. Sam Oosterhoff.....	7754
Mr. Wayne Gates.....	7756
Ms. Christine Hogarth .....	7756
Ms. Teresa J. Armstrong.....	7756
Mr. Brian Saunderson.....	7757
Mr. Joel Harden .....	7757



LEGISLATIVE ASSEMBLY  
OF ONTARIO

Monday 18 March 2024

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Lundi 18 mars 2024

*The House met at 0900.*

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

*Prayers.*

ORDERS OF THE DAY

WORKING FOR WORKERS FOUR  
ACT, 2024

LOI DE 2024 VISANT À OEUVRER  
POUR LES TRAVAILLEURS, QUATRE

Resuming the debate adjourned on February 28, 2024, on the motion for third reading of the following bill:

Bill 149, An Act to amend various statutes with respect to employment and labour and other matters / Projet de loi 149, Loi modifiant diverses lois en ce qui concerne l'emploi, le travail et d'autres questions.

**The Speaker (Hon. Ted Arnott):** When we last debated Bill 149, the member for Sudbury had the floor. He still has time on the clock. I recognize the member for Sudbury to continue his presentation.

**MPP Jamie West:** Good morning, everybody. I'm not usually on House duty Monday morning, but it's always a pleasure to come in and talk about any bill that has to do with workers. We're debating this morning Bill 149, which is a schedule of a variety of bills, and frankly, Speaker, there's a couple of pretty substantial flaws in this bill. During debate last time, I talked very clearly about the support for the presumptive WSIB coverage for urban firefighters. I think that's the highlight of this bill. The rest of the bill is a little bit downhill from there.

I think, as well, it's good to underscore that the Digital Platform Workers' Rights Act is a bit of a misnomer. It should really be called the "digital app company rights act." Basically what it does is it allows these billion-dollar companies—the Ubers, the Lyfts, the food delivery services that people work by their phones—to misclassify workers as independent contractors. And by doing this, they end up basically working for 12 to 14 hours a day and making less than minimum wage—and a lot less; about \$7 or \$6-something an hour, and \$2-something if you take away what it costs them for their expenses on their vehicles. It's a really terrible idea here. When you think, at the end of the day, that one of the data we've got here is \$6.37 an hour for somebody working for a company that's making billions of dollars a year, it's a slap in the face to the

workers of Ontario, Speaker—just a slap in the face to these workers.

The Conservative government shouldn't be enshrining this right and this ability. What they say in DPWRA is that you can make a complaint. That's what they're flagging, that you could file a complaint, but also, in the Digital Platform Workers' Rights Act, the company has the right to misclassify you. So you could make a complaint, but nothing will happen. No one's listening; no one will pick up the phone, or they'll pick up the phone and then say, "Yes, that's right. That's what you're entitled to." So that's one of the biggest flaws in this bill: What it's going to do to these workers who work for these app companies.

And we know, Speaker, that more and more workers are working these gig jobs, this precarious work. When I graduated a million years ago, it was the first time we had this recession and there were all these short-term contracts. I remember that my parents were very confused and my friends' parents were very confused because they said once you graduate from college or university, you get a job and you have a career. And there were these little piecemeal things. This has become the norm for so many people in our province—that you're on these short-term contracts, that you're a gig worker, that you're going to be living with several roommates for what feels like the rest of your life. That's the frustration that we're seeing. Instead of helping these people, helping them get ahead, helping them ensure that they make at least minimum wage, what this schedule of this act does is it enshrines the ability for billion-dollar companies to underpay their workers, underpay them less than minimum wage. That's a slap in the face to those workers.

I want to move on to other things in this bill. I want to talk about pay transparency. So in the bill, they talk about pay transparency. We, in fact, didn't even have to have this as part of the bill, as a schedule. This was already an existing bill. The idea for this pay transparency was to close the gender wage gap so we have clarity about what people were making. So you can find out if indeed the men in your workplace were making more than the women in the workplace, people could understand what the pay was.

So in 2018, there was the Pay Transparency Act that had been passed by the previous Liberal government, just before the election. It was supposed to come into effect in November 2018. This is a little frustrating, I think, for a lot of people, when a sitting government, prior to an election, passes something that workers would like to have, but schedules it to be passed only if they're re-elected, only in the future. So this went into limbo. Instead of clawing it back the way the Conservatives did with paid

sick days and the other benefits that were passed for workers, instead of passing a bill to remove this, basically what they did, the Conservative government, is they amended it so that it would come into effect on an undefined date, proclaimed by government. So, basically, they took it and put it on a shelf. It was going to sit there probably indefinitely.

They may argue, Speaker, that, well, this is them bringing it back, but this is a very watered down version of this bill. So where the original one would actually have real pay transparency, this one is one of the weakest pay transparency laws in Canada. In fact, you can meet the definition of this schedule simply by saying that pay ranges anywhere from \$1 to \$1 million. Now, I don't think unscrupulous companies are going to do that, but it isn't true pay transparency. So all the stakeholders who previously came forward and talked about why pay transparency is so important, all of the people of Ontario who spoke about the need for this—civil rights groups and women's groups who spoke about how important this was—all of that has been washed aside as a checkbox.

And as I said before, there's a disturbing trend with the Conservative government that a lot of this becomes headlines; it's about fluff and photo ops—pay transparency. The number of people who came to deputations where I had to explain to them that this was not the bill that they had championed in the past, that this was a watered down, lesser version, of what already existed. It was difficult for me, as I was breaking people's hearts. They thought the thing they were fighting for since before 2018 was finally coming true. The Conservative government was finally listening to them, and I had to tell them, "No, it's not at all what you're getting. What you're getting here is the title. You're going to get the exact same title, but none of the teeth"—all sizzle, no steak. That's a disturbing trend.

So in the Checklist for True Pay Transparency from the Ontario Equal Pay Coalition—I want to give them proper credit—what to look for in pay transparency legislation, these are all yes or no questions: "Is there a clear purpose statement linking pay transparency to the elimination of discrimination in pay?" That doesn't apply here.

"Does the law apply to both private sector and public sector employers?"

"Does the law apply to all employers with 10+ workers to ensure it is consistent with the Ontario Pay Equity Act?"

"Does the law apply to require pay transparency for all jobs at all income levels in the workplace?"

"Does the law require an annual report to the Ministry of Labour detailing wage structure, gender pay gaps, gender distribution across income levels, and gender distribution by job security?" This schedule doesn't do that at all.

"Does the law require the employers' annual pay transparency reports be publicly posted and accessible on a government website?" It doesn't require that at all.

Like I said earlier, Speaker, if you really want to be in compliance, all you have to do is say that the pay range for this position is between \$1 an hour and \$1 million an hour. I absolutely don't think that companies are going to do

that—that would actually make the paper, I think, if they did. But you could very clearly put a range that has a gap of \$20,000, \$30,000, \$40,000 within that range. All you're doing, really, is following the legislation, but not the spirit of the legislation, and by doing that, you're not helping people get ahead in life. You're not helping close the gender wage gap at all. You're actually allowing people to say, "Yes, there's a wage gap. We're not going to tell you who gets what, but there's a \$20,000 or \$30,000 gap between different employees."

**0910**

I'm going to read a quote from the Equal Pay Coalition on this:

"Pay transparency laws can be drafted and provide weaker or stronger protections.

"Ontario's statements to date indicate its proposed law would be one of the weakest pay transparency laws in Canada.

"And its proposal significantly undercuts the rights enacted in Ontario's Pay Transparency Act, 2018. That pay transparency law was never repealed, but the government blocked it from coming into force after the 2018 provincial election." They're talking about the Conservative government.

And so—this will just repeat what I was saying earlier—instead of having this act, this act that was already debated, that was already passed, that already went to a vote, come into effect and have the real teeth to enforce what's going into it, it was put on a shelf to be proclaimed on a later date, which is basically going to be never, Speaker. And then this schedule was brought in so if someone were to criticize them and say, "Well, when are you going to bring back pay transparency?", they can say, "We did. We did. We brought back the title of it"—but not the spirit of it at all, which is really, really unfortunate.

I'm going to switch topics here. One of things that we heard a lot during deputations was about WSIB, and two things that we heard a lot were—number one, I'd say, was the deeming of workers. My colleague from Niagara Falls, MPP Wayne Gates, has had this bill that he's tabled a couple of times because it is dissolved every time there's an election. But what happens with this bill, Speaker, is that you have workers who are injured at work—and if you've never been injured at work, you probably believe the WSIB works really, really well. But if you have a significant injury, a long-lasting injury, it's a fight. It's a real fight. I can't remember the stats off the top of my head; I'm sure my colleague knows them, our critic for WSIB, but there's a high percentage of cases that are automatically dismissed, so you have to fight to stay in there. And if you're sick, if you're not feeling well, if you're badly injured—the mental stress and the financial struggle—it's hard to keep up that fight.

And then what happens as part of this process is you could be deemed fit to jobs that don't exist—literally jobs that don't exist. A doctor who may have never seen you, just reads your case files, can deem you fit to do certain jobs, and then that affects the pay that you get because technically you should be working at these phantom jobs.



The reality, though, is if you're told that you could work as a parking lot attendant, even though there's not a lot of parking lot attendant jobs anymore—even if you're told you could be working in an office, but you can't find a job working in an office and they deem you able to do that, it affects your pay. The only way that this deeming of phantom work works is if you are paid in phantom dollars to pay your phantom bills. It is an insult to injured people and working people that you're deemed able to do work for work that may not exist in your area.

It's one thing if you had a job and you refused to go; if they found work for you and you said, "I'm not doing this." And I'm not talking about not doing it because I'm injured and my doctor's list of what I'm able to do precludes me from performing this work. But basically, they just say, "You could get a job doing this." And so, let's say you live in a city, and they tell you that you could get a job working at a farm and there's no farm near you, right—but the most obvious one is, you could be a parking lot attendant. We've heard this from people in the past, where I can't remember the last time I actually saw a parking lot attendant. I've seen people who give out tickets, but most of that work is automated now. You push a button and a sticker comes out or a little piece of paper comes out, and then on the way out, you put the strip back in and you pay. That's a whole different thing from what's going on with this with the deeming bill.

A really loud and strong request from people was just to restore WSIB benefits to 90%. And I was surprised how many people deputed and how many people came into committee saying what changes they wanted and brought this up on a regular basis. Because they're currently at 85%, and I really thought that people would want a much larger increase. The WSIB—typically for people with severe injuries, long-lasting injuries and workplace cancers—tends to be a ticket to poverty. And so, when I heard people talking about how important this 5% increase was, it really stood out to me as surprising. But what they told me again and again, these injured workers, is that they're in such deep poverty from being on WSIB, because WSIB is so broken for them, it creates such deep poverty that this 5% would mean the world to them. The 5% was clawed back, I think, by the Mike Harris government; I can't quite remember—I'm going by the dates. But there was a promise prior to the last election to restore this. Well, it's been almost two years. Let's fulfill that promise.

Imagine the difference you could make, especially with the cost-of-living financial crisis we're in where everyone is feeling that pinch. Imagine the difference you could make for really, really poor people living in poverty who are injured, who are in pain, who have mental health issues because of the stress of trying to deal with their finances and not being able to make the money they did when they were working. Imagine the difference you could make, the relief you could provide by giving that 5%. That 5% would mean the world to them.

Something else I hadn't really considered—and it makes sense when you hear it; this is one of the reasons we have committees, as people will bring these voices forward and

talk to us—is how difficult things are for WSIB when you're racialized. Ontario is becoming a chosen place more and more for people from different countries. I'm loving in Sudbury, for example, just two weeks ago, we had an event that is called Akwaba that was put together to welcome Africans to Sudbury into the francophone community. There were little certificates that were created for them and a shared meal together and just an amazing change to how Sudbury is changing. We have always been a francophone community, but primarily not an African francophone community, and seeing our culture change and our workplaces and schools change is a wonderful thing.

But when we heard from people talking to us about what it meant to be racialized and on WSIB and the difficulty there, even though we're in a country where it is bilingual, it's difficult sometimes to get service in French. And then if your primary language isn't English or French, it's that much more difficult. If you think about how difficult it is for someone whose primary language is English to get services and help in WSIB, imagine trying to work through translation or when you're not able to understand as effectively, and the frustration of being on hold for so long or people not returning your calls for several days. It's very, very difficult. And for immigrant workers, once you're injured and you return back home, you're basically out of luck and that's a sad state of affairs because we have a lot of migrant workers who come in to help with agriculture who are very important to these industries. If they're injured and they're sent home and there's no compensation or help or support for them, even though they're injured doing work that people would be doing here in Ontario, they should get the same support. And basically what I was told is, if you're injured as a worker and sent back to your home country, you basically have no help at all, which is not something any of us would want for any worker here.

I want to go through some of the amendments that we had, and this brings us back to the Digital Platform Workers' Rights Act. All of our amendments, Speaker, were voted down. Now, some of them were marked out of order because they don't speak primarily to this bill, but even then, we'd asked for unanimous consent to at least discuss it—then you can have debate; you can talk about why you think it should be part of the bill, and it could still be voted down afterwards. None of us are naive enough to think that the Conservative government wouldn't be able to vote them down; they have a majority government and they have more seats than we do as New Democrats, even if we have the independents join us. It's basically 6 to 3 when it comes to a vote, so very easily they could vote this down, and they could hear about why these amendments would be good. This one about the Digital Platform Workers' Rights Act was voted down—it was ruled in order, but it was voted down. I think that's interesting.

I want to read this quote from the steelworkers:

"Given the fact that it will likely be over two years since Bill 88 received royal assent and the DPWRA"—Digital Platform Workers' Rights Act—"commencement was

delayed with it now being tied to Bill 149 receiving royal assent before it came into force, then perhaps the short title of Bill 149 should be 'Delaying Working for Workers Act.' Amending regulations for an act, when the act is yet to be in effect and the regulations simply do not exist because they have yet to be written, renders those proposed amendments meaningless." This is the part I like about this: "We submit to you that if workers provide this level of quality in their worker or took over two years to have a task remain incomplete, then they would be unemployed." Basically, our amendment for this was that, as a default, app workers would be employees, so the employer would have to prove that they are contractors.

#### 0920

Now, I spent about a decade in contracting. I spent about two decades in mining where we use contractors on a regular basis. There's a world of difference between a true contractor and a worker on an app. Basically what's happening more and more by companies is that they are telling their employees that they are contractors. You don't have much control the way contractors do. You're not actually bidding on the jobs, or specific jobs, but they're telling you that you are now a contractor. The reason they do this is to get around the Employment Standards Act legislation, to get around LRA, Labour Relations Act, legislation—basically to bypass anything that a normal employee would have. So the reason we're saying this is that with the Conservatives enshrining the Digital Platform Workers' Rights Act, this ability to pay workers less than minimum wage, this ability to sidestep the protections they have—what we're saying in this amendment is let's have these companies prove that they're independent contractors, instead of the workers having to fight the other way. Because, typically, what happens is when the workers do prove that they're not, those companies disappear. That's why Foodora doesn't exist anymore in Ontario, because those companies proved that they weren't independent contractors.

Our amendment was very clear: Let's just make these app workers employees. Then, this was an amendment that was requested by the Interfaith Social Assistance Reform Coalition and the Workers' Action Centre. We tried moving that forward. That was voted down. In fact, it was voted down with only debate coming from New Democrats and the independent members. The Conservative government didn't even want to talk about why they wanted to—I said I'm going to share this. I did share it already online. I'm going to share this vote. I'm going to ask very clearly: Why are you standing with these billion-dollar companies while we're hearing from several members of our community locally in Toronto? Because, people don't have the resources, when you're making less than minimum wage, to travel down from across Ontario to speak to the committee. But we had digital workers, these app workers, food delivery service workers come in and talk about how they were working in snowstorms, how they were waiting for work, but they're only paid for the work while they're engaged. Because of that, they work many, many hours and they don't make ends meet, and

they make less than minimum wage—less than seven bucks an hour.

If any of us, if any of our kids had a job where they made less than \$7 an hour, we would go down and we would talk to that employer. We would call a Ministry of Labour inspector with a complaint, because they would be breaking the law. Instead of realizing and recognizing—which I'm sure the Conservative government does—that they are ripping off these workers, they wrote a law so that these billion-dollar companies can continue to do it. That's disgraceful. That's something I would be ashamed of as an MPP, and I'm glad that we don't support that.

We had an amendment to replicate—the member from London West had the Stay Home If You Are Sick Act. This is basically about paid sick days when people are sick. We just came through a pandemic, but we know when people are sick, they go to work sick and they get other people sick.

New York has had this in effect for a much longer time; I think more than a decade. All the studies have shown that not much changes, except that fewer people are sick in the workplace and fewer people in the workplace get sick afterwards. If you think about if I had a really bad cold and I'm speaking for about 25 minutes for this part of the debate, perhaps the people around me could get the cold too, because I'm breathing out my germs on them. That's not good for people. So if you're able to stay home when you're sick, like all of us are as MPPs able to stay home, you're less likely to spread that illness around and get others sick.

It also means that parents are able to stay home with their kids when their kids are sick. That's a reality for a lot of parents. And I talked many times about growing up a little over the poverty line, and I went to school no matter what. The only time I got to stay home was if the school sent me back or if I was physically visual-evidence sick. I don't want to gross everyone out early this morning, but that was the reality. And that's the reality for a lot of people, especially these low wage workers, these minimum wage workers and these workers who are gig workers making less than minimum wage. And so, having the ability to have paid sick days—this was also not accepted by the Conservative government.

We tried bringing forward the anti-scab bill. We talked about how important this was, how it would help people. This would really help, for example, the ACTRA workers who are coming up on two years of being locked out. The ACTRA commercial workers have asked, I think three times here, for the Conservative government to stop buying advertising from these ad industries that are using replacement scab workers for these ACTRA commercial workers. They continue to do this. They continue it on a regular basis—not only not passing anti-scab, not only choosing to support companies that aren't using the scab replacement workers, but very happily buying commercial advertising from companies that are providing advertising made by replacement scab workers.

I don't know how you say you're working for workers if people are literally doing without for two years, standing

up for their rights, standing up for fair contracts, standing up for retirement benefits and pensions, and the Conservative government is saying, “No, in fact, what we’re going to do is put a little bit of the money in the pockets of the people who are using replacement workers to do your job.” They didn’t support that, as well.

I talked earlier about my colleague Jeff Burch from Niagara Centre who had a bill about including wildland firefighters. I’ve talked in the past about the Captain Craig Bowman Act and was 100% complimentary the previous time that I was speaking. This was a non-partisan thing. My colleague from Niagara Centre brought it forward and it got adopted into this bill. This is the cornerstone of this bill. This is the reason that, more than likely, we’ll be supporting this bill. As much as there’s a bunch of garbage in here, we can fix that in other legislation. But we want to support this family.

But why don’t we include the wildland firefighters as well? They deal with fires as well. They’re workers as well. In fact, they have less protections than urban firefighters. One of the first things you think about for an urban firefighter, a firefighter in the city, is the full-face respirator they wear over their mask with oxygen on their back. That’s one of the first things you think about for their uniform, is the distinctive hard hat they have, the firefighter’s helmet, and then it’s that respirator with the pack on the back.

Do you know what wildland firefighters have, Speaker—a wet handkerchief—when they’re out fighting fires, and no presumptive coverage. They can provide the data that their members are also getting sick, but the Conservative government, when it comes to this amendment protecting these wildland firefighters—“No, we’re not going to do that.” I’m hopeful they’re going to bring it forward at another time, but I think that we shouldn’t be holding our breath, and I also think these wildland firefighters shouldn’t have to hold their breath either when it comes to protecting themselves in these conditions.

I think, to wrap up, I’m just going to say that the Captain Craig Bowman Act that was brought into this, with the support of the minister and the previous Minister of Labour, is the highlight of this bill. Everything else needs a lot of work.

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

**Mr. Anthony Leardi:** The member who just spoke made reference to job creation, and it made me recall the job creation record of the previous government, which eliminated 300,000 jobs in the province of Ontario, including wiping out General Motors in the region of Essex county and losing the wonderful jobs that that provided. In comparison, this present government has created 700,000 jobs, including more manufacturing jobs than every US state put together.

So my question to the member is this: In reference to job creation strategies, does he prefer the strategy of the previous Liberal government, which his party supported, or does he prefer the strategies implemented by this government, which have created 700,000 jobs, including more manufacturing jobs than all the US states combined?

**MPP Jamie West:** I don’t appreciate being told how much I supported the previous government, because I don’t want to be told that we supported this government, for all their flaws, as well.

What I do know about job creation is that in Ontario, we have lost 230,000 jobs in the last six months. That’s not something to brag about. I also think that as politicians, when you’re talking about jobs, we have to get away from that, talking about jobs. We have to talk about careers.

**0930**

I talked in depth on this bill about gig workers and how little they make. That’s a job. Do you know what a career is? It’s one where you have money at the end of the day to put money in the bank and to bring your kids to the movies; when you make more than enough to pay your rent and bills and just barely survive. It has a pension and benefits. Let’s talk about careers as politicians and stop talking about jobs.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. John Fraser:** I enjoyed listening to my colleague the member from Sudbury.

I do want to remind the member from Essex that from 2013 to 2018, this province led the G7 in jobs and growth, and we were in the top three for foreign direct investment for those five years as well, so we can throw that stuff back and forth.

The reality is that the Working for Workers Four Act isn’t working that hard for workers. There are good things in it, but they are watered down. One of the things I think we have to grapple with in here, as the member mentioned, is the fact that the nature of work is changing. We’re now having a second class of employees who are employee contractors. It’s not just going to happen with delivery people. They’re traditional jobs. They’re the same jobs. They’re not new jobs. It’s going to happen all across our economy, so we actually have to watch how corporations are treating people who will be doing this work for them. It’s just starting now.

But the question that’s really on my mind this morning is: How often did the member from Sudbury get sent home from school?

**MPP Jamie West:** The member is talking about how I made a comment during debate about going to school when I was sick, and only being able to stay home if I was sent home. I think the statute of limitations has passed, so if I went home—I was a latchkey kid. I would go home and nobody was home. I had a key in my pocket, and I was told not to answer the door if someone knocked on the door. I did not say my parents weren’t home. That’s the reality for kids of my generation and that’s the reality for a lot of kids today.

I was only sent home twice—and once, I had gone in a blizzard and the school was closed, and they sent me home for that as well, so it would be three times.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. Sheref Sabawy:** As much as I enjoyed the deputation from my colleague in opposition, he is talking

about the stuff which is not included in the bill as much as discussing what is included in the bill. Of course, there are unlimited possibilities to include things, but we are discussing the things which are already included in this bill.

Part of that bill is talking about some of the steps we are taking to protect individuals who have suffered at the hands of bad actors and abusers, and eliminating the use of NDAs in workplace misconduct. Do you think that the members opposite are doing the right thing by opposing those meaningful changes?

**MPP Jamie West:** I know that there was a gap between the start and the end of debate. There was almost a month between the start of this debate and the end of this debate, and I think that that's telling when you say the Conservative government is talking about how important workers are. You have a Working for Workers bill that started in November. It came back from committee. It wasn't one of the first things we talked about, but about a month ago is when we started this debate. I started the first half of my debate and we waited almost a month for it to come by. However, in that part of the debate, the first half or the second half, I didn't say I was opposed to this section at all.

The purpose of debate is to improve what's in the bill, to make the bill more effective and to talk about what's in the bill. Also, in committee, when people come and say, "This is what should be in the bill," it's our role as legislators—not just the opposition—to say, "That's a good point. This should be in the bill." That's what we did in committee and that's what we're doing in debate.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**MPP Lise Vaugeois:** I want to thank the member from Sudbury for really pointing out the many, many ways that this government is actually working against workers, and certainly working against those who have permanent injuries, where we have seen people living in poverty on the one hand and not able to access benefits, and on the other hand we hear a government that brags about how much money they're giving back to employers.

The question I wanted to ask about is really about misclassification and wage theft. I'm thinking about the trucking industry. We're seeing this misclassification with Uber drivers and so on, but in the trucking industry, I'm aware of a great deal of wage theft that's not being addressed. Also, this classification of drivers as "Driver Inc.", which was supposed to be banned, is still very much taking place. Those workers have no benefits whatsoever if they get into an accident. They're kind of high and dry.

**MPP Jamie West:** There are two things that the member from Thunder Bay–Superior North brought forward and one of them has to do with truckers. She's doing an amazing job listening to the truckers who are doing the work, and listening to the transportation industry on this. One is the wage theft. There is \$10 million of wage theft the Conservative government is aware of and has been aware of for about six years now. They haven't lifted

a finger towards collecting it for these workers. That's the insulting part.

The other part is when you're deemed as a contractor when you're not. There is a difference between when someone decides it's going to be Jamie West and Sons Trucking, which is typical—probably Jamie West and Sons and Daughters would be more typical of the times now—when we decide to be independent truckers. That's one thing, when you make that decision. But when a company for transportation says, "You're no longer my employee; now you're an independent contractor. We're going to pay you the same amount, but we're going to remove your benefits," that really is not about taking care of employees or having that independence for employees. It's about exploiting them for the benefit of unscrupulous employers.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. Matthew Rae:** Good morning, and thank you to my colleague for his remarks this morning. He mentioned newcomers to our province. Even in my rural communities in rural southern Ontario, we're seeing a lot of newcomers—which is wonderful—in our communities, contributing to our economy, coming to work in our province. Newcomers are essential, obviously, to ensuring Ontario continues to grow.

Does the member opposite believe opposing this bill means that the members who are supporting existing practices that keep newcomers from being able to work in the fields that they are trained in—does he believe this is the right decision on their part?

**MPP Jamie West:** Just to clarify, we're not opposed to newcomers coming and training. In fact, even though this bill has major flaws, we're more than likely going to support it. But it is our party that has been pushing for more effective ways for newcomers and immigrants to have their credentials recognized so they get in the jobs they want. We have all been in taxicabs and Ubers from people with high qualifications who are unable to get those jobs because their credentials aren't recognized. We actually need to get to a system where we can be recognizing these quicker.

I was at Cambrian College, and I met somebody who was a dentist who ran 10 dental labs and was taking his dental cleaning program here locally. That doesn't make sense to us. Teeth don't change that much from India to here. There's some upgrading, of course; you've got to make sure that standards are the same, but as New Democrats, we've been pushing for the recognition of these credentials to fill those jobs for a long time, and that's something I invite the member to join us on.

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

**Ms. Jess Dixon:** I'll be sharing my time with the member from Mississauga—Erin Mills.

It gives me a lot of pleasure to stand up in the House and speak to this bill this morning. I want to begin by thanking our great minister and the team at his ministry for putting together this bill and for continuing this work.

I also want to, frankly, give a shout-out to our wonderful previous minister, Monte McNaughton, for the work that he did over the course of our Working for Workers bills. I remember reading an article about him where the author wrote that he had taken the unusual step of travelling Ontario and actually listening to people, and I think that these Working for Workers bills that our government has been issuing really show that, and I know that our current minister has really latched onto that constant consultation and open-mindedness, and we're really seeing that now.

**0940**

My cousin's partner is a tattoo artist. She worked at a tattoo parlour in London, and she was really hoping to open her own tattoo parlour. We didn't know each other super well at the time, but we ended up having a conversation where she explained this to me. It turned out, for over a year, she had put off that step to open her own parlour because the agreement that she had signed as part of her work with the existing tattoo parlour had a non-compete clause in it that said that she couldn't open a tattoo parlour within something absurd like 500 kilometres of the existing parlour.

I don't have any background in employment law, but even hearing that, I was like, "I'm pretty sure that's not okay," and then I did two seconds of research and was like, "Yes, that's definitely not okay." But that's something that had prevented her for over a year from actually manifesting her dream, which was to open her own tattoo parlour, which she now has, and it's doing wonderfully.

But again, my cousin's partner, Mel, is not the type of person that is going to, generally speaking, be able to come to Queen's Park; she just happened to have a boyfriend whose cousin was a lawyer. And yet it's people like her, people who rent stylist chairs, people who work in salons, who frequently had these types of clauses in their contracts who are now going to be benefited by this.

I also really, really appreciate the care that this bill shows to workers in the restaurant and service industry. People who work in that industry are really the ones that make our lives worth living. We go to work, but a lot of our fun, our relaxation is going for meals, going shopping, experiencing things in the service industry, and without those individuals performing those jobs, we really wouldn't have access to that.

