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Mercredi
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CONTENTS / TABLE DES MATIÈRES

Wednesday 4 December 2024 / Mercredi 4 décembre 2024

ORDERS OF THE DAY / ORDRE DU JOUR

More Convenient Care Act, 2024, Bill 231, Ms. Jones / Loi de 2024 pour plus de soins commodes, projet de loi 231, Mme Jones

Mme Dawn Gallagher Murphy	10865
MPP Wayne Gates	10867
Ms. Laura Smith	10867
Ms. Sandy Shaw	10867
Mr. David Smith	10868
Mr. Joel Harden	10868
MPP Lisa Gretzky	10868
Mr. John Jordan	10871
Mr. Sol Mamakwa	10871
Ms. Laura Smith	10871
MPP Wayne Gates	10872
Mr. David Smith	10872
Mr. John Fraser	10872
Second reading debate deemed adjourned	10874

MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

Lambton Generating Station

Mr. Robert Bailey	10874
-------------------------	-------

Homelessness

Mrs. Jennifer (Jennie) Stevens	10874
--------------------------------------	-------

Lauren Manders

Mr. Matthew Rae	10874
-----------------------	-------

Climate change

Mr. Peter Tabuns	10875
------------------------	-------

Off-road vehicles

Mr. Steve Clark	10875
-----------------------	-------

Member for Hamilton Mountain

Miss Monique Taylor	10875
---------------------------	-------

Member for Mississauga East–Cooksville

Mr. Kaleed Rasheed	10876
--------------------------	-------

Holiday messages

Mrs. Robin Martin	10877
-------------------------	-------

Long-term care

Mr. Rudy Cuzzetto	10877
-------------------------	-------

Christmas parades in Lambton–Kent–Middlesex

Mr. Steve Pinsonneault	10878
------------------------------	-------

House sittings

Mr. Steve Clark	10878
-----------------------	-------

INTRODUCTION OF VISITORS / PRÉSENTATION DES VISITEUSES ET VISITEURS

Hon. Paul Calandra	10878
Mme France Gélinas	10878
Ms. Aislinn Clancy	10878
Hon. Jill Dunlop	10878
Ms. Marit Stiles	10878
Ms. Mary-Margaret McMahon	10878
Hon. Rob Flack	10878
Mr. Peter Tabuns	10879
Mrs. Karen McCrimmon	10879
Hon. Sylvia Jones	10879
Ms. Sandy Shaw	10879
Mr. Ross Romano	10879
Mr. Joel Harden	10879
Hon. Stephen Lecce	10879
Mr. Tom Rakocevic	10879
Hon. Vijay Thanigasalam	10879
Mr. John Vanthof	10879
Hon. Nolan Quinn	10879
MPP Jill Andrew	10879
Hon. Stan Cho	10879
Ms. Bhutika Karpoche	10879
Hon. Victor Fedeli	10879
Mrs. Jennifer (Jennie) Stevens	10879
Ms. Chandra Pasma	10879
MPP Lise Vaugeois	10880
Ms. Sandy Shaw	10880
Ms. Jessica Bell	10880
MPP Kristyn Wong-Tam	10880
MPP Wayne Gates	10880
MPP Jill Andrew	10880
Miss Monique Taylor	10880
MPP Lisa Gretzky	10880
Mr. Chris Glover	10880
Mrs. Jennifer (Jennie) Stevens	10880
Mme France Gélinas	10880
Mr. Sol Mamakwa	10880
The Speaker (Hon. Ted Arnott)	10880
Emergency response in Parry Sound–Muskoka	
Hon. Graydon Smith	10881

**QUESTION PERIOD /
PÉRIODE DE QUESTIONS**

Government accountability

Ms. Marit Stiles.....	10881
Mr. Amarjot Sandhu	10881

Government accountability

Ms. Marit Stiles.....	10882
Mr. Amarjot Sandhu	10882

Government advertising

Ms. Marit Stiles.....	10883
Mrs. Robin Martin.....	10883
Hon. Victor Fedeli.....	10884

Automotive industry

Ms. Laura Smith.....	10884
Hon. Victor Fedeli.....	10884

Government accountability

Ms. Jennifer K. French.....	10885
Mr. Amarjot Sandhu	10885
Mr. Chris Glover	10885

Transportation infrastructure

Mr. Aris Babikian	10885
Mr. Ric Bresee	10885

Addiction services

MPP Kristyn Wong-Tam	10886
Hon. Sylvia Jones.....	10886
MPP Lisa Gretzky.....	10886

Health care

MPP Andrea Hazell	10886
Hon. Sylvia Jones.....	10887

Forest industry / Taxation

Mr. Ross Romano	10887
Hon. Kevin Holland	10887

Government accountability

Ms. Jessica Bell.....	10888
Hon. Paul Calandra	10888

Health care

Mr. Ted Hsu.....	10889
Hon. Sylvia Jones.....	10889

Arts and cultural funding

Mr. Billy Pang.....	10889
Hon. Stan Cho.....	10889

Public transit

Mr. Joel Harden.....	10890
Hon. Nolan Quinn.....	10890

Sports and recreation facilities

Mr. Brian Riddell	10891
Hon. Neil Lumsden.....	10891

DEFERRED VOTES / VOTES DIFFÉRÉS

Community school liaison officer programs

Motion agreed to	10892
------------------------	-------

**INTRODUCTION OF VISITORS /
PRÉSENTATION DES VISITEUSES
ET VISITEURS**

Mme Lucille Collard.....	10892
Mr. Sol Mamakwa.....	10892

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

Support for Seniors and Caregivers Act, 2024, Bill 235, Ms. Kusendova-Bashta / Loi de 2024 sur le soutien aux personnes âgées et aux fournisseurs de soins, projet de loi 235, Mme Kusendova-Bashta

First reading agreed to.....	10892
Hon. Natalia Kusendova-Bashta	10892

**INTRODUCTION OF BILLS /
DÉPÔT DES PROJETS DE LOI**

Captive Wildlife Protection Act, 2024, Bill 236, Mme Collard / Loi de 2024 sur la protection des animaux sauvages en captivité, projet de loi 236, Mme Collard

First reading agreed to.....	10892
Mme Lucille Collard.....	10892

PETITIONS / PÉTITIONS

Land use planning

Ms. Sandy Shaw.....	10892
---------------------	-------

Social assistance

Mr. Joel Harden.....	10893
----------------------	-------

ORDERS OF THE DAY / ORDRE DU JOUR

Working for Workers Six Act, 2024, Bill 229, Mr. Piccini / Loi de 2024 visant à oeuvrer pour les travailleurs, six, projet de loi 229, M. Piccini

MPP Wayne Gates	10893
Ms. Laura Smith.....	10896
Mr. Joel Harden.....	10896
Mr. Rick Byers	10897
Ms. Sandy Shaw	10897
Mr. Lorne Coe.....	10897
Mme Lucille Collard	10898
Ms. Stephanie Bowman.....	10899
Mr. Rick Byers.....	10900
MPP Wayne Gates	10900
Mr. David Smith.....	10900
Mr. Joel Harden.....	10900
Mrs. Robin Martin.....	10900
MPP Wayne Gates	10901
Mr. John Yakabuski	10901

Royal assent / Sanction royale

The Deputy Speaker (Ms. Donna Skelly) 10903

Working for Workers Six Act, 2024, Bill 229,**Mr. Piccini / Loi de 2024 visant à oeuvrer pour les travailleurs, six, projet de loi 229, M. Piccini**

Mr. Joel Harden..... 10904

Mr. Robert Bailey 10904

Mr. John Vanthof..... 10904

Mr. Lorne Coe..... 10905

Ms. Sandy Shaw..... 10905

Mr. Sol Mamakwa..... 10905

MPP Jill Andrew 10907

Mr. John Jordan..... 10907

Second reading debate deemed adjourned 10908

More Convenient Care Act, 2024, Bill 231, Ms. Jones**/ Loi de 2024 pour plus de soins commodes, projet****de loi 231, Mme Jones**

Mrs. Robin Martin..... 10908

Ms. Jessica Bell..... 10911

Mr. Chris Glover 10912

Mr. Mike Schreiner..... 10914

MPP Lise Vaugeois..... 10915

Mr. John Yakabuski 10917

Mr. John Vanthof 10920

Second reading vote deferred..... 10921

**PRIVATE MEMBERS' PUBLIC BUSINESS /
AFFAIRES D'INTÉRÊT PUBLIC ÉMANANT
DES DÉPUTÉES ET DÉPUTÉS****Arts and cultural funding**

MPP Jill Andrew 10921

Mr. Anthony Leardi..... 10923

Ms. Bhutila Karpoche 10924

Mme Lucille Collard 10924

Mr. John Jordan..... 10925

Mr. Chris Glover 10926

MPP Lise Vaugeois..... 10926

Mr. Joel Harden..... 10926

MPP Kristyn Wong-Tam 10927

Mme France Gélinas 10927

MPP Jill Andrew 10927

Vote deferred..... 10928

LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 4 December 2024

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 4 décembre 2024

The House met at 0900.

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

Prayers.

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

ORDERS OF THE DAY

MORE CONVENIENT CARE ACT, 2024

LOI DE 2024 POUR PLUS DE SOINS COMMUNES

Resuming the debate adjourned on December 3, 2024, on the motion for second reading of the following bill:

Bill 231, An Act to enact or amend various Acts related to health care / *Projet de loi 231, Loi visant à édicter ou à modifier diverses lois en ce qui concerne les soins de santé.*

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

M^{me} Dawn Gallagher Murphy: I am pleased to be back here today and to rise and to speak to our province's plan to provide Ontarians with the publicly funded care that will help build healthier communities and strengthen the province's health care workforce today and into the future. These are transformative initiatives our government is advancing to build a system that ensures accessible, high-quality care, while modernizing our health care system.

Today's health care priorities are guided by a single principle: creating a patient-centred system that delivers the right care in the right place at the right time.

Through bold investments and innovative legislation like the More Convenient Care Act, 2024, we are breaking barriers and laying the groundwork for a stronger and more resilient health care system—one that meets the needs of today's Ontarians and prepares us for the challenges of tomorrow.

Other legislative and regulatory changes being proposed in order to connect more people to convenient care close to home include the following:

—strengthening governance and transparency—this is specific to schedule 3 of this bill: creating a transparency framework for staffing agencies that operate in the hospital, long-term care and community health sectors, to disclose administrative markup rates to the government through the new Health Care Staffing Agency Reporting Act, 2024;

—enhancing hospital governance by working with the sector to define best practices, ensuring providers across the province have access to the tools and resources they need to deliver high-quality care;

—enhancing patient care: modernizing the provincial electronic health record, the EHR, as the next step to being able to provide eligible Ontarians with safe, secure and direct access to their personal health information online through Health811—in reference to the schedule from the bill, schedule 6, pertaining to the Personal Health Information Protection Act, 2004;

—also, allowing nurse practitioners to complete and sign mandatory blood testing forms to expand access to care for people submitting applications, including victims of crimes, correctional officers, members of the College of Nurses of Ontario or the College of Physicians and Surgeons of Ontario, medical or nursing students, or paramedics—this also pertains to schedule 5 of the bill, Mandatory Blood Testing Act, 2006;

—as well, exploring and consulting on options that would support consistent and quality mental health and addiction services by better understanding the variety of services provided by this workforce;

—reviewing the ambulance vehicle and equipment standards to enhance patient safety and make it faster for paramedics to access the tools they need to deliver emergency care;

—also, improving service delivery—this is always critical, Mr. Speaker—to strengthen the authority of the Chief Medical Officer of Health to promote greater alignment and consistency when issuing orders to local Chief Medical Officers of Health across different regions—this pertains to schedule 4, the Health Protection and Promotion Act;

—as well as updating public health regulations for public pools, zoonotic diseases and diseases of public health significance to reduce burden and align with best evidence.

Mr. Speaker, before I get too far into the details of this bill, I would like to tell the chamber of my recent experience with our health care system. It was actually my husband's experience, which ultimately means my experience, as I believe that any time one person is interacting with the health care system, there are the loved ones who are at their side.

My husband had been in pain for some time. It was his hip. He made the decision to seek out help. From the moment he interacted with our family doctor, to the moment he walked into the office of the orthopedic surgeon, to the time that he went to the hospital, which was our local Southlake hospital—by the way, it's been

rebranded and their name is now Southlake Health—my husband had nothing but huge accolades for our health care professionals.

It is always a bit nerve-racking when you undergo surgery—for the patient and for the loved one—but everyone with whom we interacted was professional, empathetic, patient and always informing of the next steps in the process. Of course, I had to send a thank-you note to my husband's surgeon to thank him for helping my husband. What a difference he made in the quality of my husband's life and of our family's.

I had the great honour of receiving a phone call from Dr. Gamble, who is the orthopedic surgeon for my husband. Wouldn't you know he called me and he invited me to attend his Christmas function that he was putting on for the entire orthopedic staff at Southlake. He asked me if I would speak to the team, as it would be great for the team to hear about my husband's experience. What a true honour and privilege I had to speak to a room full of doctors, nurses, physiotherapists—the entire team. That is what Dr. Gamble said to me. He said, "Dawn, it's not just me. It takes a team."

Well, I was able to stand up in front of these amazing professionals and tell them about my husband's experience with them; how he feels better than he had in 10 years. Boy, did I get applause for that one—I guess my husband got the applause for that one.

0910

Yes, I was there as the member of provincial Parliament for Newmarket–Aurora, but I'm also their voice at Queen's Park. But I was also there as a loved one of a patient who they cared for, and they made all the difference in his life as well as our family's. Now we can plan for our family outings without worrying about the pain and discomfort that my husband was in.

So, once again, to the health care professionals at Southlake Health orthopedics department, thank you from the bottom of my heart. On behalf of my family and my husband, your expertise, your care, your professionalism—well, you are the cream of the crop.

Le gouvernement de l'Ontario a déposé la loi de 2024 pour des soins plus commodes, qui, si elle est adoptée, déploiera la prochaine étape du plan de la province pour prodiguer à un plus grand nombre de personnes les bons soins financés par le public, au bon endroit, en édifant des collectivités plus saines et en renforçant la main-d'oeuvre du secteur de la province aujourd'hui et pour l'avenir. Les initiatives sont basées sur trois piliers clés du renforcement des soins :

« Renforcement de la gouvernance et de la transparence....

« Nouveau projet de loi proposé : Loi de 2024 sur les rapports des agences de placement de personnel de soins de santé

« Le gouvernement cherche à obtenir des commentaires afin de créer une nouvelle législation qui créerait un cadre réglementaire obligeant les agences de placement à déclarer au gouvernement des renseignements administratifs, sur la facturation ou les taux de salaire. Le cadre sur la transparence serait conçu pour parvenir à la transpa-

rence concernant le tarif que les agences facturent aux hôpitaux et aux maisons de soins de longue durée, accroître la certitude relative aux coûts pour les employeurs et la stabilisation des tarifs des agences.

« Confirmation que l'organisme Santé à domicile Ontario est assujetti à la Loi sur les services en français

« Proposition d'un projet de loi qui modifierait la Loi de 2019 pour des soins interconnectés afin de confirmer que l'organisme Santé à domicile Ontario est assujetti à la Loi sur les services en français. Santé à domicile Ontario est un organisme de la Couronne provincial chapeauté par Santé Ontario, qui offre et coordonne quotidiennement les soins à domicile et en milieu communautaire à l'échelle locale pour des milliers de patients de la province. »

Puis, on a : « Amélioration des soins aux patients :

« Modification de la Loi de 2006 sur le dépistage obligatoire par test sanguin

« Le gouvernement souhaite obtenir des commentaires sur les modifications proposées à la Loi de 2006 sur le dépistage obligatoire par test sanguin afin de permettre au personnel infirmier praticien de remplir et de signer les formulaires pour le dépistage obligatoire par test sanguin. Permettre au personnel infirmier praticien de remplir et de signer ces formulaires aidera à offrir aux demandeurs comme les victimes de crimes, les agents des services correctionnels ou les ambulanciers paramédicaux un accès accru à ce service de santé.

« Amélioration de l'accès des patients à des renseignements

« Les modifications proposées à la Loi de 2004 sur la protection des renseignements personnels sur la santé aideraient à habiliter la population ontarienne à avoir plus de contrôle sur sa santé, y compris en permettant à la population ontarienne admissible d'avoir un accès numérique direct à certaines données personnelles sur la santé conservées dans le dossier de santé électronique »—ça veut dire le DSE—« provincial, sous réserve des exceptions précisées par règlement. »

Puis, alors, encore : « Amélioration de la prestation de services ...

« Peaufinage des rôles et responsabilités en matière de santé publique

« Ces modifications favoriseraient des pratiques de santé publique qui sont harmonisées aux preuves et aux pratiques exemplaires actuelles, réduisent le fardeau sur les intervenants touchés, y compris les agences locales de santé publique, les propriétaires de piscines publiques et les propriétaires de piscines résidentielles et de spas et se penchent sur les problèmes de santé publique émergents et assujettis à des contraintes de temps qui peuvent avoir des répercussions sur les établissements de soins de santé. »

I would say like to take this opportunity to speak to Ontario's health care workforce which is at the heart of all these improvements. Since 2018, our government has added nearly 100,000 new nurses to the system with another 30,000 currently studying in colleges and universities. In addition, the Learn and Stay grant is helping nearly 3,800 students train for health professions by covering tuition and direct educational costs in exchange

for post-graduation service. These investments are crucial as we continue to build the health workforce for tomorrow.

The expanded scope of practice for nurse practitioners and registered nurses will take effect on July 1, 2025. These changes include:

- allowing nurse practitioners to order and apply defibrillators and pacemakers, enabling faster response times for life-threatening cardiac events;

- enabling both nurse practitioners and registered nurses to certify deaths in more circumstances, expediting end-of-life processes for families and easing administrative burdens during an already difficult time;

- authorizing nurse practitioners to perform electrocoagulation procedures, which can treat certain skin conditions like skin tags and lesions, ensuring that patients have quicker access to care.

These changes are particularly impactful for rural and Indigenous communities, where access to care can be limited. By empowering nurse practitioners to take on additional responsibilities, we are enhancing the care available to people who may not otherwise have access to specialists. These changes also reflect confidence in our health care professionals' expertise. Dr. Michelle Acorn of the Nurse Practitioners' Association of Ontario, states, "These changes represent a necessary shift to enhance our ability to provide timely and comprehensive care across Ontario."