I personally believe that every single person should have to work as a server at some point in their life to know what it's like. I have a long history of working in the service industry, as a younger individual, I started off cleaning floors in a vet clinic, ended up as a baker at Tim Hortons for several years and then a bartender at Holiday Inn and eventually working my way up to fine dining. Sometimes I say I'm not sure if this means I was either a really terrible server or a really terrible crown and politician, because I have never had a day as a crown attorney or a member of provincial Parliament that had as much stress and terror in it as an average day as a Tim Hortons baker or working in fine dining. I have never had a work nightmare about being a crown attorney or an MPP,

whereas I have had multiple work nightmares about abandoning my tables mid-shift. It's really, in many ways, the closest thing I can think of to door-knocking: Every table you approach, you have absolutely no idea how the interaction is going to go, but you have to keep smiling the entire time.

I remember when I first started these positions, many of the places that I worked had me do unpaid trial shifts and also told me that I was responsible for dine-and-dash, so if I failed to make sure that a customer had paid, that was going to be docked from my tips or my wages. I was probably smart enough and cantankerous enough even as a young person to know—I was like, "That's essentially just loss that you incur as a business. It's similar to shoplifting. There's no way I should be responsible for that." And I think the only time it ever happened to me, I revolted somewhat and ended up not having to pay. But, again, many people that are in this industry are young, are naive, are vulnerable, are not in a position to go up against their employer and say, "I'm not going to do this." So by addressing this dine-and-dash issue as well as the issue of gas drive-offs by specifically including gas stations, that's incredibly important. I believe it's the member for Mississauga–Malton who is particularly passionate about the issue of gas drive-offs, because there have been people who have been injured and died trying to stop people from leaving a gas station without paying because they in no way can possibly afford the cost of that person's fuel, essentially, and their employers have told them they were responsible. Again, these are workers who do not have the ability to come to Queen's Park en masse with a union representative to strike, to picket, and yet they have been heard and their issues have been addressed.

Moving forward a little bit as far as my own feelings about this bill, from being a server and then onwards, I also really noticed and appreciated the requirement that salary information be posted, and the reason for this, I think, goes beyond simply the idea of having clear expectations. As we discussed quite a bit two weeks ago, we are still not at wage parity. Women are still earning approximately 87 cents to the dollar as men do. And when you are looking at salary negotiations, negotiation research shows that women are still, I think it's less than half as likely as men to actually negotiate their salaries, to negotiate what they'll be compensated for.

When you look into the research of salary negotiation, one of the things that is identified as specifically empowering women is having some objective information available about what colleagues or peers in the industry are making, because it gives you a set point to build off of. Generally speaking, women still end up 30% lower than men simply because they go in asking for less.

By posting an actual salary, we are eliminating in many ways that—anyone that has ever interviewed somebody, even for our executive assistants, who has asked that sort of cruel question: "So what do you expect to be paid?" What kind of question is that to ask somebody? Particularly, somebody young or entering a job for the first time, somebody that is desperate to have this job. It's really just

juggling on a tightrope to be able to identify in a split second what you think you are worth.

Again, when you look at negotiation research, men tend to refer to negotiations about salary as sort of like a fight or a wrestling match; whereas, the most common thing that women compared it to was going to the dentist. When you look at that attitude that they have towards it, you can really see how we can continue to lose the battle as far as wage parity between the genders.

So in doing this, I believe that we are going to significantly impact, in a slow but still important fashion, women's ability to negotiate their salaries because we're giving everybody—but I'm particularly talking about women—that little bit of objective information about this, and that is the range or the starting point. And I can actually have an objective point in order to base my own negotiation off of.

As I said, I really do believe that what this bill is and what all of the Working for Workers bills have been is a cumulative effort of travelling Ontario, of listening to people, of listening to people that may not have union representation as well as people that do and of trying slowly, gradually and carefully, with the balancing of interest that any government must always do, to address those needs and to make sure that our workers in all industries—but particularly service industries, which is about 6%—are being represented.

So I will certainly be supporting this bill with a great deal of excitement. I appreciate the opportunity to speak to it. I will hand off the remainder of my time to the member opposite.

**The Acting Speaker (Ms. Bhutla Karpoche):** The member from Mississauga—Erin Mills.

**Mr. Sherif Sabawy:** I would like to thank my colleague from Kitchener South—Hespeler. I'm very happy to stand today to support this bill, which is actually one of a series of bills, Working for Workers, which I was so proud to be supporting since Working for Workers 1, Working for Workers 2 and Working for Workers 3.

We know that when given the opportunity, Ontarians will work hard and achieve much. That's why this government is obligated to protect workers and open up opportunities so that every dream can be fulfilled. Already, the first three pieces of legislation, Working for Workers 1, 2 and 3, are helping millions of people by extending economic opportunities, increasing protections and supporting newcomers. Now, Working for Workers Four will continue this hard work by opening up opportunities and increasing transparency in the workplace.

To start, we are ending the use of non-disclosure agreements in cases of workplace harassment and violence. I'm glad to hear that this government is consulting to end the unscrupulous practices that shield and protect abusers. Our government's proposal will protect victims from being pressured into bad agreements and settlements. There must be accountability for any abuse that takes place in the workplace. We are committed to supporting victims, ensuring their rights are preserved and restored.

## 0950

The goal of this bill is to have a fair treatment in the hiring process as well. Our government is increasing transparency for workers, making sure that they are being treated fairly and respectfully. This is being achieved in multiple ways.

Firstly, we are mandating that inclusion of the salary range is in the job posting. Workers want transparency when applying for a new job. The changes would require lawyers to post information about compensation on the job posting. This is a common-sense solution that has been implemented in many other provinces. It is preventing employers from taking advantage of employees and wasting their time keeping everything for negotiation or a specific judgment of the employer when he already does the interview.

So prior, for me as an employee applying for a job, to walk into this interview, I would have preferred to know if that job's range of negotiation is meeting my requirements. Is it the range I'm looking for? And then, the negotiation would start from the minimum range to the upper wage, not from nowhere, from zero to whatever.

The Employment Standards Act is already very clear that employers cannot pay workers less based on their gender, but there is still more work to do to ensure gender equality.

By forcing employers to be transparent about salaries, Ontario will be levelling the playground. This will ensure fairness and equality is being applied before a job application is even posted.

Secondly, we are requiring employers to disclose the use of artificial intelligence in the recruitment process. In the old days, job applications would be manually reviewed by an employer to find the best fit. Now, artificial intelligence can automatically sort hundreds of job applications in a minute. When used fairly and respectfully, this technology can be used effectively to help both employers and employees, helping employers to cut the time for sorting through those applications and helping the employees by finding the right skill set for the job. I'm very supportive of all the different technologies, especially new technologies, given my background in technology for 38 years, but we need to make sure that we are cautious of the ethical, legal and privacy implications of this new technology. This bill would set the ground rules for the ethical use of AI.

The bill would also provide access to employment opportunities for all workers by providing more oversight for regulated third parties. The amendments for the Fair Access to Regulated Professions and Compulsory Trades Act would improve accountability and transparency. Certification, licensing and high-end processes should be standardized, formally written and subject to documented oversight. This will have a positive impact for foreign-trained professionals like newly immigrated professionals, like me—I am an internationally trained engineer—removing barriers that are preventing highly qualified, internationally trained individuals from having their qualifications assessed and approved.

Last spring, I was very proud to stand alongside the then Minister of Labour as the Professional Engineers of Ontario announced that they were the first regulators to remove Canadian experience requirements from the credential system. Last month, I was attending one of the PEO events, and I was told that almost 50% of the new applications are very well-trained professionals and engineers who are actually new immigrants, that don't have the Canadian experience. So they now can apply. They were prevented from applying before.

I'm happy to hear that now, a high percentage of those applicants are those with foreign experience and new immigrants. That shows that this piece of legislation is working. More than 50% of the applications—this is huge.

Now, we are continuing to remove Canadian experience requirements from all the provincial requirements and from job postings. Highly qualified individuals deserve to have an opportunity to work here in Canada without discrimination.

Canada is accepting many new immigrants who are highly qualified. Before entering this country, prospective immigrants must submit their certifications, degrees and diplomas—documents to prove that they are highly skilled, highly trained professionals—because they get points for that. Canada accepted these immigrants because we have a need for those skilled professionals.

However, once they arrive in Canada, immigrants often are shocked to face the reality that they are not able to practise their profession. In some cases, they are actually not able to apply to get their professional credentials. Canadian experience requirements are stopping people from getting the jobs they are trained to do. Many immigrants end up working for minimum wage jobs for years because the barriers are preventing them from getting a job in their industry.

Trust what I'm saying, because I was there; I was one of them. I hit that wall before. I know it. I too also have a very personal experience of the impact that Canadian experience requirements can have on delaying career advancements—both me and my wife as well, as a foreign-trained doctor, IMG, international medical graduate.

It's a win-win situation when highly qualified immigrants get a chance to work in their field and contribute to the province's economy. It is a win-win situation. They need a job. They came to this country to start their new life based on the qualifications they have and they were accepted based on. We put that upfront as a requirement because we needed those professionals but, when they arrive and they can't work, none of the two sides achieved anything: not the professional who arrived here to start the new job or the province who accepted them to do the job but didn't give them the licence or the credentials to do the job. Neither of the sides achieved anything. By those changes we are proposing in this legislation, it's actually a win-win situation for the newly immigrated professionals and for the province who needed these professionals; they needed them in the job. Immigrants can provide for their families. Businesses have access to the talented, skilled workers they need and we accepted.

I'm very happy to be standing here today to support this piece of legislation as part of this series. I know that there is more to be done. I hope we have Working for Workers 5, Working for Workers 6—hopefully soon. Thank you.

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

**Mr. Chris Glover:** I want to thank the member for Mississauga—Erin Mills for your comments, and also the member for Kitchener—

*Interjection.*

**Mr. Chris Glover:** Anyway, I want to thank you for your comments.

This is the Working for Workers bill. I was at a protest recently at city hall with gig workers, and they were talking about how they're making \$6.37 an hour because this government passed another Working for Workers bill that stripped them of their protections under the Employment Standards Act. In fact, it actually makes them—gig workers—a separate category of workers that are not entitled to the protections, such as minimum wage protections. Some of these gig workers are making \$6.37 an hour.

My question to the member is, should this government repeal that legislation and allow gig workers protections under the Employment Standards Act? I'll ask it to the member from Mississauga—Erin Mills.

**Mr. Sheref Sabawy:** I really thank my colleague for the good question.

Again, I'm not saying that this bill will solve all the issues we have. We have some issues come, as your colleague was talking about earlier about the change in the working environment. There's a lot of contract work, not full-time jobs. There are a lot of new job descriptions, even job nature, which weren't there, that maybe are not covered under some of the bills. Definitely it's fair to look into every situation and try to make sure everybody is protected.

This part of the bill protects what we can protect, but if there's any need for more, I think there will be a Working for Workers 5 coming.

**1000**

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. Brian Saunderson:** I want to thank both my colleagues for their comments this morning.

My question is to my colleague from Kitchener South—Hespeler. I appreciated her comments about her front-line experience as a server in the hospitality industry, but I know she's also a lawyer. My question is: There's an obligation in Ontario for employers to provide a workplace that is safe and free from harassment, and I'm wondering if my colleague could please comment on the regulation of the use of NDAs in the case of workplace sexual harassment, misconduct or violence and how that's going to further protect our workers across Ontario.

**Ms. Jess Dixon:** Thank you for the question. Yes, I think this is an excellent movement. The use of NDAs in this type of situation can really lead to the exact opposite of, really, ethically what we are trying to accomplish,

which is making sure that people are kept safe and protected and aware of any misconduct, whether it be harassment, discrimination or anything else.

I think what has happened here has been almost a case of what I call common-law creep, where it is not actually a defined policy or part of the legislation. However, it has become typical practice to do this, to the point that it has become very challenging, as counsel, to not do it.

It's great to see that the Canadian Bar Association is so strongly in favour of this as well. Clearly, we have a case where the experts themselves are recognizing that this is an issue and are very committed to it being resolved. So I think this is an excellent course correction on the common-law creep that can happen.

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

**Mr. John Fraser:** My question is for either member. I'm still trying to wrap my head around super-indexing in this bill and why that's more important than a couple of things, like some workers, pre-1988 or -1985, who are really disadvantaged, who are on WSIB—the 13% of cases that are complex and get dragged out and create hardship for people.

I also mentioned I have a private member's bill that talks about protecting workers in group homes and retirement centres. The challenge is, they're not covered by WSIB simply because of their employer. They're doing the same work as other people are in long-term-care homes, but they don't have the same employer, so they don't have coverage, and many of them have multiple jobs. It's a big risk for them. I've talked to this minister and the previous minister about it and they're supportive of it. I'm encouraged by that.

I guess my question for either member is: Do you think that there's some things that we could do at the WSIB to actually alleviate some of the risks and suffering, in some cases, that are happening to people out there who don't have coverage or who have coverage but aren't getting satisfaction?

**Mr. Sheref Sabawy:** I would like to thank my colleague for the question. Again, I wouldn't say yes or no, because that's another part—WSIB is another part and not in this bill, so I didn't study it. We need to study it; I understand. Again, it's always a work in progress. We need to look into those cases and understand what the impact is.

But, again, when we talk about legislation, we are talking about an umbrella. We are talking about a very high-level framework. When it comes to regulations, which can explain what's within the legislation—how we can apply it and how it will be applied—then we can look into smaller details of that.

So, yes, I would say that we could look at something like that and see where it fits into this, but in the overall scheme or picture, I think it's included in some way or other.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**MPP Jamie West:** Thank you to my colleagues for their comments on this Working for Workers bill.

The member for Kitchener South–Hespeler said women earn up to 30% less than men when she was talking about pay transparency. There was a bill, the Pay Transparency Act, 2018, that would have helped to address this and put some real teeth to the bill. This schedule of the bill duplicates the title but doesn't have the enforcement in it.

I was just wondering if the member could explain to me how, with this schedule, all you have to do is say that the range—I said in my debate between \$1 and \$1 million. But if the range is 30% of a range, how does that help close that gender pay gap if women are just being told that the range in pay is varied between 30%?

**Ms. Jess Dixon:** It's not that it varies between 30% or that it's a hard 30% that they earn that's less. That can accumulate over a lifetime of working from a single decision made at the very outset to perhaps not negotiate or not negotiate as strongly as possible.

As a woman, my feeling on this is that this gives me a significant amount of information that I would not have had before, but my own personal advocacy style remains to instead focus on initiatives that may support girls to understand their own worth, versus a later addressing of an earlier systemic issue.

What I am seeing in a lot of our work and education as far as STEM programs, STEAM programs, getting girls into coding and robotics, that type of thing—that's really where I think that we are creating a generation of girls who will become a generation of women who don't go into a discussion like this already doubting their own potential.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. Lorne Coe:** The proposed legislation is taking aim at non-transparent business practices such as not disclosing salaries until after the interview process.

Could the member from Kitchener South–Hespeler speak about how eliminating these steps will help employees and job seekers take the next steps in their careers?

**Ms. Jess Dixon:** Thank you for that question.

You've heard my comments on women, but I think that my comments apply to essentially anybody who is vulnerable or trepidatious when entering any type of salary negotiation.

Like I said, many of us have had the experience of hiring for our constituency offices or for executive assistants and looking into the face of some eager young person—I'm a bit of a chicken, and I would often have the chief of staff do the interview with me. Having the chief of staff then ask this poor kid what salary they are expecting—which is a question that I stopped using, because I just don't think it's effective.

Again, by giving people that range of expectation, it allows them to focus on their own work about what they're going to do as far as trying to get this job, but also going in with an objective piece of data that will help them to negotiate.

**The Acting Speaker (Ms. Bhutla Karpoche):** Quick question?

**Ms. Peggy Sattler:** To the member for Kitchener South–Hespeler: This Working for Workers bill makes



some changes to the digital workers protection act. I wanted to ask the member, doesn't she think digital workers would be better protected if they were covered by the Employment Standards Act and were not forced to work at jobs where they earned \$6.37 per hour instead of a proper minimum wage?

**Ms. Jess Dixon:** I think the issue with digital workers that we're working on is that this is such an incredibly rapidly evolving industry and labour market. It takes quite a bit of consultation to prepare these bills. I think that we've taken some great steps forward, and there's some great ongoing consultation. I myself have had multiple meetings in my riding with digital workers. I think that we are making great steps forward in a rapidly evolving industry.

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

**Ms. Jessica Bell:** I'm pleased to be here to speak about Bill 149, which amends various statutes with respect to employment and labour and other matters. This is an omnibus bill. It changes four schedules.

We have heard the MPP for Sudbury speak very eloquently and practically about what this bill means, but I also just want to put it in context.

The kinds of jobs that you can get in Ontario today are not the kinds of jobs that you could get 20 or 30 years ago. People want good-paying jobs, where they have a career, where they have benefits and the possibility of a pension, where they can afford to pay their rent or their mortgage, where they can save some money and put it aside, where they can live a good life here in Ontario. Unfortunately and deliberately, for many people that's not the kind of work that they have in Ontario today. Increasingly, the kind of work that is available to people in Ontario is contract work, precarious work, just-in-time work, low wage work, where you cannot afford to pay the bills, and where the kinds of benefits and pension that people typically got in the past are not available for many people anymore. It has created a situation where we are seeing the working poor and the middle class having to work harder and harder and harder for less, and we're seeing a real concentration of wealth at the top. It is exacerbating the inequality that exists in Ontario today. I think it's a shame, and I think that should be reversed. Does this bill do that? No, it doesn't.

1010

This bill has some modest improvements, and I do want to go through some of them. The first one was the decision to provide presumptive coverage for esophageal cancer for firefighters. This is a good move, and I want to thank the MPP for Niagara Centre for his advocacy to convince the government to do the right thing for firefighters, to ensure they have presumptive coverage for esophageal cancer, because we know that if you are an urban firefighter, you put yourself in very dangerous situations. You go into the fire, you go into a building or a house, when everyone's just trying to get out.

Given the way homes are made today, the way furniture is made today, there are a number of pollutants and

toxins—glues, fire retardants—which can cause, in the long term, cancerous conditions. We know this. So it's a good move to ensure that people who keep people alive, who stop fires, are protected when they get older.

What is a shame is that what we didn't see in this bill is for presumptive coverage to include wildfire fire workers. As the MPP for Sudbury pointed out, urban firefighters go in with a ventilator, but forest wildfire firefighters are wearing a wet cloth, and that's not the kind of coverage that you'd expect given how dangerous being a forest wildfire firefighter is today. We just went through the worst fire season in Canada's history last year. We expect fires to get worse. Firefighters, wildfire firefighters, are an essential service, and they should be protected, so we would have liked to have seen that in the bill.

The other piece that we see incredibly modest steps being taken on is around providing additional protection to people who work through a gig app such as Uber. This is really prevalent in my riding of University–Rosedale. Many students will also be gig workers in order to have enough money to pay for rent, and this bill, quite frankly, just doesn't do enough to protect them. What we're seeing with this bill is that it sets a minimum wage standard, but only for when workers are actually engaged, which means they have a job and they're biking or driving there. So all that time where you're waiting for a job, you're not paid for. That's absurd. That's like having a customer service person at McDonald's only being paid when they're dealing with a customer. That's absolutely absurd.

What's also absurd is that this requirement to set a minimum wage floor doesn't take into account that workers have to pay for all their expenses: driving a car, gas, insurance. What happens if they get into an accident? All those costs have to be borne by the employee, by the worker, and I think that's a real shame. It means that in some cases, these workers are being paid very little: \$4 an hour, \$6 an hour. You cannot live on that in Ontario. You cannot live on that in Toronto. So we see that as a shame.

The MPP for London West has, very sensibly, put forward a bill that is called the Preventing Worker Misclassification Act, which provides a simple ABC test to determine whether a worker is a contractor or whether they are an employee. In many of these cases, these Uber workers, these gig workers are employees. They should be paid a minimum wage. They should be protected by the Employment Standards Act. They should have access to rights, and they should have access to benefits, and they don't, and that is a shame.

We would have liked to have seen the Preventing Worker Misclassification Act to be included in this omnibus bill, in order to provide and lift the working floor of thousands and thousands of workers who are earning less than minimum wage, and we don't see that in this bill. They—

**The Acting Speaker (Ms. Bhutla Karpoche):** I'm sorry to interrupt the member, but it is now time for members' statements.

*Third reading debate deemed adjourned.*

## MEMBERS' STATEMENTS

## JOYCE MARSHALL

**Mr. Lorne Coe:** Recently, the Minister for Seniors and Accessibility, the Honourable Raymond Cho, and Ontario's Lieutenant Governor, the Honourable Edith Dumont, celebrated the remarkable achievements of 20 outstanding seniors with a 2023 Ontario Senior Achievement Award. Joyce Marshall from Whitby was one of those recipients.

As a retired teacher and a Rotarian, she stands out as a shining example of selfless dedication and tireless commitment to the well-being of the community, particularly its senior members. Her remarkable service as a volunteer at the Whitby 55-plus recreation centres reflects a deep-rooted passion for making a positive impact in the lives of others. She has initiated and nurtured various projects and initiatives such as the annual World AIDS Day for the town of Whitby and Hospice Awareness Day in Durham region,

Joyce also serves as a dedicated board member of VON Durham, including a commendable 10-year term as board chair. Her unwavering dedication and outstanding leadership have left an indelible mark on the Whitby community.

Speaker, Ontario's seniors, like Joyce, have played a critical role in building our communities and province into the strong and prosperous place it is today. Congratulations, Joyce, on your award.

## SUDBURY COMMUNITY SERVICES

**MPP Jamie West:** Speaker, Friday was a rough day in Sudbury. On Friday, the Sudbury Action Centre for Youth, SACY, announced they're closing their doors. They weren't able to make ends meet, weren't able to make payroll. This is an organization that really helps youth—marginalized youths, transgender youths, youths who are homeless and youths who are using drugs, and provides service and support for them. This is part of a bigger problem when it comes to drug use across Ontario.

In 2019, I brought forward a private member's motion to declare a medical emergency in northern Ontario for opioid use and opioid deaths. I was voted down by the Conservative government, but I think we could have that same motion, a mercy motion, for all of Ontario right now. The death count from opioid-related deaths since 2018 is 20,000 Ontarians who have died—20,000.

Meanwhile, Sudbury has been waiting for 30 months for a response on a supervised consumption site. For an arbitrary reason, the Conservative government decided they were going to cap the number of supervised consumption sites to 21. To date, we only have 17, and still no funding for Sudbury.

Another bad news story in Sudbury was that, on Friday, Réseau Access was giving notice to their last employee, the only employee who was able to stay at our supervised consumption site, The Spot, because of no provincial funding, even though they have been operating for a year and three months.

It's a sad day in Sudbury, Speaker. It shouldn't have come to this. It's going to be difficult in the days ahead.

MEMBER FOR KITCHENER SOUTH—  
HESPELER

**Ms. Jess Dixon:** This statement is a statement that I suppose is dedicated to a group of people, though, as you will hear, dedicated to one specific representative of that, which is the people that for all of us keep the home fires burning.

As we all know, being an MPP, being a politician, is a job that takes you away from family, from your home; but even from the basic exercises of keeping your household running. It makes you distracted. It can make you distant. It can make you angry, upset and frustrated, and sometimes not really the nicest person to be around for the people that love you the most.

For me, I'm an only child, and those people that really keep the home fires burning are my parents, represented today by my mother who is in the gallery. My mom was talking to some friends of hers that essentially had said something along the lines of, "Oh, you must be very proud. Your daughter has accomplished so much." And my response, when she told me that, is: "Oh, that's because they have no idea how much work I am."

I think that I am arguably more work now than I was when I was actually under 18. From last-minute decorating my parade floats to going out to finding the perfect pair of black pants—which we still haven't succeeded at hemming them the night of—to talking me down from ledges day after day, it's really people like my mother that keep the home fires burning. So thank you and thank you, Mom.

## GO TRANSIT

**Mr. Wayne Gates:** I want to talk about something important to me and my constituents: getting all-day, two-way GO train service to Niagara Falls. This isn't just about trains; it's about making life better for all of us.

## 1020

I've been fighting for this alongside my community for 10 years, when I first ran for office. Remember that by-election in 2014? The Conservative candidate said no to GO. The Conservatives also said no to the new hospital. But my community and I have never stopped fighting, and we've made progress. We have GO train service that doesn't meet our needs. It needs to be consistent two-way, all-day service.

Metrolinx is expanding GO train trips all over Ontario, yet Niagara Falls is not on the list when we have 14 million tourists every year. Our region is growing and so is demand for better transit options. Our ridership keeps climbing—last year alone, a whopping 67% increase. Over 630,000 people hopped on and off at our GO station, an increase of 377,000 in 2022.

We need to ease the traffic on our highways, protect our environment, help support tourism and give commuters a

break. I've raised this numerous times with different governments and the CEO of Metrolinx. I will continue to advocate for the increased service that Niagara Falls deserves and it needs.

#### NOWRUZ

**Ms. Goldie Ghamari:** March is Persian Heritage Month in Ontario, and this week there will be celebrations here and around the world for Nowruz. Nowruz, which means "new day," falls on the spring equinox each year, also known as the first day of spring. It is based on the Iranian solar Hijri calendar and it marks the Persian new year. Its origins are in the Iranian religion of Zoroastrianism and it has been celebrated for 3,000 years, making it one of the oldest festivals in human history that is still celebrated today.

On Nowruz, millions of Iranians from around the world and from all walks of life, irrespective of religion, age, language, gender, race, ethnicity or social status, gather together with family, friends and loved ones to celebrate the new year. The celebration marks the rebirth of nature, symbolizing the triumph of good over evil. Nowruz represents much of what Iranian character, history and culture is all about. We eat traditional food, including a fish and rice dish called sabzi polo ba mahi. We give gifts, also known as eydis, to children.

More than 300 million people around the world celebrate Nowruz, and it is no small celebration. Imagine Christmas, New Year's Eve and Canada Day rolled into one month-long holiday, and then add delicious food, street dances, fire shows and a lot of loud banging on pots.

To everyone celebrating Nowruz in Carleton, Ontario, in Iran and around the world, I wish you all a happy, healthy and prosperous new year.

Nowruz Pirooz. Javid Shah.

#### CITY OF OSHAWA

**Ms. Jennifer K. French:** Speaker, 2024 marks 100 years of the city of Oshawa. However, our roots go much deeper than that. The earliest known settlement was in the 1400s, when the Wendat settled near Harmony Creek. The story goes that "Oshawa" meant "where we must leave our canoes," and Oshawa was known as the carrying place where goods and canoes were carried north to Lake Scugog. It was a busy place of intersections. By 1850, Oshawa had become a growing village.

By 1914, the McLaughlin Carriage Co. was the largest carriage maker in the British empire, and the McLaughlin Buick was the first car built in Oshawa in 1908 under the GM umbrella. General Motors of Canada was born in 1918, with Sam McLaughlin its first president.

A hundred years ago, Oshawa achieved city status on March 8, 1924. From canoes to carriages to cars, Oshawa was on the move.

Oshawa is the home of labour. In 1928, 3,000 striking autoworkers voted to form an Oshawa auto union. In 1937, the UAW 222 Local was born out of another massive

strike. CAW, and now Unifor Local 222, has been the heart of Oshawa labour ever since.

Oshawa was the hometown of Ed Broadbent's local and national legacy. Oshawa is an academic centre, with three post-secondary institutions. It is a centre for health care, sports, arts, music and culture, and is a hub of business, creativity and diversity.

As it has always been, Oshawa is a place of intersections, innovation and possibility. Happy 100th birthday to the city of Oshawa.

#### PUNJABI ARTS ASSOCIATION OF TORONTO

##### EMERGENCY SERVICES

**Mr. Hardeep Singh Grewal:** Today, I'd like to congratulate the Punjabi Arts Association on 30 years of success in arts and theatre. The Punjabi Arts Association is known for bringing attention to serious community issues in a manner which is relatable and entertaining. Over the weekend, I had the opportunity to see their latest theatre production, CID, bringing bizarre 911 calls to centre stage. The play was a 90-minute comedy-drama focused on the critical issue of non-emergency calls flooding our 911 call centres. Through creative storytelling and humour, it shed a light on the real-life consequences of these calls, emphasizing the importance of responsible use of emergency resources.

I want to extend my sincere appreciation to the Punjabi Arts Association for their dedication to using arts and theatre as a tool to address social issues for social awareness and change.

Speaker, as residents do their part in ensuring these critical services are being used properly, our government, under Premier Ford's leadership, has invested \$208 million to modernize our emergency response system. This investment is helping municipalities and emergency response centres transition to new emergency communication systems known as Next Generation 9-1-1. Once fully implemented, the new system will make it easier to provide additional details about emergency situations, such as making a video call at the scene of an accident and giving people the ability to text 911 when requiring immediate help from police, fire or ambulance services.

Under Premier Ford's leadership, we're committed to making record investments to modernize and improve government services across the province.

#### COST OF LIVING

**Mr. Stephen Blais:** Life in Ontario continues to get more and more expensive. Families across the province are facing higher grocery prices, higher hydro rates, higher property taxes, and this government continues to fail to act. The government has failed to control hydro prices, and families are paying more. The government has failed to support municipalities, even pushing more and more costs onto them in order to benefit their friends and insiders, and

families are paying more. The government has failed to take concrete actions like removing the HST from essentials like home heating, and families are paying more. Medical practices are charging fees for service, and so families are paying more.

There is virtually no area of family budgeting where the increased costs are not directly tied to the actions or inactions of this government, all while this government continues to reward their friends and supporters with contracts, public appointments, regulatory changes to help them earn record profits, often on the backs of taxpayers.

As the government continues to focus on helping their friends and supporters, many families have begun to cut out the little extras they've worked so hard for. Too many families have begun to cut back on what many of us would consider to be essentials.

It's time for the government to put families first and focus on regular everyday Ontarians, not only their friends and supporters.

#### ONTARIO TRILLIUM FOUNDATION GRANTS

**Mr. John Jordan:** Speaker, this government recently announced capital funding to non-profit organizations across the province to ensure communities have safe and ready access to vital programming, activities and spaces.

Once again, I would like to thank the minister and the Ministry of Tourism, Culture and Sport for the work they do along with the Ontario Trillium Foundation—everything from purchasing equipment and building new spaces, to retrofits or repairs.

Last month, I spoke to a few of a total of 12 organizations in my riding of Lanark–Frontenac–Kingston that received funding, and I'd like to mention a few more this morning—organizations like Southern Frontenac Community Services in Sydenham, who are using their funding to add to their new building and increase capacity to serve their clients and deliver programs. The McDonald's Corners Agricultural Society are putting their grant toward renovations to their buildings and creating an emergency shelter for the community. Lanark Highlands will renovate the infield at the historical Clyde Memorial baseball diamond—ball and hot dogs, a part of the highland culture. And the Mississippi Valley Textile Museum will create an accessible kitchen to allow the museum to expand its capacity to host community partners and events.

Speaker, this government will continue to help build healthy and vibrant communities throughout Ontario by strengthening the impact of our social programs and services, keeping people healthy.

Once again, congratulations to all the organizations in my riding that received funding, and thank you for all your contributions to the people in your community.

#### BLACK YOUTH ACTION PLAN

**Ms. Christine Hogarth:** Spring is in the air, and I'd like to highlight that it's been an absolute pleasure over the last week, knocking on doors and getting to hear some of

my constituents, what their thoughts are, and seeing the kids and their smiley faces.

**1030**

It reminded me of an event I attended just this past February. It was a graduation ceremony for recipients from a local college, and it was recipients from the Black youth action plan. Now, graduating from the Canadian College of Healthcare and Pharmaceuticals, these talented and smart young professionals are helping to improve Black youth representation in health sector technologies. They didn't just graduate from school, they were going to work the next day. So congratulations to all those graduates.

I'd like to thank Umbreen Akhtar, Junaid Bhatti—who is the senior administrative officer—and president Syed Hussain, all from the Canadian College of Healthcare and Pharmaceuticals, for inviting me to join them in the afternoon.

Ontario's health care field has some of the most innovative and hardest-working professionals in the world, and with funding like the Black youth action plan, it pays dividends in both recipients' lives as well as for the end-user in the health care system. Now, because of the great success of this program and on behalf of the Minister of Citizenship and Multiculturalism, Michael Ford, I had the pleasure of announcing further funding for this program for the college of \$600,000. This is great news for those communities, and I just want to congratulate the workers once again.

#### INTRODUCTION OF VISITORS

**Mr. Dave Smith:** I have a number of people to introduce today. I'll start with my staff: my executive assistant Emma Henry; my executive assistant in the riding Sally Carson; and a Trent University intern student with us Jini Ganesalingam.

Also, today from Trent University—and that is why I'm wearing my Trent University shoes—we have president Leo Groarke, vice-president Julie Davis, vice-president Marilyn Burns, vice-president Glennice Burns, director of portfolio operations Christopher Armitage, director of communications Kathryn Verhulst-Rogers, executive director Ngina Kibathi and Trent student Sam Begin.

**M. Guy Bourgouin:** Il me fait grand plaisir de présenter deux invités aujourd'hui. J'ai Eric Lemieux, un ami de la famille, mais surtout, je veux vous présenter une petite fille, une jeune demoiselle qui a vécu de grandes épreuves mais qui a une joie de vivre qui peut comparer avec n'importe qui : bienvenue, Mila, à Queen's Park.

**Ms. Jess Dixon:** It's my pleasure to introduce a family friend of ours who is visiting from Trinidad, Kareema Whittle, and with her, previously mentioned in my member's statement, is of course my mother, Ruth Dixon, the wind beneath my wings.

**Mrs. Lisa Gretzky:** It is my great honour to welcome one of our legislative pages from my great riding of Windsor West, Jack Xu. Welcome to Queen's Park. I look forward to working with you.

**Mr. Ric Bresee:** In the members' gallery is Mr. Chris Houston, a director with the Canadian Peace Museum, and he's joined by Dr. Julielynn Wong. Thank you for being in your House today.

**Hon. Charmaine A. Williams:** I'd like to introduce to the House this morning board members from the Toronto Caribbean Carnival: Jennifer Hirlehey, Mischka Crichton, Adrian Charles and Bernadine Marina Rambarran. The Toronto Caribbean org—Caribana, as people remember the carnival—will be hosting a reception today, in rooms 228 and 230. I hope everyone can get a flavour and a taste of the islands this afternoon when we come down to join them in the reception hall.

**Mr. Amarjot Sandhu:** I would like to welcome my friends from Mortgage Professionals Canada: Dr. Kuljit Singh Janjua, Mohinder Pal Singh, Barbara Cook, Lauren van den Berg and all the other members of Mortgage Professionals Canada. Welcome to Queen's Park.

**Hon. Todd J. McCarthy:** This morning I'd like to welcome to the House as a guest Mr. Jeffrey Spiegelman, trusted legal adviser, excellent legal counsel and advocate. Welcome to the House.

**Mr. Andrew Dowie:** I want to wish a warm, warm welcome to Sarah Penner, who is beginning as a legislative page today, from the riding of Windsor—Tecumseh. Welcome to Queen's Park, Sarah.

**M. Stéphane Sarrazin:** J'aimerais souhaiter la bienvenue à Noémie Prevost qui est ici avec nous cette semaine à Queen's Park. C'est notre nouvelle agente de communication. Donc, c'est grâce à elle si les gens de Prescott-Russell savent ce que le député fait dans la circonscription.

**Mr. Hardeep Singh Grewal:** It's great to see so many friendly faces in the visitors' gallery today. I'd like to introduce my constituency assistant, Harman Gill. It's his first time in the House. Welcome to Queen's Park.

**The Speaker (Hon. Ted Arnott):** There's a point of order from Ottawa—Vanier first.

**M<sup>me</sup> Lucille Collard:** I seek unanimous consent that, notwithstanding standing order 45(b)(iv), the time for debate on opposition day motion number 2 regarding support for primary care providers be apportioned as follows: 56 minutes to each of the recognized parties and eight minutes to the independent members as a group.

#### *Interjections.*

**The Speaker (Hon. Ted Arnott):** I need the House to come to order.

The member for Ottawa—Vanier is seeking the unanimous consent of the House that, notwithstanding standing order 45(b)(iv), the time for debate on opposition day motion number 2 regarding support for primary care providers be apportioned as follows: 56 minutes to each of the recognized parties and eight minutes to the independent members as a group. Agreed? I heard a no.

#### WEARING OF SHOES

**The Speaker (Hon. Ted Arnott):** The member for Peterborough—Kawartha has a point of order.

**Mr. Dave Smith:** I seek unanimous consent to wear my Trent University Converse running shoes today in the House in honour of Trent University being here in the gallery.

**The Speaker (Hon. Ted Arnott):** The member for Peterborough—Kawartha is seeking the unanimous consent of the House to permit him to wear the Trent University Converse running shoes in honour of Trent University in the House today. Agreed? Agreed.

#### QUESTION PERIOD

##### HEALTH CARE

**Ms. Marit Stiles:** Good morning, Speaker. My question is for the Premier. Ontario's health care system is on the brink of collapse because of Bill 124. While jurisdictions around the world try to attract our health care workers, this government chose to freeze their pay and dock their wages and fight them in court. And then they lost again.

Now it's time to pay up, at least \$6 billion so far. The Financial Accountability Office is saying the government could owe workers more than \$13 billion. To the Premier: How much money is this government currently withholding from working people?

**The Speaker (Hon. Ted Arnott):** To respond, the Minister of Finance.

**Hon. Peter Bethlenfalvy:** Through all this, we value very much the hard-working health care workers, teachers, construction workers and skilled trades, through COVID and beyond, as they help us rebuild Ontario.

Obviously when in 2022 the judge ruled Bill 124 to be unconstitutional, we then negotiated and through arbitration and other means have been paying out fair and reasonable wages to all those workers that we value. That money has been going out for the last almost two years. In fact, we have expended virtually all of that money—over 90% of the agreement.

What is really important to know, as we rebuild this province, as we build the infrastructure, as we build the hospitals, when we rebuild the schools, as we build the highways and the public transit, everyone in Ontario will participate to help rebuild Ontario.

1040

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

**Ms. Marit Stiles:** Speaker, here's the thing: The impact of Bill 124 was felt in communities right across this province. And now, even without Bill 124 hanging over us, hiring and retention has become nearly impossible. Without dedicated funding to incentivize workers to stay in hospitals and long-term-care homes, in home care and primary care, our public health care system will continue to suffer.

So back to the Premier: Will this government finally pay workers what they're owed in the upcoming budget?

**Hon. Peter Bethlenfalvy:** Mr. Speaker, as I am a student of history, one thing I remember is from 2003 to 2018, the Liberal Party, supported for three years by the NDP in 2011 to 2014, didn't build anything. We inherited an infrastructure deficit. They closed 600 schools. They didn't build roads. They didn't build subways. They didn't build hospitals. They didn't build long-term care. In my own riding, from 2011 to 2018, do you know how many net new beds were built in long-term care? Squadoosh, Mr. Speaker—zero.

This government has a plan to rebuild this economy. It has a plan to build the infrastructure. It has a plan to support the workers who are going to build that and service those buildings. This government has a plan, and we're not going to stop until the job gets done.

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

**Ms. Marit Stiles:** This Premier and his government have never had any respect for working people, and the working people of this province know it. They spent years fighting nurses and public sector workers in court to hold down their wages and now this Premier has gone as far as calling the president of the union that represents those public sector workers a liar. The same person who represents health care workers and bus drivers; the people who care for our kids and who represent health care workers, who drive our transit system; the people who staff our long-term-care facilities, and this Premier called them a liar. That, Speaker, is disgraceful.

So back to the Premier: Why does this Premier have such contempt for the hard-working people of Ontario?

*Interjections.*

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

Minister of Finance.

**Hon. Peter Bethlenfalvy:** Just the opposite, Mr. Speaker: This government is working with all the workers across Ontario. You know, we had eight trade unions support us in the last election. That number is growing.

Last week, I was out with the Premier and this Minister of Transportation touring in Windsor—the great work and job that they're doing at the Stellantis battery manufacturing plant. This is creating good-paying jobs and do you know who's doing those jobs? The hard-working people of Windsor.

When we criss-cross this province, and often when I'm with the Premier and with my colleagues, do you know what? They line up from here to there to meet the Premier and thank him for his leadership to not only supporting all workers, but to support the building of this economy, Mr. Speaker.

We inherited a weak economy; we're rebuilding that economy—great jobs, bigger paycheques and including all workers in Ontario.

#### HEALTH CARE

**Ms. Marit Stiles:** Speaker, this Premier and his government drive right past the striking workers in Windsor and they don't stop for a second. That's the truth.

Maybe the Premier will answer this question. Back when his government announced that they were opening the doors to health care privatization, the NDP warned that people would be forced to use their credit card to get health care. The government said this would never happen—never. But here we are. We're hearing from more and more people who have been charged \$70, \$90 for a single visit, and in some cases, several hundred dollars just to get an annual membership at a private clinic.

So to the Premier: Do you agree that these patients were not able to use their health card and did, in fact, have to pull out their credit card?

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

**Hon. Sylvia Jones:** I have to assume that the member opposite is referencing some nurse practitioner-led clinics that are charging patients for a membership. As we have said repeatedly, there is a loophole in the federal Canada Health Act that we are actively engaged with the federal government on to close that loophole.

It is important for all of us to understand that publicly funded OHIP-covered services, as protected within the Canada Health Act, continue to be offered using your OHIP card, not your credit card. That's what we will fight for on this side of the House.

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

**Ms. Marit Stiles:** Speaker, a loophole? A loophole? They opened the floodgates. They always knew this would happen. It was always about making some people wealthy while patients went without care.

Speaker, this government is creating a two-tier health care system where you would only get care if you can afford it, and that's the truth. It's absolutely unacceptable. These private clinics are preying on the most vulnerable: 2.2 million Ontarians without a family doctor. Dozens more clinics are expected to open in the coming months.

So back to the Premier, I hope he answers this question: Why are you starving the public community-based primary care system in our province in favour of private clinics that are charging patients?

*Interjections.*

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

Minister of Health.

**Hon. Sylvia Jones:** So 78 new or expanded primary care has been introduced in the province of Ontario in February. We have made announcements that literally cover all parts of Ontario to ensure that primary care multidisciplinary teams are able to expand and offer those services to ensure that everyone who wants a primary care practitioner has that offering.

Respectfully, Speaker, I must say as we talk about expanding multidisciplinary teams, what do the NDP want to talk about? They want to talk about administration.

I want to see primary care expansions where you see physicians, where you see nurse practitioners working together with dietitians, with mental health workers, with registered nurses, with PSWs to make sure that, whatever

care you need in your treatment journey, you have access to it.

**The Speaker (Hon. Ted Arnott):** Final supplementary?

**Ms. Marit Stiles:** Speaker, 2.2 million Ontarians who don't have family doctors aren't buying that. I guarantee it; 16,000 people in Sault Ste. Marie are about to lose their doctor this year. In Kingston, people were lined up through the night in the rain just for the chance to get a spot with a doctor. An estimated 30,000 people are waiting for access to primary care in that city alone.

Our system is under enormous strain because of this government's failures and their bad decisions. So back to the Premier of this province: When will he stop putting the private needs of for-profit providers ahead of the needs of patients?

*Interjections.*

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

Minister of Health.

**Hon. Sylvia Jones:** Perhaps the member opposite wasn't listening when I made the announcement in February and actually had the Periwinkle example beside me, where an additional 10,000 people in Kingston are going to be served by multidisciplinary teams. To quote Dr. Philpott, "When you need a family doc, you will see a family doc. When you need to see a nurse practitioner, you will see a nurse practitioner. When you need to see a mental health worker, you will see a mental health worker."

Primary care, multidisciplinary teams are where we need to be to ensure the people of Ontario get access to the care they need, and 78 new and expanded opportunities came forward when we made those announcements in February. You go to the Davenport organization that is receiving an expansion and tell them that you do not support multidisciplinary teams.

**The Speaker (Hon. Ted Arnott):** Once again, I'll remind the members to make their comments through the Chair.

The next question.

## HEALTH CARE

**Ms. Marit Stiles:** We, on this side, are not going to take lessons from a government that is failing Ontarians to such a degree—2.2 million Ontarians without a family doctor. Speaker, under this government, by the time we get to 2026 that number is going to have doubled. A quarter of Ontarians won't have access to primary care at this rate. We have to go faster. We need to act quickly.

Doctors, nurses, administrators, allied health professionals have all been very clear about the solution: funding a team-based approach to primary care. That's why I tabled our motion today to get this government's commitment to fully funded, integrated primary teams across the province, not just in some towns, in every town. Every Ontarian deserves that access.

So to the Premier: Will you support this motion?

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

1050

**Hon. Sylvia Jones:** You know, the NDP's motion is a stark reminder of what they want to focus on. They want to focus on administration expansion; we want to focus on multidisciplinary teams.

And to suggest that the health system had been adequately looked after under an NDP government, which cut by 10% the number of medical positions that were available in the province of Ontario—the Liberal government of the day that cut medical seats available for students in Ontario—we are expanding primary care. We are expanding medical schools in Brampton and in Scarborough. We have in the Northern Ontario School of Medicine over 100 additional medical seats available to students who want to practise in northern Ontario. We are getting the job done, after many, many years of neglect from the previous governments.

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

**Ms. Marit Stiles:** Back to the Premier: Primary care providers and patients know that this is just a drop in the bucket; it's not going far enough. And the government knows this too. They're making a choice. They're choosing to expand private, for-profit care in this province to line the pockets of private, for-profit corporate shareholders. That's what this is all about.

Doctors in this province, on the other hand, are spending nearly half their time filling out forms and doing administrative follow-ups. Our motion would unlock thousands of hours of direct patient care by investing in new supports for health care providers. It's about putting patients first instead of paperwork.

So back to the Premier: Is he content to govern a province where millions are going without basic care, or will he listen to the primary care providers and take this simple step to get people the care that they so desperately need?

*Interjections.*

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

Minister of Health.

**Hon. Sylvia Jones:** I will remind the member opposite that, since 2021, we have been actively engaged with the Ontario Medical Association to look at the paperwork that they are doing that could be—

**Ms. Marit Stiles:** And you have failed.

**Hon. Sylvia Jones:** Absolutely wrong.

You have to have the facts, Speaker. What is happening is we have active engagements with the Ontario Medical Association to say, "Show us where we can do better. Show us where we can make changes" and an administrative—

**Ms. Marit Stiles:** We're showing you.

**The Speaker (Hon. Ted Arnott):** Leader of the Opposition, come to order.

**Hon. Sylvia Jones:** I'm going to rely on the Ontario Medical Association, with the greatest of respect. Those discussions have led to some very positive outcomes in

terms of removing some of the paperwork that we've been doing. Is there more work to do? Absolutely. We will do that work. But I will do it with the Ontario Medical Association, not with the NDP leader.

### TAXATION

**Mr. Sam Oosterhoff:** I have a question today for the Minister of Energy. It's a question that I've been hearing a lot from workers and families in Niagara West. It's about this, Speaker: On April 1 we know that the federal Liberals, supported by the NDP, are going to be raising the carbon tax by 23%. We know that this hike is going to hit virtually every aspect of our economy. It's going to hit home heating costs. It's going to hit the cost of gasoline. And it's going to hit food prices, impacting some of the most vulnerable in our communities.

Speaker, what I've heard from my constituents is that the high cost of living is already hurting families across Ontario. We see that households are worried about whether or not they're going to be paying their heating bills or putting food on the table. And yet we see a federal carbon tax, under the Trudeau Liberals, that is going up and up and up and up. It doesn't seem to end.

So, my question, on behalf of my constituents, to the Minister of Energy, is why is it important that our government continue to take action to fight this job-killing, expensive tax?

**Hon. Todd Smith:** Thanks to the great member from Niagara for that question this morning. The carbon tax is having a huge impact on families, at the gas tank, at the grocery counter and on inflation that's affecting everything.

As the member rightly points out, two weeks from today, on Easter Monday, on April Fool's Day, the federal government is going to be increasing the carbon tax again by a whopping 23%. What does that actually mean? It means, for the average family, members of that member's riding in Niagara, are going to be facing an extra \$366 in carbon taxes just on their home heating bill.

But as I mentioned, it's going to drive up more than the cost of just the natural gas bill, Mr. Speaker. It's going to drive up the cost of everything.

We're opposing it. The NDP are actually opposing it. What are the Liberals doing?

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

**Mr. Sam Oosterhoff:** My thanks to the minister. I'm going to be sharing his response with my constituents, because I've been hearing from those workers and those families who have expressed great concern with that massive spike that we're going to be seeing in the carbon tax on April 1. I know that they're reassured to see that this is a government, under the leadership of Premier Ford, that is taking the federal government to task when it comes to increasing costs on hard-working families.

I know most members in this Legislature oppose that job-killing tax, but unfortunately, it appears that not all members of the Legislature do. We see that Bonnie

Crombie and the Liberals continue to crusade in favour of a job-killing carbon tax. They want to saddle families with more money-grubbing policies every opportunity they get.

I think it's important that all of us continue to stand against this, and I'm wondering if the minister could speak more about what our government is doing to ensure that we have affordability and more money in the pockets of the hard-working families in my riding. If he could explain what actions we're taking to fight the Justin Trudeau Liberals on this job-killing carbon tax and stand up for the families in my riding and across Ontario.

**Hon. Todd Smith:** Speaker, we're cutting the gas tax. We've cut the tolls. We've kept electricity costs flat. We've introduced One Fare at transit across the GTHA.

But as Toronto Star intrepid reporter Robert Benzie broke at 10:01 a.m. this morning on X, the queen of the carbon tax, Bonnie Crombie, has said that she won't impose a new provincial carbon tax. But what she didn't do is say that she's opposed to the federal carbon tax, the one that's actually going to rise in two weeks from today by a whopping 23%.

I see the Liberal caucus is huddled here right now trying to figure out what they're going to do. Are they going to join us? Are they going to join the NDP? Or are they going to sit with the Green Party and their federal cousins and continue with the—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock. Members will please take their seats.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Government side, come to order.

Restart the clock. Next question.

### MEDSCHECK PROGRAM

**Mr. Wayne Gates:** My question is to the Premier. We learned recently that pharmacists and workers at Shoppers Drug Mart are under intense corporate pressure to perform medication reviews to increase their corporation's profits. In one week in Ontario, Shoppers, which is owned by Galen Weston's Loblaw corporation, made \$1.4 million on reviews. One pharmacy has seen a 300% increase in reviews. Several pharmacists have serious ethical concerns about these corporate targets.

Speaker, when will the Premier do more than just talk tough, step in and ensure patient care and transparency is a priority over his corporate buddies' profits?

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

**Hon. Sylvia Jones:** As you know, as soon as the issue was raised by a number of pharmacists, I asked the ministry to do a review, and of course now the Ontario Pharmacists Association is doing open houses and receiving feedback from pharmacists across Ontario.

I also want to remind the member opposite that we have over 5,000 pharmacies across Ontario—more independents, actually, than brand franchises—and they have been an incredible partner to ensure not only vaccine rollout and access in all communities across Ontario, but also ensur-



ing, with the expansion of scope of practice for pharmacists, minor ailments. In January 2023, we brought in changes to scope of practice for pharmacies, and that has led to over 700,000 people who have gone to a pharmacist and been treated for their minor ailments.

We are making a difference because we are empowering all of our primary care practitioners, all of our physicians, all of the multidisciplinary teams that work in the health care sector to make sure that they are training and practising at their highest scope of practice.

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

**Mr. Wayne Gates:** Back to the Premier: Speaker, this is not the first time we have seen this government put corporate profits before public good. We've seen it with Ontario Place, Staples, ServiceOntario and, obviously, with the greenbelt scandal. Now we're seeing the effects of the Conservative government and their corporate friends' profiteering scheme in our health care system. We know more corporate profits in health care means worse patient care, longer wait times, less efficiency.

1100

Speaker, when will the Premier say enough is enough, stop the transfer of taxpayer dollars to private corporations like his friends at Shoppers, and stand up for the publicly funded, publicly delivered, not-for-profit health care system that we all need and deserve in the province of Ontario?

*Interjections.*

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

Minister of Health.

**Hon. Sylvia Jones:** Speaker, I can't believe the member opposite is suggesting that we should be taking over every single pharmacy in the province of Ontario. These are business owners who are working in the health care field that are providing exceptional service for the people of Ontario—800,000 people have accessed service in their community pharmacy since January 2023, and the member opposite is, what, suggesting that the government should be taking over pharmacies? Come on. Can we start actually thinking about how convenience in care and access to care is an important piece of our health care system?

## VETERINARY SERVICES

**Ms. Goldie Ghamari:** Mr. Speaker, my question is for the Minister of Agriculture, Food and Rural Affairs. Animals and animal-related agriculture are crucial to the economic stability of Ontario's rural and remote communities. However, service gaps in rural, remote and northern communities are putting farmers and their operations at a disadvantage. They create risks to farmers and their livestock as well as jeopardizing the security of the food supply chain. Our government must continue to support Ontario's livestock farmers by increasing access to veterinary care and ensuring that support is available where it is needed. Speaker, could the minister please tell

this House how our government is expanding access to veterinarian services?

**Hon. Lisa M. Thompson:** Thank you to the member opposite. She represents Carleton so well, and I've seen first-hand how well she connects with her farming communities. I thank her for that.

We're connecting with our pet owners and farming communities as well at the ministry. By introducing the Enhancing Professional Care for Animals Act, we're moving forward with five key deliverables. First and foremost, we're formalizing the scope of practice for veterinary technicians so that they can assist their veterinarians with the services that are being asked for in their clinics. We're also allowing the regulatory college to set requirements for continuing education that will be similar to other regulated professionals. In addition to that, we're streamlining the complaints resolution process so that people who have issues with vets will have their voices heard, but more importantly, if necessary, the vets will be cleared quickly. We're going to increase penalties for bad actors. We're going to ensure there's greater public transparency and representation on the council. But most importantly, this legislation is reflecting what we've heard from over 300 stakeholders contributing.

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

**Ms. Goldie Ghamari:** Mr. Speaker, through you, thank you to the minister for the response. It's great to hear how our government is introducing measures that will improve access to veterinary services.

Many regions across the province are experiencing a shortage of veterinarians who care for livestock, and this shortage puts a strain on the entire agricultural system. That is why it is essential our government implements measures to recruit and retain people in the veterinary profession. We must continue to support our farmers and maintain a healthy, safe and sustainable agri-food system.

Through you, Speaker, can the minister please explain how this bill will assist rural, remote and northern communities and address veterinary shortages across the province?

**Hon. Lisa M. Thompson:** I'm really proud of the work that we've done, and I appreciate the support from key stakeholders like the Ontario Veterinary Medical Association, the College of Veterinarians and the Ontario vet tech association. When we were at their convention just a couple of weeks ago in Hamilton, 1,200 vet techs were there, and the magnitude of what we're working to achieve through this legislation was humbling when I saw tears when we talked about the importance of broadening the scope of practice for vet techs. We're finally recognizing their expertise and the training they've received. They've been asking for this for years, and it's our government, through the leadership of Premier Ford, that's actually getting it done.

In addition to that, we're working with the Minister of Colleges and Universities to expand veterinary seats. This is something that has been badly needed.

And in addition to that, I'm very pleased to say, in response to the need for large animal veterinarians, we've introduced an incentive program that will encourage recently graduated veterinarians to work in remote and northern communities, where it's needed.

### HEALTH CARE

**MPP Jamie West:** The Conservative government likes to pretend hallway medicine is a thing of the past, but it continues to happen right now on their watch, and in Sudbury it's even getting worse. Health Sciences North was designed for 412 patients; last month, they set a record high with 621. This means even more patients that are staying in hallways. One of the reasons that admittances are so high is that without access to primary care, many people are left to seek care in crowded emergency rooms, and it is vital that we clear the backlog by increasing access to family doctors because this will reduce the need for emergency visits.

My question, Speaker: Will the Conservative government support the NDP motion to fix the primary care shortage and put patients first?

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

**Hon. Sylvia Jones:** Well, my question is, why have the NDP members been consistently voting against capital expansions of hospitals in the province of Ontario, expansions of primary care in the province of Ontario?

Every single time we bring forward initiatives and investments that are going to improve access in your community, you vote against them. It is beyond belief, frankly, that the NDP motion that is calling for more administration isn't saying, "We support and agree with a tripling of the primary care expansion," from our original announcement when we made it in Your Health.

To suggest that 78 primary care expansions of multidisciplinary teams is not going to make a difference in the province of Ontario is, frankly, individuals living in an alternative reality.

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

The supplementary question?

**MPP Jamie West:** I am talking about Sudbury, Ontario. At Health Sciences North, we have some of the worst overcrowding and hospital occupancy rates in Ontario.

Joyce is a senior from Sudbury, and while trying to recover from a near fatal scare, she was put in a shower room for her stay. And this is not uncommon in my city: no windows, no TV—a shower room.