Furthermore, by allowing registered nurses and nurse practitioners to perform these procedures and make life-impacting decisions, we reduce pressure on emergency departments and allow physicians to focus on more complex cases, thereby improving the efficiency of our health system. This is particularly crucial as Ontario works to meet the health care demands of its growing population. The residents in Newmarket–Aurora will benefit directly from these initiatives through better access to key services, including mental health and addiction supports as well as secure access to their personal health information through a modernized electronic health record system.

0920

Speaker, the initiatives I have outlined today are united by a common vision: building a health care system that prioritizes people. We are addressing long-standing challenges, empowering our health care workforce and investing in innovative solutions to ensure that every Ontarian has access to the care they deserve. Through these efforts, we are not just meeting today's needs, but we're preparing for tomorrow's challenges.

The Deputy Speaker (Ms. Donna Skelly): It's now time for questions and answers.

MPP Wayne Gates: I listened very carefully to my colleague, but if you want to stand up and say you support nurses, doctors and health care workers, then I guess one of my questions to you is: Why did you support Bill 124, which attacked those same nurses, doctors and health care workers?

In my community of Fort Erie, our urgent care hospital has a reduction of hours from 24/7 to 10 hours per day. This community has 40,000 residents in it. Do you believe

that residents deserve to have their urgent care services cut when you have 40,000 residents relying on our urgent care centre in Fort Erie?

M^{me} Dawn Gallagher Murphy: I would like to thank the member from Niagara Falls very much for the question.

In this More Convenient Care Act—I'll speak to the bill as it is. In this act, we are making some changes to allow nurse practitioners and registered nurses to increase their scope of practice. Now, why would we do that? We're doing that so that more people can get the care they need, when they need it and right at the time that they need it. The whole purpose is to improve the patient experience by enhancing health care delivery and easing pressures in parts of our health system. It's also alleviating health human resource challenges. When we improve access to care by increasing the scope of our nurses and practitioners, we are helping have more patient care services.

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

Ms. Laura Smith: I know the member talked in an animated way about her own personal experience, and she also talked about a lot of the feedback. She talked about Dr. Michelle. I'm just interested in what has been the early feedback from consultations indicating and regarding an expansion of scope of practice for nurse practitioners and registered nurses.

M^{me} Dawn Gallagher Murphy: Thank you to the member from Thornhill for that great question. In fact, the consultation that we've received, the comments we've received thus far have all been positive, because what the College of Nurses is looking for, as well, is exactly per the response in the last question: to increase their scope, because the nurses know they have the education and the capabilities to deliver the service that's needed right then and there. To have to wait for somebody else to provide that service, it doesn't make sense. They know and they're willing to take it on, just like our pharmacies, because in our pharmacies, there has been how many pharmacies now that are providing services in my community? And speaking with one of the independent pharmacists, they have told me how their patients find that the service-providing is so much more—

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

Ms. Sandy Shaw: The title of this bill, More Convenient Care Act—I have to say, there is nothing in the province that's convenient about health care right now.

In fact, in Hamilton, our hospitals have a \$136-million deficit. They serve 2.5 million people. And do you know what they're doing? They're cutting services. They're cutting cancer clinics. They're cutting mental health services.

We also have analyses that say that 2024 is the worst year for Ontario ER closures. We also have closures in urgent care centres—10,000 hours, so far, of urgent care centres closed in this province.

There is nothing in this bill that will make care accessible to people today.

We are in crisis today. We had the member from Niagara Falls talk about places closing.

What will this bill do—not down the road, but tomorrow—to make sure people can access care in emergencies, in urgent care centres, when they need it? Right now, it's not available to them.

M^{me} Dawn Gallagher Murphy: Madam Speaker, I'd like to thank the member for the question.

When I started reading this bill the other day, when it was provided—the first schedule, City of Hamilton Act, 1999, states: “Section 11 of the City of Hamilton Act, 1999, is re-enacted to establish a board of health for the city. Currently, the city itself has the powers, rights and duties of a board of health under the Health Protection and Promotion Act.” When I read this, I thought about my colleagues who represent Hamiltonians—Hamiltonians who I'm very familiar with—and I thought to myself, this is excellent, because what this means is that representation right from Hamilton is going to be part of this health board. They know their own population. This is amazing, a great thing—

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

Mr. David Smith: I want to thank the member from Newmarket–Aurora for sharing her personal journey with her husband. It's so amazing.

To the contrary of what I'm hearing in the room, I strongly support the More Convenient Care Act.

I would just like to ask a quick question: How would the proposed change in the board of health governance model differ from the current model that we currently have?

M^{me} Dawn Gallagher Murphy: I'd like to thank the member from Scarborough Centre for the question, and before I go into the response there, I'll tell you now, yes, it's amazing. So many of the health care workers I spoke with at the event that day came up and said to me, “Do you know what, Dawn? We don't here”—and I think that's why the doctor wanted me to be there, because doctors get the kudos, not all the nurses, and it takes that team. So I was honoured to speak to all the nurses, all the doctors, the physiotherapists, and thank them for everything that they're doing for our loved ones.

To answer your question, my friend the member for Scarborough Centre: Currently, for example, Hamilton city council acts as a board of health, with no citizen representatives or provincial appointees. This is why my comment to the member previous was that now they're going to have representation on that board of governance—

The Deputy Speaker (Ms. Donna Skelly): Question?

Mr. Joel Harden: The bill that we're talking about is called the More Convenient Care Act. I would like to think it is convenient, if you're in a mental health or a health crisis, that you can get to an ER as soon as possible. That's my definition of convenient.

My question for my friend—because I didn't hear you talk specifically about the need for this bill and this House to do more about the rash of emergency room last-minute

schedule changes or closures, and I'm going to name a few here, recently reported: Clinton Public Hospital, Chesley public hospital. Both of these hospitals in 2024 had to close 335 times—last-minute schedule changes or full ER closures.

0930

I'm wondering if you could explain to this House what in this bill will make sure that if people need urgent care, they can get to the closest hospital possible.

M^{me} Dawn Gallagher Murphy: I'd like to thank the member for the question.

There is a lot in there, but a couple of things I'm going to definitely address about the mental health and addictions part of this bill is a consultation with, specifically, the workers who deal with mental health and addictions. I think that's great because we need the opportunity to speak with them and see what they need further to support their work.

I'll give you some examples of what our government is doing. In my riding of Newmarket–Aurora we have the very first mental health community care hub that is currently being built. That will deal specifically with people who are in a mental health crisis. What will end up happening is, instead of them going to the hospital, they will go to this centre, where they will get the help that they need from specific specialists who deal with mental health and addiction—

The Deputy Speaker (Ms. Donna Skelly): We do not have time for further questions.

We will move on to further debate.

MPP Lisa Gretzky: It's my pleasure to get up and speak to the More Convenient Care Act.

I'm just listening to the member from Newmarket–Aurora not actually answer the questions that were being asked. My colleague asked about emergency departments and urgent care centres in communities all over this province and the member opposite started going on about one centre that provides mental health supports and that is not accessible to these communities that don't have emergency departments, that don't have urgent care centres.

Frankly, what she brought up is not even in this bill. She's talking like it's being addressed in this bill but it's not in this bill. As a government member, one of the party members from a party that actually brought forward this bill, you would think that she would know that.

My colleague from Hamilton West–Ancaster–Dundas asked a very specific question, again, about access to emergency department care and urgent care for people in need. And the member from Newmarket–Aurora, from the government side—her response was about public health units. They don't provide the emergency care at a hospital. They are not the ones providing emergency care at urgent care centres. The response was nonsensical. It was a distraction, a deflection.

I will say on that particular subject around public health, if the government really, really believed in public health, they would be funding it. They would be funding it. We just had rounds of layoffs in Windsor at our public health unit and people who took early retirement in their

jobs will not be replaced. They were talking about having to cut critical public health services: maternal newborn services, vaccine services, school programs.

This government has cut a public health measure to deal with the opioid crisis that we are seeing in this province by closing consumption and treatment services. I'm going to do more on that because the Auditor General's report just came out and it was a scathing report on many things, but especially that.

Our health unit, in partnership with our specialized mental health and addictions hospital—with experts—were running SafePoint in Windsor. They were running it together. And this government, without evidence, without data, just because the Premier himself had said, "I don't believe in it"—and it's very clear the Minister of Health doesn't believe in it, does not believe in harm reduction. So SafePoint closed and those services are gone from the community. The government doesn't address that—that that was delivered by public health. Some 80% of the people that accessed services at SafePoint in my community, a consumption and treatment service well within the restrictions that this government wants to put on them—it's nowhere near a daycare, nowhere near a school, nowhere near a vulnerable population aside from the people that it was meant to serve: 80%, not a single security risk, none, no urgent calls to police; 80% of the people that accessed the services there were then connected to primary care physicians. They got wound care. They got connected to mental health services if they needed it. They got referred to addiction services. They got housing services, food security, all those wraparound supports that the government will talk about but isn't actually providing to people in the community.

So tell me, if you're looking at evidence and you're looking at data and you're looking at best practices and you're actually listening to the experts, what led to the decision to close SafePoint? You have no evidence, because you weren't collecting data, you weren't talking to the experts.

The Auditor General's report—as I said, scathing report—I'm going to backtrack a bit, because yesterday I was watching the afternoon debate, and the Associate Minister of Mental Health and Addictions stood here and said that this bill, he was saying, shows the importance of collecting data and analyzing data and working with the experts. Yet, the Auditor General's report yesterday showed that this government does the complete opposite and has absolutely no interest in consultation. The Associate Minister of Mental Health and Addictions talked about how important it is to consult and gather data—because that's in here somewhere, talking about data. Yet, the Auditor General's report made it very clear that the government is not interested in that, not interested in that at all. They don't even want to know what it is, but if they did know what it is, they wouldn't follow it anyway, as we've seen in the past.

When you look at the housing task force that this government put together—it was their own task force, hand-chosen people by the government. When that report

came out talking about the housing needs in this province and what this government needs to do in order to build safe, affordable, sustainable, supportive housing in this province, the government went, "Thanks for your time," and shelved the report and did the exact opposite over and over and over again. That's what this government does. They're not interested in data. They're not interested in the facts. They're interested in their own agenda, and they don't seem to care that every day in this province, three people die from an overdose.

Let's see if I can find the exact part here. In the Auditor General's report she mentions something incredibly important: The government did no study, no tracking. The government failed to track rates of hospitalization for overdose—the percentage of people who were prescribed opioids who developed an addiction.

Now, Speaker, I stood in this House—I think it was last week; it might have been the week before—and talked about Dan, who was a wonderful, contributing member of our community. He had a job. He loved to play music and had some friends who put together a band. He was an uncle, a brother, a son. He was in a car accident and was prescribed pain medication—opioids—and developed an addiction. Before he died of an overdose, alone in his apartment, he would go to the methadone clinic every morning, and there was a doctor—it was his doctor—who was prescribing him morphine pills to take at home.

0940

Imagine that: There was no tracking or tracing or flagging that this person had an addiction. And I want to be clear: This can happen to anybody. It may have happened to some of you on the other side of the House. It could be you personally. It could be a family member. It could be a neighbour or someone else you care about. Anybody could be suddenly faced with an addiction—anybody.

I shared that story of Dan. Dan was my brother. And then, to read in the Auditor General's report that the government does not track the rate of hospitalizations for overdose, or the percentage of people who were prescribed opioids who then developed an addiction—that is an alarming statement. Because what we hear from the government side—if I have to hear the Minister of Health one more time stand up in this place, or in the media studio, or at a scrum, and talk like people who have addictions are less than, or they are somehow dirty or criminal—to imply that—

The Deputy Speaker (Ms. Donna Skelly): I will caution the member on imputing motive, please. Careful with your wording.

MPP Lisa Gretzky: Thank you, Speaker. Those weren't just my words; those are people that are actually feeling that way based on what is being said.

To then hear the Associate Minister for Mental Health and Addictions yesterday talking about how this bill and this government—how it's important to them to destigmatize mental health struggles or addiction struggles, and then to hear members on that side of the House use

language like that—the government members using that language are part of the problem.

How do you think that people who are struggling with mental illness or with addiction are going to want to come forward and seek help? That is the most critical piece to them seeking help for their treatment and their recovery, is them actually wanting to come forward and get that help. And that help doesn't look the same for everybody. For some people, it's abstinence. That's what this government is pushing. Evidence, the experts and the service providers within mental health and addictions, especially within the addictions realm, have already realized that pushing just an abstinence-based model is not the direction to go, is not working for everybody; that we need harm reduction.

But this government isn't talking to those people, isn't listening to those people, doesn't want to hear it, because they are just ideologically opposed to the idea that we need be looking at different kinds of care. The Associate Minister of Mental Health and Addictions talked about the different kinds of—the thought just went out of my head. But meeting people where they're at: That's what he said. Meeting people where they're at—well, for some people, it's harm reduction.

The member from Newmarket–Aurora talked specifically about a public health agency in Hamilton. I talked about one in Windsor. When you take away harm reduction services—this government is now touting their HART hubs. Again, the Auditor General said they have done no planning, no studies, haven't looked at any data, didn't really talk to anybody, rolled it out, made an announcement with no real plan in place—I guess they're going to work it out as they go. In the meantime, people are going to continue to die on the streets without access to care.

They talk about connection to supports and services, that somehow in this bill it's going to have people better connected to mental health and addiction services; that somehow through this bill—and then their references to HART hubs—suddenly the problem is solved. People who are seeking help, who are ready for help for their addictions are going to go these HART hubs, and that magically means that they're going to get into detox and then immediately into withdrawal management and then immediately into a treatment bed and then, I don't know, maybe immediately into non-existent supportive housing.

But we know that when people come out and seek help, when they seek that support and treatment, what is happening now is they wait months to get into detox, they wait again to get into withdrawal management—usually in which time they then relapse and are in crisis again. And then if they get through the withdrawal management, they wait for a treatment bed, again risking relapse, and then a lot of these people don't have safe, stable, supportive housing, so they're put out on the street. They're put out on the street, and they cope the best way that they can, and oftentimes that means relapsing.

This stigmatizing language that is used from the other side of the House is not helpful. It's incredibly harmful and

hurtful. Perhaps if some of the folks on the other side of the House had been through this or lived on the streets—I've lived on the streets. Does that make me a bad person? Because according to government side and some of the language they use, at 17, when I was homeless and living on the streets, that somehow made me a threat to my community. I didn't live in tent. I slept under a bridge for a while, and somehow that makes me and others like me a threat to society. It's absolutely absurd.

When we're talking to about a bill that's specifically about health care—I will pull the piece out of it; it's about care, and that's what we need more of. We need more caring. We need more compassion. We need to be more open to advances out there when it comes to mental health and addiction treatments. But you're not, because you would actually have to collect that data and talk to the people who work in the communities, talk to Indigenous communities. I know you like to talk about them or show up for photo ops, but talk to them about what is going on in the community.

I've listened to my colleague from Kiiwetinoong stand here far too many times and talk about deaths in his community. Where are the supports? Where are the supports as they're losing more and more young people to suicide, more and more people to overdose? And they can't access help—culturally appropriate help, I would add to that.

When we talk about harm reduction, the government doesn't like to talk about this piece—and I'll go back to the public health side of things. When you talk about consumption and treatment services, it is consumption and “treatment services” for a reason. But, Speaker, what we're going to see—because this government, under HART hubs, is not going to provide clean supplies. We're not talking about providing drugs to people. They test the drugs to make sure that they're not going to kill somebody, they're not toxic. But they provide clean needles and other paraphernalia; they have safe-needle disposals.

What we are going to see is not only an increase of dying because you've taken away consumption and treatment services, these sites; what happens is then our whole community becomes a consumption site. You're going to find more people out on the street using, you're going to find more needles and more risk out in the community. You're going to see an increase in HIV. It's already happening in other jurisdictions—we're seeing a drastic increase in HIV and AIDS. You're going to see a dramatic increase in hepatitis C because people cannot access clean medical supplies. You're going to see more severe wounds and other health issues. And they're going to end up in the emergency department, which is far more expensive than providing harm reduction on the front end.

0950

Again, I'll point out, at SafePoint, 80% of the people who accessed their services got connected to primary care—kept them out of the emergency department, got them connected to housing so they are off the streets, got them connected to food, got them connected to counseling, got them connected to treatment and recovery.

Speaker, the last thing I'm going to say in the 34 seconds that I have left: This bill does absolutely nothing to address the fact that we have a crisis in the health care system. You can talk about all the nurses and staff you've recruited, but a lot of nurses in our area go to the States, where they're treated better and they're paid better—that they're not being attacked by the government with Bill 124. And until you actually put in a bill that you're going to stop the private agencies from profiteering off the work of these nurses and the people who rely on their support, very little is going to change.

The Deputy Speaker (Ms. Donna Skelly): It is now time for questions.

Mr. John Jordan: First of all, this is a great bill.

Having worked in the health sector, the CH sector, for a couple of decades, I'm fully aware of the value of interdisciplinary teams and practitioners working to their full scope of practice—the right care, the right place, the right provider. By increasing the scope of practice for nurse practitioners, that takes pressure off physicians and that takes pressure off our emergency departments.

Would the member opposite agree that this bill and the increase in the scope of practice is going to have a positive impact on people who are looking for primary care? Not everybody needs a doctor. I have a nurse practitioner. I'm not looking for a doctor. I don't need a doctor—but primary care.

MPP Lisa Gretzky: I'll put that back to the member. Are you going to properly pay nurse practitioners? Because that's not currently the case.

The Deputy Speaker (Ms. Donna Skelly): Through the Speaker.

MPP Lisa Gretzky: Speaker, I talked a lot about mental health and addictions, and so did the Associate Minister of Mental Health and Addictions.

I want to point out, if this government really wanted people immediately or appropriately attached to a continuum of care, then you should have voted for our motion for universal mental health care, but you didn't. You voted against universal mental health care. You said no to people being able to access psychotherapists and psychologists and specialized mental health nurses. You voted against that. When we are in a mental health and addictions crisis, you should be doing everything you possibly can to ensure that people can access all those supports and services whether or not—

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

Mr. Sol Mamakwa: It's always an honour to be able to get up and give the perspective of northwestern Ontario, from Kiiwetinoong.

In the riding of Kiiwetinoong, we have two small hospitals, and we have two small long-term-care facilities. Sometimes, when I bump into nurses, they're from down south—"Oh, I'm from Brampton," "I'm from Toronto," "I'm here for a couple of weeks"—whatever—to cover that service.