Her daughter reported that on numerous occasions, complete strangers would walk in unannounced trying to find a bathroom or a place to wash up. Joyce's daughter said, "The nurses and the PSWs work so hard under the circumstances they're given and were so kind to us. The service is good—it's the bed capacity that is the issue. They really need to expand."

Speaker, this should not be acceptable to the Conservative government. My question: When is meaningful investment going to come so people like Joyce can recover with dignity?

**Hon. Sylvia Jones:** Respectfully, after decades of neglect under the NDP and the Liberal governments, we're getting it done: 50 expanded hospital capital builds, whether they're new hospitals, expansions or renovations of existing facilities, to make sure that we have the added capacity that we need in a growing population.

And, Speaker, why can we do that? Why can we continue to invest in health and continue to expand the health care budget? Because we have an economy where people want to live and grow their business in the province of Ontario. When you have those opportunities, you see expansions that can happen under Premier Ford's government. We are making those investments—50 capital expansions in the province of Ontario. There is more work to be done, and it cannot be solved overnight after decades of neglect, but we're getting the job done.

### SENIORS' HOUSING

**Mr. Stephen Blais:** My question is for the Premier. The Premier often speaks about how important seniors are, calling them the backbone of our province, and I agree. But once again, his words are writing cheques the actions of his government simply can't cash. Facing fee increases of up to \$1,000 a month, dozens, if not hundreds, of seniors living at the Promenade retirement home in Orléans are facing eviction or are being pressured to move. Shady business practices and poor consumer protection, lack of government regulation on fee increases and removal of rent control on new buildings have all led to a toxic environment, undue anxiety, stress and fear for these seniors losing their homes.

Mr. Speaker, how can the Premier call seniors the backbone of our province when his government fails to offer even the most basic protections to help them age gracefully?

**The Speaker (Hon. Ted Arnott):** To reply, the Minister for Seniors and Accessibility.

**Hon. Raymond Sung Joon Cho:** Thank you for the question. Seniors have worked their whole lives to have a comfortable retirement home and age well in their community. Our government has stepped in to provide relief, but the opposition stands against it. We created the Ontario Seniors Care at Home Tax Credit to help seniors pay for home care. They voted against it. We invested \$1 billion to home and community care and serves to fund 500 local organizations providing care for seniors. They voted against it.

1110

The opposition should answer their constituents on why they are voting against all the support for seniors.

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

**Mr. Stephen Blais:** I agree: Seniors have worked their entire lives to stay in their homes and stay in the

community where they raised their families. These seniors in Orléans are being kicked out of their home, away from their families, away from the community where they raised their families and are trying to grow old.

The owner of the Promenade retirement home is the same developer in Orléans who failed to build homes for three years, holding onto deposits, and then finally cancelled those contracts and immediately put the lots back on the market at an increased fee. Now seniors living in his retirement home are subject to scare tactics and enormous pressure to agree to massive fee increases, some of which are \$1,000 a month or more.

Seniors at the Promenade are reporting unclear documentation from the provider, incomplete information on what the fees are and are not and pressure to sign documents without full explanations.

The government continues to reward their friends and supporters while seniors in Ontario are paying more.

As his friends record record profits from his friendship, what will the Premier say to these seniors in Orléans who are being forced to leave their homes because of his government's failure to act?

**Hon. Raymond Sung Joon Cho:** As a senior myself, I want to let you know I take this personally and this Premier takes it personally. He understands how important it is to keep seniors safe.

In 2020, Ontario invested \$2.8 billion in the Keeping Ontarians Safe plan. This investment during the pandemic ensured we would be prepared for future waves of COVID-19. We are ready and prepared for increased outbreaks, and we are keeping seniors safe.

## TAXATION

**M<sup>me</sup> Dawn Gallagher Murphy:** Speaker, my question is for the Minister of Energy. Last fall, the federal Liberals finally recognized what our government has been saying for years: The carbon tax is raising the price of everything. After years of high energy costs, the Prime Minister announced a pause on the carbon tax, but only on home heating oil. For the more than 97% of Ontarians who rely on propane and natural gas to heat their homes, this measure provides no relief. And to make matters worse, on April 1, the Liberals are raising the carbon tax by 23%. This is ludicrous.

Our government must continue to call on the federal government to eliminate the carbon tax once and for all. Can the minister explain the impact this increase will have on Ontario families?

**Hon. Todd Smith:** Thanks to the member for Newmarket–Aurora for a great question this morning.

Once again, I'm going to stand up in the Legislature, as I have for the last several months—or, actually, a couple of years now—and talk about the fact that the federal carbon tax imposed by Justin Trudeau and the Liberals is driving up the cost of everything, from gasoline to food. People are choosing between heating and eating in this country.

And the huddle has broken over here. The Liberals are back on the line. We still don't know exactly how they feel about the queen of the carbon tax Bonnie Crombie's position today. She revealed it about 45 minutes ago—that she won't be imposing a provincial carbon tax.

Our question for the Ontario Liberal caucus—because we know we've had members of that caucus stand up and say that people in Ontario and people in Canada are better off with the federal carbon tax than they would be without it—is what will they say today to Justin Trudeau and the federal Liberals? Will they join us in asking for them to scrap that tax?

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

**M<sup>me</sup> Dawn Gallagher Murphy:** Speaker, it's clear that the Liberals and the NDP are out of touch when it comes to understanding the hardships that people of Ontario are facing because of the carbon tax. The carbon tax is increasing the cost of everything, from home heating, our groceries, to everyday essentials.

Unlike the opposition NDP and the independent Liberals, our government, led by Premier Ford, is focused on making life more affordable. We have been speaking against this regressive tax from day one, and we will continue to advocate for the people of Ontario. It's time for the federal government to reconsider their approach and act in the best interest of Canadians by eliminating the carbon tax.

Speaker, can the minister please explain how our government is trying to stop this terrible federal carbon tax?

**Hon. Todd Smith:** As the member rightly pointed out, the federal carbon tax is expected to rise another 23% in two weeks from today: Easter Monday, April Fool's Day—carbon tax day if you're a federal Liberal. And as Premier Ford said a couple of weeks ago when he was asked about the federal carbon tax, if the federal government doesn't drop this tax now, they're going to get annihilated in the next election. Well, guess who woke up? The queen of the carbon tax Bonnie Crombie: She woke up, and this morning at 10:01 a.m. on Robert Benzie's Twitter feed, he reported that Bonnie Crombie has said she will not be imposing a provincial carbon tax. But she has fallen short.

Will she stand with us? Will these Liberals that are here, the nine of them that are here, stand with us, and will they stand with our friends in the NDP, who are calling for an end to the federal carbon tax? You all should stand up as join us this morning as we call for Justin Trudeau and the federal Liberals to—

*Interjections.*

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

## HEALTH CARE

**Ms. Bhutla Karpoche:** My question is to the Minister of Health. Some 2.2 million Ontarians don't have a family doctor, and that number is going to double in two years. According to the Ontario Medical Association, Toronto alone is short 305 family doctors. As a result, we're seeing

private family clinics charging annual subscription fees for care pop up across Ontario under this minister's watch.

My question is, what should Ontarians in need of a family doctor but who cannot afford to pay out of pocket do?

**Hon. Sylvia Jones:** They should be excited about the 78 primary care multidisciplinary teams that have been announced in February and are now actively recruiting. We've seen some of that information coming forward, and it is literally game-changing for the people who have to date been unable to access primary care physicians in the province of Ontario.

The multidisciplinary team, where you are working together as a team, not as independent clinicians, makes a better patient experience, and, frankly, it is what clinicians want to work with. They want to be able to have the opportunity, when they diagnose a patient with diabetes, to be able to transfer them to another member of the team, a dietitian, perhaps, to go over what that impact is on their lives. The multidisciplinary team approach is something that is very well documented to be a proven success story, which is why we have expanded them by 78 additional teams.

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

**Ms. Bhutla Karpoche:** The minister keeps repeating her talking points, as we just heard, but even she knows her plan isn't working.

The Conservatives will have an opportunity today to vote on an NDP motion which proposes a practical solution that will address the problem by freeing up time for family doctors to take on more patients. It is a solution proposed by doctors themselves.

Will you support this plan so we can close the gap for people in Ontario who desperately need a family doctor now?

**Hon. Sylvia Jones:** The NDP members will also have an opportunity to vote on expansions. I'm wondering if the member opposite will be voting in support of the Davenport-Perth Neighbourhood and Community Health Centre or perhaps the Parkdale Queen West CHC or the South Riverdale CHC. Those are concrete examples of expansions that are happening in your community. If you want to support primary care expansion in the province of Ontario, support these votes.

1120

## TAXATION

**Mr. Mike Harris:** My question is for the Minister of Transportation. Families in my riding of Kitchener-Conestoga tell me over and over they need immediate relief from the costly carbon tax—the same tax that the members opposite and their friends in Ottawa want to keep hiking. At a time when many Ontario households are struggling to pay for monthly necessities and put food on the table, it is unfair to add an additional cost to their bills. But the NDP and the Liberals continue to ignore the needs of their constituents by supporting this punitive tax,

Speaker. Our government must stand behind the hard-working individuals and families in our province and keep costs down.

Can the minister please tell this House what steps our government is taking to fight the carbon tax?

**Hon. Prabmeet Singh Sarkaria:** The member for Kitchener-Conestoga is absolutely right: It's a shame that the NDP and Liberals are supporting the federal carbon tax, which is about to go up by 23%. I was proud to stand with the member from Kitchener-Conestoga when we announced the expansion and getting shovels in the ground on Highway 7. It's unfortunate, though, that not only do the federal Liberals want to spike the carbon tax by 23%, they said that they don't believe in building roads and bridges across this country, in one of the fastest-growing regions like Kitchener-Waterloo.

We will always put drivers first and put more money in their pockets. Whether it's fighting the carbon tax or building more roads and highways, this government is committed to getting it done for the people of Ontario. We thank that member for his advocacy and making sure we fight the carbon tax and the 23% increase on April 1.

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

**Mr. Mike Harris:** Thank you to the minister for that response. Once again, the federal Liberal government and their NDP friends will raise the carbon tax next month, this time by 23%. I might add, that's higher than their approval ratings.

They don't have a plan to build infrastructure, they don't have a plan for transit and they don't have a plan to bring down the cost of living. They are too focused on how to increase taxes for families and businesses. Life is already expensive for the hard-working people of our province. It is essential that our government continues to call on the federal government to eliminate the carbon tax completely while making life more affordable for Ontarians.

Can the minister please share what our government is doing to protect the people of this province from the pocket-picking carbon tax policy?

**Hon. Prabmeet Singh Sarkaria:** That's absolutely right: We're going to fight the carbon tax every step of the way, and we're going to do whatever we can to make sure they don't increase it by 23% on April 1. Thanks to the member's advocacy, this government has done a lot for drivers, whether it's fight the carbon tax or take 10 cents a litre off gasoline so that families, when they're taking their kids to school, they're taking their kids to soccer practice or hockey practice, don't get punished for driving. This government is about putting drivers first.

It's also about making sure that we put more money in their pockets, like saving \$125 per car or truck on licence plate renewal fees. That is something this government committed to, to put that money back into the pockets of hard-working families across this province. But that's not it. Through the Get It Done Act, any future government that would want to impose a carbon tax will have to take it to the people through a referendum. Our government

will do anything and everything we can to ensure money stays with families.

### HEALTH CARE

**Ms. Peggy Sattler:** My question is to the Premier. Gloria moved to London West in 2021 and has an autoimmune disease. For the last three years, she has been registered with Health Care Connect, all while desperately searching for a doctor to help her manage her condition. She told me, “It shocks everyone I know when I tell them I don’t have a doctor.”

What advice does the Premier have for the more than 65,000 Londoners like Gloria who feel hopeless about ever being able to access primary care?

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

**Hon. Sylvia Jones:** Gloria’s story is, frankly, the exact reason why we have seen what happens when you don’t ensure that you have sufficient health human resources, when you cut seats in medical schools, whether it was 10% under Bob Rae’s government or 50 medical seats under the previous Liberal government. That’s what happens. You have a constricted supply, and we’re changing that.

We are rebuilding the system to make sure that, for decades to come, we have sufficient individuals who we know want to practise in the health care field in the province of Ontario. And now, we’re expanding with medical schools in Brampton and in Scarborough. You know, Speaker, in September 2025, we will have medical students starting to train in Brampton for the first time in the province of Ontario.

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

**Ms. Peggy Sattler:** This government has had five years to fix this problem. They knew the crisis was coming, and the crisis is here.

Susan also has a rare autoimmune disease. She lives in London West, and she was informed three months ago that her family doctor was closing his practice at the end of March. Without another doctor to take over, he advised his patients to contact Health Care Connect. When Susan called to register, she was told she must first de-roster with her current doctor, even though he was still practising for three months. Forcing Susan to leave her doctor early, then go potentially years without another doctor, has Susan feeling angry, helpless and very, very worried about her health.

What advice does the Premier have for Londoners like Susan?

**Hon. Sylvia Jones:** I will say once again: Will the member opposite let the constituent know that the Thames Valley Family Health Team is expanding in both London and Woodstock? Will the member opposite share with her constituents that these 78 expansions are occurring across Ontario, including in the London region and in the city of London?

So we will make those investments, and I hope the member opposite is not only sharing those expansions

with her constituents who clearly want to be connected with the primary care multidisciplinary team, but also supporting these in votes in the chamber so that she can show her constituents that she is also on board and onside to expand primary care in the province of Ontario.

### TAXATION

**Mr. Dave Smith:** My question is for the Minister of Natural Resources and Forestry. The forestry industry is a major driver of our economy and generates billions in revenue each year. With an abundant supply of forest biomass products in our province, it’s of critical importance that we support this emerging industry and its innovation.

But the federal carbon tax effects are widespread, creating delays and financial hardships that negatively impact Ontario’s growth and economic prosperity. Our government must continue to do everything we can to support job growth and attract investment for our forestry industry.

Speaker, can the minister please share how our government is strengthening the forestry sector without introducing punitive taxes?

**Hon. Graydon Smith:** Thank you very much to the member from Peterborough–Kawartha for the question. I’ve seen the shoes. They are beautiful.

I was in Timmins recently to make a great announcement, and we were at Millson Forestry Service, a second-generation business in Timmins, to announce a \$60-million investment in our biomass plan. That’s on top of the \$20 million we’ve already invested—so \$80 million invested in biomass and forestry in Ontario.

When you make investments like that, what you’re doing is creating opportunity and Millson Forestry Service is taking advantage of that opportunity with \$500,000 to create a heat recovery system, allowing that second-generation company to heat one of its buildings and sell some of the compost. Why are they doing that, Mr. Speaker? Well, Jenny Millson, owner of the company, said the federal carbon tax has had a significant impact on Millson forestry’s operations.

We’re supporting business. The members opposite only know how to tax small business. We’re always going to support those small businesses.

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

**Mr. Dave Smith:** Thank you to the minister for his response. It’s reassuring that our government is working to put our forestry sector at the forefront of economic opportunities. I’d like to point out that it is impossible to build a house in Ontario without using wood. So we need to be supporting our forestry industry if we’re going to meet the housing targets.

Under the previous Liberal government, supported by the NDP, the potential of our forestry sector was unrecognized and untapped. What’s worse, the federal Liberals are now punishing the forestry businesses with an unfair and unnecessary tax.

1130

Companies in Ontario, especially those in rural, remote and northern communities, are already struggling every day to stay competitive due to many fiscal pressures. In this time of economic and affordability uncertainty, let's not tax Ontarians more.

Speaker, can the minister please share how our government is protecting forestry businesses from the negative impacts of the federal carbon tax?

**Hon. Graydon Smith:** For 15 years, the Liberal government showed that they can't be trusted to support business in Ontario, and for the lifetime of this government, we've shown that we support business in Ontario every single day.

That terrible carbon tax is working against renewable resource projects and getting them off the ground. It's punishing the forestry business. Our government knows better. We're going to continue to make those smart investments to help job creators, help workers, help grow our economy and bring prosperity to the province of Ontario.

I'll just go back to Millson Forestry services for a second—again, a great second-generation family business supporting our forestry sector. This investment will support their business while reducing forest by-products; meanwhile, that Liberal carbon tax is just taking money out of their pockets. They said that it's making it harder to do business.

You know, when it comes to the carbon tax, it's the same old song: The Liberals tax your wallet till the money is all gone.

#### HEALTH CARE

**Ms. Sandy Shaw:** My question this morning is for the Premier. Hamilton has a shortage of 114 doctors, which is one of the highest shortages in the province. Currently, 60,000 people don't have a family doctor in Hamilton. In two years, that number, shockingly, is expected to double.

Right now, family doctors spend 40% of their time doing paperwork and administrative tasks instead of caring for and seeing their patients.

This afternoon, we will be debating our opposition day motion that will propose clear solutions to this burden on our health care system. My question: Will you support our opposition day motion, or will you continue to force doctors to spend their time on unnecessary paperwork instead of treating patients?

**Hon. Doug Ford:** Well, I'll tell the NDP, solutions— not supporting residencies, propped up by the Liberals, you cut 50 seats. What we're doing: We're adding 260 undergraduate seats and 449 postgraduate seats.

I just want to ask the member: Why did you vote—on hiring 10,500 doctors that we've attracted, we've created that condition; we created the conditions to attract 80,000 nurses—and you voted against it. You voted against the expansion of the hospitals, including the money that we gave McMaster in your own area—you voted against it. So how can you stand up and say you have a plan? Your plan is to cut nurses—that you did in conjunction with the

NDP. You fired 160 nurses under your leadership and their leadership.

We've registered 80,000 new nurses. That's the difference between your plan and our plan. Our plan is—

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

Supplementary question?

**Ms. Sandy Shaw:** I just would like to remind the Premier that I will always stand up for the people of Hamilton West—Ancaster—Dundas, and I don't need a lesson from the Premier.

But instead of fixing the problem that I'm discussing, your government, Premier, is making this problem worse by—shockingly enough—allowing for-profit companies like Shoppers Drug Mart to profit from unsolicited MedsCheck calls. Imagine: for-profit health care. Shoppers makes \$75 for a phone call while our doctors are forced to sign off. Our doctors have to sign off without compensation. So this is insulting to our already burned-out, overworked group of family doctors in Ontario, not to mention Hamilton.

So my question to the Premier: Why are you forcing family doctors to do paperwork for mega-corporations like Shoppers Drug Mart, instead of treating and seeing their patients?

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

To reply, the Minister of Health.

**Hon. Sylvia Jones:** I've looked at the oppo day motion for the NDP and I have to say it concerns me that they are suggesting that the Ontario Medical Association is not the appropriate place to make sure that we work collaboratively with them on paperwork and ensuring that they are in front of patients.

When I see the expansions that are happening in Hamilton and across your region, what are you telling your constituents when I see that the Greater Hamilton Health Network primary care stakeholder council has a new primary care multidisciplinary team as a result of February's announcement? Those are on-the-ground impacts that will make a difference in your community and communities across Ontario.

We need to ensure that everyone who wants a primary care physician has the opportunity to do that. And the only way we can do that is through expansion of medical seats, expansion of all—

**The Speaker (Hon. Ted Arnott):** Thank you.

The next question.

#### TAXATION

**Mr. Kevin Holland:** My question is for the Associate Minister of Transportation. At a time of high costs and high interest rates, it's never been more important to implement measures that make life more affordable for Ontarians. But, Speaker, the federal carbon tax continues to punish the hard-working people of this province.

I've heard from families and farmers in the two ridings of Thunder Bay about how much this unnecessary tax is

costing them daily. They are looking to our government for solutions that will make life easier and keep costs down. That's why we must continue to call on the federal Liberals to cut the carbon tax and provide real financial relief for Ontarians.

Speaker, can the associate minister highlight what this government is doing to make life more affordable for Ontario families?

**Hon. Vijay Thanigasalam:** Thank you to the member from Thunder Bay–Atikokan for his continued support in working hard to save the people of Ontario money.

Speaker, everyone knows that the federal government is failing us with the continued increase in the carbon tax. Since 2018, under the leadership of Premier Ford, our government has worked hard to end these irrelevant fees that are costing individuals and their families.

Farmers and rural communities are suffering. The cost of food, energy and transportation continues to rise, with gas prices going up 17 cents per litre.

Mr. Speaker, under this government, under this Premier, we are working hard to cut this carbon tax and make life and transit more affordable, by eliminating tolls on 412, 418, eliminating licence sticker fees and eliminating double fares.

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

**Mr. Kevin Holland:** Thank you to the associate minister for his response. It's great to know that our government is taking action to help reduce the impact of the carbon tax.

Speaker, Ontarians need financial relief now more than ever. This punitive tax is making fuel and groceries more expensive, forcing Ontario families to stretch their household budgets. At a time when many people in this province are already struggling with inflation, they should not have to pay more taxes.

Unlike the opposition, our government will continue to advocate for Ontarians. That's why we stand against the NDP and Liberals' support of the carbon tax.

Speaker, can the associate minister highlight the negative effects the carbon tax has on rural and northern communities?

**Hon. Vijay Thanigasalam:** Thank you to that member for that question. Rural Ontario is home to 2.5 million people, and the federal government has immensely let these communities down. Propane bills are doubling, which only heightens the importance of getting natural gas to these rural and developing communities. This carbon tax is hiking these bills and making it harder for communities in the north to save money.

Speaker, we are calling on the federal government to acknowledge the pain this is causing countless people in Ontario and act on it. It is time to wake up, smell the coffee and cut this carbon tax.

#### NOTICE OF DISSATISFACTION

**The Speaker (Hon. Ted Arnott):** Pursuant to standing order 36(a), the member for Orléans has given notice of dissatisfaction with the answer to their question given by

the Minister for Seniors and Accessibility regarding retirement home fee increases. This matter will be debated tomorrow following private members' public business.

## DEFERRED VOTES

### TAXATION

**The Speaker (Hon. Ted Arnott):** Next, we have a deferred vote on private member's notice of motion number 81.

Call in the members. This is a five-minute bell.

*The division bells rang from 1140 to 1145.*

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

Mr. Cuzzetto has moved private member's notice of motion number 81. All those in favour, please rise and remain standing until recognized by the Clerk.

### Ayes

Anand, Deepak	Glover, Chris	Riddell, Brian
Armstrong, Teresa J.	Gretzky, Lisa	Romano, Ross
Babikian, Aris	Grewal, Hardeep Singh	Sabawy, Sheref
Bailey, Robert	Hardeman, Ernie	Sandhu, Amarjot
Barnes, Patrice	Harris, Mike	Sarkaria, Prabmeet Singh
Bell, Jessica	Hazell, Andrea	Sarrazin, Stéphane
Bethlenfalvy, Peter	Hogarth, Christine	Sattler, Peggy
Blais, Stephen	Holland, Kevin	Saunderson, Brian
Bouma, Will	Hsu, Ted	Schreiner, Mike
Bourgouin, Guy	Jones, Sylvia	Scott, Laurie
Bowman, Stephanie	Jones, Trevor	Shamji, Adil
Bresee, Ric	Jordan, John	Shaw, Sandy
Byers, Rick	Kanapathi, Logan	Skelly, Donna
Calandra, Paul	Kerzner, Michael S.	Smith, Dave
Cho, Raymond Sung Joon	Khanjin, Andrea	Smith, David
Cho, Stan	Kusendova-Bashta, Natalia	Smith, Graydon
Clancy, Aislinn	Leardi, Anthony	Smith, Laura
Clark, Steve	Lecce, Stephen	Smith, Todd
Coe, Lorne	Lumsden, Neil	Stevens, Jennifer (Jennie)
Collard, Lucille	MacLeod, Lisa	Stiles, Marit
Crawford, Stephen	Mamakwa, Sol	Surma, Kinga
Cuzzetto, Rudy	Martin, Robin	Tabuns, Peter
Dixon, Jess	McCarthy, Todd J.	Thanigasalam, Vijay
Dowie, Andrew	McGregor, Graham	Thompson, Lisa M.
Downey, Doug	McMahon, Mary-Margaret	Tibollo, Michael A.
Dunlop, Jill	Oosterhoff, Sam	Triantafilopoulos, Effie J.
Fedeli, Victor	Pang, Billy	Vanthof, John
Flack, Rob	Parsa, Michael	Vaugeois, Lise
Ford, Michael D.	Piccini, David	Wai, Daisy
Fraser, John	Pierre, Natalie	West, Jamie
French, Jennifer K.	Pirie, George	Williams, Charmaine A.
Gallagher Murphy, Dawn	Rae, Matthew	Yakubski, John
Gates, Wayne	Rakocevic, Tom	
Ghamari, Goldie	Rickford, Greg	

**The Speaker (Hon. Ted Arnott):** All those opposed to the motion, please rise and remain standing until recognized by the Clerk.

**The Clerk of the Assembly (Mr. Trevor Day):** The ayes are 100; the nays are 0.

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

*Motion agreed to.*

## VISITORS

**The Speaker (Hon. Ted Arnott):** The member for Richmond Hill has informed me she has a point of order she wishes to raise.

**Mrs. Daisy Wai:** I was expecting that my guests would be sitting on that side, but they were sitting over this side, so I'm missed announcing it, but I'd still like to have this in the book. I'd like to welcome my husband Albert Wai; my sister Marcelina Leung, and my brother-in-law Hilary Leung; and my cousins Irene Lee and Patrick Lee.

I would also like to take this special moment to thank my husband, Albert Wai, for driving me for the whole year last year because I had my eye surgery. Thank you. Welcome to Queen's Park.

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

*The House recessed from 1149 to 1300.*

## REPORTS BY COMMITTEES

STANDING COMMITTEE ON FINANCE  
AND ECONOMIC AFFAIRS

**Mr. Ernie Hardeman:** Mr. Speaker, I beg leave to present a report on the pre-budget consultation of 2024 from the Standing Committee on Finance and Economic Affairs and move the adoption of its recommendations.

**The Speaker (Hon. Ted Arnott):** Mr. Hardeman presents the committee's report and moves the adoption of its recommendations.

Does the member wish to make a brief statement?

**Mr. Ernie Hardeman:** As Chair of the Standing Committee on Finance and Economic Affairs, I'm pleased to table the committee's report entitled Pre-Budget Consultation 2024.

I would like to take this opportunity to thank the permanent membership of the committee and substitute members who participated in the public hearings and report-writing process. The committee also extends its appreciation to the Clerk of the Committee, legislative research, broadcast and recording services, Hansard and interpretation for their assistance and hard work during the hearings and report-writing.

With that, Mr. Speaker, I move adjournment of the debate.

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

*Debate adjourned.*

INTRODUCTION OF  
GOVERNMENT BILLS

## SUPPLY ACT, 2024

## LOI DE CRÉDITS DE 2024

Mr. Calandra, on behalf of Ms. Mulroney, moved first reading of the following bill:

Bill 174, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2024 / Projet de loi 174, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2024.

**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. Paul Calandra:** No, sir. I think it's self-explanatory.

## PETITIONS

## ASSISTIVE DEVICES

**M<sup>me</sup> France Gélinas:** I would like to thank the 5,500 women who have signed this petition. "Full Coverage of Breast Prosthesis.

"Whereas women in Ontario who have undergone mastectomy are eligible, every two years, to receive \$195 towards the purchase of a full prosthesis and \$105 towards a partial prosthesis, through the Ministry of Health's Assistive Devices Program ... Breast Prosthesis Grant; and

"Whereas women with personal insurance may or may not be eligible for a percentage of the balance to" cover "at varying intervals depending on provider; and

"Whereas Canadian Breast Cancer Network estimates the cost of a pre-made silicone prosthesis" to be "about \$400;

"Whereas since January 1, 2013, anyone receiving social assistance is no longer eligible to receive the balance of the cost of the prosthesis nor do they qualify to receive the two mastectomy brassieres per year; and

"Whereas women without prosthesis can suffer psychologically and physically leading to further health issues and additional downstream health" care "costs;

They petition the Legislative Assembly ... to have the ADP cover up to \$500 for a full prosthesis and ... \$280 for a partial prosthesis for Ontario women who have had surgery such as a mastectomy or lumpectomy due to a diagnosis of breast cancer, removal of implants that have caused illness or from naturally imbalance developing of one or both breasts."

I fully support this petition, will affix my name to it and send it to the Clerk with my good page Chase.

## SOCIAL ASSISTANCE

**Ms. Peggy Sattler:** I would like to thank the tireless Dr. Sally Palmer from McMaster University for this petition to raise social assistance rates.