There are a lot of things happening up north. A couple of weeks ago, a gentleman passed away because of complications of tuberculosis.

So I'm just wondering, when we talk about the Health Care Staffing Agency Reporting Act, the changes in schedule 3, do you think this is enough response to be able to address the health care system in Kiiwetinoong?

MPP Lisa Gretzky: I would say—and I'm from the deep south, as I refer to it—absolutely not.

If you listen to the stories that the member for Kiiwetinoong brings to this House on behalf of his constituents, they are heartbreaking and they are preventable. If the government was actually investing in his community and others to ensure that people had access to primary care; if they had access to urgent care; if they didn't have to travel, in some cases, hours—in his community, a lot of them are fly-in communities. That is not proper access to health care. So I would say that no, I don't really see anything in this bill that is going to address the health care needs of my colleague's community but other communities—

The Deputy Speaker (Ms. Donna Skelly): Question?

Ms. Laura Smith: I listened to the member from Windsor West, and she talked about tracking information. Through this bill we are actually investing in making it easier for Ontarians to access their health information online, which in my opinion provides much better care, because sometimes we don't remember what we did from one year to the next. Would the member not agree that this is a positive step for Ontarians and the health care system?

MPP Lisa Gretzky: That is an interesting question—based on what the Auditor General's report said yesterday, which is that this government seems to have some sort of adverse reaction to actually collecting data, looking at the data, talking to experts, and analyzing and making decisions based on that data.

But the other thing that I would like to raise is a concern around the safety and security of that information, and I know my colleague from Hamilton West–Ancaster–Dundas raised that yesterday and was kind of gaslit from the other side of the House. But we have seen data breaches in this province, in record numbers under this government—

Mr. Anthony Leardi: Point of order.

The Deputy Speaker (Ms. Donna Skelly): Point of order?

Mr. Anthony Leardi: The member is using unparliamentary language, once again. Would the Speaker kindly remind all honourable members of this House to use parliamentary language?

The Deputy Speaker (Ms. Donna Skelly): I would ask both sides to come to order, and I do agree: Please be careful with your language.

MPP Lisa Gretzky: All right. If the members opposite would stop doing it, maybe we would stop calling it out.

We have seen a record number of data breaches under this government. When you look at social assistance, ODSP and OW, the huge data breaches that we have seen—when you look at what has happened recently in several hospitals down my way, in my community and neighbouring communities, it basically shut down operations of hospitals and people couldn't get care because of

data breaches. A lot of that is because the government has not done the work to ensure that that data is safe and secure. So while we think that collecting that and information-sharing amongst health care workers is important, what we have concerns about is the government's actual ability to ensure the safety of that information.

The Deputy Speaker (Ms. Donna Skelly): Question?

MPP Wayne Gates: I think what we should be talking about is a crisis in health care—that's what we should be talking about. And how we get there—I'm going to tell you: I'm from Niagara Falls. I represent Niagara-on-the-Lake, Fort Erie and Niagara Falls. Niagara Falls has 14 million visitors come to it every year. They go to Fort Erie, whether it's the racetrack or to go and visit whatever is going on in Fort Erie. They go to the wine industry down in Niagara-on-the-Lake. Do you know what this government has done? You closed the small Niagara-on-the-Lake hospital that we have. You've cut the hours to the urgent care centre in Fort Erie from 24/7 to 10 hours a day. You can't tell me that you care about health care.

In our community, we are one of the highest areas in the entire province for seniors. Fort Erie has got 40,000 residents. Do you believe that Fort Erie deserves an urgent care centre 24/7 to alleviate the problems we're having in the emergency room in Niagara Falls?

MPP Lisa Gretzky: I would say to my colleague that every community in every part of this province should have health care services that actually meet the needs of the people that live there. So, absolutely, his community deserves that, at the very, very least. What we have seen is this government continue to purposely undercut and underfund health care services.

Because my colleague asked that question, I want to point out that yesterday he asked a question about parking fees that were going up, I believe, 44% at hospitals in his area. The Minister of Health, instead of saying, "No, they shouldn't have to do that, being the government has acknowledged the hospitals charge those parking fees because they're underfunded and they have to charge that in order to pay their bills," what the Minister of Health said, instead of saying, "Absolutely, we're going to get rid of those fees"—she patted herself on the back for bringing them in.

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

Mr. David Smith: I want to thank the member from Windsor West for her presentation. As always, I admire your passion that you bring to this House when you are presenting.

I have just a simple question for you: Through the expanding scope of nurse practitioners in this bill—the Nurse Practitioners' Association of Ontario and the Registered Nurses' Association of Ontario are applauding these changes. Does the member stand with the RNAO and the NPAO?

MPP Lisa Gretzky: I always support the nurses and the nurse practitioners, and we're glad to see that the government finally seems to be coming onside. But the

reality is that is not going to solely fix the health care crisis that we are seeing in this province and the lack of investment the government has made. When you continue to put taxpayers' dollars into these for-profit corporations with no accountability or oversight, really—because you're not asking where those profits are going, and are they actually going to the front-line health care workers, we're continuing—

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

Mr. John Fraser: I'm pleased to speak to the More Convenient Care Act, which begs the question: Is care convenient right now? With 2.5 million Ontarians not having a family doctor, that's not very convenient.

Interjection.

Mr. John Fraser: It might be better if the member spent less time heckling and more time speaking up for the residents of Eglinton–Lawrence so they could get a family doctor.

So we know it's a problem; nothing is done in this bill to address it. I'll talk a bit more about it later, but I would like to talk specific to the bill, because there are some things in here that are good. I think there's a lot of tinkering around the edges of things where we could have a more effective piece of legislation for things like nursing agencies. I guess we should all be thankful, because it's only taken a little more than two years for them to actually recognize that there's a problem with nursing agencies. I might as well start talking about this first.

What they propose in here is really, essentially record-keeping and a fine for not keeping records—nothing about the action that you're going to take to reduce gouging, excess charges, private health care benefiting more than public health care; it's just record-keeping, that's all: "You've got to tell us this, you got to keep it on record, and if you don't keep it on record, we're going to fine you." But you're not doing anything about the essential problem, which is the almost \$1 billion that we spend on nursing agencies. You're not going to fix it with that. What you're saying is, "Give me the receipts," and then you're going to put them on a desk—not going to work.

You've got to know: I don't want to—pardon my English—crap on this bill. I know; it's on the edge, Speaker. We have some big problems in Ontario's health care system right now, and one of them—

Interjections.

The Deputy Speaker (Ms. Donna Skelly): I apologize to the member.

I recognize the member for Essex.

Mr. Anthony Leardi: Madam Speaker, could you once again kindly remind all the honourable members to use parliamentary language?

The Deputy Speaker (Ms. Donna Skelly): I will ask everyone in the House to come to order.

To the member from Ottawa South: Let's raise the bar, please. If we want respect, we must speak to our—

Interjection.

The Deputy Speaker (Ms. Donna Skelly): Would the member for Ottawa South not interrupt the Speaker when the Speaker is speaking?

Interjection.

The Deputy Speaker (Ms. Donna Skelly): That's all right. Please, let's use parliamentary language and respect colleagues in the House. Thank you.

Mr. John Fraser: Well, thank you very much, Speaker. It's good to get a fresh start on this.

In the nursing agencies part, folks, you're just asking people for receipts. Tell them to keep records, and you're doing squat—I think that's okay, “squat”? I just wanted to check.

I think the measures for nurse practitioners, the expansion of their scope—good thing. It makes it possible for us to vote for the bill.

Blood testing: I agree totally with what's being done in this bill.

Now, I've got to ask, the Health Protection and Promotion Act, in terms of the medical officer of health and class orders—it's interesting that this is in here. We could debate whether that's something that is really necessary, that is important. It comes out of the pandemic and basically takes power away from public medical officers of health, local people who are trying to address the critical situation that they have at a certain time, whether it's for something like COVID or another infectious disease like monkeypox. My concern is you're taking this power away, but you may slow down the process of taking action. I don't think it's, like I say, a hill to die on, but that's a question that I have.

But the biggest question that I have is why, when 2.5 million Ontarians don't have a family doctor and when three million other Ontarians are at risk of losing their family doctor because they're over the age of 60, this government isn't doing something to address primary care now—not asking nursing agencies for their receipts but figuring out a way to get everybody a family doctor.

Now, I know that the government has called in another expert, and I can remember a few other experts. Maybe all of you can as well too. I remember the blue-ribbon panel for post-secondary education. They came with some recommendations, and I'm sure they're in somebody's desk somewhere over there, but they're not actually being implemented.

A friend of mine, Jack Kitts, did a long-term-care report. You might remember that—85, 84 recommendations. I think only one of them was followed, and that report is—I'm sure it's in another member's desk over there or in their office. It's just sitting there collecting dust.

And then there was the housing panel. Tim Hudak used to sit right over here. He was on your side. He was the guy who was going to come and fix housing for you. He was going to make recommendations. What happened with that? Nothing—nothing.

Climate change panel—in somebody's desk over there as well too.

The way this government works is: “We've got a problem. It looks bad; we've got to do something. We want to make it look like we're doing something, so let's get an expert. Let's get an expert who everybody recognizes and let's get ourselves through the next three

or four months.” And then after it's done—in the desk. Nobody sees it. It doesn't see the light of day.

The lack of access to primary care is causing a lot of the problems that we have in our health care system. It's causing increased wait times in emergency rooms. It's taking longer for people to get the next level of care they need if they have something like diabetes that's not diagnosed, or they have cancer, or they have another chronic disease. If you don't have a relationship with a primary care physician or nurse practitioner and you're sick, it's really hard for you to get the care that you need. And I know that the members opposite don't like—you know, when I tell the member from Essex that he's got 13,000 people in his riding who don't have a family doctor—

MPP Wayne Gates: How many?

Mr. John Fraser: It's 13,000. That's a lot of people. I know we get heckled—and I don't want to have to pull out my list again, but I can, because if people need to be reminded, I'm more than happy to do that. And I appreciate—

The Deputy Speaker (Ms. Donna Skelly): To the member: I apologize for interrupting the member, but we do not use props in the House. I will remind the member we do not use props in the House.

Mr. John Fraser: It's just that they put one on my desk every morning. I'll just put it down; I won't hold it up. It's just a map so I know where everybody is.

So the member from Eglinton–Lawrence: 19,000. It's just a reminder, okay? Anybody else? Put up your hand if you want to know. Nobody's putting up their hand?

Interjection.

Mr. John Fraser: He's good. You're about 2,000. That's where they do it right. He's good.

1010

Ms. Sandy Shaw: How about the Premier's riding?

Mr. John Fraser: Premier's riding: 32,000; Etobicoke: 100,000; minister: 10,000—it's good. It's good in the bad, if you know what I'm saying.

Everybody needs a family doctor. So why isn't the government going out and saying, “Here's the commitment we're going to make to do it, and here's how long it's going to take us to do. We're going to guarantee every one of you a family doctor or a nurse practitioner, and we're going to build teams.” No.

What do they do? “Let's get another expert.” I like the expert you've got. I think they're going to be very disappointed with the results that always happen, which is, in the desk, gone, collecting dust, in exile somewhere—all the work that people do.

It's so bad that a person who led your party was asked to do something on housing, and you ignored him. What does that say? What that says is, you weren't serious about actually taking the advice of other people. The reason you were asking for his advice was so you could write it in a press release and point over there when somebody asks you a tough question about housing—or long-term care or climate change or post-secondary education—“Oh,

they're taking care of it. It's not us. They're going to give us recommendations that we're going to put in our desk."

I would be encouraged if the members opposite would say to the Premier and to the Minister of Health, "We've got a really, really big problem, and we need to do something about it, and we need to go to the wall for it; not appoint another expert."

So I'm going to support this bill, but I want the government to know that they're not fooling anybody with another expert panel.

The government members need to say—and if they want to find out how many people in their riding don't have a family doctor, so they can say it this way to the minister and to the Premier—"We've got a big problem. It's hurting people. It's hurting my neighbours. There are people who are going to lose their family doctors. We don't have a plan. We're not making a commitment. Minister, Premier, I need you to do this because the people in my riding need this."

If you don't have a family doctor, it's hard to stay healthy; it's hard to get care for a chronic disease; it's hard to get a referral—and then it's hard enough to actually get there. I think 11,000 people died on a wait-list last year.

The crisis in family medicine and in primary care should be at the top of the list of this government. Finding everybody a family doctor is more important than banning bike lanes. It's more important than having a map to show everybody where they can get booze at the corner store and spending a billion dollars to do it. It's more important than dreaming of a fantasy tunnel under a highway 30 years from now. The problem is right now.

The government needs to address the shortage of family doctors and make a commitment; I know they're not going to, because they keep skating around it, and they appointed another expert so they can put the report in their desk.

I want the government—and the people in your ridings do, and the people in my riding do—to address the primary care crisis, because it's going to fix a lot of things that are problems in our health care system, like emergency room wait times, like wait times for referrals, like managing chronic diseases. It's a big problem, folks. I know there's a—

The Deputy Speaker (Ms. Donna Skelly): I apologize to the member, but it is now time for members' statements.

Second reading debate deemed adjourned.

MEMBERS' STATEMENTS

LAMBTON GENERATING STATION

Mr. Robert Bailey: It is an honour to rise in the Legislature and share important news for the residents of Sarnia–Lambton.

As we know, our province is continuing to grow at a rapid pace, and as a result, Ontario will soon be facing a surge in electricity demand. Luckily, the Ontario government, under the leadership of Premier Ford and the

Ministry of Energy, is taking action to ensure we grow the energy supply in this province.

One such action involves examining the potential redevelopment of former energy-producing sites, like that of the former Lambton generating site in my riding, owned by Ontario Power Generation. The Lambton site was once an energy-producing all-star for this province. With its existing infrastructure, proximity to transmission lines and the local expertise in industrial construction and energy production, the former LGS site represents a promising opportunity for significant future energy development.

Early community engagement is a critical part of our government's approach to new energy generation. I'm excited that we will be kicking off these conversations with communities close to these potential sites in the near future. These discussions will help gauge community support and explore potential benefits, including economic opportunities and energy security. I look forward to learning more from these conversations in Sarnia–Lambton. I believe our government's plan to generate more energy will help to ensure we keep our energy bills down and the power on for generations to come.

HOMELESSNESS

Mrs. Jennifer (Jennie) Stevens: I want to take this opportunity to highlight the incredible advocacy work of a number of local neighbourhood associations and service providers from my riding of St. Catharines. These groups have sent a public letter to the Minister of Municipal Affairs and Housing. Minister, they are calling on this government to strategically address the homelessness crisis in St. Catharines.

Haig Neighbours, Queenston Neighbours, the St. Catharines Downtown Association, the Port Weller Residents Association, Fitzgerald Neighbours, Niagara Quakers, Grace Justice Group, Silver Spire United Church, OPIRG from Brock and Trillium United Church: These are the local organizations that have stepped up and are calling for immediate intervention. It is neighbourhood groups, volunteers and those who work with vulnerable individuals directly who witnessed the urgent need for housing and mental health supports and addiction services first-hand. They see what's happening when our municipalities are not provided with adequate resources.

Minister, it affects every resident on every level when communities lack the power to help those in need in meaningful ways. To echo their calls, communities can only flourish when we succeed in looking out for one another, and I want to make it clear that I support their call for bold actions now. Thank you.

LAUREN MANDERS

Mr. Matthew Rae: I rise today to celebrate an extraordinary athlete and resident of Stratford, Lauren Manders. Lauren recently represented Canada at the world triathlon championships in Spain, where she competed against some of the best athletes in the world and where Lauren

finished as the fastest Canadian woman and 10th overall in the 25-to-29 age group.

What makes Lauren's story truly remarkable is the resiliency and determination she displayed in leading up to that event. Just two days before she was to depart for Spain, Lauren was in an accident while training on her bike. Despite being injured and shaken and facing significant damage to her equipment, she remained steadfast in her commitment to compete.

With her bike repaired and the doctor's clearance, Lauren travelled to Spain and dug deep to achieve her goals. The triathlon tested her mental and physical limits, with challenges on a technical course and gruelling events. Lauren completed the swim, bike and run, finishing the final five kilometres in under 20 minutes, a testament to her preparation and perseverance.

Lauren's achievements in the face of uncertainty are impressive and commendable. She's an inspiration not only to our local community but to athletes everywhere. Congratulations, Lauren, on this incredible accomplishment. Perth–Wellington is proud of you.

CLIMATE CHANGE

Mr. Peter Tabuns: I appreciate this opportunity. I have to say, Speaker, that the reality of the climate crisis is one that I don't think has come home to many of the people in this chamber. I suggest that they start watching videos from south Florida television stations, which is an odd thought, but increasingly, as hurricanes go through south Florida and make situations for people unlivable, people are deciding to move out. People are facing insurance bills that are outside their ability to pay. They are beginning to confront the very real leading edge of that climate crisis.

1020

Here in Ontario, we've seen fires in northern Ontario that have disrupted communities. We're seeing higher insurance costs there, but I'd say it's much more acute in south Florida right now.

Speaker, we are not seeing a response from this government to the climate crisis that is in any way commensurate with the scale of the problem we're facing. We are looking forward to a reduction of our standard of living. We are looking forward to risks to property and life that this government is not preparing for.

As we come to the end of this year, I urge the government to rethink what they're doing. It isn't a question of partisan advantage or perspective. It's a question of, how do you deal with a threat to our way of life? At this point, the government is not taking that threat seriously. People in south Florida right now are having to take it seriously; it's being forced on them.

OFF-ROAD VEHICLES

Mr. Steve Clark: Earlier this fall, I spent a morning on the trails with members of the Johnstown and Thousand Islands ATV Clubs. It was a real great opportunity to experience the scenery of my beautiful riding from a com-

pletely different vantage point. It helped me understand why ATV riding is such a fast-growing activity, and it is driving increased revenue into Ontario's tourism economy. I saw the passion that riders had to maintain trails, their respect for property owners, how they support small businesses and how they raise funds for community causes.

But they told me there is something more that could be done for the potential of ATVing. The missing piece, Speaker, is what exists for Ontario's 30,000 kilometres of snowmobile trails: It's a one-permit system. It would allow users, whether from Ontario or beyond, to purchase one annual pass to access thousands of kilometres of trails. It's more convenient and a sustainable system. Revenue generated would improve trail maintenance and could help connect them, while increasing collaboration between clubs and enhancing rider safety.

It's why I tabled a motion for the government to work with trail management clubs to establish a one-permit system, with the option of ATV clubs to opt out.

On behalf of ATV riders and clubs in my riding and across Ontario, I look forward to debating the motion in the new year with the support of my colleagues.

MEMBER FOR HAMILTON MOUNTAIN

Miss Monique Taylor: Oh, it's starting already; here we go. Speaker, today I rise to give my final farewell to the Ontario Legislature. I want to start by being clear that I am not leaving early. I plan on staying until an election is called, but the government has threatened an early election in the spring, which is more than a year and a half early. I did not want to miss this opportunity to reflect and to say thank you, so I appreciate the leniency that has been awarded to me today.

I was first elected to this Legislature on October 6, 2011, to the 40th Parliament. I was 39 years old and, honestly, didn't know much of what I was doing. I knew the people of my community, as I had already been working on their behalf through Scott Duvall, a city councillor for ward 7. But I had no idea of the road I was in for.

Andrea Horwath was the leader and positioned me as the critic for children. Thankfully, Norm MacAskill was my EA, and Kara McLean was the lead researcher on my file. I was truly set up for the best start, and I will be grateful to both of them as they showed me the path and provided the help to build the foundation of who I am today.

My first duty of business was to attend the Youth Leaving Care Hearings here at Queen's Park. Those young people were empowered to speak their truths, and certainly laid the path for the next 13 years of my time here. I am eternally grateful to each and every one of them.

I have had the honour of calling for legislation such as Ombudsman oversight over the children's aid societies; calling for Katelynn's Principle, an overarching foundation of child welfare; trying to eliminate wait-lists for children's mental health; to make an autism program

strong enough to support the growth of our kids. I've worked on and carried passage of all-party legislation such as the myasthenia gravis awareness month. And currently Bill 74, a missing vulnerable persons act, still sits on the table, which has the active support of over 100,000 people of Ontario. It would be truly fantastic to see that legislation pass while I serve here in this Legislature.

I have not taken this role lightly. I certainly have not seen myself as being a wallflower or a seat holder. I have fought and I have fought hard for you, my constituents, and for the young people of this province. I've been ejected, I believe, four times for refusing to back down and probably hold the record of being called to order—and I am sorry, Speaker. But I was also voted by all sitting members of the Legislature in 2017 as the most determined MPP in the Legislature: a true badge of honour. My time in this chamber has been passionate and for the best interest of my community and, I know, the betterment and well-being of our most vulnerable children.

I've also had a lot of fun, hosting various community events in my riding: Mother's Day teas, pumpkin fests, Santa parade food drives. If I could dream it, we could make it happen for the community to enjoy.

Each election, we leave here in the hopes that we will be returned by our constituents with faith, and I have been able to do that four times. This time, however, I have made the decision that I will not seek re-election provincially and I will be running for the federal seat for Hamilton Mountain. I'm excited and I am humbled by the overwhelming response to this announcement that I have already received in my community, and I look forward to a vision which reflects the needs of our community on the Canadian stage.

Being grateful is an understatement to having the greatest opportunity and privilege to represent the people of Hamilton Mountain, standing shoulder to shoulder with families fighting for better autism services; working hard for better lives for persons with disabilities; standing against the privatization of our hydro system, and now our health care system. And to top it all off, we weathered together a global pandemic for years.

An immense thank you to the many families who have trusted me with your personal stories, your fears and your tears. I'm honoured to have been able to be the carrier of your trust, and I would not have been able to do any of this if it wasn't for my friends and my family: my mom, my dad, my siblings, my daughter, Destinee, and my beautiful granddaughters, Sophia and Aspen.

I would not be able to be here without a strong team, and the countless hours of volunteers in my riding association, my community, the labour movement, and of course my amazing staff who has always ensured that I was prepared and our constituents were well taken care of—thank you, thank you, thank you.

To the Legislature staff—the Clerks, Speakers, security, broadcast—thank you. I have made some wonderful friendships, and I have been grateful for the hospitality that you have shown me and the privilege that you have given me while I've served here. We have definitely had our share of laughs and kind gestures.

To my leader, Marit, and my Ontario NDP family: I have been proud to serve on your House team and as your deputy whip. Sometimes it's been like herding cats; sometimes it's like stapling Jell-O to a wall, but most times it has been with pride as I watch you show your strength, your tenacity and your willingness to fight hard for your communities.

1030

We are New Democrats. People in our communities and in our families know us and they love us, but they will never understand the bond that we feel for each other. To serve in a world that at times makes no sense is a gift. It is a shared experience that only a few of us will know. I am grateful for the friendship and, in some cases, the extended families that I will honour forever.

To all members of this Legislature, I say: Please don't forget the communities who sent you here. Don't forget the first feeling that you felt when you stepped on this chamber floor and the trust that has been granted to you. We are here for a blip in time. Use it well.

It is so difficult to say goodbye, so I won't. Instead, I will do what I always do. I'm going to win the next election and stand with all of you from Ottawa to fight for a better Ontario in a stronger Canada.

Signing off with love, hope and optimism. Stay well, and thank you for your service. And thank you for allowing me this time today.

Applause.

MEMBER FOR MISSISSAUGA EAST-COOKSVILLE

Mr. Kaleed Rasheed: I rise today with a heart full of gratitude, reflecting on a journey that has been one of the greatest privileges and most humbling experiences of my life. I appreciate the House leaders allowing me to speak for a few extra minutes.

Speaker, in 2018, I had the honour of being elected as the member of provincial Parliament for Mississauga East-Cooksville. This milestone was deeply personal, as it allowed me to fulfill my grandfather's Canadian dream of giving back to this country by serving the riding I have called home for over 20 years.

From the very beginning, I was committed to advocating for the needs of this riding. I have proudly supported crucial improvements to infrastructure, including advocating for better public health care for our community. In addition to addressing the local needs of my riding, I also championed the advancement of technology and digitization across the province of Ontario.

I'm deeply grateful to Premier Ford for believing in me and entrusting me with the roles of Minister of Public and Business Service Delivery—or, as I used to say, the ministry of peanut butter and sandwich delivery—and Ontario's first Associate Minister of Digital Government. These positions provided me the opportunity to lead numerous transformative initiatives, such as the successful Verify Ontario app, and expanding digital options at ServiceOntario, ensuring a smoother, convenient and

more accessible flow of services. In doing so, we revolutionized how Ontarians access services online. I truly believe these initiatives have and will continue to shape Ontario's future as a leading province for generations to come.

Many people played a key role in these accomplishments. I want to acknowledge that none of these initiatives would have been possible without the support of my government colleagues, who I love so much, and the dedicated staff at Queen's Park.

I would also like to express my gratitude to the deputy ministers I was privileged to work with, my chief of staff as well as the dedicated ministry officials and staff.

Thank you, Mr. Speaker, for your leadership and contributions in fostering respectful and constructive dialogue in the chamber.

I also want to thank Mr. Trevor and his entire staff at the table for their valuable insights during the proceedings of the Ontario Legislative Assembly and for their steadfast support, as well as the legislative staff and security personnel, who constantly work hard behind the scenes to ensure the smooth operations of day-to-day activities and keep us safe. Thank you to the members of the press gallery for their tireless work in keeping the public informed.

I extend my utmost gratitude to the opposition. Though we may not have always seen eye to eye, I hold a deep respect for you and the role you play in strengthening our democracy.

To my constituency staff: Thank you for your outstanding dedication to the residents of Mississauga East–Cooksville. You have been the backbone of our efforts, ensuring that our constituents feel heard, valued and supported. I'm incredibly, incredibly proud of all we have accomplished together.

Speaker, I want to express my heartfelt gratitude to the riding association and to the campaign volunteers. The local campaign teams truly embodied the spirit of collaboration, dedicating countless hours alongside me, rain or shine. Each of you played an integral role in this journey, and your efforts have not gone unnoticed.

And to the people of Mississauga East–Cooksville: Thank you for your trust. I had the pleasure of connecting with many of you, whether it was during door-knocking, community events, a cup of coffee at my office or helping resolve your challenges. On many occasions, you brought with you your stories and hope, and I will always cherish these moments of connection. Representing you has been a true honour.

To my successor, I say that you will be inheriting not just a riding, but the trust of some of the most humble, kind, loving and down-to-earth constituents. Representing them will be a great privilege.

Finally, I would like to thank my family for all their sacrifices and support in my endeavour. It was not a solo journey. My family was with me every step of the way, always sacrificing their own time and comfort so I could pursue my initiatives. In a way, they too served this wonderful riding and province. For that, I could not be more grateful.

Speaker, as I reflect on this journey, I am reminded that the strength of a community lies in its people—their passion, resilience and unwavering support. I will carry the lessons and memories from this experience with me, always striving to make a positive impact wherever I go.

From the bottom of my heart, thank you to everyone who has been a part of this journey with me. Thank you to my government colleagues. I will miss you. I love you all. Serving the people of Mississauga East–Cooksville and the province of Ontario has been the absolute privilege of a lifetime.

God bless you all. Thank you.

Applause.

HOLIDAY MESSAGES

Mrs. Robin Martin: A couple of tough acts to follow.

As the holiday season approaches, communities across our province are lighting up with joy and anticipation. This is the time of year that reminds us of what truly binds us together: family, community, generosity and compassion.

In the coming weeks, the fortunate among us will gather with loved ones, exchange gifts and reflect on the blessings of the past year. But this is also an important time to think of those who may be facing challenges during this season. By donating to local food banks, volunteering our time or simply giving the gift of time and attention to another, not only do we help those less fortunate, but we also strengthen our community bonds. And we remind ourselves in the process that true happiness is found in those bonds, and not in what we get, but in what we give to others.

1040

Mr. Speaker, as we celebrate, I encourage everyone to carry the holiday spirit with them throughout the year. The sense of community that shines so brightly during the holidays is something we should strive to nurture every day through acts of kindness; mutual support—including, importantly, by obeying the rule of law which protects us all; and fulfilling our duties to our family and our fellow citizens; and by building a province where every person is valued and no one is left behind.

To everyone across this great province and in my riding of Eglinton–Lawrence, merry Christmas, chag Chanukah sameach, and however you are celebrating, I wish you a season filled with joy and generosity and many opportunities to find happiness and hope in giving to each other.

LONG-TERM CARE

Mr. Rudy Cuzzetto: Last week, it was a special honour for me to join the Premier and the Minister of Health for a real milestone announcement in Mississauga–Lakeshore at the groundbreaking of Hospice Mississauga, the first residential hospice in our city.

A few years ago, I had the privilege to announce an investment to expand the Dorothy Ley Hospice in Etobicoke, and it was a pleasure to see Dipti Purbhoo here

at Queen's Park on Monday. But until now, Mississauga has been the largest city in Canada without a residential hospice. We had a critical gap in hospice care. Because as much as we all love and support Dorothy Ley, we all recognize that no one in Ontario should have to leave their community to access compassionate end-of-life care.

That is what Hospice Mississauga will deliver at their new 12-bed hospice centre thanks to the province's investment of up to \$2.5 million. By building the hospice on a new seniors' campus of care on Speakman Drive, next to the Wellbrook Place long-term-care homes, and a new health services building, we're ensuring that families and seniors will be able to access compassionate care close to home.

Again, I want to thank Kitrina Fex and her team for all their hard work on this project, together with Karli Farrow at Trillium Health Partners and Tess Romain at Partners Community Health. I am so proud of all the work we're doing together which makes this groundbreaking a possibility.

CHRISTMAS PARADES IN LAMBTON— KENT—MIDDLESEX

Mr. Steve Pinsonneault: As the Christmas season approaches, the spirit of celebration is growing in Lambton–Kent–Middlesex. Across my riding, communities are coming together to spread the joy and share the traditions that make this season so special.

Our riding is home to some of the most cherished holiday events, including festive Christmas parades. This year, communities like Grand Bend, Watford and Lucan will be lighting up the streets with many floats, music and holiday cheer.

Each parade reflects the dedication and creativity of volunteers and local organizations who bring them to life. These events remind us of the importance of getting together as neighbours, supporting one another and celebrating the unique character of our communities.

On behalf of my family and staff, I wish everybody a merry Christmas and a happy new year.

HOUSE SITTINGS

The Speaker (Hon. Ted Arnott): The government House leader has a point of order he would like to raise.

Mr. Steve Clark: I'd just like to announce to the House that the night sitting for this evening has been cancelled.

INTRODUCTION OF VISITORS

Hon. Paul Calandra: I have two introductions today, and no coincidence at all that I'm introducing my daughter, who's joining us here today: Natalie—good kid; very proud of her. She works very, very hard, and she suffers through—well, the members of the opposition know she's suffered through her dad's rants. Of course, no coincidence that I brought my daughter on the day after the Auditor General's report.

Also, Michael Segree is joining us here today. He's a hard-working guy as well.

M^{me} France Gélinas: We have a number of paramedics who have joined us today in the gallery. I will start with Rob Moquin, who is with the Unifor national service representatives; Kyle Stampler, a Thunder Bay paramedic who made it all the way down through the bad weather and all; Owen Van Dyke, from the York region paramedics; and Niko Georgiadis, who is the chair of the CUPE Ambulance Committee of Ontario.

From SEIU, we have Stephen Adlington and Brian McDonald, from the county of Lambton EMS, as well as Jet Alarcon.

From OPSEU-SEFPO we have Joel Usher, who is the chair; Andrew Simmons and Dave Doran, who are from the ambulance division; and Manzur Malik from OPSEU.

Welcome to Queen's Park. Thank you for coming.

Ms. Aislinn Clancy: I don't think they're here yet, but I want to give a big shout-out to the Caribana Ignite folks and Caribana Arts Groups. We had the first Caribana outside of Toronto. It was a huge success. Thanks to Geraldine and her amazing team for making Kitchener colourful, fun and bumpin'.

I also want to welcome Michael Parkinson, from the Drug Strategy Network of Ontario; Ingrid Ohls, CTS support coordinator at the Guelph CHC; and Jean Hopkins, manager of Wellington Guelph Drug Strategy.

Welcome to your House.

Hon. Jill Dunlop: I'm pleased to welcome the Ontario Principals' Council. This will be their 25th annual Principals' Day here at Queen's Park. A warm welcome to president Alison Osborne, Nadine Trépanier-Bisson, Jeff Maharaj, Hillary Howe, Eryn Smit, Amy Johnson, Greg Arkwright, Emily Samuel, Meshell Lynch-James and Patsy Agard. Thank you for being here today and I look forward to our meeting later this afternoon.

Ms. Marit Stiles: There are so many great people here today visiting, but I do want to give a special shout-out to some folks from my riding who are here to join MPP Andrew for the debate of the motion supporting Ontario arts, culture and heritage—very important. They include Clay and Paper Theatre's David Anderson and Tamara Romanchuk; the Theatre Centre's Audrey Kwan; MOCA Toronto's Angus Macdonald and Max Thomson; Edna Khubayar of Edna Talent Management; Miranda Mulholland, a Juno-nominated artist from Davenport; the Media Arts Network of Ontario's Elida Schogt; George Alevizos, who is, by the way, a Davenport resident and also an ACTRA member; LIFT's Chris Kennedy; CARFAC's Jason Samilski; the Pia Bouman School for Ballet and Creative Movement's Aliah Schwartz; and, as well, Danjelani Ellis and Manuel Verreydt. Thank you so much. Welcome to your House.

Ms. Mary-Margaret McMahon: Good morning, everyone. Nice to see you all bright-eyed and bushy-tailed. I'd like to introduce a young and energetic city builder, gregarious Gordon Winch. Thank you for coming and welcome to your House.

Hon. Rob Flack: The Ontario Federation of Agriculture is here today. I'd like to introduce newly elected executive members of their board: Sara Wood, Ethan

Wallace, Paul Maurice and Cathy Lennon. Welcome to your House.

Mr. Peter Tabuns: It's a pleasure to welcome to the House Emily Hurson, from ACTRA; and Laura Paduch, from the Fringe Festival. Welcome.

Mrs. Karen McCrimmon: I would very much like to welcome the Ontario Principals' Council, especially the members that I'll be meeting with today: Patsy Agard, Greg Arkwright and Daisi Dina; as well as the team from Canadian Manufacturers and Exporters, Alan Arcand, Scott MacKenzie, Chris Hergott and Dennis Dussin.

The Speaker (Hon. Ted Arnott): If there are no objections, I'd like to continue with the introduction of visitors.

1050

Hon. Sylvia Jones: I have two introductions from the Ontario Dental Association. Welcome to Queen's Park. I would be remiss if I didn't highlight Dr. Lisa Bentley, because of course, she lives in the beautiful riding of Dufferin-Caledon. Welcome.

I think it is important to acknowledge special days of significant, Speaker, and the parliamentary assistant for health, and most importantly, the MPP for Essex is celebrating his birthday today.

Ms. Sandy Shaw: It is with absolute pride that I want to acknowledge today's page captain Jack Hambly from my riding of Hamilton West-Ancaster-Dundas. Joining us today is Jack's mom, Dr. Lara Housez. Also, Dr. Nathan Hambly and Mrs. Connie Hambly, proud dad and proud grandma, are watching from home.

Jack has served us well in this House and we look forward to great things happening from him back in Hamilton.

Mr. Ross Romano: I have a very special guest that I want to welcome, up in the members' gallery. We have Liliana "Lil" Silvano, president and CEO of the Group Health Centre in Sault Ste. Marie. Welcome to your House.

Mr. Joel Harden: I'm very happy that friends from the Ontario Public Transit Association are in the House today, as well as the Canadian Urban Transit Association. There are many, Speaker; I'll just name a few.

I want to acknowledge Matthew Wolstenholme from OC Transpo, part of the service planning team; Carla Stout, general manager of the Niagara Transit Commission; Jordan Hambleton, Niagara Region Transit; and Doug Spooner, the acting commissioner for transportation services at the city of Waterloo. Thank you and welcome to your home.

Hon. Stephen Lecce: Just a very quick introduction to Jordan Hambleton, a long-time friend and leader from Niagara transit. Thank you for being with us today.

Mr. Tom Rakocevic: I'm proud to be joined by my family today: my wife, Aleksandra, and my sons, Aleksandar and Ilija.

Hon. Vijay Thanigasalam: I would like to welcome a former OLIP intern and a young leader, Mr. Sky, to the Ontario Legislature. Welcome back, Sky.