"To the Legislative Assembly of Ontario:

"Whereas Ontario's social assistance rates are well below Canada's official Market Basket Measure poverty line and far from adequate to cover the rising costs of food and rent: \$733 for individuals on OW and soon \$1,227 for ODSP;



“Whereas an open letter to the Premier and two cabinet ministers, signed by over 230 organizations, recommends that social assistance rates be doubled for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

“Whereas the recent small budget increase of 5% for ODSP still leaves these citizens well below the poverty line, both they and those receiving the frozen OW rates are struggling to live in this time of alarming inflation;

“Whereas the government of Canada recognized in its CERB program that a ‘basic income’ of \$2,000 per month was the standard support required by individuals who lost their employment during the pandemic;

“We, the undersigned citizens of Ontario, petition the Legislative Assembly to double social assistance rates for OW and ODSP.”

I fully support this petition. I will affix my signature and send it to the table with page Korel.

### ÉDUCATION EN FRANÇAIS

**M<sup>me</sup> Goldie Ghamari:** C’est une pétition en soutien à la construction de l’école secondaire catholique à Riverside-Sud.

« À l’Assemblée législative de l’Ontario :

« Attendu que la population de Riverside-Sud est actuellement d’environ » 23 000 « habitants avec une croissance potentielle de » 18 000 « unités résidentielles;

« Attendu que la région du sud d’Ottawa est en forte croissance depuis de nombreuses années avec une augmentation continue du nombre de francophones de 0,5 % sur cinq ans; et

« Attendu que Riverside-Sud est l’une des seules communautés de la ville d’Ottawa à ne pas avoir d’école secondaire catholique qui dessert la communauté d’élèves souhaitant poursuivre leurs études en français, et que les élèves actuels des écoles secondaires catholiques doivent fréquenter des écoles en dehors de leur communauté; et

« Attendu qu’une école secondaire catholique francophone peut jouer un rôle essentiel dans la préservation et la promotion du patrimoine linguistique et culturel. Elle peut offrir un environnement où les élèves peuvent poursuivre leurs études dans la langue de leur choix ce qui est en alignement aux objectifs du projet de loi C-13 et le Plan d’action pour les langues officielles 2023-2028; et

« Attendu que la construction d’une école secondaire dans la communauté de Riverside-Sud est une priorité pour le Conseil des écoles catholiques du Centre-Est (CECCE); et

« Attendu que l’école secondaire catholique francophone Pierre-Savard compte 1 122 places-élèves, en excluant les classes mobiles, et dessert plusieurs secteurs, dont Riverside-Sud. En 2022-2023, le nombre d’élèves s’élève à 1 306, dépassant la capacité de 184 élèves. Pour la rentrée 2023-2024, le nombre augmentera à 241 élèves, représentant une surcapacité de plus de 21 %; et

« Attendu qu’une école secondaire au sein de la communauté fournirait aux élèves un accès facile et pratique à une éducation de qualité dans des salles de classe non surpeuplées, ayant un effet positif sur la perception de la communauté concernant le système éducatif; et

### 1310

« Attendu qu’une école secondaire catholique à Riverside-Sud est nécessaire dès que possible pour répondre aux besoins éducatifs immédiats et contribuer au développement à long terme et au bien-être de la communauté et de ses résidents;

« Nous, soussignés, adressons une pétition à l’Assemblée législative de l’Ontario comme suit :

« Que le ministre de l’Éducation de l’Ontario donne instruction au Conseil des écoles catholiques du Centre-Est (CECCE) à fournir le financement d’immobilisations nécessaires à la construction d’une école secondaire catholique à Riverside-Sud. »

I’m pleased to affix my signature to this petition and will proudly give it to page Korel.

### FERRY SERVICE

**Ms. Jennifer K. French:** “Petition to the Legislative Assembly of Ontario:

“Whereas the Wolfe Island ferry and Glenora ferry have had serious service disruptions due to a staffing crisis created by the Ontario government; and

“Whereas residents and visitors to Wolfe Island have been trapped on the island for up to 12 hours with no way to leave, even for emergencies or work; and

“Whereas Glenora ferry has had a reduced schedule during this year’s busy tourism season, creating hours of lineups and delays for passengers; and

“Whereas the Ministry of Transportation (MTO) ferry workers are drastically underpaid in comparison to the rest of the marine industry, causing recruitment and retention issues; and

“Whereas instead of paying competitive wages and hiring more permanent staff, MTO has contracted out the work to Reliance Offshore, an out-of-province, private temporary staffing agency, which charges up to twice as much hourly as ministry staff earn; and

“Whereas contracting out the work is a waste of our public funds on a stopgap solution that doesn’t provide long-term stability to our ferry system;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“(1) Fix our ferries—stop the service disruptions and reductions caused by ministry understaffing.

“(2) Repeal Bill 124, which has imposed a three-year wage cut on already underpaid ferry workers during high inflation, and pay them fair, competitive wages.

“(3) End the outrageously expensive contracts with private temporary staffing agencies and hire permanent Ministry of Transportation ferry workers to work and live in our communities instead.”

Of course, I support this petition. I will affix my signature and send it to the table with page Ella.

#### ADOPTION DISCLOSURE

**Ms. Teresa J. Armstrong:** This is a very important petition.

“Extend Access to Post-Adoption Birth Information.

“To the Legislative Assembly of Ontario:

“Whereas current legislation does not provide access to post-adoption birth information ... to next of kin if an adult adopted person or a natural/birth parent is deceased;

“Whereas this barrier to accessing post-adoption birth information separates immediate family members and prohibits the children of deceased adopted people from gaining knowledge of their identity and possible Indigenous heritage;

“We, the undersigned, petition the Legislative Assembly of Ontario to extend access to post-adoption” information “to next of kin, and/or extended next of kin, if an adult adopted person or a natural/birth parent is deceased.”

I fully support this petition. I will sign it and pass it to page Bhavna to deliver to the table.

#### ENVIRONMENTAL PROTECTION

**Ms. Sandy Shaw:** I have a petition entitled “Stand Up for Local Conservation Authorities.

“To the Legislative Assembly of Ontario:

“Whereas the Ford government’s devastating changes to the Conservation Authorities Act and Bill 23 create substantial risks to people, properties and the environment; and

“Whereas these changes allow developers to dig, build, and excavate without oversight from conservation authorities; and

“Whereas Ford’s government would allow the sale of conservation lands—including endangered or threatened species habitat, wetlands, and areas of natural and scientific interest; and

“Whereas these changes will increase risks of flood, fires, and droughts in our province;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to reverse the reckless and harmful changes so conservation authorities can properly protect Ontario’s watersheds and wetlands.”

Speaker, I would add that it’s the 70th anniversary of Hurricane Hazel.

This is an important petition. I will add my name to it and give it to Tyler to take to the table.

#### AFFORDABLE HOUSING

**Mr. Peter Tabuns:** “Whereas tenants are finding it difficult to pay constantly rising rents; and

“Whereas consecutive Conservative and Liberal governments sat idle, while housing costs spiralled out of control, speculators made fortunes, and families had to put their hopes on hold;

“Whereas every Ontarian should have access to safe, affordable housing, whether a family wants to rent or own; live in a house, an apartment, a condominium or a co-op, they should have affordable options;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately prioritize the repair of Ontario’s social housing stock, commit to building new affordable homes, crack down on housing speculators, and make rentals more affordable through real rent controls and updated legislation.”

Speaker, I agree with this petition. I’ve signed it, and I’ll give to the page Bhavneet.

#### SOCIAL ASSISTANCE

**Ms. Bhutla Karpoche:** This petition is titled Raise Social Assistance Rates, and it reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas Ontario’s social assistance rates are well below Canada’s official Market Basket Measure poverty line and far from adequate to cover the rising costs of food and rent: \$733 for individuals on OW and \$1,308 for ODSP;

“Whereas an open letter to the Premier and two cabinet ministers, signed by over 230 organizations, recommends that social assistance rates be doubled for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

“Whereas small increases to ODSP have still left these citizens below the poverty line. Both they and those receiving the frozen OW rates are struggling to survive at this time of alarming inflation;

“Whereas the government of Canada recognized in its CERB program that a ‘basic income’ of \$2,000 per month was the standard support required by individuals who lost their employment during the pandemic;

“We, the undersigned citizens of Ontario, petition the Legislative Assembly to double social assistance rates for OW and ODSP.”

I could not agree more with this petition. I will affix my signature and give it to page Chase to bring to the table.

#### NORTHERN HEALTH TRAVEL GRANT

**M<sup>me</sup> France Gélinas:** I thank Linda Benoit from Foleyet in my riding for these petitions.

“Let’s Fix the Northern Health Travel Grant....”

“Whereas people in the north are not getting the same access to health care because of the high cost of travel and accommodations;

“Whereas by refusing to raise the Northern Health Travel Grant (NHTG) rates, the Ford government is putting a massive burden on northern Ontarians who are sick;

“Whereas gas prices cost more in northern Ontario;”

They petition the Legislative Assembly as follows:

“To establish a committee with a mandate to fix and improve the NHTG;

“This NHTG advisory committee would bring together health care providers in the north, as well as recipients of the NHTG to make recommendations to the Minister of Health that would improve access to health care in northern Ontario through adequate reimbursement of travel costs.”

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

## HEALTH CARE

**Mr. Peter Tabuns:** “Whereas Ontarians should get health care based on need—not the size of your wallet;

“Whereas Premier Doug Ford and Health Minister Sylvia Jones say they’re planning to privatize parts of health care;

“Whereas privatization will bleed nurses, doctors and PSWs out of our public hospitals, making the health care crisis worse;

“Whereas privatization always ends with patients getting a bill;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately stop all plans to further privatize Ontario’s health care system, and fix the crisis in health care by:...

“—licensing tens of thousands of internationally educated nurses and other health care professionals already in Ontario, who wait years and pay thousands to have their credentials certified;”

—bring in “10 employer-paid sick days;

“—making education and training free or low-cost for nurses, doctors and other health care professionals;

“—incentivizing doctors and nurses to choose to live and work in northern Ontario;

“—funding hospitals to have enough nurses on every shift, on every ward.”

I agree with this petition. I have signed it and I give to it page Korel to submit.

## OPPOSITION DAY

### HEALTH CARE

**Ms. Marit Stiles:** I’m pleased to present the following motion on behalf of the official opposition:

**1320**

Whereas 2.2 million Ontarians currently do not have a family physician and are not connected to primary care, which puts their health at imminent risk; and

Whereas access to primary health care keeps people out of emergency rooms; and

Whereas primary health care providers need sustainable resources in order to maintain capacity to deliver primary care, mental health care, chronic disease management, community supports, and innovative services that help end hallway health care; and

Whereas hiring additional staff support could free up Ontario’s primary care providers to take on an estimated additional two million patients;

Therefore, the Legislative Assembly calls on the Ontario government to urgently implement a strategy to increase the number of staff support for primary care providers so they can spend their time treating patients instead of doing paperwork.

**The Speaker (Hon. Ted Arnott):** The Leader of the Opposition has moved opposition day number 2.

To lead off the debate, I recognize the leader of His Majesty’s loyal opposition.

**Ms. Marit Stiles:** There’s no denying, I think, that Ontario’s health care system is deeply frayed. More than—we often say 2.2 million, but the numbers are actually increasing daily; we’re now up to more than 2.3 million, in fact, since I introduced this motion, who are currently without a family doctor.

Primary care providers and community health centres across the province are overwhelmingly understaffed, and all of us here in this room know exactly what that has led to: crowded emergency rooms; excruciatingly long wait times; overworked, underpaid health care workers who are exiting the community health sector, exiting health care faster than we can ever recruit and retain them; seniors, kids, vulnerable Ontarians being left to wonder if they’re going to get the care they need when they need it.

Along with those critically low staffing levels, Ontario’s health care system is also seeing a wave of physicians retire. Currently, 1.7 million people in the province of Ontario are looked after by a doctor who is 65 or older. Let that sink in. How did the members across the aisle not see that one coming? Doctors are human too. New Democrats have been sounding the alarm on this for decades now—in the previous Liberal government, as well. But members across the aisle can’t see a storm coming for them until it’s knocking on their door.

Just on Thursday, I was in Kingston, where the shortage of doctors has left 30,000 people without access to primary care. The shortage is so dire that when four physicians at CDK Family Medicine and Walk-In Clinic announced that they would take on 4,000 new patients, hundreds of people lined up through the night, in the rain, to claim a spot. That’s desperation. If this doesn’t cry urgency to the Premier of this province, I don’t know what will.

Only two weeks ago, we had a few retired United Steelworkers workers here with us from Sault Ste. Marie. The members opposite will remember that they joined us here at Queen’s Park because they were asking this government to step up and do something about the almost 10,000 people, mostly seniors and retirees, who were de-rostered from the Group Health Centre in the Soo. It’s the only clinic in the area. They’ve lost physicians to retirements, to resignations, and there are no replacements available—and that is going to go up to another 6,000, to 16,000, in just a matter of months. By the end of the year, nearly 30% of the population in Sault Ste. Marie and Algoma could be left without a family doctor. That is going to be a sad day.

We are losing doctors. We are losing nurses. We are losing health care staff. People are stressed, and they are worried about whether they're going to get the care they need. And where is Premier Ford? Where is this Conservative government? They're too busy patting themselves on the back with these vanity ads instead of actually improving access to care for the people of Ontario.

The doctors and nurse practitioners who are still on the front lines are having to spend hours filling out insurance forms and coordinating referrals, and it's cutting into quality time with patients. The Canadian Medical Association studied how many more hours doctors could be spending with their patients if they weren't buried in paperwork, and that number is 19 hours a week. That's 40% of their time. That's up to five hours on administrative work per day. Any of us who have spoken to family physicians out there in our communities know this; they've been saying it for years. They've been saying, "Do something about this. That's five hours that we could be spending seeing patients." That's 19 hours a week filling out forms when we have people sitting between 12 and 15 hours in waiting rooms just to see a doctor. If doctors are freed up from this administrative work, they could serve—get this—two million more patients. Do the math. That's like adding 2,000 doctors to the system—so, 2,000 doctors to the system, or relieve the administrative work and see two million more patients.

Training and hiring new doctors—we know it's going to take years. But funding and properly staffing primary care right now? That can happen right now. We could be doing this today. It's a question of priorities.

The Ontario College of Family Physicians—by their research, 94% of family doctors say they are currently overwhelmed with administrative and clerical tasks. They are telling us what they need.

I want to share the words of one such expert—an actual, front-line health care provider, Dr. David Barber. He's the OMA chair of general and family practice. Here is what he has to say about this issue: "Paperwork takes an average of 20 hours per week and includes burgeoning insurance forms, sick notes and requests for drugs." Family doctors who didn't go into medicine to do paperwork are doing that paperwork. "We want to see patients; this takes away from it."

I want to just stop here for one moment and say that last week, when I was in Kingston, I had the great pleasure of meeting Dr. Dick Zoutman, who made the point, when we were talking about this issue, of saying, "Let's be clear: These are not optional forms. This isn't an option. This is what we have to do."

Going back to the comments of Dr. Barber: "The government hasn't sent any signals to family doctors on the ground that they know what is happening. When doctors aren't hearing from the government that it has their backs, family doctors are just giving up. That is why we are seeing so many leaving."

Those are the words of Dr. David Barber, the OMA chair of general and family practice.

This is time that doctors could be spending with patients, with people who are aging—our population is aging—with those new babies we see out there, with new moms and new families, with teenagers who are struggling. These are hours that could be devoted to them right now.

It's not like we don't know what works. That's what I find so frustrating after 20-odd years of looking at this issue in health care policy. We've seen how effective our solution is through the community health centre model, where primary care providers like doctors and nurse practitioners have a fully staffed and resourced team so they can focus on providing care, not filling out paperwork. But rather than support those centres, what does this government do? Cut funding, so they're forced to reduce services, see less patients.

And let me say, on behalf of all of those community health centres that I have visited over the last few weeks alone, my goodness, don't those workers deserve to be paid the same as those folks in our hospitals? They're paid 20% less.

I know the minister tries to minimize how important that administrative work is that health care providers are doing. She belittled this, this morning, in her responses to our questions.

Our solution can be life-saving. That's why we're putting this forward.

How short are we of family doctors? This is based on current numbers: Windsor, short 36; London, 68; Hamilton, 114; Barrie and Muskoka region, 118. Toronto—can you imagine? Nobody can imagine that there's a family physician shortage in Toronto, but boy, 305—let alone trying to get a physician who actually speaks your language. Peterborough, 40; Kingston, 23; Ottawa, 171; Sudbury, 33; Thunder Bay, 50; St. Catharines, 51.

### 1330

As I travel across this province and I listen to people, I hear this every day.

In Alvinston, I was at the Maple Syrup Festival the other day. I was standing in line with a bunch of folks waiting for the school bus to take us to the Maple Syrup Festival. That was fun. Those seniors were talking with me about how none of them have a family physician. These are folks with walkers, with chronic health conditions. Where do they go?

Nursing home residents I met with last week in Nepean and Orléans are stuck in a situation with a bad-actor nursing home company, and they can't afford to leave it because they can't afford to lose their nurse practitioner. They're putting themselves and their families at risk.

Here in Toronto, I met a young man just the other day in my riding, in downtown west end Toronto, who moved there from Brampton and has never in his life had a family physician—can't get on a list.

This government could start clearing that patient backlog by putting out job postings today for health care team members to support doctors and get people of this province the health care they need right now.

I'm going to end by just referring to one other thing: When I came to the province of Ontario, what, 30 years ago from Newfoundland, one of the reasons that I stayed here was because you could imagine raising your family here on a working-class salary. You could imagine having a good public school for your kids. Do you know what else? You could get a family doctor—not something we had a lot of in Newfoundland, even back then. But you could imagine getting—

*Interjection.*

**Ms. Marit Stiles:** No, actually, it was before Mike Harris. It was under the NDP government. Thank you very much to the Minister of Education for that lesson.

I want to tell you, Speaker, the good news is, New Democrats have been laser-focused on putting forward solutions that are practical to the problems that are facing hard-working people in the province of Ontario today. In Ontario today, under this Conservative government—and under the Liberal government before them—things are not good. Things are getting worse and not better. But we're focused on solutions.

One of those solutions: Support this motion today. Let's get our doctors seeing patients, not doing paperwork. Pass this motion, and let's move this province forward.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**M<sup>me</sup> France Gélinas:** This afternoon we're talking about a motion that will improve the lives and save the lives of hundreds of thousands, if not millions, of Ontarians. Having a family physician, having a family doctor, changes people's lives. This is where the health promotion discussions happen. When you don't have a family physician, there's nobody to encourage you to stop smoking, there's nobody to talk to you about how much alcohol you drink, there's nobody to talk to you about healthy weight, healthy food, exercise. Those are all discussions—we call them “health promotion discussions”—that you have with a family physician, that you have with your family doctor. When you don't have one, things change for the worse really quickly.

People already know that 40,000 of the people I represent do not have access to primary care; they do not have a family doctor. When the rate of smoking in Ontario is at about 12%, the rate of smoking in my riding is at 28%. Why? Because people don't have access to a family physician. Why? Because people don't have access to have those discussions that people who have access are able to do.

What happens when you don't have those discussions about health promotion? Well, we know that one out of two smokers will end up dying from having smoked all their lives. They will end up, more than likely, with lung cancer—I don't wish that upon anybody—ending up in the hospital, ending up in the cancer treatment centre, ending up using up resources.

We've all lived through the pandemic, when, for a time, people were afraid to go to the hospital; they were afraid to go to their family doctors or other primary care providers because of everything they were hearing about

the pandemic, and they wanted to stay home and stay safe. We saw what that meant. It meant that a whole bunch of people did not have early detection of disease and sickness. We have the knowledge and skills in Ontario; we know how to detect those early, and we know how to treat them early. But if you don't have access to primary care, you'll wait till you are sick with some pretty severe symptoms before you go and wait 36 hours at Health Sciences North, in the emergency room, because it usually takes over a day—if you're lucky, 26 hours. More than likely, it will take a day and a half before you're seen, because Health Sciences North will see all of the life-and-death cases before you—you're not a life-and-death; you just haven't been feeling very good. And then we realize that you have stage 4 lung cancer because you did not have a primary care doctor to look after you.

We talk about health promotion. We also talk about disease prevention. We talk about chronic disease management. Many, many people have high blood pressure. Many people have COPD. Many people have diabetes. If all of those are well managed, you will be able to live a full life with minimum needs of the health care system, but you need to be followed by a primary care doctor, you need to be followed by a family physician; otherwise, things derail pretty quickly. But for 2.3 million Ontarians—the stats will apply to them like everybody else: 18% of them will have diabetes, 50% of them will have high blood pressure. I forget the stats for COPD, but it's very high, too. They don't have access to chronic disease management. What happens when you don't have access to chronic disease management? Well, the disease progresses, gets worse. This is something that family physicians do all the time. They do it well. They keep people well and out of the overcrowded emergency rooms.

Do you want to have the biggest impact on decreasing demand on emergency rooms? Pass this motion. Give everybody access to primary care. The college of family physicians is ringing the alarm bell. Not only were we at 2.2 million when we tabled this motion; we're now at 2.3 million Ontarians, and the numbers will double.

We know we are in a crisis right now. There are solutions that have been endorsed by the college of family physicians, that are endorsed by everybody who works within primary care.

Let's get rid of some of the paperwork. We know how to do this. How do you do this? You let primary care physicians, family doctors work within an interdisciplinary team. You give them the support they need to do that paperwork. It takes a long time for physicians to review every single blood work—you've seen 100 patients in your week. There's a chance that you spend the weekend looking at the results that come in from the lab. A nurse working with you could very well do that for you and flag for you the one that needs to be looked at because he or she is not too sure. It's the same thing with sending referrals to specialists; somebody on your team could easily do this.

It's the same thing with family physicians working on their own—it is really hard to provide quality care. I don't

wish harm upon anybody—but you’ve lost a loved one? A talk with a social worker will help you an awful lot. You’ve been diagnosed with diabetes? A talk with a dietitian, a nutritionist would help an awful lot. You’ve had that chronic back pain? Talk with a physiotherapist. That will help an awful lot.

Bring family doctors into interdisciplinary teams. Give them the support they need to focus on what they do well, while being part of a team. Every physician in Ontario who goes to school right now learns to be a family doctor as part of a team.

**1340**

What are we waiting for? Those 2.2 million people cannot wait. Those 2.2 million Ontarians are at risk. Their health is at risk. Their lives are at risk. The overcrowding in our hospitals and the long wait-lists in our emergency rooms—all of that is at risk. All of that could change. All we need to do is pass this motion and act upon it. You will save lives. You will improve the lives of millions of Ontarians.

There is nothing wrong with having new medical schools. There’s nothing wrong with increasing the amount of people who can apply to those medical schools. We’re all for this. But it takes seven to eight years to form a new family physician—I’m not sure we have six, seven, eight years to wait before they come on-line. Attracting more nurses to Ontario—we’re all for it too.

But you need to fund interdisciplinary care, so that those 2.2 million people gain access. Will you do this this afternoon?

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mrs. Robin Martin:** I’m delighted to rise in the House today to talk about our government’s plan and our continued work to improve primary care for all Ontarians.

This motion really highlights the differences between our government and the opposition. For one thing, the opposition is very late to the issue; they’re really coming in after the fact with this motion. Our government has already held consultations, spoken with primary care providers across the province, created a specific task force with the OMA focused on reducing the administrative burden, announced a plan, and taken many steps to address this specific issue. We’ve also implemented many other programs to address the broader challenges and improve primary care in Ontario.

While the Liberals and NDP, through this motion, are focused on hiring more administrative staff, our government is focused on improving patient care, hiring more doctors, nurse practitioners, nurses, and all the allied health professionals. We are already taking action, listening to our health care partners and making historic investments in primary care and reducing red tape, including red tape in doctors’ offices.

Under the leadership of Premier Ford and Minister Jones, our government has been making record investments in health care.

Our system was neglected under 15 years of Liberal government, and our government knows that the status quo is not working.

Let’s look at what the state of Ontario’s health care system was after 15 years of failed Liberal government. For over a decade, the NDP propped up the Liberals as they cut medical residency positions, cut the number of physicians practising in family health teams, and created the longest health care wait times in Ontario’s history.

When they were in office, the NDP cut medical school enrolment by 10%, thinking that we had too many doctors. The impact of that decision—just using U of T medical school as an example—was a staggering drop in the number of doctors being trained. Just in one class at U of T medical school, they went down from 252 doctors being trained to 177. That’s a lot of doctors we do not have in Ontario today, due to bad decisions by the opposition.

And the Liberals, frankly, were just as bad, as the former Liberal Premier, in 2015, eliminated 50 medical residency spots, resulting in over 500 less doctors practising in Ontario today—100 less doctors by 2016, 250 less doctors by 2019, and a staggering 550 less doctors now practising in 2024 in Ontario, as a result of decisions made by the former Liberal government.

Do we wish they hadn’t made those decisions? Yes, we do. We really wish we had those doctors today because that would go a long way to meeting Ontario’s needs. But we can’t change the past. We can just make good decisions going forward. And that’s what this government is doing.

Let’s just contrast what the NDP, when they were in power, or the Liberals, when they were in power—sometimes supported by the NDP—did with what this government is doing. The Ford government is:

- reversing failed Liberal and NDP policies and growing our health care workforce, adding 12,500 new doctors across the province since 2018—12,500, that’s a lot;

- launching the largest medical school expansion since we were last in government, building a new medical school in Brampton and in Scarborough, and adding 260 more undergraduate and 449 residency spots at all of Ontario’s medical schools; and

- making a record investment recently, in February, of \$110 million to create 78 new and expanded primary care teams, adding over 400 new primary care providers to help close the gap and connect some 328,000 Ontarians to primary care.

This, together with expanding all those medical school spots, will result in 98% of Ontarians having access to a primary care provider. But we’re not stopping there.

As a result of the failed Liberal and NDP policies, too many Ontarians were having to wait too long for appointments or surgery, having to travel too far to access care, or spending too much time navigating the health care system.

One year ago, our government introduced Your Health, a comprehensive plan to make bold and innovative, creative changes to strengthen all aspects of our health care system, making it easier and more convenient for Ontarians to connect to care closer to home. We’re already starting to see the results.

Ontario has the shortest surgical wait times in all of Canada.

Almost 18,000 people have received their cataract surgery at community surgical centres just between April and December of last year, 2023. That's 18,000 people who can get back to work, can read to their grandchildren, can go about their daily lives, who otherwise would be on a wait-list.

The pandemic backlog for cervical cancer screening was eliminated by last August.

We're continuing to make progress in improving mental health care, opening eight new youth wellness hubs over the past year, with 22 hubs launched since 2020, that are connecting more than 43,000 youth and families to mental health services, primary care and more.

We're getting shovels in the ground for over 50 hospital developments that will add over 3,000 new hospital beds to the 3,500 beds that we have built since 2020—building more beds in just four years than the Liberals did in 14.

While the NDP sat idly by as the Liberals fired 1,600 nurses, this government has added more than 80,000 nurses in Ontario since 2018. In fact, 2023 was another record year for nurses, with more than 17,000 nurses registering to work in Ontario and another 30,000 nursing students studying at Ontario's colleges and universities.

We've also added over 12,500 new doctors since 2018, and we are listening to our front-line doctors—our family doctors—about the challenges that they are facing. That's why we're working very closely with the Ontario Medical Association to eliminate duplicate and outdated forms so that doctors can focus more time on their patients and less time on needless paperwork. In fact, my colleague and parliamentary assistant to the Minister of Health MPP Gallagher Murphy and I already toured the province—I think that was almost a year ago now—meeting with primary care providers across the province to hear from them about the administrative burden that they are dealing with and to discuss proposed solutions.

**1350**

But we've done even more. We've allowed pharmacists to treat and prescribe medications for 19 common medical ailments, and this program has been an enormous success. Last year, pharmacists completed over 800,000 assessments at over 4,500 pharmacies across all of Ontario. That initiative alone has resulted in hundreds of thousands of fewer visits to doctors' offices, which also relieves pressures on family doctors and our entire health care system.

We currently lead the country with 90% of people connected to a regular primary care provider, and we have added hundreds of medical residency positions specifically for family doctors across the province.

But while we're pleased with the progress, we know that there's a lot more work to do to close the gap for people in Ontario not connected to primary care.

Just last month, we made a historic announcement. Minister Jones was joined by Dr. Jane Philpott, the Ontario College of Family Physicians, the Ontario Medical Association, the Ontario Hospital Association, the Registered Nurses' Association of Ontario, and the Alliance for Healthier Communities—all of them came together for

this historic announcement of \$110 million connecting more than 300,000 people to primary care teams, the very kind of teams that the member for Nickel Belt said are the best kind of primary care. That's the kind of teams we announced, adding over 400 new primary care providers—by the way, the job postings for those are up—as part of our 78 new and expanded interprofessional primary care teams. These teams consist of family doctors, nurse practitioners, registered and practical nurses and more—dietitians, social workers; whatever is useful for that community, they will have in their allied interprofessional primary care team, and they'll be able to get better service that way. And that's what I was talking about—about focusing on delivering more patient care by hiring more care providers, and less on the other stuff. These teams, as I said, have all of this stuff in them.

In Peterborough, which was one of the places I visited for consultations with primary care doctors, they got new funding, and it will allow the newly established Peterborough Community Health Centre to connect more than 11,000 people to primary care.

This announcement also included the innovative proposal in Kingston, the Periwinkle proposal, where an investment of \$4 million will help up to 10,000 people connect to team-based primary care.

And I had the great pleasure of joining my colleague the member from Brantford–Brant to announce the government's investment of over \$3.8 million to connect approximately 14,000 patients in Brantford, Brant, Six Nations and surrounding communities to a primary health care provider.

Almost daily, our government has been announcing investments in communities across the province to connect more people to primary care:

- in Lanark–Frontenac–Kingston, more than 13,000 people will be connected to primary care;

- an additional 4,000 in Bruce–Grey–Owen Sound;

- 6,600 residents in Leeds–Grenville; and

- many more people in Thunder Bay and Essex and across the province; I've got a whole list of them here, which we could go through one by one. Let's see—

*Interjection.*

**Mrs. Robin Martin:** Let's do it? Okay. How about Couchiching, which is getting an estimated 10,000 patients attached? And there's Wellfort Community Health Services in Brampton, Bramalea and Malton, which is attaching 7,200 patients.

**Mr. Anthony Leardi:** How about Essex county?

**Mrs. Robin Martin:** Essex county. I just said Essex, didn't I?

*Interjection.*

**Mrs. Robin Martin:** That's what I mean. There are great announcements everywhere. Really, there are pages of announcements, which is just wonderful because all of these people are going to get more primary care in their area. That's what this is all about—providing more care to more people.

So we're really not going to stop, as a government, until everyone who wants to have a primary care provider can

connect to one. That's why we put out this great announcement recently.

And I trust that everyone in this Legislature will support our upcoming budget to ensure that this important work of attaching more Ontarians to more patient care, more interprofessional primary care teams can continue.

Together with these historic investments to expand medical school spots and breaking down barriers so highly skilled, internationally trained doctors can practise finally in Ontario, we will connect up to 98% of Ontarians to primary care.

This is a great system. I think that the international doctors and getting them qualified to practise is such an important initiative. We've been talking about it for 30 years, but it doesn't get done. But this government is getting it done, removing those barriers and making sure that internationally trained doctors can also practise here in a timely way.

While the NDP and Liberals continue to be opposed to innovation and fight us at every turn, our government is working hand in hand with our health care partners to take bold action to provide more people with the right care in the right place in every corner of the province.

I would like to read a few quotes about our primary care expansion. This one is from Dr. Jane Philpott, former Liberal health minister, dean of Queen's health sciences. She said, "This funding announcement"—this was in February—"is great news for the people of Ontario. We know that provinces built with strong systems of primary care will offer people the best health outcomes, at the most affordable public cost, providing care that is both equitable and accessible. Today's news moves us one big step closer to the dream of ensuring that every person in Ontario will have a primary care home." That's a great quote from Dr. Philpott.

Another quote, from Dr. Andrew Park, president of the Ontario Medical Association: "Family doctors are the foundation of our health care system. Every Ontarian, no matter where they live, should have access to a doctor and a well-coordinated health care team supporting them when and where they need it. This is an important step towards that goal."

Kimberly Moran, the Ontario Medical Association CEO, said, "The OMA has been advocating for increased investments in teams to improve access to care and ensure doctors and health professions are able to do what they do best, care for patients. There are benefits to team-based care for both patients and providers so our goal is to get every Ontarian access. This announcement to triple the original funding plan is a significant move in the right direction."

And how about Dr. Doris Grinspun? She said, "The expansion of primary care, and—in particular the enhanced utilization of NP expertise alongside RN prescribing—will unlock timely, safe and quality care for Ontarians. Better care and health outcomes also lead to lower system costs—a win for Ontarians as patients and as taxpayers. We are pleased that the government is demonstrating commitment to publicly funded, team-based

primary care, which will begin transforming the health system for all and especially for marginalized and vulnerable populations." Thank you, Dr. Grinspun, for that.

Here's a quote from Anthony Dale, president and CEO of the Ontario Hospital Association: "The Ontario Hospital Association thanks the government of Ontario for making new investments in primary health care teams, which will improve access to high-quality primary care and address some of the capacity pressures on hospitals by keeping more Ontarians well and less likely to require hospitalization."

**1400**

Another quote I can offer is from the Ontario College of Family Physicians. I think my friends mentioned the Ontario College of Family Physicians—the president, Dr. Mekalai Kumanan. The quote is: "Today's announcement to expand and grow access to teams of health care providers will ensure that more Ontarians can get the right care, from the right provider, while adding needed support for family doctors. The Ontario College of Family Physicians has been advocating for expanded team-based care in this province, and today's announcement is a positive step forward. We look forward to continuing to work with the Ontario government to ensure that every Ontarian has access to a family physician."

Dr. Matt Anderson, president and CEO of Ontario Health, said, "Increasing and expanding interprofessional primary care teams will provide more people access to primary care, which is critical for a stable and high-functioning health system. This expansion is an important step in advancing our goal of a more connected and coordinated" health care system.

Sarah Hobbs, the CEO of Alliance for Healthier Communities, said, "The announcement made today by the government of Ontario is historic. The expansion of interprofessional team-based care is a critical step to addressing access to primary health care and realizing the government's vision of connected and convenient care. This is an important step towards positioning primary health care as the foundation of the health system. We are thrilled with the investment in a new community health centre in Peterborough and the new Periwinkle-Union Street team, as we know these primary health care models will provide much needed care to people who face the most barriers to access. We want to thank the government for the increased operational support for existing teams. This helps our members keep the doors open for their communities, by ensuring they can pay the rent, and keep the lights on."

Here's a quote from Dr. Michelle Acorn and Barbara Bailey, CEO and president of the Nurse Practitioners' Association of Ontario: "The Nurse Practitioners' Association of Ontario (NPAO) is thrilled by the recent announcement from the Ontario Ministry of Health regarding the allocation of additional funding towards expanding interprofessional primary care and existing programs. This is a significant investment that will support nurse practitioners, as integral health care team members, in ensuring Ontarians receive the high-quality, timely care



they deserve. NPAO looks forward to continuing to work with the Ministry of Health to advance our shared goals of comprehensive and accessible health care delivery.”

It just goes on. Let me do a couple of more, and then we’ll stop.

The CEO of the Association of Family Health Teams of Ontario, Leslie Sorensen, said, “We commend the government of Ontario for further investing in inter-professional team-based primary care across Ontario. These projects are going to be critical to ensure more Ontarians have access to primary care teams that can provide the wraparound services we know result in better outcomes and faster access to care. This is an important step in building upon the comprehensive programs offered through team-based primary care and expanding these teams as the foundation of Ontario’s health care system.”

Caroline Lidstone-Jones, CEO of Indigenous Primary Health Care Council, said, “This is a great step in the right direction, and we are thankful for the investment into the integrated primary health care sector. By targeting underserved groups and areas, this historic investment will help tackle issues around access to interprofessional primary care and the IPHCC looks forward to partnering with new and existing agencies. We are also thrilled that this investment includes supports for operational facilities and supplies, and most importantly includes provisions for culturally appropriate care provided by Indigenous traditional practitioners.”

Let me do one more quote. The chair of the Nurse Practitioner-Led Clinic Association, Teresa Wetselaar, said, “On behalf of the Nurse Practitioner-Led Clinic Association, I extend heartfelt gratitude to the provincial government for their visionary commitment to primary care. The allocation of \$90 million towards the expansion of interprofessional care teams is a testament of their dedication to fostering comprehensive, patient-centred care. This commitment will reduce barriers for underserved communities and improve access for unattached patients, particularly those in marginalized or vulnerable populations. Additionally, the wise decision to invest an additional \$20 million in supporting the operational pressures faced by existing primary care teams exemplifies a deep understanding of the challenges our primary health care teams navigate daily. This significant financial support not only empowers us to broaden the reach of collaborative care but also fortifies the foundations of our existing teams. I commend the provincial government for prioritizing the well-being of our communities. Together, we are charting a course towards a more resilient, inclusive, and connected health care system.”

Thank you for indulging me to go through some of those great quotes from some of our health care partners about our interprofessional primary care team announcement, which we know is a historic announcement that is going to change the face of health care in Ontario and make sure that more people have access to primary care. It’s the largest expansion of interprofessional primary care teams since they were created, and it’s a huge boost for the Ontario primary care system.

After years of neglect, as I said at the beginning of my speech, by the Liberals and the NDP supporting each other, I know that every member of this Legislature wants to see investment in the health care system which builds a more connected and convenient system.

But if the members of the New Democratic Party across the way, the opposition, really want to show support for primary care, there really is a great opportunity to do that: by voting for our government’s historic expansion of primary care that we announced earlier this year. I certainly hope that they will show their support by voting for this continued expansion in the upcoming budget, because for primary care—for health care, really, across Ontario—it’s under the government of Premier Ford that we’re getting it done.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mr. Sol Mamakwa:** It’s an honour to be able to speak on this opposition motion on primary care.

Last month, I was at the NAN—Nishnawbe Aski Nation—chiefs’ assembly meeting. One of the things that they talked about was that the First Nations in NAN territory in northern Ontario—49 First Nations—continue to experience an ongoing and worsening state of access to quality health care, including emergency health services. There’s limited accountability within the health care system. First Nations are in a state of perpetual crisis, which is demonstrated by sudden deaths of children. We have child suicide pacts and other preventable deaths that are happening.

I know that primary care, in general, and family medicine, in particular, are definitely in crisis. It is on the lips of family doctors, and they desperately need high-level leadership and policy focus to prevent things from collapsing.

One of the physicians I spoke to earlier said that many of his contemporaries who have started family practices or have taken them over—either they have already gotten out in favour of other things or are desperately trying to get out. One of the things that he said about this motion is that providing more administrative support is definitely part of the solution and would definitely make it more appealing to go into family medicine, and he said that this motion is great in that regard.

**1410**

Listening to the member across the way—thank you for those comments. Thank you for not even mentioning Kiiwetinoong. Thank you for letting us know that oppression still continues in Ontario.

Thank you to this government for letting me know, letting First Nations people know, that colonialism by way of health care still exists.

In the north, we have to change a sickness system into a primary care system—because currently, it is sickness care, because the only time the system responds is when our people are dying and when our people are sick. Meegwetch.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**M. Guy Bourgouin:** Ça me fait plaisir de parler sur la motion qui a été faite par notre chef. Mais je veux remercier aussi mon collègue parce qu'il a parlé beaucoup de quoi mon comté—vous savez, dans mon comté aussi, il y a beaucoup de Premières Nations dans la baie James qui vivent les mêmes situations. Fait que, je veux le remercier pour amener sa perspective, qui nous donne une chance de parler d'autres perspectives qui se passent dans le nord de l'Ontario.

Je veux vous parler de la communauté de Hearst. Ils viennent d'apprendre qu'ils viennent de perdre leur troisième médecin. Les médecins, ils prennent leur retraite pourquoi? Justement, pour la paperasse qu'ils sont obligés de remplir. Ils n'en sont plus capables. Ils sont après de faire des « burnouts ». Ils sont sur le bord du « burnout », et on a un gouvernement qui est tellement déconnecté, qui dit que ça va tellement bien dans la province. Je m'excuse—qu'ils partent de leur tour d'ivoire et qu'ils viennent faire un tour chez nous, qu'ils viennent faire un tour à Sudbury. On l'entend partout, de toutes les régions, comme c'est là. On parle de toutes les régions en Ontario. Ce n'est que sur le bord du gouvernement que ça va bien. Il y a quelqu'un qui est déconnecté ici, puis pas à peu près.

J'ai près de 70 % de la communauté de 5 000 personnes à Hearst qui n'ont pas de médecin de famille. Ils sont obligés de voyager juste pour aller voir un docteur pour les yeux, un oculiste—trois heures pour aller voir un oculiste parce qu'il n'y en a pas dans la région. Il y en a, mais ils sont débordés. On n'a pas de médecins. Ils sont obligés d'aller dans les urgences. Quand ils ne sont pas capables, ils sont obligés de se déplacer. Où est-ce que ça fait du sens, ça?

On est dans la même province que vous autres. On mérite les mêmes services que vous autres. Vous êtes tellement déconnectés que vous n'êtes même pas capables de voir ça. Et on a des communautés comme Hearst qui souffrent parce qu'il y a du monde qui a besoin de médecins de famille.

Pourquoi est-ce qu'ils disent qu'ils prennent leur retraite? Ils sont sur le bord de tomber et il n'y a pas personne, puis encore bien plus quand on est francophone; on a encore moins de médecins.

On est doublement touché avec ça, madame la Présidente, et on a un gouvernement qui se pète les bretelles, comme on vient d'entendre. Ça n'a aucun sens. On a du monde qui a besoin des médecins de famille. On a une motion qu'on propose qui fait du sens. Supportez-la parce qu'il y a du monde dans le nord de l'Ontario qui a besoin de médecins. Vous êtes capables de faire des bonnes choses : supportez notre motion.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**MPP Jill Andrew:** Speaker, 2.3 million people in Ontario do not have a family doctor. That's 2.3 million Ontarians who cannot access the basic humane right of seeing someone whose expertise is in taking care of sick people. Many of those 2.3 million people have ended up on the doorsteps of our already understaffed, underfunded and overburdened emergency rooms—some of which

have experienced shutdowns under this Conservative government due to its ongoing health care privatization scheme.

The goal should be to keep people out of ERs as much as possible, for as long as possible, but to do that, people need access to family doctors, so they can manage their physical and mental health needs. Statistics show that those without access to primary care are more likely to receive late diagnoses, which directly impacts both short- and long-term health outcomes. Without family doctors, if you need a specialist appointment, good luck on that journey, because you're out of luck.

Every Ontarian deserves access to care. I say this as an MPP representing my community of St. Paul's, I say this as a family member of folks in my own family who don't have family doctors, and for many in this community—and many are racialized, let me tell you that. Many are in communities that are already underserved; many are rural; many are northern.

Today, we, the Ontario NDP official opposition, are giving this government yet another opportunity to help patients, to put them first. We are giving this Conservative government a solution to help our doctors get back to what they do best, that is, seeing patients, not having to fill out 19 hours a week of necessary, critical administrative work and paperwork. Help patients access more doctors by reducing the amount of time doctors spend on administrative work. That's what we're asking, Speaker. Help patients access more doctors by reducing the amount of time doctors spend on administrative work.

We are calling on this government to invest in administrative support staff and integrated health teams. By doing so today, we can add the equivalent of 2,000 more family doctors here in Ontario and help up to two million additional Ontarians get the help they need.

This should not be a partisan issue, Speaker. Saving lives should be about humanity. The NDP has put forth a solution. The government has the opportunity today to save people's lives. Will the government accept our proposal today? Yes or no?

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Ms. Bhutla Karpoche:** High-quality primary care is the foundation of a health care system. Primary care through family doctors is the first point of access and interaction with our health care system for the majority of people. Having access to primary care through a family doctor consistently leads to improved health outcomes. It prevents minor ailments from turning serious. It can prevent and manage chronic problems, as one of the main functions of primary care is disease prevention and health promotion. Through that it reduces the burden on hospitals, as it results in fewer emergency department visits and hospitalizations.

Having a family doctor also allows for follow-up care once a patient has been discharged from a hospital. Primary care is the first line of defence and we cannot underestimate how essential primary care is to ensuring that the rest of the health care system works.

Investing in primary care provides substantial savings to the province's finances. Some 2.2 million Ontarians do not have a family doctor right now and according to the Ontario Medical Association, that is going to increase to 4.4 million people in just two years, of course unless significant action is taken.

What action can be taken? It's not that hard to figure out. Family doctors will tell you exactly what needs to be done. Listen to the practitioners. There are several changes that need to be made. The NDP motion today is one step and it's an important one, because it is a solution that results in help quickly while we also work on longer-term solutions.

The Ontario College of Family Physicians estimates almost half of a family doctor's work week is taken up by paperwork. By providing the appropriate administrative supports, we can increase a doctor's capacity for patient care. This is a simple solution. It frees up time for current doctors to take on more people as their patients, simply by hiring staff to take on the administrative portion of the doctor's work.

We're calling on the Conservatives to support this proposal that can and will make a difference in the lives of millions of Ontarians without a family doctor.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

1420

**Ms. Chandra Pasma:** There are 165,000 people in Ottawa, Speaker, who do not have a family doctor or a primary health care provider, and I hear on a weekly basis from these patients who are desperate, who are frustrated and, in some cases, scared. These are people who have nowhere to go for basic, routine health care, who have no one to ask the question to when they find a lump or something disturbing, who have nowhere to go just to get a prescription renewed.

Our emergency rooms in Ottawa are packed, and yet this government is cutting funding to the Queensway Carleton Hospital for emergency care so that, come April, there will be 10 fewer physician hours in the ER every single day. People do not want to go to the Queensway Carleton for basic health care, but they are desperate. So desperate that when the South Keys Health Center opened up and told people they could have health care for \$400 a day, plus \$75 for each visit, there were 2,000 people on the wait-list for this care. Appletree is able to charge \$110 for a pap test and then another \$110 to get the results of that pap test. ReVive health care in Kanata is charging \$600 for primary health care, and there are people in Ottawa who are so desperate for care that they are willing to pay these prices.

This is the government that said nobody would have to pay with their credit card, and yet here are people in Ottawa having to pay with their credit card for the most basic of health care.

Then, last week, we learned that there are some incredibly unsavory operators operating in this field, where there is no health regulation and people have no idea who is providing this care that they are paying for.

The government could address this crisis today, stop the exploitation, stop putting people at risk, if they adopted the NDP motion, which would provide an additional 19 hours a week of administrative support for doctors and provide primary care for two million people, which would include the 165,000 people in Ottawa.

I urge the members on the government side to vote today to put a stop to this exploitation and provide people with the primary care that they deserve.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mr. Wayne Gates:** I'm going to start, actually, by addressing what MPP Martin had said, because she attacked the NDP and their record going back over 30 years ago. What she failed to mention is that under the Harris government they laid off 6,000 nurses and closed 26 hospitals. That's exactly what happened. Then, following that, they ended up coming from that side of the House to this side of the House as the official opposition. You know what? For 15 years, their entire accomplishments could be put on the back of a postage stamp. That's the reality of that.

I want to talk real quickly, because I don't get a lot of time here, about Fort Erie and the fact that I held a town hall meeting in Fort Erie where we had 400 residents. You know what they were arguing about? They were arguing about keeping the urgent care centre open 24/7, like they should be when you've got 40,000 residents. A lot of them are seniors, a lot of them don't have public transit, and do you know what they need? They need a doctor. Think about this.

What I did: I went to the Premier and I said, "We need to keep our urgent care centre open in Fort Erie." You know what he said to me? "You know what we need"—I forget what he called me. He might have called me Gatesy. I'm not sure what he called—he might have called me other names. At the end of the day, you know what he said? "We need doctors."

Well, here we have today a motion that's going to get you close to 2,000 doctors. Why don't you listen to the motion, support the motion, and then I can get my urgent care centre open 24/7, like it should always be open, to save lives?

That's what this is about. It's about getting a doctor, but it's about saving lives. What's one person's life worth in the province of Ontario?

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mrs. Jennifer (Jennie) Stevens:** I stand to debate this motion with the knowledge that in Niagara alone 73,000 residents—seniors, young families, everyone—are in search of a family doctor, an increase of 20,000 in just nine months. How can we, as stewards of this province, say we are addressing the emergency room crisis or even claim to mend the gaping wound of primary care scarcity when our primary care providers like Niagara's family health teams have not seen a base funding increase in over a decade? That means when the government invariably kicks up dirt, points their fingers and says that the problem is out of their

control or is inherited. Refusing to increase base funding for the very primary care providers that are in crisis is not about making different choices about Ontario's health care. It is about choosing to recklessly and dangerously ignore Ontario's health care.

Our primary care providers are the unsung heroes. When I sat down with our family health teams in Niagara, I saw a committed staff calling out for a supportive primary care system. The message was very crystal clear. They need, we need an urgent strategy to bolster our workforce, allowing these dedicated professionals to focus on treating patients, not paperwork. This is not just about numbers; it's about people—people suffering because our system fails to prioritize their most basic health needs.

We must act, not tomorrow, not next year, but now. To invest in primary care is to invest in the heart of our communities. Let's give our family health teams the support they deserve. Let's build a better and healthier Ontario for all residents.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**M<sup>me</sup> Dawn Gallagher Murphy:** I am happy to rise today in the House to build on the remarks from my colleague the MPP for Eglinton–Lawrence, to share with this House how our government is leading the way to strengthen primary care in every corner of our province for years to come.

We greatly appreciate the leadership and dedication of Ontario's primary care providers to improving the quality of life, health and well-being of Ontario families. The work of the primary care sector does not go unnoticed. Primary care is an integral part of our health care system, meeting the different needs of our diverse communities and populations, including in many northern and rural communities, and providing care to some of our most vulnerable residents. It helps to preserve the capacity of our emergency departments and hospitals, while also building important connections with other key services that Ontarians rely on, such as home and community care or mental health and addictions supports.

Now, unlike the NDP and the Liberals, our government, under the leadership of Premier Ford and Minister Jones, is working hard to support primary care across this great province of ours. And while progress has been made, we know there's more to be done. That's why, just last month, Minister Jones announced a record investment of \$110 million to expand access to primary care in every corner of the province.

I would like to highlight that, of that \$110 million, \$20 million of that is for an increase to our existing primary care providers. I do know that the member from St. Catharines just made note in her speech that they have not received an increase. Speaker, I reiterate: \$20 million of that \$110 million is an increase for the existing primary care.

Now, this funding will connect up to 328,000 Ontarians to the care that they need closer to home. I was delighted to participate in the announcement in York–Simcoe that

our government's \$1.4 million will support an additional 2,700 patients.

**1430**

Speaker, I'd like to speak about that announcement that I had attended, because it was interesting, as my colleague the other parliamentary assistant to the Minister of Health noted. We were attending various round tables with primary care providers, starting back last May. My first round table was in my own community of Newmarket–Aurora—in fact, with the Aurora Newmarket Family Health Team. It was wonderful, sitting down and chatting with them about what they felt our government could perhaps help with so that they can spend more time with their patients. One of the things I heard was, obviously, the burden of paperwork. The other thing was about multidisciplinary teams: how well they work together by having the primary care provider, a nurse practitioner, nurses, social work, dietitians, physiotherapy. It was truly the multidisciplinary team that came together, that provided that great service to their patients.

I bring this up because when I attended the announcement for York–Simcoe, after the announcement, one of the members of the Aurora Newmarket Family Health Team came up to me and she thanked me. She said, "Thank you, Dawn. Your government is listening, and we appreciate this announcement. I said, "I am so happy that we are able to spend that time with our primary care providers, listening to them, because they are the ones who are providing that great care for the patients," and that's what we are doing, and that's what this announcement was all about. I thank her for coming up to me after that announcement.

Now, as well, Speaker, we witnessed—I witnessed, and some of my colleagues witnessed—a great excitement in Brampton just this past Friday, when we announced their community expansion. WellFort CHS is receiving over \$2.7 million, and they will be able to connect over 7,000 patients. As well—and I'm happy to say about this one; I was very excited—Homeless Health Peel is receiving over \$1.6 million to connect more than 1,600.

Why I'd like to talk about Homeless Health Peel is because I met with the director, who's a nurse practitioner, and he led this group that came out of COVID-19. I'm very excited about this program, because I remember approximately maybe a year ago—just under a year ago—I met with him a couple of times. Clinton is his name, and he does such great work. They are mobile. They are going into homes, dealing with our most vulnerable population, our homeless population, ensuring that they are cared for, and they started this journey in COVID-19.

Well, Speaker, I am proud of our government, because now, with that funding, they are going to be able to help connect more than 1,600 people. I'm proud of our government for doing that, and thank you, Clinton and your entire team, for what you're doing for the great people of Peel region.

In Simcoe North, 20,000 people will be connected to primary care, over 8,700 in the Waterloo region and 5,000 in Parry Sound–Muskoka. Following our government's

announcement of an almost \$6-million investment in northeastern Ontario communities like Timmins, Porcupine and James Bay, Katherine Harvey, the interim executive director and a registered nurse from the East End Family Health Team in Timmins, had this to say: “It gives us hope for a bright future for health care in Ontario. I actually could cry.”

And this good news is continuing in Niagara, Elgin county, Listowel-Wingham, Northumberland county and so many more communities.

In Ontario and around the world, health care systems are continuing to face challenges and our government continues to actively engage with our health care partners to identify solutions to respond to these challenges. Through our Your Health plan introduced last year, we are taking bold action and making health care more connected and convenient. This is to improve the health care experience for all Ontarians at every stage of life.

Speaker, I would like to highlight some of the funding and the number of patients that will be connected through this primary care funding that we announced in February. The member from the opposition spoke about First Nations. I'd like to highlight a few of the fundings for our First Nations:

—Weeneebayko Area Health Authority in Moosonee and James Bay coast: Over \$900,000, and it will connect 2,275 patients;

—I'd also like to mention right here in Toronto, Anishnawbe Health Toronto: A mobile unit expansion; they will be connecting 570 patients;

—I'd also like to speak to the Wasauksing First Nation in Parry Sound: with their expansion, 400 more patients;

—I mentioned Weeneebayko Area Health Authority already, but it's actually double the funding, so it's actually well over a million dollars and 4,450 patients for care.

Speaker, I could go on:

—Six Nations of the Grand River Family Health Team, and that's at Six Nations of the Grand River: more than \$1,250,000; that will connect 2,275 patients;

—SOAHAC Newbury in the Newbury area: 800 patients;

—SOAHAC Chippewa in Muncey: 570 patients will be connected;

—Six Nations of the Grand River family health, with over \$600,000 and 1,140 patients.

This is great to see these numbers.

Speaker, to improve the health care experience for all Ontarians at every stage of life, our government recognizes the need for an integrated approach—one that uses the knowledge, skill and expertise of many dedicated health care professionals. We are continuing to collaborate with partners to connect communities to the services they need close to home, no matter where they live.

Ensuring continued engagement with the primary care sector remains critically important to us to inform broader health system priorities from a primary care clinician's perspective.

Our government is working with our health care partners to tackle the administrative burden on physicians through the bilateral Burnout Task Force, by improving the OMA-endorsed priority government forms. Our work has significantly accelerated work to simplify forms, and we look forward to sharing the improvements that have been made in the near future.

**1440**

Our government has also launched an initiative called Patients Before Paperwork. This is to further tackle the administrative burden on physicians while reducing the risk of delays in diagnosis and treatment.

In our Your Health plan, we outlined our plan to axe the fax, replacing outdated fax machines with digital alternatives. Yes, it's hard to believe that fax machines are still used, but they are. To give some perspective, a 2022 provincial survey of health care providers found that there are an estimated 152 million faxes across Ontario's health care settings in a single year, including 71 million paper-based faxes and around 81 million e-faxes being sent between health care providers.

Other initiatives we have launched through Patients Before Paperwork include an e-referral service to allow the electronic referral of patients from primary care to specialty care.

Speaker, these are the things we heard about when we attended these primary care round tables. They talked about the need to ensure that they can reach out and get that referral for their patient. I heard it consistently through each of the round tables. One of the biggest stresses for a primary care provider is that they want to refer their patient to that specialty care sooner than later, because they know the faster the diagnosis, the better the outcome. These are the things that we're working on to ensure that we answer the need of our primary care providers so that we can connect them to the right referral at the right time, so that patients can get that diagnosis sooner, because we know they will have better outcomes.

We're also working on an e-referral service to allow primary care providers to send lab requisitions electronically, covering all labs in the province, compared to the current system in place, with a minority of labs connected.