Mr. John Vanthof: I would like to congratulate our other page captain for today, Elissa Wakeford. Joining her

on this proud day are her parents, Natalie Bisson and Shane Wakeford, and her granddad, whom some of you might recognize, Mr. Gilles Bisson.

Hon. Nolan Quinn: I'd like to welcome the team from Mitacs that are here today celebrating 25 years of good work; they have a reception in 228 at noon: Sylvain Giguère, Gurkamal Dhahan, Amanda Green, Ryan Caldwell, Modupe Olufemi and Emily Gordon. Welcome to your House.

MPP Jill Andrew: It's a big day for the arts here today.

I would like to welcome Michael Murray from the OAC; Valerie Tomlinson, friend and constituent, from AGO; Michael Rikley-Lancaster from OMA; Emily Reid from TOPS; Rachel Kennedy from Toronto Fringe Festival; Sedina Fiati from The Black Pledge—I have more to go—Stefan Dzeperoski from the interdisciplinary Digital Dream Society.

We have Angus Macdonald from MOCA; Dayna Nelson; we have Morgan Norwich from SummerWorks; Carole Paul; from MOCA once again, Max Thomson; Kira Allen; Tonjha Richardson from ACTRA; John Cleland from ACTRA—a ton of folks from ACTRA. Last but certainly not least, we have Nadia Hohn.

Thank you so very much for coming out today, all of our arts, culture and heritage superstars.

Hon. Stan Cho: Six amazing people to introduce today from Ontario Creates and Ontario Arts Council. They are chair Aaron Campbell, CEO Karen Thorne-Stone, board member Aldo Di Felice.

From the OAC, we have chair Simon Foster, CEO Michael Murray and director of gaming, Mariya Afzal.

Lunch is on Graham McGregor. Thanks for coming to the Legislature.

Ms. Bhutla Karpoche: I too would like to welcome arts and cultural representatives to Queen's Park. From Parkdale-High Park we have Elizabeth Jackson Hall, painter and artist; Jameson Kraemer, actor and ACTRA member; Audrey Kwan, managing director of the Theatre Centre; and Kristine Maitland, photographer. Welcome.

Hon. Victor Fedeli: Welcome to the team from Mitacs who is here today. Many have already been introduced, along with Stephen and Sylvain and Gurkamal, with others. They've been crucial in keeping Ontario's businesses competitive and supporting the province's world-class talent. We look forward to seeing them at their reception at noon today.

Mrs. Jennifer (Jennie) Stevens: Today, we have some wonderful guests from Niagara transit as well as Niagara Region Transit. I want to thank them for keeping our ridership to an affordable rate around the Niagara region. I want to welcome Carla Stout, general manager, and Jordan Hambleton. Thank you and welcome to your House.

Ms. Chandra Pasma: It's my pleasure to join in welcoming the Ontario Principals' Council to the House today, including president Alison Osborne, executive director Nadine Trépanier-Bisson, Eryn Smit, Emily Samuel, Greg Arkwright, Jeff Maharaj, Meshell Lynch-James, Hillary Howe, Amy Johnson and Ottawa West—

Nepean's very own Patsy Agard, along with staff Daisi Dina and Peggy Sweeney.

Thank you so much for being here. Thank you for all the hard work you do, and welcome to your House.

MPP Lise Vaugeois: From the Ontario Principals' Council, I would like to welcome Hillary Howe, principal of C.D. Howe Public School in the Lakehead District School Board; and Amy Johnson, principal in the Renfrew County District School Board.

I would also like to welcome paramedics Kyle Stamler, representing Thunder Bay paramedics, and Rob Moquin, Unifor national rep and also a Thunder Bay resident.

Great to see you again. Thank you so much for your work. Thank you for being here.

Ms. Sandy Shaw: It gives me great pleasure to introduce a fine resident of my riding and political junkie, Fraser Passmore. Welcome to your House.

Ms. Jessica Bell: I'd like to introduce Winston Lee. He's a volunteer in our office, and he also works with MPP Kristyn Wong-Tam in Toronto Centre. Thank you for being here.

MPP Kristyn Wong-Tam: It's an honour to recognize some esteemed individuals who have joined us today: from the Ontario Public Transit Association, William Holmes, Marco D'Angelo, Tom Glover, Sasha Pejic; and from TTC, Karen Thorburn.

There's also a number of arts advocates and administrators, the talent and creative heart of Ontario. They're all here for their specific bill, a motion to increase arts funding. I want to welcome, from Toronto Centre, Dewitt Lee, Beth Airton, Leah Bobet, Alexander Gates, Clea Iveson, Helen Lee, Rogers Murphy, Tony Tran and Hamel Docter; also, organizations such as Fringe Festival, Toronto Railway Museum and Metcalf Foundation; and then finally, my deep gratitude to my intern, Winston Lee, who is here.

MPP Wayne Gates: We always want to have young people getting involved in politics. I want to welcome a 17-year-old co-op student, first time ever been to Queen's Park—he's dressed better than I am today. Welcome to Queen's Park, Keith. Thanks for coming here. Enjoy your day.

MPP Jill Andrew: I'd like to welcome IATSE president Justin Antheunis. How could I forget him? Thank you for all the lessons from your members on timber wood.

Also, I would like to extend a proud welcome to Ontario Public Transit Association members Kyla Marrin, Neil Malcolm, Jordan Hambleton and Majdi El-Sadek. I look forward to meeting you this afternoon and chatting.

1100

Miss Monique Taylor: I would also like to welcome some guests from the Ontario Public Transit Association who I've had the pleasure of meeting with today: Maureen Cosyn Heath is the director of transit for Hamilton Street Railway; Catherine Baldelli is from Burlington Transit; Jon MacMull is from the Canadian Urban Transit Association—and then folks from Niagara Falls who have

already been introduced. Welcome to Queen's Park. Thank you so much for being here.

I also had the pleasure of meeting some wonderful people at my granddaughter's swimming lessons, and now they are joining me here today for a day at Queen's Park: Andreana Zerafa and her daughter Sicily Hudson. Welcome to Queen's Park.

MPP Lisa Gretzky: It is my honour to welcome Dr. Charles Frank. Dr. Frank is a dentist in my riding. He's here with the Ontario Dental Association. I'm looking forward to our meeting later today.

Mr. Chris Glover: From the arts community, I'd like to welcome IATSE president Justin Antheunis; ACTRA member Joanne Boland; filmmaker Chris Kennedy; artist Queen Kukoyi; from TAPA, Matt McGeachy; from the National Ballet of Canada, Amanda Ram; from ACTRA, Gord Rand; from CARFAC, Jason Samilski—lots of artists in the building today—from George Brown College, Karen Sinotte, and also Jian Shu.

Welcome to your House. We look forward to the debate this afternoon.

Mrs. Jennifer (Jennie) Stevens: Thank you, Speaker, for allowing me to recognize guests from the Ontario Dental Association. I'm looking forward to meeting with Dr. Kevin Boyce, a dentist from St. Catharines, later on this afternoon. Welcome to your House.

M^{me} France Gélinas: Aylan Couchie from Nipissing First Nation is here today. Welcome to Queen's Park.

Mr. Sol Mamakwa: Meegwetch, Speaker.

Remarks in Anishiniimowin.

I would like to introduce to the House the Commissioner of Indigenous Languages, Ronald E. Ignace, a member of Secwepemc Nation and former chief of the Skeetchestn Indian Band.

Also joining from the Office of the Commissioner of Indigenous Languages—I'd like to welcome Jessica Arnouse, executive assistant to the commissioner; Ashley Keays, manager of policy and communications; and Lema Ijtemaye, senior policy analyst.

Meegwetch for being here today. I look forward to meeting you over lunch.

The Speaker (Hon. Ted Arnott): I've got two more introductions.

The member for Cochrane South in the 35th and 36th Parliaments, the member for Timmins–James Bay in the 37th, 38th, 39th, 40th, 41st Parliaments, and the member for Timmins in the 42nd Parliament, Gilles Bisson, is here today.

Welcome back, Gilles. It's great to see you.

Also, we have the member for Carleton–Grenville in the 31st, 32nd and 33rd Parliaments, the member for Carleton in the 34th, 35th and 36th Parliaments, the member for Lanark–Carleton in the 37th and 38th Parliaments, and the member for Carleton–Mississippi Mills in the 39th Parliament, Norm Sterling.

Welcome back, Norm. It's always good to see you here.

EMERGENCY RESPONSE IN PARRY SOUND–MUSKOKA

The Speaker (Hon. Ted Arnott): Next, I'm going to recognize the Minister of Natural Resources on a point of order.

Hon. Graydon Smith: Thank you very much, Speaker—just a few moments to update the House, less in my role as minister and more in my role as a local MPP. You'll know that over the last few days, we've had an emergent situation in Parry Sound–Muskoka, where parts of the riding—specifically, in the south end—received about five feet of snow. We're used to receiving snow, but that amount in that amount of time is unusual. It has created a situation that has been very difficult for a lot of people.

So, just a message to all those people that help has been and will continue to be there for you. When the mayor of Gravenhurst declared an emergency early Sunday morning, the first person on the phone with her was the Premier of Ontario to extend help and offer anything that the government could provide to help. Emergency Management Ontario has certainly been a helping hand through all of this.

But I want to recognize all the people locally that are doing incredible work to help others right now. It's not a surprise to me, having been a mayor and been through emergencies in that area, that it's an all-hands-on-deck effort. To Mayor Lorenz in Gravenhurst and the mayors in the South Muskoka region, keep up the great work. I've been sitting in on all their emergency control group meetings in Gravenhurst, and their team is supremely organized and doing fantastic work on behalf of the people in their community.

To all the NGOs and other groups that have come to the area to lend a hand, thank you very much for what you are doing to make sure that we can get to people that have been stranded and are going through a difficult time, often without power. To our first responders—our OPP, our fire, our paramedics in the area—once again, they've answered the call and just done an amazing job in making sure that people stay safe. To the utility workers, whether it's from Hydro One or Elexicon, thank you for working under what are extremely difficult conditions to get into some of the more rural parts of the riding.

I'd be remiss, too, Speaker, if I didn't mention that there has been help provided from all over this province, especially through the central Ontario corridor, from other municipalities and utilities that have come to help.

I'll just close with a couple of small anecdotes that I think reflect the way people in our riding help one another. You'll know, because I've said it in this chamber before, the phrase "How can I help?" has special meaning for me as someone who has volunteered and recognizes the power of volunteerism. When you ask, "How can I help?" during an emergency, you find out just how many people are willing to do just that.

Jesse Grimes owns the Sobeys store in Gravenhurst. On Saturday and Sunday, when people were stranded in their

vehicles, he took the food from his store, went out, of his own volition, and distributed food to people in their vehicles. Gordie Merton, who everyone knows in Gravenhurst, a wonderful young gentleman, went to seniors' homes to check on those seniors, to say, "Do you need soup? Do you need anything in terms of food, or do you just need companionship?" Isolation can be a real challenge when you go through events like this because of the rural areas we have.

I have always been honoured to be the representative for Parry Sound–Muskoka but never more so than the last couple of days to see the response and how the people in our area have come together to support one another. I want to thank everyone in this chamber that has reached out to inquire on how we're doing. We'll get through this because many hands make light work, but it's important work and the work continues.

Thank you very, very much.

The Speaker (Hon. Ted Arnott): I believe it is time for oral questions.

QUESTION PERIOD

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: Good morning, Speaker. This question is for the Premier. Unfair, subjective and not transparent—that is how the Auditor General described the call for development process for Ontario Place. The government is ponying up some serious cash for the Premier's vanity project: hundreds of millions for a taxpayer-funded parking garage, \$60 million so Therme could have a fake beach and \$700 million to move the Ontario Science Centre so Therme could get a sweet deal.

Why won't this government take this seriously? Does the Premier not think that wasting billions of taxpayer dollars is a big deal?

The Speaker (Hon. Ted Arnott): To reply for the government, the member for Brampton West.

Mr. Amarjot Sandhu: Let me begin by reading what the Auditor General confirmed with reporters yesterday: "We do not have any evidence of the Premier's office interfering in the process." She also confirmed the call for development process was never intended to be a structured procurement process, but more like a real estate transaction in which potential partners view the site and have more extensive discussions.

Mr. Speaker, we welcome the recommendations provided in the report by the Auditor General and we're working very closely with Infrastructure Ontario to implement those recommendations. We remain focused on ensuring that every step of this revitalization reflects good governance, respects taxpayer dollars and delivers long-term benefit for Ontarians.

It's worth noting that the opposition has consistently opposed progress, offering no concrete solutions or alternatives. Their approach is to criticize, while our approach is to build.

1110

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

Ms. Marit Stiles: I'll tell you, Speaker, the people of Ontario are not buying it, but they sure are paying for it. Yesterday, the minister could not even be bothered to answer for how, under her watch, this project got so out of control: billions over budget, wasted hundreds of millions to close the science centre, handing over bags of taxpayer cash to subsidize a luxury spa company. Instead of taking responsibility, the minister made a civil servant face questions for her decisions.

Will the Premier take responsibility, do the right thing and fire his infrastructure minister?

Interjections.

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

To reply, the member for Brampton West.

Mr. Amarjot Sandhu: Let me read another response to the report by Infrastructure Ontario to the Auditor General: The Auditor General found no evidence that there was any inappropriate contact between IO employees and IO's bidders. The goal was to take in ideas from across the globe and compare them on an apples-to-oranges basis to see which of these ideas best aligned with the government's vision and would have the best benefit to taxpayers.

For far too long, Ontario Place was neglected, left to deteriorate and underutilized. Our government took on the challenge to revitalize this iconic site and make it a thriving, accessible space for families, tourists and for future generations to come.

Again, the Leader of the Opposition may focus on criticism, but we're focused on results—focused on building infrastructure, creating jobs, fostering economic growth and delivering spaces that the people of this province will be proud of.

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

Ms. Marit Stiles: No, no. We're not buying it. The auditor's report makes it very clear that Therme was struggling financially. In fact, they're broke, right? They did not pass the financial test to be viable for this contract. Yet, despite warnings from staff at Infrastructure Ontario, the minister pushed through this deal and handed them billions—billions—in taxpayer dollars. Those funds are meant to build homes, hire doctors, fix our schools, not prop up a broke Austrian luxury spa company.

Why won't the minister do the right thing, take responsibility for wasting taxpayer dollars and resign?

Interjections.

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

The member for Brampton West.

Mr. Amarjot Sandhu: Let me again take this opportunity to read what the Auditor General confirmed to the reporters: "We do not have any evidence of the Premier's office interfering in the process."

The Leader of the Opposition can criticize as much as she wants. I drive by Ontario Place every morning and it breaks my heart to see such indifference and neglect of our historic and iconic destination by a previous Liberal government, and always supported by the NDP.

You know, Mr. Speaker, the mistake we made is the mistake to have a vision—a vision to bring our iconic destinations back to life. It is not merely iconic because it's a physical site. It is iconic because it has a special spot in the hearts and minds of the people of this province, and we will bring it back to life.

GOVERNMENT ACCOUNTABILITY

Ms. Marit Stiles: You know what breaks my heart? The \$700 million to move the science centre; the \$500 million to replace the trees that you tore out; the \$280 million to build a parking lot for this spa company; the \$346 million for site servicing and a whole other phase that hasn't even been costed yet. This is now five times what this government initially projected, and it is going to cost us more than \$2.2 billion.

We have been sounding the alarm on this side for this project from the very start, but the minister has repeatedly refused to take any responsibility. Does the minister not believe that she is responsible for the mess that her ministry has made here?

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

To reply, the member for Brampton West.

Mr. Amarjot Sandhu: Let me again read what the Auditor General confirmed to reporters: "We do not have any evidence of the Premier's office interfering in the process."

We will not take any lessons from the Leader of the Opposition when it comes to building infrastructure. We are making unprecedented investments in infrastructure. Their legacy is voting against hospitals, voting against infrastructure, voting against projects like Highway 413 and the Bradford Bypass, shutting down long-term-care homes and schools.

The legacy of this Premier and this government is to build infrastructure to support population growth, to build infrastructure so that our future generations can be proud. That is why we are bringing this remarkable destination like Ontario Place and the science centre back to life, making it a remarkable, world-class destination for people of all ages in the world.

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

Ms. Marit Stiles: Blink twice over there if you need help, okay?

Interjections.

The Speaker (Hon. Ted Arnott): I didn't hear the comment, but I'm going to ask—you've got to make your comments through the Chair.

Ms. Marit Stiles: All right, Speaker.

People are worried, and I'll tell you what they're worried about. They're worried about how they're going to pay rent. They're worried about how they're going to—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. The government side will come to order. I need to be able to hear the member who has the floor.

Start the clock. The Leader of the Opposition has some time.

Ms. Marit Stiles: As I was saying, people are worried about how they're going to pay for groceries in this province, not how they're going to get a \$100 pedicure in downtown Toronto. Instead of focusing on helping struggling Ontarians by building homes, by fixing schools, by hiring doctors, by making life more affordable, this minister and this Premier are choosing to use people's hard-earned tax dollars to help out a broke Austrian company.

Does the Premier think that he can waste billions of taxpayer dollars subsidizing this luxury spa company on Toronto's waterfront, tip the scales on the procurement process and actually get away with it?

Mr. Amarjot Sandhu: I think the Leader of the Opposition needs some help, because her popularity is declining every day. And the people of this province will never vote for the NDP, because the only time they were in power, they brought the province to its knees. People will never make that mistake again.

As the Auditor General noted, Ontario Place is a derelict site, a direct result of the opposition's previous inaction, requiring extensive rebuilding under any scenario to remain operational. This means hundreds of millions of dollars, and this estimated increase would still occur to keep the current site safe for use, regardless of the redevelopment approach. Our government is finally taking action to make sure that our historic sites are back to life, making it a remarkable, world-class destination so that our future generations can be proud of our government.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. I'm going to remind members that interjections are out of order. It's getting increasingly noisy in here. I'm going to start calling you out individually if you repeatedly interject when you don't have the floor.

Start the clock. Final supplementary?

Ms. Marit Stiles: All right, let's recap here. We've got a luxury spa that no one wants, billions and billions of dollars over budget already; contact that happened between bidders and ministry staff when that is prohibited; and a process that the Auditor General has called unfair, subjective and not transparent.

1120

My question to the Premier is: What does a minister have to do to get fired around here?