The provincial health services directory is the development of a single-source directory for health care services in Ontario, so that health care providers and patients can have access to up-to-date, reliable and accurate information about the services provided by individual health care providers across the province. Our forms initiative further enhances provider access to administrative forms. They are standardized and available from point-of-care systems. Digitalization and standardization of forms streamlines form management and delivery while making the practice less burdensome for providers, while improving data quality and information-sharing. I think this point right there is extremely important because, again, this is something I heard throughout the round tables with our primary care providers. They really spoke about how we need to use advanced tools, that we are in the 21st century. Why are

we using these faxes? How can we become more digitally inclined? Some are doing more than others, but we need consistency.

I want to reiterate this point: Digitalization and standardization of forms streamlines form management and delivery—that's not so much with support staff; that's using tools that people can use in this modern-age world while making the practice less burdensome for providers, while improving data quality. That is a critical component as well—the quality of that data that is being used and the information for sharing purposes. And why? For the benefit of that patient.

A number of eForm approaches exist, including provincial administrative forms being integrated into EMRs, locally hosted forms in EMRs, and the SADIE portal that is used by providers to submit electronic forms to the Ministry of Health.

Patients Before Paperwork would develop an eForms governance model and form integration standards, identify a technical delivery platform that can be broadly leveraged across HSP point-of-care systems for consumption of eForms, and roll out eForms on the common platform so various point-of-care systems can consume, exchange and disseminate form content with intended partners, replacing the ad hoc paper forms. This is going to be amazing, and we know it's going to solve a lot of the challenges with our primary care providers. This work will be aligned with the Ministry of Health and the OMA forms committee work to streamline and rationalize existing, high-volume, high-burden forms. Early priorities for form integration with EMRs and other front-line provider solutions will be directly informed by this work.

We look forward to continuing to connect with and engage our primary care partners as progress is made toward delivering more integrated and sustainable primary care services to all Ontarians.

Speaker, before I continue, I thought this would be a good point to talk a bit more about the announcement I attended in Brampton this past Friday. Listening to the words of the executive director as she informed me about some of the work that they are doing with their primary care, how they're working, thinking outside of the box, and how they're supporting their community members—not just there at the CHS, but going out into the community. I think this is where the Homeless Health Peel also came in—because they are right there, out at different shelters, going in there to provide the primary care.

I also think back to the announcement I attended in Georgina for that care expansion. It was so exciting to see all the people who participated. You had the paramedics. There was the region. You had the primary care providers. You had Southlake health attending. You had CMHA participating, from the mental health and addictions perspective. You had the nurse practitioners there as well. There are so many different parts because they knew—they said, “This is exciting. This is what we need, because we know the primary team approach is exactly what we need.” And that, as I said earlier—connecting more than

2,700 patients right there in the Keswick and Georgina area.

Speaker, back to the health report manager: This sub-work stream would introduce service improvements to the HRM, which sends reports from acute-care hospitals to community providers like primary care to inform care transitions.

A number of issues have been raised, particularly by receiving facilities—that how reports are received can be a fragmented and administratively overwhelming experience. Ontario Health has conducted a third-party assessment of HRM and has identified key areas of improvements to the HRM so that the noise in the receiving EMR can be eliminated.

#### 1450

Patients Before Paperwork would bring focus to these areas, including standardization of reports from sending facilities, a more stringent approach to how EMR and other point-of-care systems present reports to the clinical user, and migration of the service to the clinical data foundations platform at Ontario Health to better serve the clinical communities by enabling capability to choose what reports are relevant and to be received via publication and subscription.

I would also like to speak to—parce que je sais bien que notre collègue a mentionné les patients francophones, je voudrais bien remarquer le Centre de Santé Univi Health Centre qui est à Sudbury district, French River. Ils ont reçu plus de 617 000 \$, et il y aura 2 275 patients qui vont recevoir des soins.

Aussi, encore, le Centre de santé communautaire de Kapuskasing et région—c'est le Kapuskasing Family Health Team. Il y a une nouvelle équipe maintenant là. Ils sont à Kapuskasing et ils ont reçu plus de 355 000 \$ et il y aura 2 600 patients qui vont recevoir des soins aussi.

Une autre expansion, c'est, encore, le Centre de Santé Univi Health Centre, qui est à French River : plus que 300 000 \$. Il y aura 2 400 patients qui vont recevoir des soins là-bas.

Aussi, à Chapleau, le Chapleau and District Family Health Team : il y a une expansion là-bas. Je suis tellement contente de vous dire, madame la Présidente, qu'ils vont recevoir 180 000 \$ et il y aura 2 200 patients qui vont recevoir des soins.

Alors, je suis tellement contente qu'on a des expansions pour nos gens francophones, parce qu'on sait bien qu'on a une grande population francophone ici en Ontario. Donc, je suis tellement fière de notre gouvernement de faire ces expansions-là.

To ensure our government's exciting work to strengthen primary care can continue, I trust all members in this House will be voting to support the upcoming budget—

**Mr. Sam Oosterhoff:** Absolutely.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you—to signal their support to this very, very important sector, if not the most important sector, our health care sector, and to all Ontarians that primary care is a top priority in the province.

All Ontarians deserve to receive health care that is responsive to their needs, regardless of where they live or who they are. And our government will continue to support better, more connected, and inclusive patient-centred care for everyone. This is why I hope that the opposition will indeed show their support for our primary care investments. I just spoke about so many from my riding, to a variety of ridings—Brampton to all over northern Ontario, other locations, even downtown Toronto, mobile expansions. This is why I hope the opposition will show their support for our primary care investments—because those who were at these announcements are expressing their appreciation for these expansions, because they know these expansions and these investments are making and will make a difference.

If the opposition members truly believe in investing in our primary care, then they should show their support by voting for the upcoming budget.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Ms. Jessica Bell:** I'm proud to stand in here in support of this very practical motion to provide additional administrative support for doctors so they can focus their time and their talent and their skills on providing patient care. We estimate an investment in administrative support could enable doctors to take on approximately two million more patients. It is a very practical solution that we are presenting today.

In my riding, we have a primary care provider and family doctor shortage.

I recently met with staff and patients from the Taddle Creek Family Health Team. They represent over 25,000 people; they have over 25,000 patients. The doctors told me that they spend easily 20 hours a week on administration, faxing forms, filling in paperwork, referring patients to multiple specialists as there is no centralized wait-list.

The Taddle Creek executive member was telling me that they have many vacant positions that they cannot fill—nurses, pharmacists, social workers. They also told me that people are leaving because they are not paid enough and they can get higher-paying jobs elsewhere. They have made a request to this government to raise wages for staff to comparable wages in the hospital sector, and it was rejected, and as a result, doctors and staff are leaving. This is the family health team that just had one doctor go to a private executive health clinic where it now costs \$5,000 a year to access that medical clinic and get basic primary care. That is a shame, and that should not be happening in Ontario today.

When people are left without a family doctor, their health is at risk. Some people will get sicker. Some people will end up in the emergency room. Some people will needlessly die. I do not think this is right.

I believe this government is driving our primary health care system into the ground.

Our health care system depends on people having a primary care provider—it is the backbone—who can

perform physicals, prescribe medication, do referrals and consistently manage non-urgent and preventive care.

Residents should not have to go down to the emergency room to get a prescription for antibiotics because there is nowhere else for them to go. That is happening in University–Rosedale today. It is a shame.

We are calling on this government to fix the family doctor shortage and the primary care crisis because everyone in Ontario should have access to good primary care that works for them, regardless of their age or ethnicity, or where they live, or their income.

We have presented a practical solution today to provide additional administrative support to doctors so they can expand the number of patients they can see and do the job that they do well to more people.

I am urging this government to support our motion today and fix our primary care provider shortage.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Ms. Jennifer K. French:** Most people listen to their doctors. People trust their advice and do what they are told that they need to do. That said, that is not happening when it comes to this government and sound medical advice. This government hasn't been listening to doctors, which is why we are here today debating a practical solution proposed by the Ontario NDP to help more doctors to see more patients.

**1500**

The lines for walk-in clinics start well before they open and wrap around buildings. People need care, but they can't find it. Nicole in Oshawa has a family doctor in Scarborough, but she can't get off that roster to free up space for a local patient, because then she won't have a doctor. Frank moved here from out of province and hops from clinic to clinic to get important prescriptions renewed. Newcomers and new neighbours try to figure out waiting rooms without English or a primary care provider. Folks need access to medical care, and they need family doctors.

The Oshawa Clinic is moving to Whitby imminently, and we don't know what will become of their patients if they can't travel and follow them.

Some 2.3 million Ontarians do not have a family doctor. The NDP has a solution that will get people access to the doctors we have today by freeing them up to see additional patients. Doctors are tied up with paperwork and are unable to see as many patients as they otherwise could if they had support with the workload. We have listened to our doctors, and we're proposing that the province hire staff support to free up family doctors, and we're proposing that the province hire staff soon. We could take an additional estimated two million more patients—the doctors can handle up to two million additional patients if we did something now. This still won't solve all the ills of the system. We need more doctors in the system and more doctors to go into family medicine. We still need family doctors in communities where there aren't any. But where there are doctors, we want them to be able to work to their full capacity.

Hire staff support to handle the paperwork, so doctors can handle the patient work. There is no time to waste, because as we know, an ounce of prevention is a worth a pound of cure. We want a healthier system so we can have healthier communities. We need to do something today to support the family doctors of tomorrow.

Today, we can support this motion to ensure more patients have access to the doctors we currently have. This motion is just what the doctor ordered, and I hope this government will follow good advice.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mr. Jeff Burch:** I'm proud to rise today to speak in support of this motion to address the doctor shortage crisis in Ontario by providing more administrative support, freeing up Ontario's doctors to take on tens of thousands more patients.

Currently, 73,000 people in the Niagara region do not have a family doctor, a sharp increase from 53,000 in 2023. This is not sustainable. What's worse, this number is expected to explode to over 140,000 in Niagara by 2026. Welland has around four family physicians per 10,000 people, the lowest ratio in the region. Port Colborne has a population of about 20,000; roughly 10,000—half of them—are without a family doctor and rely on the urgent care centre, which is slated to close, as their primary point of health care.

Dr. Ahmed, a family physician from Niagara, spoke with the media recently and said, "I looked at the numbers ... and I was saddened but not shocked." Several factors are driving the increasing shortage, she said, and they include an increased administrative burden "that has been foisted upon us by the powers that be," as well as compensation that is not keeping up with inflation, "so physicians are struggling to keep their doors open." Ahmed said family doctors spend an average of 19 hours per week, more than two full days' work, in Niagara on administrative work.

Speaker, this government should support our common-sense motion to invest in administrative staff and integrated care options, which would unlock more time for doctors to care for thousands of patients in Niagara and across Ontario who are desperate for a family doctor right now.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**MPP Lise Vaugeois:** I rise to support our motion to free up doctors from their administrative burdens. It's an important opportunity.

In the north, where I live, accessing primary health care, or accessing any health care whatsoever, is often a challenge—we are at about 45,000 people in Thunder Bay who don't have access to primary health care.

We know that the Ontario Medical Association named administrative support as one of their key asks, so we think that needs to happen.

Now, nurse practitioners: I want to talk a little bit about that, because the NDP actually started them, and they've been a fantastic model of team-based work. The problem

is, there aren't enough positions for nurse practitioners, and they're leaving the province, they're going to the United States, or, in some cases, they're joining for-profit clinics, which is exactly what has happened in Thunder Bay. The moment Bill 60 dropped, we got a for-profit clinic. It started at \$100, now it's \$200, now it's \$400 a year.

I've just heard from health care teams in the region, and they're saying they're much worse off than they were two years ago. The OMA also notes that patients in the north experience persistent inequities in the care they receive and in their health outcomes.

Then we have the Northern Health Travel Grant, which this government voted against. All we were asking for was a review, and yet the member from Kenora, the member from Thunder Bay—Atikokan, along with the rest of the government, voted against it. Where's the money? Well, we know that the cataract clinic in Kingston is getting 56% more than public clinics for the same work.

I'd just like to close by reading something here. Krystal Shapland said that she was initially seeing a nurse practitioner but had to stop once the practice started charging fees higher than she could afford. She now has been diagnosed with cancer and is only able to go to walk-in clinics because she can't afford to pay for the for-profit clinic that's now available. She says she believes the government is deliberately underfunding primary care and feels all but the healthiest patients will become casualties of a failing primary care system.

To close, I don't know that everybody knows, but the ask from health services across the province was \$700 million; the government gave out \$90 million. There's a lot of money that's going into private health care. If it wasn't going there, it could be going to support publicly funded primary health care that we need right now.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**MPP Jamie West:** I'm very proud to rise in support of the opposition motion brought forward by NDP leader Marit Stiles. The fact is there are 2.2 million people in Ontario who do not have family doctors; about 32,000 where I live.

The Ontario College of Family Physicians talks about an exodus of physicians from family medicine. Some are retiring in their seventies and eighties, some are dying because of their age, but many of them are leaving the practice, and they're predicting about 65% will leave in the next five years.

The Ontario Medical Association, when they were in Queen's Park meeting with all of us from all parties, very clearly said that physicians who are in family practice are telling students, "Don't get into this field. The administrative burden is too much. It is too much." Some 2.2 million Ontarians without a family doctor—these doctors are spending 19 hours a week doing paperwork. You think of a 40-hour work week, that's half your work week doing paperwork.

How do you solve this? You follow up what we're doing in this opposition day motion. You provide more



people doing administration work to help the doctors. It gets them out of the backrooms and the offices where they're typing and working on forms that are mandatory, and doing actual medical work. The result of that is equal to 2,000 new doctors—2,000 new doctors out of thin air. That's two million more patients being seen. Perhaps when you do that, when you make it a job people would like to do, to actually do medical work, people who are in the medical field will want to become family practitioners as well.

This is an amazing idea, a great idea, a supportable idea. We look forward to the Conservatives joining us for many more of our good ideas.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Mr. Chris Glover:** This government is bankrupting our hospitals and they're creating a crisis in our public health care system in order to privatize it. If you want to see a health care professional in Ontario, well, you can see a nurse practitioner at the South Keys Health Center in Ottawa and just pay \$400 for the first visit. Or you can go online to Maple, a virtual care app that charges \$70 for a visit.

This government is undermining our public health care system and creating a two-tier system, and the victims of this are the 2.3 million Ontarians who do not have a family doctor. That number is growing; by 2026, it will be four million patients who do not have a family doctor.

This government refuses to take simple measures so, today, our leader Marit Stiles has proposed a simple solution to address some of this problem. I've met with family physicians, I've met with medical students, and they say the reason that people don't want to go into family practice is because they end up spending 20 hours a week—40% of their work time—filling out paperwork.

The solution proposed by Marit Stiles that we'll be voting on today and which the government has said that they're going to be voting against is simply to hire administrators to do the paperwork so that doctors can see patients. This simple solution would free up the equivalent of adding an additional 2,000 doctors to our system.

1510

In my riding of Spadina–Fort York, we've lost two walk-in clinics and seven doctors in Chinatown, and thousands and thousands of patients are affected. I'll give you just a couple of examples:

Ye is an elderly woman in the riding. She was dizzy and could not sleep for four days, so she went to a pharmacy and asked for meds, but there were no more refills. Then she went to the emergency. She waited in emergency room for seven hours, but she couldn't get the prescription because she doesn't speak English.

Amanjeev, another resident, says, "I have experienced US health care, and there is nothing amazing about it. Public health is needed to make sure there is equitable health care access for everyone. And funding this public health care system means that nurses and doctors who got into this profession to help actually" can do it without burning out.

The simple solution that we are proposing today and that I'm asking the government to support is to hire administrators so that family physicians can see patients.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate.

**Ms. Peggy Sattler:** This morning I shared the stories of Gloria and Susan, just two of the more than 65,000 Londoners who do not have access to primary care. In her response, the minister talked about the expanded family health team in Elgin, which will help about 1,200 of those 65,000 patients. This is completely inadequate to deal with the scale of the problem and frankly insulting to people in my community, who deserve to see a family doctor in London.

My office gets calls daily from people desperate to find a family doctor or nurse practitioner. Often, they haven't seen a primary care provider in years. The only solution this government offers is to register with Health Care Connect and then wait indefinitely without ever hearing back about a doctor accepting new patients.

With burnout the number one issue facing family doctors in Ontario, more and more doctors are retiring without a replacement, leaving more and more people without care. When people don't get the care they need, they are forced to rely on walk-in clinics that book up as soon as they open. They wait hours at St. Joe's urgent care or have to go to one of our overwhelmed emergency rooms.

Speaker, this government's tiny expansion of team-based care was described by one family doctor as about as helpful as an umbrella in a hurricane.

This is an all-hands-on-deck situation, which is why the NDP has put forward this motion. We are calling on the government to invest in the number of family health teams we actually need in Ontario. We are urging an investment in administrative staff to help reduce the paperwork burden that consumes about 40% of a family doctor's time—time that could be spent seeing patients instead. Support this motion.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate.

**Ms. Sandy Shaw:** We here in the official opposition NDP believe everyone deserves a family doctor. We believe the people in Kiiwetinoong deserve a family doctor. Les gens à Hearst méritent un médecin.

The 2.3 million people in Ontario who are being denied access to the basic right of primary health care—they deserve a family physician.

There has been a 66% increase in the number of children and teens with no family doctor, and that's shocking. Sixty thousand people in Hamilton right now have no family doctor, and that number is scheduled to double in two years.

I'd like to talk about a constituent, Kathy Archer, who shared her heartbreaking story. She's a senior living in Hamilton who hasn't had a family physician in over five years. She has multiple chronic conditions, and she said, without a family physician, "I'm begging for help ... I don't want to die."

Without a family physician, people miss out on life-saving preventive screenings to catch deadly cancers early. Undiagnosed heart diseases like Afib—we know that they go unchecked. Some 300,000 people right now are on a waiting list for a mammogram. I would just like to say, I welcomed grandchild number eight, and I can't imagine, without access—

*Interjection.*

**Ms. Sandy Shaw:** Exactly—to maternal health care, prenatal, postnatal, what that would be like for a new mom and a new family. But instead of seeing patients, overloaded physicians are drowning in endless, endless paperwork, and we've talked about that here—all the stories.

Access to primary care is the bedrock of our health care, but as we have been describing here, it's in crisis. If you listened to the government side, you would think everything is fine and rosy. But here we listen to people, and we know that people are struggling without access to family doctors.

What we are proposing here today is a very clear, very practical solution that this government could pass, and you could implement that today. We are proposing that you invest in administrative staff so that we can unlock more time for doctors to take on an additional two million patients.

Instead of rereading endless talking points, we call on this government to act with urgency. Pass this motion and save lives. Pass this motion and end the pain and suffering of so many that don't have access to doctors—2.3 million Ontarians. Pass this motion and join us in saying that everyone in Ontario deserves a family doctor.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Further debate?

**Ms. Marit Stiles:** Thank you so much to my colleagues from the official opposition. Our proposal is the equivalent of introducing 2,000 new doctors in the province of Ontario tomorrow to see two million more patients. What could possibly be wrong with this?

Listening to the government members opposite address this motion, I felt a little bit like Alice down the rabbit hole. But there's no waking up from this nightmare. We've listened to Liberal and Conservative governments over so many years—the last 20, 30 years—with half measures and cuts. Let's just call the Liberal and Conservative governments Tweedledee and Tweedledum for the purposes of this argument. Nothing has been adequate and the writing has been on the wall all of that time.

Six years into this government's mandate I would urge them to do something for the people of Ontario, listen to the 2.2 million Ontarians who do not have a family doctor, listen to the voices of Ontarians who are saying, "Please, do something right now." We are serving you up a solution. You are not approaching this with the urgency that it requires.

If this motion were to pass—and we are forcing a vote on this this afternoon—again, 2,000 more doctors—the equivalent—two million more Ontarians could actually see primary care delivered immediately. It would relieve the administrative burden on family physicians. It will get

patients the access they need and then relieve the pressure on our emergency rooms. You have a choice to make. Make the right one today. Vote in favour of this motion.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** MPP Stiles has moved opposition day motion number 2. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed will please say "nay."

In my opinion, the nays have it.

Call in the members. This is a 10-minute bell.

*The division bells rang from 1518 to 1528.*

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** Members will please take their seats.

Ms. Stiles has moved opposition day number 2.

All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

#### Ayes

Andrew, Jill	Gélinas, France	Pasma, Chandra
Armstrong, Teresa J.	Glover, Chris	Rakocevic, Tom
Bell, Jessica	Gretzky, Lisa	Sattler, Peggy
Blais, Stephen	Harden, Joel	Schreiner, Mike
Bourgouin, Guy	Hazell, Andrea	Shaw, Sandy
Bowman, Stephanie	Hsu, Ted	Stevens, Jennifer (Jennie)
Burch, Jeff	Jama, Sarah	Stiles, Marit
Clancy, Aislinn	Karpoche, Bhutla	Tabuns, Peter
Fraser, John	Mamakwa, Sol	Vanthof, John
French, Jennifer K.	McCrimmon, Karen	Vaugeois, Lise
Gates, Wayne	McMahon, Mary-Margaret	West, Jamie

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

#### Nays

Anand, Deepak	Grewal, Hardeep Singh	Rae, Matthew
Babikian, Aris	Hardeman, Ernie	Rickford, Greg
Bailey, Robert	Harris, Mike	Riddell, Brian
Barnes, Patrice	Hogarth, Christine	Romano, Ross
Bethlenfalvy, Peter	Holland, Kevin	Sabawy, Sheref
Bouma, Will	Jones, Trevor	Sandhu, Amarjot
Bresee, Ric	Jordan, John	Sarkaria, Prabmeet Singh
Byers, Rick	Kanapathi, Logan	Sarrazin, Stéphane
Calandra, Paul	Kerzner, Michael S.	Saunderson, Brian
Cho, Raymond Sung Joon	Khanjin, Andrea	Scott, Laurie
Cho, Stan	Kusendova-Bashta, Natalia	Skelly, Donna
Clark, Steve	Leardi, Anthony	Smith, Dave
Coe, Lorne	Lecce, Stephen	Smith, David
Crawford, Stephen	Lumsden, Neil	Smith, Graydon
Cuzzetto, Rudy	MacLeod, Lisa	Smith, Laura
Dixon, Jess	Martin, Robin	Smith, Todd
Dowie, Andrew	McCarthy, Todd J.	Thanigasalam, Vijay
Downey, Doug	McGregor, Graham	Thompson, Lisa M.
Dunlop, Jill	Oosterhoff, Sam	Tibollo, Michael A.
Flack, Rob	Pang, Billy	Triantafilopoulos, Effie J.
Ford, Michael D.	Piccini, David	Wai, Daisy
Gallagher Murphy, Dawn	Pierre, Natalie	Williams, Charmaine A.
Ghamari, Goldie	Pirie, George	Yakabuski, John

**The Clerk of the Assembly (Mr. Trevor Day):** The ayes are 33; the nays are 69.

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** I declare the motion lost.

*Motion negated.*

**The Acting Speaker (M<sup>me</sup> Lucille Collard):** I'll give a moment to the members to move if they need to before calling orders of the day.

## ORDERS OF THE DAY

### WORKING FOR WORKERS FOUR ACT, 2024

#### LOI DE 2024 VISANT À OEUVRER POUR LES TRAVAILLEURS, QUATRE

Resuming the debate adjourned on March 18, 2024, on the motion for third reading of the following bill:

Bill 149, An Act to amend various statutes with respect to employment and labour and other matters / Projet de loi 149, Loi modifiant diverses lois en ce qui concerne l'emploi, le travail et d'autres questions.

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

**Mr. John Fraser:** I'm pleased today to be able to speak to Bill 149, the Working for Workers Four Act. I'll get into it a bit later, but Working for Workers Four Act is like most movie sequels: By the time they get to the fourth sequel, you realize that they're losing the plot.

Here's what's good in the bill: There are good little snippets and scenes, and one of them is—okay, well, they're making sure that the pay periods for digital workers are regular and that they're regulated. That's a good thing. The problem is we're not really addressing the problems that face gig workers. I said earlier today in questions, deliveries and transporting people, like a taxi does, are not new jobs. It's just that corporations have found a different way to employ people on contract so they're kind of contract employees.

So here's the thing: If we think it's just going to be deliveries and taxis, transporting people, it's not. The way our economy is changing is going to create more opportunities for people to take advantage of people, and that's the thing that we need to address. That's what's missing in this bill. That's what I mean when I say I think it's lost the plot.

You go to the second part of the bill, where they are looking at the Employment Standards Act. Including the trial period as a pay period for workers is a good thing to do, no question—long overdue. It should have been done a long time ago.

Banning advertising of a Canadian requirement is a good thing.

**Hon. David Piccini:** How come you didn't do it when you were in office?

**Mr. John Fraser:** Well, I'm just saying it's a good thing, Minister. I just said it was a good thing. But here's the thing: It doesn't prevent it from being a screening tool. There are good things in this bill. I'm going to support this bill, but I'm not going to not talk about the things that I think we need to address, the things that I think could be in the plot.

Ensuring that employees aren't penalized for dine-and-dash or gas-and-dash, or for customers that take advantage of service employees by not paying the bill: That's a good thing. That's a good reason to support this bill.

The tipping stuff is good as well, too. What I would like to see—and it's not in this act—is that it's not just enough to retain this and to post it for employees, but it's also important that customers know. How many of us go almost everywhere now and we get asked for a tip electronically? I tip because I think it's the right thing to do, but we don't know—and maybe this isn't a labour thing—it's probably not; it should be a consumer thing. How come we don't know where that tip goes? It will be a challenge to enforce this. I think if employers had to post the tipping policy where people were making tips, that would be a good thing—again, maybe not necessarily a labour thing, but it would be a good consumer thing that would help employees.

Now, on pay transparency: We did have a Pay Transparency Act here in Ontario. It was passed in 2018. It should have been enacted in November 2018, but the government put an indeterminate pause on that. They're never going to enact it—it's not going to happen—and the measures that are included here are not nearly what's needed to ensure gender pay equity. We heard the member from Sudbury talking about that this morning. Even some people looked at the bill in 2018 and said it could have been stronger. That's something that should be in the plot. That's something we've been talking about for a long time, for decades, here in Ontario, and we can't seem to get there. Why is that?

Now, the fair access to regulated professions and compulsory trades: I think that's the thing in this bill that's most compelling to me. It gives me more of a reason to vote for the bill. It's a good thing. It has been something that, again, for decades and decades and decades, we've been trying to work with regulated professions to make sure that people would have access; that the people who come to this country and were trained somewhere else and have skills—that their skills would be recognized and somehow we would, if we needed to, help them upgrade those skills, not just because we should do it, but just because it's the right thing to do. It's the human thing to do. It's morally the right thing to do. Somebody else paid to make sure that person got those skills—somewhere else, another jurisdiction. It's just good economic sense to do it, and that's why I think this is another measure that's going to help this. It's something that governments of all stripes have struggled with for decades, so I want to congratulate the minister on this being put in the bill.

The WSIB changes, especially with regard to presumption for esophageal cancers: again, a good thing. The question that did come up at committee, and I think it's fair, is that wildland firefighters are not included. Why is that? Why is there a difference? The interesting thing is, wildland firefighters are not organized, generally, and they earn between \$16 to \$19 an hour. So they're taking a risk that's maybe the same, maybe greater, but it's in the same ballpark; they're getting paid less, and we're not covering

them. Why is that? I hope, in the questions and answers, that somebody can explain to me why we're not doing that, why there's a hesitation, why they need to wait longer. It would only be fair.

**1540**

We have workplace safety insurance in this province to make sure that people's backs are covered. Some good things have happened with it in terms of managing the risk and making sure that premiums recognized the risk in the work. There's a lot of good work that has been done over the last number of years, but the piece that's missing is that we haven't expanded coverage. We should actually be trying to get more people covered. That's what insurance companies do. But this is a different kind of insurance company. It's the people's insurance company, for the people, and employers pay into it and governments of all stripes have maintained workplace safety insurance. We should be trying to make sure that more people are covered, and that's why the wildland firefighters should be covered. They don't make a lot of money. They take a lot of risks. I would hope that will come up in the questions and answers, sometime in this debate, because I really don't understand why not.

I mentioned this this morning, as well: I have a private member's bill, and I've talked to the minister about this and I've talked to the previous minister, and they were both very positive about it. It's a bill that ensures that people doing the same job and taking the same risks should have the same coverage, even if their employer is different. Many of you may not know, but if you work in a retirement home, whether you work as a PSW or another worker in that home, the work is very similar in terms of risk profile for people who are working in long-term care. Well, people who are working in long-term care are covered by WSIB. They're covered. That's the law. It's a schedule 1 employer.

But at some point, retirement homes were no longer a schedule 1 employer. Although you've got the same number of people, the same kind of work and the same kind of risks, they don't have to be covered. It's optional. Here's the problem: Most insurance will cover you for your job, that one job that you have. Many workers in retirement homes have three different jobs. If they're covered by WSIB and they get injured, they get paid for all their jobs. If they get injured at one of the retirement homes they work at, they get paid for that one job and not the other two. That's not fair. People taking the same risks with the same people doing the same things should not be covered differently because their employer is different. They should not be excluded because their employer is different. It's about the work; it's about the risks that they take. That's what insurance is all about, and I'm encouraged by the fact that both ministers have said to me that it's something that they're looking at.

We have to do it for many of these workers—these PSWs and developmental service workers—because it applies to them too. If you are in a group home, that's a contract—you don't have to be covered. But if you are in a provincial youth offender facility or a provincial facility

that provides assistance to the developmentally disabled, you're covered. It's not fair that these people aren't covered. Most of these workers are women, racialized, working three jobs. They've been working for a long time. They're afraid to report injuries, because they can't lose the income. They work with injuries because they won't get covered for the other two jobs. They take big risks. There are people taking exactly the same risks that are working for a different employer—the province of Ontario or a long-term-care corporation—and they're covered. They have to be covered.

So I'm going to support this bill; there are good things in it. But when it comes to WSIB, I think we need to get back to the plot—and that's where we have an insurance program, so that workers will be protected in the event that they become injured at work, and so that their families will be taken care of. We're taking really good care of some people—and some, not at all. I think that's the thing that I would like to see in the Working for Workers Act 5—that we look towards coverage for wildland firefighters, that we look towards coverage for PSWs and developmental service workers who aren't covered right now just simply because they've got the wrong employer.

In closing, to reiterate, I think when we get to the Working for Workers Act 5, there are some things we need to address, like expanding coverage of WSIB for workers who aren't covered, who should be covered, making sure that when it comes to the gender pay gap that we actually put some measures in that are going to make sure that we address that.

We have a bill that's still sitting on the books, not enacted, and the government can choose to enact it. It can choose to take some of the measures, add more measures—I think that's a fair and reasonable expectation to have of the kind of things that we need to do to actually work for workers.

I thank you for your time.

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

**Mr. Sam Oosterhoff:** My thanks to the member for Ottawa South for his participation today in debate.

I'm glad to hear that the member is going to be supporting this legislation. He's correct that this is an iterative process. I for one have no doubt that we will see a Working for Workers Act 5 come at some point in this chamber, and I think that does speak to our commitment to that iterative process of getting ideas. I know, under the leadership of the minister and the Premier—they've shown a willingness to listen to those ideas.

I know that the member opposite, as we are now in government, has served in government as well. I'm wondering if he ever brought forward the idea of super-indexing WSIB benefits when he was serving in government. I know it's something that we've heard a lot of support for. It's something that I know, hearing from those who are living with the—

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

**Mr. Sam Oosterhoff:** —they're grateful for. I'm wondering if he ever suggested that in the past.

**Mr. John Fraser:** I would hope that maybe I'll get an explanation of super-indexing and why we need it. Why is it something that's undefined about—"We'll give more than the cost of living." I think it's because we're having a debate of what the cost of living is. There's a dispute between a couple of parties as to what WSIB should be paying out. That's probably what it is. I'm not saying it's a bad thing, but I'm saying it's oversold. I think what's happening now is, it has become oversold. And what we really should be focusing on is expanding coverage—wildland firefighters, PSWs, DSWs. I brought that forward with the bill with regard to PSWs and DSWs. I've done it five times—five times—and debated it twice. I did it while we were in government, and I'm just going to continue to push it because I think it's the right thing to do and we need to do it.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question.

**Ms. Sandy Shaw:** I want to go back to the issue of pay transparency and pay equity. They were coming up on the anniversary of Equal Pay Day, April 16—and that day represents how far into the next year women have to work to earn what the average man earns in the previous year. So we have a long way to go when it comes to closing the gender gap, and this bill does not help in any way.

In fact, I would like to say that the Equal Pay Coalition had this to say at committee—and you were at committee: "Bill 149 does not advance these protections" for women. "It leaves women vulnerable to employers lowballing their pay while the fig leaf of Bill 149 shields their actual discriminatory pay practices from view."

So I also would like to know why this government has not enacted the legislation or why this government thinks that women don't see that this is simply just fluff when it comes to their real need to increase their real earnings to put real food on the table for their real children in this province.

**Mr. John Fraser:** Well, I wish could answer that question. I don't have an answer for why it hasn't happened. There's a piece of legislation that just needs to be enacted. If there are problems with that piece of legislation, the government can address that. Some would even say that measure in 2018—I know there were people at the time who weren't satisfied with how far we went, so I don't think it's that threatening a bill. I'm not sure why. Maybe the government will have to answer that, because I don't understand why.

1550

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. Joel Harden:** Thank you to my neighbour for those remarks.

I was listening intently when you were talking about people who are not covered by this bill. You've been a champion for PSWs and DSWs, and I respect you for that.

I'm wondering if you could also talk about the gig workers who continue to be left behind by what I would

call window-dressing legislation. What these folks are are workers. They wake up in the morning; they strap something on their back, if they're delivering food; they drive cars for ride-sharing services; they show up for work; they do their job. But interestingly, they're only paid for engaged time—when someone is in their car. The DoorDash deliverer is massively, massively underpaid for the actual work that person does with their e-bike, if they use an e-bike. I'm wondering if you could, my friend, please explain the unfairness of that situation and why this bill should be addressing that.

**Mr. John Fraser:** I think—the member puts it quite succinctly—what's happening right now is just the beginning; it's just the start. It's just the low-hanging fruit—deliveries, taxis. It's going to go through our economy, and it's going to be our sons and daughters and our grandsons and granddaughters who are going to have to work in a situation where there are two classes of workers. That's just going to expand. One class of worker will have more rights than another. That's what's happening right now.

I just think that we have to be looking at what's going to happen 10 years from now, 20 years from now. How are we going to address that? How are we going to make sure that there's a proper balance between employers and employees? I know that's important to people in here. We all want to make sure that our families, our neighbours, our friends are treated fairly. I just think that we've got to address it, and we haven't done that so far.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mr. Sam Oosterhoff:** I appreciate the member opposite.

I want to go back a little bit to my question earlier and perhaps change to another subject.

Part of the regulatory changes that came under the Working for Workers Four package included the addition of a number of different poisonings, actually, to the Workplace Safety and Insurance Act; namely, chlorine, ammonia and hydrogen sulphide poisonings. This is now part of the presumed work-related occupational diseases that are under this part of the legislation. I think it's important. I have no doubt at all that the member opposite has support for this particular part of the legislation—to add some of these areas for presumptive coverage.

My question is—he's saying, "You're starting, but you're not going very far. It's a step in the right direction, but that's about it." How come they never brought forward any of these changes? They were there for 15 years.

Why couldn't you make all these changes that you think are so wonderful and need to happen today?

**Mr. John Fraser:** The member should remember when presumptive diseases came in for firefighters—I think it was in the last government. With all due respect, I don't need lessons on presumptive illnesses and bringing that forward.

**Mr. Sam Oosterhoff:** It's pretty presumptuous.

**Mr. John Fraser:** It's presumptuous of me, yes.

Here's what I'm trying to say: There are people—wildland firefighters, PSWs, DSWs—who aren't covered by WSIB. There are 13% or 14% of WSIB cases that are extremely difficult and challenging, and people are waiting and they're suffering. Maybe, instead of super-indexing, we should be investing in that. That's what I'm trying to say. It's about the people.

The super-indexing? I understand why we're doing it: because there's a dispute, and it gives the government flexibility. But it's not like it's going to be something that's a bonus to workers. What the bonus should be is more people being covered.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Mrs. Lisa Gretzky:** We heard the government side stand up time and time again, talking about our record with the Liberals.

I just want to remind the member from Niagara West that, actually, your party was the official opposition under a Liberal government for 15 years.

I want to remind everybody in the House and anybody watching at home—do you know when the Conservatives supported the Liberals the most? It's when it came to anti-worker legislation like Bill 115, where we saw a mass protest across the province. The Conservatives supported the Liberals on that. The Conservatives don't believe in anti-scab legislation.

So I want to ask the member from Ottawa South: Why do you think it is that the Conservative government will not pass anti-scab labour legislation?

**Mr. John Fraser:** Well, here's why: They froze the minimum wage—the smallest thing they could do for people.

Oh, by the way, on Bill 115: I think I did a large mea culpa on that last year. I'll do it again. But that was a mistake and—

*Interjection.*

**Mr. John Fraser:** Well, they didn't catch the mistake and ended up doing it anyway. And then there's the “notwithstanding” clause, and on and on and on.

My point in this whole debate is, there needs to be more coverage of people, more people being covered with WSIB. We need to address people who are suffering because their cases are complex. There are people who, pre-1988 or -1985, are stuck getting only so much money. It's not a huge amount of people. Collectively, together, we have to address those things. I think that it's really important for us to do that.

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

**Mr. Sam Oosterhoff:** I'm very pleased to be able to rise today to speak to Working for Workers Four. I'm grateful for the opportunity to share my perspectives on this legislation, on behalf of the good people of Niagara West, especially those in my constituency who have reached out and shared their support for many aspects of this legislation, and those who have shared their support for Premier Ford and various Ministers of Labour, Immigration, Training and Skills Development, who have

brought forward measures to support the hard-working families and the workers of the province of Ontario.

I think back to my time door-knocking in the last provincial election. I had the opportunity, when I was in Beamsville, a very beautiful town in my riding, in Lincoln—I was going up to a door that I remembered distinctly from my by-election. I try to knock on every door in my riding at least once between elections, and then also I go out during the election—between elections, more to get a sense of people when they're not as engaged in what's happening and just to kind of feel where they're at. I remembered that that had been a bit of a negative door, but I thought, “Do you know what? Here we are. It's six years later. I'm going to give it another shot and see. Perhaps this fellow”—and it was a vague memory that it hadn't been the most positive interaction. I had come forward and said, “Will you be supporting me?” “No, I'm not a PC.” Okay. That's all right. “That's the beauty of a democracy” is usually my response to people who say that they're not going to be voting for us.

I walked up to the door and there was a fellow—I could see him coming out of his work truck. He looked over at me. He had a lot of paint on his outfit, and he had just come home from work. I think it was about quarter to 5, if my memory is correct, on a Thursday. He said, “Sam, I remember you. You came here four years ago.” I said, “Well, it was six years ago.” He said, “Do you know what? I'm going to vote for you guys this time.” I said, “Oh, are you?” And he said, “Yes, I'm a member of the painters' union, and painters know that Doug Ford is building things in Ontario, and Doug Ford supports painters and workers in Niagara.” And I said, “Well, thank you very much. Can I put up a lawn sign?” He paused and said, “Well, I don't know if I'm there yet.” So I walked away, and we door-knocked for a little more. There were about seven or eight of us, I think, in that subdivision. About 45 minutes later, I heard someone—“Sam, never mind. You can put up the lawn sign.”

So it's just a little story, but I think it speaks to the understanding that the people of Ontario and the people in my riding of Niagara West, the hard-working men and women who go out every day in so many different aspects of our economy, who work hard to put food on their table—not just to put food on their table, but to put something away for a rainy day, to put something away for their children's university education or perhaps skilled trades school. They believe in our government because they see that we are taking action and that we're not just using words.

I think that today's legislation is a part of that legacy that we are building here as Progressive Conservatives, as the government of Ontario that has now brought forward not one, not two, not three, but four pieces of omnibus legislation—really quite substantial and weighty pieces of legislation—that are adding protections for the working men, the working women of Ontario, to ensure that they are getting the respect that they deserve; that bad actors, bad employers, those who will not respect the rights of workers, those who will not step forward to ensure that

they are being treated with dignity and respect in the workplace and outside of it, won't get away with that in the province of Ontario.

1600

So I'm very grateful to be able to speak to this legislation and share a little bit about some of the benefits that this legislation is going to be bringing forward. There are a number of different pieces to it, and I think the key take-away is that we want to ensure that workers have better jobs with bigger paycheques, closer to home, and to do so in a way that is safe and that is supported by the government of Ontario and by their employers—that they are supported by those who should be there to ensure their best interest.

Speaker, one of my friends who worked for a number of years in the service industry—we were speaking a little bit about this legislation and also some legislation that came out in 2016. In 2016—credit where credit is due—we saw the former Liberal government bring forward legislation that banned the retention of tips by employers; that they were not allowed to be retaining tips and claiming that they were for employees. In some cases, you would actually pay a tip to someone who had done a really good job, assuming that it would go to that person. And my friend told me, “No, it was very common practice”—and I won't name the employer, because I know that they have changed that practice, thankfully. But they had a practice of retaining a portion of the tips, and I was shocked. The time we had this conversation about this was not that long ago. I said, “Well, how recently was this?” And this was in 2016, actually, that this had happened, before this introduction. I think that when I spoke with her, someone who worked very, very hard in the service sector, who took great pride in her work, who is now working in forensic pathology, who is doing incredible work in that field and working with various agencies to ensure that that work is happening—she said, “Yes, and the problem is, even though, now, it is illegal, there are still bad actors who will do this because workers don't always necessarily understand that it is illegal.”

It's very important, then, that as a Legislature, as a government, as members of provincial Parliament in our communities, we take a piece of legislation like this piece of legislation, Working for Workers Act 4, and use it to, again, reiterate the message that you deserve better wages, you deserve fair pay for hard work, and we are going to ensure that you are not being taken advantage of by bosses. So this legislation builds on the legacy that we've now seen some successive governments take some action on to say that workers deserve that respect. They deserve to have measures in place that will respect them and ensure that their tips are being shared in a way that is transparent, in a way that is focused on workers, and that is not creating a situation where people are being penalized for something that's not their fault.

Earlier, we heard the member for Kitchener South—Hespeler speak about when she worked in the service industry and would have an employer who told her that, well, if there was a loss, if there was a dine-and-dash, that

was on her. In the province of Ontario, we know that's not right.

So this legislation now builds on those moves to say that we also need to have transparency around what that tip-sharing practice is, to give more tools to those employees when they are in that sector, so that they don't have to wonder about whether or not something is legal or not, but they actually have it in front of them and they can read it easily; it's apparent, it's transparent, and it's something that they're able to go to in reference, perhaps in those conversations with someone who is trying to sneak around the rules or someone who doesn't even know the rules themselves. It provides a better level of support for those workers in our communities.

That's just one little piece of this legislation; there are a number of aspects to it.

I think of all of the new Canadians who have come to Niagara.

Over the past decade, we've had a massive influx of new Canadians, people who are hard-working, who believe in a better future for them and their children, but are unable to get some of the jobs that they should be able to get due to Canadian work experience requirements. So what we're seeing under this legislation are changes to that so that we don't have people using the Canadian work experience requirement as a crutch to avoid hiring people who are qualified for that position, but rather saying that no, we believe that if you have the skill set, you have the merits and you're able to do that work and do it well, all other things being equal, you shouldn't have that prevent you from being able to work in the province of Ontario.

We believe that we need to have a work-life balance in Ontario. I can't believe, actually, that here in 2024, it took us—and this is no disrespect to any of the ministers or any of those who have brought forward other pieces of legislation on this. But to have a right to disconnect, I think, is such a foundational, important aspect of so many people's lives. For ourselves as MPPs, of course, it's a little different; we are elected with the amazing responsibility and gift of being able to stay connected to people 24/7 when we're out and about, when we're in the community and also just at home. It's an expectation, and I understand that. But for most people, they go to their work, and they put in their time, and they work hard. They should be able to go home and enjoy time with family and friends—or, if they aren't able to do so, if there's an expectation that they're going to be on call, to have that clarified, to have that transparently laid out. This legislation helps ensure that we have that as well.

It's about increasing services for those who are under WSIB, ensuring that the Workplace Safety and Insurance Board is able to provide them with super-indexing, with more than just the cost-of-living increases that they already receive, to really provide them with additional supports.

There are a number of different measures in this legislation, Speaker. I only had a chance to touch on a few of them, but I wanted to add my voice in support of working for workers, because we know it's important that

every member in this chamber recognize the contributions the hard-working men and women of not just Niagara, but every corner of this province, make to our culture, to our society and to our economy, and show them with legislation like this that we have their back. So I proudly stand in support of it, and I thank you for your time this afternoon.

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

**Mr. Wayne Gates:** It's always nice to have a sort-of colleague or somebody just up the road from me in Niagara Falls stand up and talk about labour rights.

I thought I'd be pretty clear in my question to him. You raised the issue around painters. Now, it's my understanding—and what I saw in the past is that painter is a pretty hard job. A lot of painters end up getting injured on the job, and they end up having to claim WSIB. Then, because your government won't support deeming, they end up living in poverty. So my question to you is, why do you continue to vote against getting rid of deeming in the province of Ontario?

**Mr. Sam Oosterhoff:** Well, I'm glad that the member opposite spoke about the importance of the WSIB, because this is a government that has shown through this legislation once again the benefit that we understand the workers of Ontario have as individuals, as people who are deserving of value and of worth and of human dignity.

That's why, in this legislation, we're bringing forward changes to allow proposed super-indexing. It's going to allow additional indexing increases beyond the regular annual adjustment, which will empower the government to make regular or additional payments to those injured workers: those who have, through no fault of their own, gone into a setting or had an experience that caused them to now rely on this service. So it represents a significant step in delivering on our government's commitment to supporting injured workers, and it could mean up to an additional \$900 on top of cost-of-living adjustments this year alone. That's substantial funding. That's substantial money, real money, in the pockets of hard-working Ontarians, and I'm proud to support that.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question?

**Ms. Christine Hogarth:** I just want to thank the member for his speech and debate today. I guess my question talks about the labour shortage. We need more workers. We all know we need more workers, skilled workers. When I walk down the main street in my community, there are help wanted signs everywhere. We're building condos galore in Etobicoke–Lakeshore, but there are a lot of newcomers who may not have jobs. So we have a labour shortage, and there are people without jobs. How does this bill help newcomers to Canada and get them in the jobs that they need?

**Mr. Sam Oosterhoff:** A great question from an excellent member from Etobicoke–Lakeshore, someone who has been championing this issue in her community and ensuring that those who are welcomed to Etobicoke as new workers are able to not have those barriers in place—

in this case, Canadian work experience, which often becomes that barrier.

I'm reminded of a recent visit I made with the Minister of Labour, Immigration, Training and Skills Development, David Piccini, when we visited Local 837, the LIUNA local in Grimsby, and saw their new, state-of-the-art training facility that they have there. They spoke about the incredible amount of Ukrainians, actually, whom they've been able to help with the grants that they've received from this government. They've been able to provide them with workplace training. They've been able to provide them with opportunities. They're building the Ontario Line. They're helping to build the housing of tomorrow. They're helping to build the long-term-care homes that our seniors and those who are more vulnerable are living in, and they're so proud of those contributions that they're able to make so quickly after coming to this, their new home.

**1610**

I think that's a testament to the multifaceted approach that we're taking as a government to addressing the skilled trades shortages. It's not just the Canadian work experience on its own; it's also promoting more skilled trades in elementary school, providing more training opportunities through our labour partners, providing more opportunities through a number of different avenues, also working with the Ontario Youth Apprenticeship Program and recognizing that there are many steps to this. Again, it's an iterative approach that any government has to take. It's never one-and-done, and we're going to keep getting it done.

**The Acting Speaker (Ms. Bhutla Karpoche):** Next question.

**Ms. Teresa J. Armstrong:** The member was talking about—I'm sure many of us have experienced being servers in restaurants and attendants, customer service in gas stations etc. We all know that those are very important things.

The government, under schedule 2, is talking about educating workers on how employers can't withhold, deduct or require money to be returned in situations where a customer doesn't pay for their meal at a restaurant or someone doesn't pay for their gas. But the government member fails to acknowledge that under part V, the wages section, section 13, of the ESA, it's already there. That law is already there. The problem is, it's not being enforced.

Will you commit to actually enforcing schedule 2 so that workers are actually treated fairly? Because it doesn't make sense that this bill—you're promoting workers, but you're not enforcing the law so it could actually work for workers, that piece of legislation and schedule 2.

**Mr. Sam Oosterhoff:** I'm glad to provide an update to the member, and I know that the member opposite will be happy to hear that there are improvements in enforcement that are coming through. There have been a number of inspectors hired. There has been a substantial increase in the compliance officers, I believe, through the Ministry of Labour, as well, to ensure that there's not just awareness of the existing provisions and not just an enforcement of



those existing provisions, but also a strengthening of those provisions.

That's something that I believe the member opposite, who has served in this House for a number of years—many years now—has experience with, where there's perhaps a piece of legislation that technically already has something included, but it's not strengthened, it's not strong enough, it's not proactive enough, it's not responsive enough to the needs of workers, or it's not responsive enough to the changes in the economy.

And so, through this piece of legislation, we're not saying, "Well, you know, it's there. It's good enough. Off we go. It's already there. No need to touch this one. All hunky-dory over here." No, that's not what we're doing. We don't believe in good enough. We believe better is always possible, and that's what this legislation is doing, by strengthening those existing provisions, ensuring that we have properly resourced compliance and enforcement, and ensuring that workers are respected in Ontario.

**The Acting Speaker (Ms. Bhutila Karpoche):** Next question.

**Mr. Brian Saunderson:** I want to thank my colleague for his comments on this important legislation this afternoon. In my riding of Simcoe–Grey, there is a large restaurant and coffee house population, which have many employees, from the youngsters starting out with their first jobs, as two of my sons did, to those who are working more permanently in that sector. Many of the restaurants employ various tipping models, whether it be pooled, shared or some other system. I'm hoping that the member can comment: What does this bill do to protect workers in terms of tipping mechanisms?

**Mr. Sam Oosterhoff:** Thanks to the member from such a beautiful riding for participating and asking this question. I will say that I've never had the privilege of working in that type of sector; I always grew up working in trades. I did framing and landscaping, demolition, excavating—those kinds of things—when I was a teenager, just a slightly different area in terms of the work that was available to me. But I have so much respect for those who do that work.

When I go and I have a good meal or my wife and I maybe go on a date—which isn't too often anymore; with a couple of little ones at home, it becomes a little harder—we always want to leave a good tip to our server. We want to show respect for the hard work that they put in and the way that they made our evening special. When we do that, we want to ensure that they are receiving that tip. I know I've heard from those who in the past said, "Well, it's not

always clear what's happening with that tip," and it's not even clear always for the consumer, it's not clear for the employee, and it's important that it is, for the sake of transparency, across the board.

This is going to be laying out not just a flexible direct deposit option for those employees, so that they know where it's going, but also it's going to be requiring disclosure of tip-sharing policies, to enhance transparency for everyone.

**The Acting Speaker (Ms. Bhutila Karpoche):** Next question?

**Mr. Joel Harden:** A question for my friend from Niagara West: I enjoyed his comments about the work he has done, the experience he has had in those good, getting-dirt-under-your-fingernails jobs, which reminds you of what life is like for a lot of people in this province.

But I was asking the member for Ottawa South—and I know the member was paying attention—and we do have a double standard in labour law right now. We have a lot of people who get that dirt under their fingernails giving people rides all over this city in rideshare online services or delivering food, but they are not paid for all the time they're working. They're only paid for the time they actually have someone in their car.

I'm wondering if the member can reflect on that unfairness, because despite the fact that he and I may be on different sides of the political spectrum, we both agree to people's rights and their right to be compensated for their employment. Can the member comment on that absence of that in this bill, and would he advocate to have it in there?

**Mr. Sam Oosterhoff:** I will reflect on that. I think it's something that we should always be reflecting on, what we can be doing in addition to existing measures to perhaps strengthen provisions. I'm not exactly aware of all the specifics the member opposite mentions—again, not having worked in that sector—but I think it's important for all of us to spend time in reflection and consider what we can do to improve legislative measures that protect workers.

I'd be happy if the member opposite had some information he wanted to send along. I'll gladly give it a read, see what needs to be included and speak with the minister. I know he has been a strong champion for that iterative approach that says we're not going to say that this is the end, that this is the conclusion of our work to protect workers and work for them. There's always more that we can do, so I'm sure we'll have more ideas in the coming days and have more packages coming as well.

*Report continues in volume B.*







**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Edith Dumont, OOnt  
Speaker / Président de l'Assemblée législative: Hon. / L'hon. Ted Arnott  
Clerk / Greffier: Trevor Day  
Deputy Clerk / Sous-Greffière: Valerie Quioc Lim  
Clerks-at-the-Table / Greffiers parlementaires: Julia Douglas, Meghan Stenson,  
Christopher Tyrell, Wai Lam (William) Wong  
Sergeant-at-Arms / Sergent d'armes: Tim McGough

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
<b>Arnott, Hon. / L'hon. Ted (PC)</b>	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
<b>Barnes, Patrice (PC)</b>	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	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	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	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement Government House Leader / Leader parlementaire du gouvernement Minister of Legislative Affairs / Ministre des Affaires législatives
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough- Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
<b>Cho, Hon. / L'hon. Stan (PC)</b>	Willowdale	Minister of Long-Term Care / Ministre des Soins de longue durée
Clancy, Aislinn (GRN)	Kitchener Centre / Kitchener-Centre	
Clark, Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	
Coe, Lorne (PC)	Whitby	
<b>Collard, Lucille (LIB)</b>	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	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	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	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Flack, Hon. / L'hon. Rob (PC)</b>	Elgin—Middlesex—London	Associate Minister of Housing / Ministre associé du Logement
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
		Premier / Premier ministre
		Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales
<b>Ford, Hon. / L'hon. Michael D. (PC)</b>	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	
Gallagher Murphy, Dawn (PC)	Newmarket—Aurora	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hazell, Andrea (LIB)	Scarborough—Guildwood	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Jama, Sarah (IND)	Hamilton Centre / Hamilton-Centre	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Minister of Health / Ministre de la Santé
		Deputy Premier / Vice-première ministre
Jones, Trevor (PC)	Chatham-Kent—Leamington	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
<b>Karpoche, Bhutla (NDP)</b>	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première Vice-Présidente du Comité plénier de l'Assemblée législative
Ke, Vincent (IND)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
<b>Kerzner, Hon. / L'hon. Michael S. (PC)</b>	York Centre / York-Centre	Solicitor General / Solliciteur général
<b>Khanjin, Hon. / L'hon. Andrea (PC)</b>	Barrie—Innisfil	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
		Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
<b>Lumsden, Hon. / L'hon. Neil (PC)</b>	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 (IND)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
<b>McCarthy, Hon. / L'hon. Todd J. (PC)</b>	Durham	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
McCrimmon, Karen (LIB)	Kanata—Carleton	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York	
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	President of the Treasury Board / Présidente du Conseil du Trésor
		Minister of Francophone Affairs / Ministre des Affaires francophones
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Parsa, Hon. / L'hon. Michael (PC)</b>	Aurora—Oak Ridges—Richmond Hill	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
<b>Piccini, Hon. / L'hon. David (PC)</b>	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
Pierre, Natalie (PC)	Burlington	
<b>Pirie, Hon. / L'hon. George (PC)</b>	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, Kaleed (IND)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	Kenora—Rainy River	Minister of Northern Development / Ministre du Développement du Nord Minister of Indigenous Affairs / Ministre des Affaires autochtones
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	Brampton South / Brampton-Sud	Minister of Transportation / Ministre des Transports
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
<b>Skelly, Donna (PC)</b>	Flamborough—Glanbrook	Deputy Speaker / Vice-Présidente Chair of the Committee of the Whole House / Présidente du Comité plénier de l'Assemblée législative
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
<b>Smith, Hon. / L'hon. Graydon (PC)</b>	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Smith, Laura (PC)	Thornhill	
<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
<b>Tangri, Hon. / L'hon. Nina (PC)</b>	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée déléguée aux Petites Entreprises
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
<b>Thanigasalam, Hon. / L'hon Vijay (PC)</b>	Scarborough—Rouge Park	Associate Minister of Transportation / Ministre associé des Transports
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
Vaugcois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	
West, Jamie (NDP)	Sudbury	
<b>Williams, Hon. / L'hon. Charmaine A. (PC)</b>	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	Lambton—Kent—Middlesex	
Vacant	Milton	