Interjections.

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

The member for Brampton West.

Mr. Amarjot Sandhu: As the Auditor General noted, again, Ontario Place is a derelict site, a direct result of the opposition's previous inaction, requiring extensive rebuilding under any scenario to remain operational.

Let's not forget that Ontario Place was left in a state of neglect and disrepair for many years, including under the previous Liberal government, always supported by the NDP, and they're equally responsible for this negligence. The Leader of the Opposition is all about criticism but no vision. What solutions did they bring to the table when they had the chance?

Again, we inherited a site in decline, and we are the ones taking action to ensure Ontario Place is once again enjoyed by families, a place that people of this province can be proud of and the people of this province trust this government to get it done.

Interjections.

The Speaker (Hon. Ted Arnott): The member for Hamilton Mountain will come to order. The Minister of Transportation will come to order.

The next question.

GOVERNMENT ADVERTISING

Ms. Marit Stiles: Well, it gets even worse. Yesterday, the Auditor General revealed that this government is spending more than any Ontario government in history on advertising in a single year—triple what was spent the year before. The auditor made it very clear that these ads primarily exist to promote the governing party. That's right: They are partisan ads.

In opposition, the Conservatives railed against the Liberals' use of government funds for partisan ads; we remember that. The Minister of Health even tabled a bill on it. But in government, they're more than happy to follow the Liberals' lead.

My question to the Premier is: Will you stop with the self-promotion and stop wasting Ontarians' money?

The Speaker (Hon. Ted Arnott): To reply for the government, the parliamentary assistant and member for Eglinton–Lawrence.

Mrs. Robin Martin: Government advertisements inform people on important issues, ranging from the economy, training programs for workers, breast cancer screening programs, winter driving safety and awareness on post-secondary grant programs. Since taking office in 2018, the Auditor General has issued our government a clean audit opinion—unlike the former Liberal government—and that includes on our government advertising spending.

It's important to note that over the past 20 years, there has been a comparable spend on advertising when adjusted for inflation and any increases reflect inflation, larger population, multilingual advertising and additional advertising mediums.

Anyone just has to look at what is going on south of the border now to know how important government advertising is for the future of the province of Ontario. Our economy is critical to make sure people have jobs, to make sure we have a prosperous province, and this government—

Interjections.

The Speaker (Hon. Ted Arnott): The member for Ottawa South will come to order. The member for St. Catharines will come to order.

Supplementary question?

Ms. Marit Stiles: They are spending over \$100 million on what the Auditor General has said are “factually inaccurate ads.”

You’re telling the people of Ontario how good they have it while they’re standing in line at the grocery store deciding which things they need to put back. People have to listen to these ads while they’re waiting hours and hours in emergency rooms, they’re sitting in congestion. They’ve got ads talking about how much they’re building, but young families are losing their homes every day. You can have all the ads you want, but you cannot fool the people who experience the consequences of this government’s neglect every single day.

Why is this government selling a story to the public instead of delivering what they’re promising?

Interjections.

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

To reply, the Minister of Economic Development, Job Creation and Trade.

Hon. Victor Fedeli: Let me tell you about some of those ads that are running internationally as well. First of all, our job is to bring business into Ontario, and we are marketing Ontario around the world, whether you’re at an airport in Munich or watching a television station in the US. As a result of that media and our push last year, 137 international companies landed in Ontario last year. They brought with them and invested \$11 billion into Ontario and hired 12,200 people. That is what’s happening with our marketing around the world. We will continue to push our message that Ontario is open for business and has everything a company needs to be successful.

AUTOMOTIVE INDUSTRY

Ms. Laura Smith: My question is for the Minister of Economic Development, Job Creation and Trade. The previous Liberal government’s high tax policies left Ontario’s auto sector on the brink of collapse. They wanted to get Ontario out of the manufacturing business because they didn’t believe in Ontario—

Interjections.

The Speaker (Hon. Ted Arnott): The member will take her seat. The member for Orléans will come to order. The member for Thornhill has the floor.

Ms. Laura Smith: Thank you, Speaker. They would rather see cars and goods being made abroad rather than right here in our province by Ontario workers.

Our government came into office—we knew we had to immediately reverse course and fix the high taxes, the overregulated business environment that the Liberals left us with. We lowered the costs across the board, and as a result, global automakers and parts suppliers have invested tens of billions of dollars in just the last few years. These

companies could have gone anywhere in the world, but they chose Ontario.

Can the minister please provide the House with an update on the tens of billions of dollars invested in Ontario by the auto sector?

Hon. Victor Fedeli: Well, as everyone now knows, we have landed \$45 billion of auto and EV business in the province of Ontario in the last four years. Recently, we attended Port Colborne, where Asahi Kasei broke ground on their \$1.7-billion facility. This new facility will make a separator, and it is an integral part of a lithium-ion battery. They will hire 300 people in Port Colborne, very good-paying jobs that will land there. Asahi Kasei’s investment is all part of the record-breaking \$15-billion investment—the largest investment in our history—from Honda Canada who will build an integrated EV facility. Between making batteries, making cars, making separators, making cathodes, this is exactly the kind of business that we have landed here in Ontario.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Laura Smith: Thank you to the minister for his dynamic work for the province of Ontario. The investments in Ontario, the investments that have been landed, underscore the competitive advantage that we have in the auto sector. We have everything automakers and parts suppliers need to succeed: the best talent in the world, low costs, an abundance of clean and reliable energy and so much more.

Automakers, they recognize this and that’s why they’re doubling down in Ontario and they’re doubling down in the riding of Thornhill, because we’ve got lots going on there as well. They see an automotive ecosystem that has been revitalized over the last six years. Rewarding, good-paying jobs—auto manufacturing jobs—are being created in the very same communities that the Liberals turned their backs on, communities that directly felt the pain of the Liberal high tax policies that chased away 300,000 jobs, manufacturing jobs.

Can the minister please share how Ontario’s auto sector went from years of decline under the Liberals to being a place where every automaker and supplier wants to be today?

Hon. Victor Fedeli: You really do need to look back to where we were when we were elected, when we lost 300,000 manufacturing jobs: Costs were soaring. All of the automakers told the Premier and I that the cost of doing business in Ontario was too high. We did everything we could. We pulled on every lever to lower the cost by \$8 billion, and that resulted in a couple of things.

Number one: 850,000 people were put to work by us lowering the cost of doing business by \$8 billion. Reuters announced that of the \$300 billion being spent in the EV sector, zero was coming to Canada. We turned that around and went from zero to \$45 billion. In all of the United States, they have landed \$119 billion, yet here in one province of Ontario, we’ve landed \$45 billion. That’s power.

1130

GOVERNMENT ACCOUNTABILITY

Ms. Jennifer K. French: My question is to the Premier. The Auditor General's damning report is further proof that the Therme deal at Ontario Place is a rip-off. Work has not even started yet on the luxury spa, and the cost to taxpayers has already ballooned to a whopping \$2.2 billion. That is more than Therme will be paying over the course of their entire 95-year lease, so that is the equivalent of \$400 from every household in Ontario for a spa that most people will never step foot in.

Will the Premier apologize for this ballooning scandal and fire the Minister of Infrastructure?

Interjections.

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

To reply, the member for Brampton West and parliamentary assistant.

Mr. Amarjot Sandhu: Again, as the Auditor General noted, Ontario Place is a derelict site, a direct result of the opposition's previous inaction requiring extensive rebuilding under any scenario to remain operational. I'll also read a quote from the Auditor General: "Time has gone by and so things are more expensive," so the renovation costs would go up as well.

For far too long, Ontario Place was neglected by the previous Liberal government, always supported by the NDP. As I said, the Leader of the Opposition or the members may focus on criticism, but we are focused on results: focused on building infrastructure, creating jobs, fostering economic growth and delivering spaces that the people of this province can be proud of. Our government is committed to addressing any concerns within the report, while continuing to move forward with this transformative project.

The Speaker (Hon. Ted Arnott): Supplementary? The member for Spadina–Fort York.

Mr. Chris Glover: I don't know if people were listening, but the Conservative member just said that costs are going to go up. So the Auditor General report—that \$2.2-billion taxpayer subsidy to Therme is not the final tally? That is going to go up from there?

It is standard practice for landlords to ask for first and last months' rent and a credit check when they're leasing a property, but Therme had less than €1 million in the bank when it was awarded the lease at Ontario Place, not enough to meet the financial test to take on a project like this. Apparently, this government is willing to lease 155 acres of the most valuable public parkland in Canada without the financial requirement to lease a one-bedroom apartment.

Will the government cancel the Therme deal and stop hemorrhaging taxpayer dollars?

Interjections.

The Speaker (Hon. Ted Arnott): Members will take their seats. The government House leader will come to order.

The member for Brampton West can reply.

Mr. Amarjot Sandhu: And once again, the opposition is merely criticizing this issue because the same Liberal government, led by Kathleen Wynne, stood in front of Ontario Place in 2014 and proclaimed their vision to revitalize Ontario Place. Now, NDP members and Liberals are upset because we're picking up the pieces of their failed project and getting the job done.

Mr. Speaker, as I've said again and again, this neglect will not continue under the watch of this Premier and this government because we believe in getting things done and built, not neglected. That is why we're making our mark. We're making Ontario Place a remarkable destination for people of all ages to enjoy, and only this government has the power to get it done.

TRANSPORTATION INFRASTRUCTURE

Mr. Aris Babikian: My question is to the Minister of Transportation. For far too long, the previous Liberal government said no to building new highways for our growing population. This gridlock is hurting the people in my great riding of Scarborough–Agincourt. This gridlock took time away from families and added to the cost of delivering groceries and goods.

Unlike the Liberals and the NDP, we know that we cannot continue with the status quo. Our government is taking major action to build new roads and highways across our province. Under our government's leadership, we are making much-needed investments so that people can spend more time with their families and less time stuck in highway gridlock.

Speaker, can the minister please tell the House how our government is tackling gridlock?

The Speaker (Hon. Ted Arnott): The member for Hastings–Lennox and Addington and parliamentary assistant.

Mr. Ric Bresee: Thank you for the question from the member for Scarborough–Agincourt.

Speaker, the answer is actually clear: We need to build. We need to build new highways. We need to build more public transit. It's quite simple. And that is exactly what we're doing. We are building. Projects like the 413 and the Bradford Bypass will help to cut commute times. Projects like the Ontario Line will get people out of crowded subway trains.

We know that the Liberals and the NDP—they couldn't get anything built. They didn't seem to want to. But under Premier Ford, we are building across this entire province.

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

Mr. Aris Babikian: Speaker, the Bonnie Crombie Liberals are still ignoring common-sense solutions, just like they did under Kathleen Wynne. They are saying no to projects like Highway 413. They are saying no to projects like the Bradford Bypass. They have no solutions to tackle gridlock.

Doing nothing will only make gridlock worse. We are the only party with a plan to tackle gridlock. Our

government is getting it done and rebuilding Ontario for individuals and families in my riding of Scarborough—Agincourt and the rest of Ontario.

Speaker, can the minister please share what our government's plan is to tackle gridlock?

Mr. Ric Bresee: In answer, our government's plan is to keep our province moving. Highway 413 will connect Highways 400, 427, 410, 407 and the 401, giving people more options to get around. The Bradford Bypass will get cars and trucks off the rural roads and provide a safer connection between the 404 and the 400. And, Speaker, the Building Highways Faster Act will cut red tape and designate these highways as priority projects.

We're also building the largest expansion of public transit in Canadian history ever. GO expansion will bring two-way, all-day GO service across the region—again, getting people out of cars and onto the GO train.

Speaker, our plan gives people more options, our plan gets shovels in the ground faster and our plan will keep Ontario moving.

ADDICTION SERVICES

MPP Kristyn Wong-Tam: Speaker, through you: The Auditor General's report confirmed this government's decision to close consumption and treatment services was not properly planned, nor was it based on any actual evidence. Since the government did not consult even Toronto paramedics, which is the busiest and largest outfit in Ontario, about the closure of these sites, they obviously don't know that Toronto paramedics already spend 60% of their time waiting in hospital driveways to off-load their patients to hospital care.

The chief of Toronto Paramedic Services expects there to be an even larger burden on first responders and hospital staff, leading to higher costs and worse hospital access for all Ontarians.

Will this government reverse CTS closures and work with paramedics and health care providers on evidence-based solutions to address the overdose crisis?

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

Hon. Sylvia Jones: What our government will do is offer hope—offer hope for people who are addicted to these deadly opioids. We are ensuring, through transitioning from consumption sites into HART hubs, where there are going to be services available in social services, in health care, in addiction and mental health supports, we are offering a pathway out of addiction.

The Auditor General actually said, "Investing more in treatment, recovery and housing is a positive development toward addressing the opioid crisis."

We will get this done, because we know that you cannot simply allow people to continue to use drugs. We need to give them hope and a pathway out. That's what we're doing with our HART hub models.

The Speaker (Hon. Ted Arnott): Supplementary question? The member for Windsor West.

1140

MPP Lisa Gretzky: Back to the Premier: The Minister of Health would know, if she actually did consultation or looked at data, that CTSs already provided access to all of those supports and services for the people that use them.

Speaker, the Auditor General's report showed us that this government is taking away key public health services in the middle of an addiction crisis and against best evidence. The report showed that there was no data, no planning and no public consultation utilized to justify the government closing consumption and treatment services sites across Ontario. There was no impact evaluation and no evidence-based assessment done to justify the decision to close CTS sites and switch to HART hubs.

The government is choosing to put lives and communities at risk while putting additional strain on our already under-resourced emergency rooms and first responders. The Premier continues to disregard evidence and health care experts' advice, instead choosing to fail Ontarians, sometimes with deadly consequences.

Will the Premier finally implement evidence-based solutions and reverse his decision to close consumption and treatment services sites?

Interjections.

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

The Minister of Health.

Hon. Sylvia Jones: Perhaps the member opposite needs to speak to the families that live near these consumption and treatment sites, where we see parents literally avoiding taking their children to public parks. Why, Speaker? Because they're afraid that they're going to have to deal with and walk over dirty needles.

We are listening to the parents, to the family members, to schools, to daycares, to EarlyON centres who know that it is inappropriate to have consumption and treatment sites within 20 metres of a school or a daycare or an EarlyON centre. Those are the experts we're listening to, people who are living in the community. We are listening and ensuring that our HART hub models are actually going to offer hope and a pathway out of addictions.

Interjections.

The Speaker (Hon. Ted Arnott): The member for Hamilton Mountain will come to order. The member for Windsor West will come to order. The government House leader will come to order.

The next question.

HEALTH CARE

MPP Andrea Hazell: My question is for the Premier. I want to take a moment to commend the SHN Foundation for their remarkable Love, Scarborough campaign—one of the best campaigns—which has successfully raised over \$172 million. They saw a health care crisis coming and took matters into their own hands. Those donated funds significantly contributed to the development of all three hospitals, including the \$25 million for the UTSC medical

school. Clearly, this government is not adequately funding our health care system.

In Scarborough–Guildwood, there are 19,000 residents without a family doctor, and 29,000 in Scarborough face the same challenge. Over 3,000 children in my riding are without a family doctor. This adds massive pressures to our ERs.

Mr. Speaker, my question for the Premier is: How can he continue to support a minister who is clearly struggling with the critical responsibility of managing our health care system?

Interjections.

The Speaker (Hon. Ted Arnott): The member for Perth–Wellington will come to order. The Associate Minister of Small Business will come to order. The Minister of Long-Term Care will come to order. The government House leader will come to order.

Response: The Minister of Health.

Hon. Sylvia Jones: You know, it's hard when the member opposite continuously and regularly votes against investments in her own community, whether that's an expansion of the Scarborough Health Network, whether that's primary care expansions through TAIBU, whether that is expansions in the medical school in Scarborough. We see those investments, and your constituents and your community see when you vote against them.

I think it's really important to remind the member opposite that when we make investments to expand primary care, to offer additional education opportunities, whether it's for nurses, nurse practitioners or physicians, that the member opposite regularly and consistently votes against those investments. That's what the good people of Scarborough should be looking at and asking their member why they're doing that.

Interjections.

The Speaker (Hon. Ted Arnott): A number of members on both sides of the House are repeatedly ignoring my requests to come to order. I'm going to move to warnings if they persist.

Supplementary question?

MPP Andrea Hazell: Mr. Speaker, does the minister live under a rock? Let me educate the members of these shocking and devastating numbers that cannot be ignored. Some 2,000 people a day are being treated in waiting rooms, hallways and stairwells. ER wait times have skyrocketed by 48%, while 11,000 people died—let me say it again—11,000 people died waiting for surgeries or diagnostic procedures. And 2.5 million—I'm going to repeat it again—2.5 million Ontarians do not have a family doctor.

My question to the Premier: What is the purpose of appointing a Minister of Health if the minister is incapable of delivering results or getting anything done?

Hon. Sylvia Jones: You can throw all the insults you want. I'm getting the job done, and we are making the investments in the—

Interjections.

Hon. Sylvia Jones: When I look at the investments that have happened in Scarborough since 2018, whether it is

expansions to the Scarborough Health Network, whether it is expansions in primary care through TAIBU, whether it is ensuring that we have a medical school satellite operating in Scarborough—those are the changes that are going to impact the people of Ontario for decades to come.

I am proud of the investments that Premier Ford and our government have made in Scarborough and across Ontario.

FOREST INDUSTRY

TAXATION

Mr. Ross Romano: Well, Speaker, it's getting hot in here.

My question is for the Associate Minister of Forestry and Forest Products. Ontario is home to some of the world's most beautiful and productive forests. These forests are not only a source of pride for us, but also a cornerstone of our economy.

The forestry sector has deep roots in Ontario's history, providing good-paying jobs for generations of people and sustaining families in our rural, northern and Indigenous communities.

At the same time, our forests are key to our environment, and responsible stewardship ensures that they remain healthy and sustainable for future generations.

Under our government, we have seen a strong commitment to preserving the health of our forests.

Speaker, can the associate minister please tell us what Ontario is doing to maintain healthy forests while supporting this important sector throughout the province of Ontario? Please tell us all the great work that is being done to continue to protect this sector.

Hon. Kevin Holland: Thank you to the member from Sault Ste. Marie for that important question.

The health and sustainability of our forests is essential to the environmental well-being of Ontario's resources. Responsible stewardship and sustainable development of Ontario's forests are a cornerstone of what my ministry does.

The forest industry in Ontario generated \$18 billion in revenue from manufactured goods and services in 2020 and supported more than 148,000 direct and indirect jobs in 2021.

My ministry has implemented the forest sector strategy, which will create opportunities for further economic prosperity and generate high-paying, quality jobs, while supporting Indigenous, rural and northern communities that depend on the forest sector.

Speaker, I met with the Ontario Forest Industries Association yesterday to continue our collaboration with leaders in the industry.

Our plan will continue Ontario's history of sustainable development and position the province as a world leader in making and selling forest products from renewable, sustainable and responsibly managed forests.

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

Mr. Ross Romano: Thank you very much to the associate minister for that response.

Ontario's forestry sector is extremely vital to our province, providing jobs, supporting families, helping communities grow. Northern and rural communities depend on this industry. But the terrible Trudeau-Crombie carbon tax is making it impossible for the sector. It's making it harder and harder and harder to be able to continue to do this business in a meaningful way. It drives up costs for businesses. It's hurting families who rely on forestry jobs.

Our government has shown strong leadership in standing up for workers and businesses. We have supported programs that lower costs and protect jobs while also reducing emissions.

Speaker, can the associate minister please tell us how Ontario is helping the forestry sector deal with the impact of this regressive, terrible, terrible tax while keeping this vital industry strong?

Hon. Kevin Holland: Thank you again to the member for that question.

I'm proud to say that we are committed to mitigating the impact on the forest sector from the fallout of the Trudeau-Crombie carbon tax.

The Liberals have gotten too comfortable in saying no—no to supporting northern Ontario businesses; no to building homes and key infrastructure; no to reducing emissions while creating jobs. When they said no, we stepped up, building programs to support businesses in the forestry sector, helping to lower costs and create jobs, all while managing carbon emissions.

1150

Ontario fully implemented the Emissions Performance Standards Program in 2022. This amended program will help Ontario achieve emissions reductions at a lower cost to industry than the federal program.

Our gas tax cuts save the forestry industry \$2.8 million per year in hauling transportation costs.

It's time for the federal Liberals to do their part: It's time for them to scrap the tax.

GOVERNMENT ACCOUNTABILITY

Ms. Jessica Bell: My question is to the Premier. "No protocol," "no rationale," "haphazard"—that is how the Auditor General describes the housing minister's MZO process.

The province's MZO process has become rife with "preferential treatment"—that's also from the Auditor General. This government is under RCMP criminal investigation for giving preferential treatment to a developer.

My question to the Premier: What is it going to take for the government to change their ways and finally do some honest work for the people of Ontario?

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

Hon. Paul Calandra: Look, I don't think the auditor said that at all. I think what the auditor's report highlights

is that the government wanted to move very quickly to get shovels in the ground after 15 long years of Liberal ineptitude, supported by the NDP, where housing was failing. What we saw with the policies that we brought in is that we have the highest housing starts in decades. We had the highest purpose-built rental starts ever in the province's history and we wanted to move very quickly in order to do that.

Of the 19 recommendations that the auditor put in her report, I'm very happy to highlight to the House that, in fact, 17 of those recommendations were actually put in place by the ministry months ahead of the auditor's report.

Again, what the report highlights is that we inherited a failing system and that we wanted to move quickly to ensure that we could get shovels in the ground. We will continue to move very quickly to get shovels in the ground. It's my priority, and I'll continue to use that tool when it's in the best interests of the people of the province of Ontario.

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

Ms. Jessica Bell: The minister can tell all the stories he wants about building homes, but here are the facts: Housing starts are down 18%—fewest homes built since 1955.

If we're talking about the Auditor General's report and MZOs, this is what they're saying: The MZO process is being used by the Premier to help his developer friends. It is not being used to build affordable housing. The Premier still cannot bring himself to say yes to a city of Toronto request for an MZO to build affordable housing in Willowdale. It has been years.

When is this Premier going to learn that developers and lobbyists should not be running the show?

Interjections.

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

The Minister of Municipal Affairs and Housing.

Hon. Paul Calandra: I would welcome the member to table for this House right now what page the auditor said what she just said is in that report, because that is not in the report. But that is the NDP. That is the NDP: Make it up as you go along. Ask me for MZOs but then criticize the MZO process. This is a member that praised the MZOs that I was giving out.

I have said that I'll continue to use the tool when it is in the best interests of the people of the province of Ontario, and that interest is building homes. That interest is building long-term-care homes. The leader of the Liberal Party begged us for an MZO so that we could build a long-term-care home. I obliged and made sure that we had that MZO.

I'll continue to use the tool because for 15 years, the Liberals, supported by the NDP, made it next to impossible to get shovels in the ground. When they took two million hectares and we all decided that two million hectares of land should be preserved, they did not then remove the obstacles to getting shovels in the ground. They didn't build subways, they didn't build schools, they

didn't rebuild hospitals. That is all the work we're doing, and I'll use the tool because it is in the best interests of Ontario—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. The member for Ottawa South will come to order. The member for Spadina–Fort York will come to order. The member for St. Catharines will come to order.

Start the clock. The next question.

HEALTH CARE

Mr. Ted Hsu: In 2020, the Kingston region physician review, led by RN Debra Lefebvre and MDs Elaine Ma and Veronica Legnini, who all donated their time for that work, found that 30% of our family doctors plan to retire over the next decade. Today, we're still looking at one out of six family doctors retiring over the next five years. Now leaked Ministry of Health data says three million Ontarians could lose their family doctor in the next five years due to retirement.

In the latest physician services agreement, a one-year 10% across-the-board compensation increase was awarded by an arbitrator, who called this government's offer completely unrealistic. It's clear that family doctors and family medicine residents are leaving to work in other fields, while 4.1 million people are not attached to a family doctor. In the ongoing physician services agreement negotiations, couldn't this government make a deal that favours family doctors?

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

Hon. Sylvia Jones: I listen to these questions and then I look at the facts and the data. The data says that Ontario leads Canada in the number of physicians and patients attached—just almost 90%. That's leading Canada, Speaker.

Now, what does that mean? It means we're going to do more because we know there is more work to do. I see all of the changes that we have been able to do, working with the College of Physicians and Surgeons of Ontario to quickly assess, review and ultimately license, when appropriate, internationally educated physicians. What has that done? It's actually made, for three years in a row, historic high numbers of internationally educated physicians who want to practise and live in the province of Ontario.

We are making these investments because, with the greatest of respect, the last time the Liberal government was in power, they cut the number of medical seats available in the province of Ontario by 50 every year. Fifty may not sound like a lot until you start to see the cumulative effect of almost 450 students, young people, who had to go elsewhere or choose a different—

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

Interjections.

The Speaker (Hon. Ted Arnott): Order.

The supplementary question?

Mr. Ted Hsu: On November 20, I asked about family medicine residents not choosing to practise family medicine. The minister said, "I think we're doing just fine" in Ontario. How about when your kid is sick in Ontario?

On November 1, Kingston's children's outpatient clinic reached capacity at 11:30 in the morning. They triaged patients for only two and a half hours and then closed their doors. Afterwards, at least 20 more families showed up. Do you know why this happened? Because more than a quarter of a million children do not have a family doctor. At the outpatient clinic, closing early is the new normal.

On November 25, the doctor posted pictures on social media of the clinic's lineup of sick kids, going out the door, kids down the hall and kids around the corner. Is the minister proud of what hallway medicine looks like in Conservative Ontario?

Hon. Sylvia Jones: Does the member opposite support the Periwinkle expansion that we announced in February of this year, where we are seeing individuals in Kingston finally being connected to primary care practitioners? Where are we seeing those supports? Where is the member opposite when those investments are being made in the province of Ontario?

I continue to say, look at the numbers and the facts. The CaRMS data shows that we have 100% matching for residency positions in the province of Ontario—again, historic; twice in a year where every single residency position available has been matched. Those are medical students who want to practise in the province of Ontario, and we are giving them those opportunities because we've expanded the opportunities, unlike the Liberal Party previously, who was cutting those same positions.

ARTS AND CULTURAL FUNDING

Mr. Billy Pang: My question is for the Minister of Tourism, Culture and Gaming. Ontario's arts sector contributes significantly to our economy by providing employment, driving tourism spending and stimulating innovation across various industries. We are fortunate here in Ontario to have agencies like the Ontario Arts Council that support artists and cultural groups, helping to create a vibrant art community.

1200

Art enriches our lives by building a sense of community and promoting cultural understanding. We must continue to champion this important sector so that Ontario can remain a hub for creativity and art.

Can the minister please inform the House on the crucial role the Ontario Arts Council has within our arts community and the significant economic contributions they make to our great province?

Hon. Stan Cho: The Ontario Arts Council is awesome, and I'm not just saying that because they're sitting right there. In fact, a couple of weeks ago, I was at the Aga Khan Museum to discuss the findings of their first-ever economic assessment of the arts in Ontario. It was a privilege to join them and to join their chair, Simon Foster,

who had me do a remarkable fireside chat where I learned a lot.

Did you know, Speaker, that organizations that receive annual support from the OAC contribute \$1 billion to Ontario's gross domestic product, showcasing the powerful role that arts play right here in the economic landscape of Ontario, where every dollar invested by the OAC generates \$25 in other sources of revenue, underlining the multiplier effects of arts funding? In 2022, Ontario's culture sector provided more jobs than industries such as real estate, auto manufacturing, forestry and mining combined—a fiscal powerhouse.

I want to thank the OAC for their hard work. We're proud to support them with \$60 million in operating—

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

The supplementary question?

Mr. Billy Pang: Speaker, thanks to the minister for his thoughtful response.

Ontario's film and television industries play a significant role in our province. These sectors have become essential components of Ontario's arts landscape and economic strength, and we owe much of their growth to the dedicated efforts of agencies like Ontario Creates. This important agency drives economic growth, investment and teamwork in Ontario's creative industries, including music, book publishing, magazines, film, TV and digital media. Their work not only supports domestic growth but also promotes Ontario's creative industry on the global stage.

Speaker, can the minister please inform the House on how our government is working with Ontario Creates to keep Ontario as one of the most competitive and dynamic markets in the world for film, television and digital media production?

Hon. Stan Cho: Ontario Creates is awesome, and I'm not just saying that because they're sitting right here. They play a pivotal role in shaping our economy.

The Minister of Economic Development, Job Creation and Trade just asked me if I starred in *Kim's Convenience*. I did not, Speaker, but there are many great shows that are filmed right here in Ontario. Think of:

—Crave: *Shoresy*, filmed right here in Sudbury;

—the *Handmaid's Tale*: season 4 is filming in Toronto right now;

—*Ginny and Georgia*, a drama that's filmed in Cobourg; and

—*Hot Frosty*, a feel-good Christmas movie that is being filmed in Brockville, Ontario.

It's a long list, and that's why, in the 2024 budget, we invested more than \$1 billion to support Ontario's screen-based industry tax credits.

Speaker, when you're in this role, sometimes you have to look past the noise at what's working. That's exactly what we're doing. Thank you to Ontario Creates. Lights, camera, action.

Interjections.

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

The next question.

PUBLIC TRANSIT

Mr. Joel Harden: My question is for the Premier. Two weeks ago, I informed this House that the cost of a seniors' bus pass in Ottawa was set to double due to operational funding cuts that our city was experiencing—a \$120-million financial hole our mayor has talked about. Thankfully, the seniors of my city of Ottawa stood up loudly and opposed that move. They have reversed that decision, and I was proud to support them.

But now, Speaker, unfortunately, we have another problem. College and university students right now are facing a 100% increase, on January 1, 2025, in planned increases to their U-Pass. That's a serious problem, Speaker, because in post-secondary campuses across Ottawa—Algonquin College, La Cité, Saint Paul University, University of Ottawa, Carleton University—the levels of student poverty are atrocious. The numbers that I've seen are ridiculous. So I want to know why post-secondary students in the city of Ottawa should be paying for the lack of funding coming from this House.

The Speaker (Hon. Ted Arnott): To reply, the Minister of Colleges and Universities.

Hon. Nolan Quinn: If it was up to the opposition, they would raise tuition to significant levels. We've frozen tuition. We've actually decreased tuition by 10%. I don't need to remind you of the short record that you had in government and how significantly tuition went up. It went up three times the rate of inflation.

Speaker, they cannot be trusted with the affordability of Ontarians across the province. They talk a good talk but, ultimately, they will love to raise taxes. We are the government that has not raised one tax, as well as tuition. We are worried about the affordability of our students and that's why we have frozen tuition until 2027.

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

Mr. Joel Harden: Thank you for the response from the minister.

What also appears to be frozen is the amount of transit funding coming into the city of Ottawa. But what I find disturbing is what this government is prepared to spend money on. I'm looking at a Premier's office that has increased in size—from 2019, \$2.9 million, to 2023, \$6.9 million. I'm looking at, according to the Auditor General's released report, government advertising that is now \$133 million. That is more than we are short for transit in the city of Ottawa.

Student unions in our city signed an agreement with OC Transpo, and that agreement very clearly says fare increases cannot increase by more than 2.5% a year. But right now, in the city, the city has gone to those student unions and said, "Expect a 5% increase because we're not getting enough love from Queen's Park."

My question for this House, my question from all of us here: Will this government do what Bill Davis used to do when he was a Conservative Premier of this province, fund transit fifty-fifty and give the municipalities the funding they deserve so students in poverty don't have to pay the cost for this government's lack of action?

Interjections.

The Speaker (Hon. Ted Arnott): The Associate Minister of Auto Theft and Bail Reform will come to order. The Minister of Long-Term Care will come to order.

The Minister of Colleges and Universities may reply.

Hon. Nolan Quinn: Speaker, I'll tell you what we're not going to do. We're not going to do what the Bob Rae government did and put it on the backs of the students. When the NDP were in power for, again, that short period of time, tuition went up 36%. Inflation was 13%.

What I would recommend is that member do his job better and speak to the city of Ottawa and tell them to stick to their agreement. Unfortunately, the city of Ottawa has decided to renege on their agreement. But, ultimately, with our tuition cut, we are truly hyper-focused on the affordability of students. We have kept that tuition freeze until 2027. Unfortunately, that member does not agree with our tuition freeze. They voted against it.

Do you know what? We will stick to ensuring that tuition is affordable for our students. But again, I ask that member to speak to the city of Ottawa and tell them to agree to their agreement and stick to their agreement.

SPORTS AND RECREATION FACILITIES

Mr. Brian Riddell: My question is for the Minister of Sport. Wanting our children to live healthy and active lives should not be a partisan issue. That's why it's so disappointing that the independent Liberals and the opposition NDP would vote against measures that make it easier for constituents to stay active within their communities. Our sport and recreation facilities help promote community participation and foster healthier and more active lifestyles for families. Our government, working along with municipal partners, is showing leadership by ensuring that our children and youth have access to these vital programs.

Can the minister elaborate on what our government is doing to ensure that Ontario families can stay active in their communities?

Hon. Neil Lumsden: I'd like to thank the member from Cambridge for the question because he knows, as we know, that sport plays an important role in everyone's life, especially young people.

When we talk about building a better province through sport, we're not joking around. We are dead serious, Speaker. Our government is investing \$200 million over the next three years in the new Community Sport and Recreation Infrastructure Fund, and that will help repair facilities and build new facilities for Ontarians across our province. All of our ridings in our province will benefit from this. It's great across the board and it will help generations stay healthier longer and also help health care.

I've spoken to stakeholders across the province and they've said, with enthusiasm, "This is a game-changer." We are excited to be able to initiate this and get moving.

I've talked to a number of people, from members opposite—that they are sport supporters and volunteer in

their communities. The next time something like this comes along, I'd like, other than those two or three people, for everyone else to get in the game and vote yes when something like this comes along.

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

The Minister of Tourism, Culture and Gaming has informed me he has a point of order.

Hon. Stan Cho: On the point of order: I just want to add some context to the answer I gave a moment ago in question period. The Minister of Economic Development, Job Creation and Trade did not, in fact, ask if I was in Kim's Convenience. I was just jealous because he was actually in episode 13 of Hudson and Rex. And if anyone can find the clip, I will buy them lunch—on Graham McGregor.

DEFERRED VOTES

COMMUNITY SCHOOL LIAISON
OFFICER PROGRAMS

The Speaker (Hon. Ted Arnott): Next, we have a deferred vote on private member's notice of motion number 145.

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

The division bells rang from 1211 to 1216.

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

Ms. Dixon has moved private member's notice of motion number 145. All those in favour will please rise and remain standing until recognized by the Clerk.

Ayes

Allsopp, Tyler	Holland, Kevin	Rae, Matthew
Babikian, Aris	Jones, Trevor	Riddell, Brian
Bailey, Robert	Jordan, John	Romano, Ross
Blais, Stephen	Kanapathi, Logan	Sabawy, Sheref
Bresee, Ric	Kerzner, Michael S.	Sandhu, Amarjot
Byers, Rick	Kusendova-Bashta, Natalia	Sarkaria, Prabmeet Singh
Calandra, Paul	Learidi, Anthony	Skelly, Donna
Cho, Raymond Sung Joon	Lecce, Stephen	Smith, David
Cho, Stan	Lumsden, Neil	Smith, Graydon
Clark, Steve	Martin, Robin	Smith, Laura
Coe, Lorne	McCarthy, Todd J.	Tangri, Nina
Cuzzetto, Rudy	McGregor, Graham	Thanigasalam, Vijay
Downey, Doug	Oosterhoff, Sam	Thompson, Lisa M.
Dunlop, Jill	Pang, Billy	Tibollo, Michael A.
Fedeli, Victor	Parsa, Michael	Triantafilopoulos, Effie J.
Flack, Rob	Piccini, David	Wai, Daisy
Fraser, John	Pierre, Natalie	Williams, Charmaine A.
Gallagher Murphy, Dawn	Pinsonneault, Steve	Yakubuski, John
Harris, Mike	Quinn, Nolan	

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

Nays

Andrew, Jill	Glover, Chris	Schreiner, Mike
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Begum, Doly	Gretzky, Lisa	Shaw, Sandy
Bell, Jessica	Harden, Joel	Stevens, Jennifer (Jennie)
Bourgouin, Guy	Hazell, Andrea	Stiles, Marit
Clancy, Aislinn	Hsu, Ted	Tabuns, Peter
Collard, Lucille	Jama, Sarah	Taylor, Monique
French, Jennifer K.	Karpoche, Bhutika	Vanthof, John
Gates, Wayne	McMahon, Mary-Margaret	Vaugeois, Lise
Gélinas, France	Pasma, Chandra	Wong-Tam, Kristyn

The Clerk of the Assembly (Mr. Trevor Day): The ayes are 56; the nays are 27.

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

Motion agreed to.

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

The House recessed from 1219 to 1300.

INTRODUCTION OF VISITORS

M^{me} Lucille Collard: I would like to acknowledge the presence of Colin Saravanamuttoo, executive director, and Melissa Matlow, campaign director, of World Animal Protection. They are with us in support of my private member's bill that I'm about to table.

Also, I want to recognize the presence of Noah Freedman, wildland firefighter for the government of Ontario and an OPSEU local vice-president. Welcome to your House.

Mr. Sol Mamakwa: *Remarks in Anishiniimowin.*

It's a good day. I'm also pleased to introduce Noah Freedman to the House today for the debate on Bill 229. Again, Noah Freedman is a wildland firefighter and a crew leader from Sioux Lookout, in the riding of Kiiwetinoong, and the local vice-president of OPSEU. Again, Noah, meegwetch for your advocacy.

INTRODUCTION OF GOVERNMENT BILLS

SUPPORT FOR SENIORS AND CAREGIVERS ACT, 2024 LOI DE 2024 SUR LE SOUTIEN AUX PERSONNES ÂGÉES ET AUX FOURNISSEURS DE SOINS

Ms. Kusendova-Bashta moved first reading of the following bill:

Bill 235, An Act to amend the Fixing Long-Term Care Act, 2021 and the Retirement Homes Act, 2010 / Projet de loi 235, Loi modifiant la Loi de 2021 sur le redressement des soins de longue durée et la Loi de 2010 sur les maisons de retraite.

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): I'll recognize the Minister of Long-Term Care, if she wishes to briefly explain her bill.

Hon. Natalia Kusendova-Bashta: The Support for Seniors and Caregivers Act, if passed, will provide support and protect the growing senior population and provide them with access to the right supports and care in the right place, whether they are living in their own homes, retirement homes or in long-term care.

The bill is comprised of three distinct pillars: improving dementia care and supports; supporting seniors, their families and caregivers; and protecting seniors and enhancing social connections.

INTRODUCTION OF BILLS

CAPTIVE WILDLIFE PROTECTION ACT, 2024

LOI DE 2024 SUR LA PROTECTION DES ANIMAUX SAUVAGES EN CAPTIVITÉ

Madame Collard moved first reading of the following bill:

Bill 236, An Act to protect captive wildlife and to establish a licensing scheme for zoos / Projet de loi 236, Loi pour protéger les animaux sauvages en captivité et pour établir un régime de délivrance de permis pour les zoos.

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): I'll invite the member for Ottawa-Vanier to briefly explain her bill, if she wishes to do so.

M^{me} Lucille Collard: Of course. Thank you, Mr. Speaker, for the opportunity. This bill would create a regulatory framework to ensure that those who own and care for wild and exotic animals do so in a way that maintains the well-being of the animals and also ensures the safety of the public. The bill will help establish basic standards of care and adequate oversight for anyone who wants to keep a wild animal in captivity, including a licence requirement and annual inspections.

I want to thank World Animal Protection and Toronto Zoo for their support and input in crafting this bill. Thank you.

PETITIONS

LAND USE PLANNING

Ms. Sandy Shaw: I have a petition here entitled, "Save Farmland" and repeal schedule 12 of Bill 185.

These hundreds and hundreds of signatures that have been gathered are to the credit of the Stop Sprawl Students

group. These are university students across Ontario—particularly I have to shout out to the students in Hamilton—and they're very concerned about the fate of farmland in Ontario.

They're also very concerned that “Cutting Red Tape to Build More Homes” is a title that will likely make it harder to increase the number of homes in Ontario. We can see, given the fact that this government's housing starts are going down—they have had some of the lowest housing starts since the 1950s—these students may have an issue here that is something that we should be paying attention to.

The fact that this bill allows abuse of Ontario Land Tribunal appeals to obstruct municipalities to remove exclusionary zoning and permit dense, environmentally-unfriendly sprawl. They're looking to make sure instead that we have friendly infill housing within existing neighbourhoods, within existing boundaries and certainly not on farmland, because as we know, farmland is a precious commodity, certainly especially when it comes to class 1 farmland, which we are losing at a rate of 319 acres a day.

So I completely support the concern of these students across Ontario, that we need to save farmland. I am going to add my name to the hundreds and hundreds of other names that are on this petition, hoping that the government will heed what these students are saying, and then I will pass it to Dawson to take to the table.

SOCIAL ASSISTANCE

Mr. Joel Harden: This may be the last time I get to stand and formally thank Dr. Sally Palmer from McMaster University, professor emeritus there, for her work in bringing this petition to my attention.

It is about raising social assistance rates. It documents the fact that folks on Ontario Works are receiving a monthly income of \$733 and folks on Ontario Disability Support Program—to qualify for that program, you have to demonstrate that you are medically incapable to sustain a lot of employment or any employment—they live on \$1,368 a month. That's really hard. I can't even imagine how families are getting by. I know that many people where I live, in Ottawa Centre, are struggling, needlessly so.

The petition also mentions that, during the COVID-19 pandemic, it was determined by the government of Canada that the basic minimum income someone could survive on was \$2,000 a month. I'm very proud of our friends in the federal NDP that forced the Trudeau government to establish that threshold; however, if it's \$2,000 a month in a pandemic when nine million Canadians can't find reasonable employment because of the interruption to the economy because of a global pandemic, I wonder what happens to a normal person's life who lives with a disability, who falls under hard times, who has difficulty. I wonder how they can also survive.

The question, I think, being posed by the signatories of this petition is, if the minimum threshold to survive in

Canada, in the province of Ontario, during the pandemic was deemed to be \$2,000 a month, why is it \$733 a month or \$1,368 a month? I think we can do a lot better.

I want to thank, again, Dr. Sally Palmer for sending these petitions. I've introduced several of these over my six years here. I want to thank Bobbi-Jo Coady, Jody-Ann Coady and the other signatories in this petition. I'll be sending it to the Clerk's table with Aida.

The Speaker (Hon. Ted Arnott): I'll remind the members that the standing orders suggest that the petitions should be summarized. You can indicate the number of signatures, but I would ask that members not add additional political commentary to the introduction of the petition.

1310

ORDERS OF THE DAY

WORKING FOR WORKERS SIX ACT, 2024

LOI DE 2024 VISANT À ŒUVRER POUR LES TRAVAILLEURS, SIX

Resuming the debate adjourned on November 28, 2024, on the motion for second reading of the following bill:

Bill 229, An Act to enact the Skilled Trades Week Act, 2024 and to amend various statutes with respect to employment and labour and other matters / Projet de loi 229, Loi édictant la Loi de 2024 sur la Semaine des métiers spécialisés et modifiant diverses lois relatives à l'emploi et au travail ainsi qu'à d'autres questions.

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

MPP Wayne Gates: It's always a pleasure to rise in the House. I want to rise today to speak on Bill 229, the Working for Workers Six Act. Let me be clear about one thing. This government refers to this legislation as Working for Workers Six. Actually, this is the government's eighth workers bill, but the problem is they don't want to talk about the first two workers bills they put forward.

Bill 124: Everybody remembers that. That's when they attacked our nurses, our workers, their collective agreements, and they fought it in court even though they knew it was constitutionally wrong.

Then they brought in a “notwithstanding” clause that attacked childhood educators and child care workers. They attacked the rights of every single worker in this province by invoking the “notwithstanding” clause to interfere in their legal bargaining process, in order to attack workers who, day in and day out, are there for our children and who earn about \$40,000 a year.

They wanted to cap their wages through Bill 124, on nurses, at 1%. Let's remember, Speaker: That happened during a once-in-a-century pandemic when our nurses and our health care workers were working day in, day out, keeping us safe and caring for their patients.

This is what's really interesting about it, when they brought in Bill 124: This was at a time that we were running at 7% or 8% inflation, and our nurses' wages were limited to 1% increases per year, and that included their

benefits. They violated their collective agreements, including mental health. Let's keep that in mind when this government talks about working for workers.

While there are elements in this bill that I can and we should support, I believe it's critical to acknowledge what falls short: the comprehensive action that Ontario workers, including our brave firefighters and first responders, need and deserve.

Let me begin by recognizing one positive step in this legislation: the reforms to better support firefighters diagnosed with certain types of cancers. Firefighting is not just a dangerous profession because of the immediate risk posed by fire and smoke; it's also a hazard because of the long-term exposure to cancer-causing chemicals and other harmful substances. The amendments to expand presumptive cancer coverage for firefighters are a victory hard-fought by many, including the firefighters' association, firefighters and, quite frankly, the NDP. This will save lives, provide critical support to families and give firefighters the dignity they deserve.

But we cannot stop here. Bill 79 is a start but it's far from the finish line. Today, I want to speak about the glaring gaps that remain, gaps that continue to put our firefighters and workers across this province at risk.

I'm going to start by a story. I went to the Queenston fire hall on Saturday. They had a fundraiser there. They raised money for charity and they have a breakfast once a month. One of the firefighters, who was a volunteer in Niagara-on-the-Lake, came to me and talked to me about this bill, and said how glad he was that the presumptive language is coming through. Here's his story: In November 2013, a tumour was discovered on his left kidney through an ultrasound and later confirmed with a CAT scan. By January 2014, he underwent treatment to remove his kidney.

At that time, kidney cancer was not recognized as a presumptive occupational illness unless a firefighter had been on the job for 20 years. Think of that for a moment. This was an individual, a young man; he ended up serving 13 to 14 years, putting his health on the line, responding to emergencies, and being exposed to a dangerous substance, but he's told that he hadn't served long enough for his cancer to be considered work-related.

Thankfully, the threshold has since been reduced to 10 years, but his story reminds us of how slow progress can be and how many firefighters have been left behind. I can tell you, in Niagara Falls, we've had lots of our firefighters die early because of cancer-related illnesses. And the union and the association of those firefighters had to fight long and hard to get recognized.

We know how important it is to treat our firefighters and all our first responders with the respect and dignity they deserve. We know that some administrators—and this gets to me, I'm telling you, Mr. Speaker. I know you're listening; you always do. You're one of the better Speakers we've ever had here. I had to make sure I get that out; there's no doubt about that.

We have CEOs across the province of Ontario who want to interfere in the bargaining process when it comes

to firefighters. I want to say to those CEOs: Respect your firefighters. Respect what they do every single day. A CEO probably makes—and I'm guessing; I don't know what they make in Toronto. I know that a councillor in Toronto makes more than I do as an MPP. I'm not sure what a CEO would make, but let's say, ballpark, \$250,000. I don't know one CEO that answers the call when the fire alarm goes off and those firefighters run and put their equipment on, run to get into the fire truck, go to the fire—not knowing what's ahead, not worrying about what's ahead—knowing they've got to get there and help their communities.

But here's what's interesting to me. When I look at everybody that's here—I don't care if you're Liberal, Green or Conservative; I know we all support our firefighters and respect our firefighters. But I don't know anybody in this room, just like any CEO, that when the firefighters are running into that fire, we're running in with them. You know what we're doing? We're running out of our House. We're relying on our firefighters to save our property, to save our kids, to save our families.

I say to the CEOs across this province of Ontario: Respect the firefighters. Make sure you bargain with them with a fair collective agreement that takes into consideration the risks that they're performing every single day. This part in this particular bill shows what happens to firefighters. I've been doing this job now for 11 years. I have attended many, many, unfortunately, funerals for firefighters who answered the call and end up losing their lives, leaving at home their families, their spouses, kids and grandkids. They never once said, "I'm not going in there to worry about the chemicals that were there."

I want to be clear: Let's support them. They shouldn't have to always be going to arbitration to get a fair and just collective agreement. I think it's wrong in this province. I wanted to get off my chest because it's always bothered me.

We know firefighters face risks that are different than other jobs. I was an auto worker—most people here, I have told you that story. There were risks in being an auto worker. I worked around chemicals. We lost a lot of our brothers and sisters to cancers. We had to fight with WSIB to be covered. We tried to get presumptive in some of those cancers; unfortunately, we were fought tooth and nail.

Firefighters—because it's in this bill, I want to talk about it. They can develop cancers, like I've already said: kidney cancer and numerous other cancers. But the one that I just found out recently—I'm looking at the Conservatives for this one, because the NDP, the Liberals, the Greens and the independents have voted for my bill to make sure that prostate cancer and the PSA testing to save men's lives—men's lives, because if you've got a prostate, you can get prostate cancer.

1320

What I found out, as I brought up my bill last time—and I had a press conference right here at Queen's Park. The firefighters supported us, the leader of the Liberals supported us and actually came to the press conference, so

did the leader of the Greens, because they know how important it is to get the PSA testing covered by OHIP.

Firefighters, because they're very good at what they do in highlighting the cancers that they're facing every day—I found out when I was out at an event—a woman came to me. She's actually from Guelph. I think I actually was at the Toronto Maple Leafs game. She said, "My husband is a firefighter, and he's got prostate cancer."

So when I went back to my community, I asked the president. I asked Justin, "Do firefighters have a higher rate of getting prostate cancer than the general public, other men?"—like me, the Speaker, my good buddy here from Ottawa—"Do they?" He said, "Yes, they have a 1.41% better chance of getting prostate cancer because of the exposure, and younger."

So I think to myself—and it bothers me, Speaker. I think to myself, if we collectively in this chamber here know that if we get a PSA test and we find out through the PSA test that you have early stages of prostate cancer because you got the test, do you know what happens? I'm looking at the men in this room. I should look at the women too, because, you know, if one of the men dies, it's usually a husband, maybe a grandfather. Do you know what can happen? If you get an early detection of prostate cancer, whether you're a firefighter, whether you're in a skilled trade, whether you're an auto worker, whether you're just a man with a prostate—a 99% success rate that you will live five years longer. But the problem is, if you do not get the test done and you don't get the early detection, your chances of survival go from 99% down to 25%. That's a big dip.

I can't tell you how many people come to me since I've been raising the issue in his House now for over five years and say, "Keep fighting for men. Keep fighting for prostate. Get that test covered." No man deserves to die. How it came about—I don't know if the firefighters are listening or not; it didn't come from the firefighters. Do you know what it came from, Mr. Speaker? It came when I was campaigning in my last—two elections ago. I've been here so many times now I can't keep track of all of the elections. I'm not as good as you yet, but I'm working on it.

I'm knocking on the doors in Fort Erie. Men come to the door. "How are you doing?"—the normal speech that we all do—"I'm the best guy for the job." Do you know what they said? "Do you know what you need to do? You need to fight and get prostate cancer, the PSA testing, covered." He told me the reason why he needed it: He can't afford to get the test. He says, "I barely can pay for food. I can barely pay my rent. They're capping me on ODSP." His life is just as important as my life, and I promised him, when I came to this, I would raise this. I said that I believe that all the parties would come together and get the testing done, and you know what? There's only one party left that continues to deny the testing paid by OHIP: It's the Conservatives.

I'm going to tell you a story. They're not here, but you can ask your colleagues. I've had your colleagues come to me and tell me about stories where their dad has got

prostate cancer. They've told me stories where their support staff has got prostate cancer. So I know that it's affected that side of the House, and I'm going to say this, because I'm not talking out of school. I know that the Prime Minister of Canada that just passed away—I'm not going to mention his name—but he just passed away. He had fourth-stage prostate cancer and passed away. And it's happening every single day, colleagues. Every day, a man is dying. And as we're here today, in the province of Ontario, across this country, 13 men will die today of prostate cancer. If we caught those cancers early, they could survive—99%.

I'll tell you about my staff. I have four staff. That's it, just four. I know some of the ministers have four just to drive the car. But I can tell you, out of my staff, three out of the four—dads—have had prostate cancer. Fortunately, none of them have died, but they have gone through the treatment. They have to get checked every year and the process and all that works. So we know it's out there.

I'm begging this labour minister: When we bring amendments for this bill, include the prostate for firefighters. Pass my bill.

I'll give you an example, because I know there are some guys who have been here as long as I have. One member here—I can't remember his riding so I won't say it, but he's a good guy. Why don't you take the bill, name it after yourself, get your party to agree with it and let's get it passed? Because it's that important of a—it's not about credit to me, it's about saving men's lives, about saving grandfathers' lives, it's making sure that their spouses and their partners are taken care of and they can live as long as they can.

I don't want to stay on the prostate one too long, but I had to say that, because there's a way to save lives, a way to save firefighters' lives. I really thank the professional firefighters for raising this issue, because the one thing that firefighters are really good at: People love firefighters. I have never heard anybody say they don't like a firefighter. I've heard it, say, in other professions, like auto workers—nobody loves an auto worker. Nobody's running around saying, "auto workers." But firefighters, police officers, some of those jobs that raise this issue are going to highlight it higher than maybe an auto worker can.

So please, I'm saying to the minister—I've talked to him about it, by the way. I'm not talking out of school. I've raised it with him already. When the amendments come forward, let's put prostate testing, the PSA testing, in here.

I'll get off that. I just want to say, as I finish up on the firefighters, thank you for everything you do. Thank you for being there for us, our community. I can't say enough about firefighters. I love firefighters, they know that.

I will tell a quick story, real quick, on firefighters. If it weren't for the firefighters in my community in Niagara Falls, my wife, who was hit by a drunk driver—it was the firefighters that got to the scene first, it was the firefighters that saved my wife's life. And we've always, always—and my wife has always, always—thanked the firefighters. So to the firefighters, thanks for everything you do, because

your life can change in a minute and the firefighters are always there for you. The EMS, all the emergency services: Thank you for what you do.

But I want to talk about other stuff on the bill. I'm just checking to see how much time I got left.

Ms. Sandy Shaw: Two minutes.

MPP Wayne Gates: Two minutes? Oh, my God. I'm going to talk real quick on what we need to do, what needs to be done if we're going to do Working for Workers 46, 47—whatever number you're going to get to. Here are the things you've got to get done.

You've got to get rid of deeming for injured workers. Our injured workers are living in poverty. That is a disgrace. I go to work to perform a fair day's work for a fair day's pay. Through no fault of my own, I get injured on the job; you get deemed and then you're living in poverty. That's wrong in the province of Ontario.

We need 10 days of sick days in the province of Ontario. I'll give you an example. I've been sick for almost two weeks, three weeks here. Do you know what happens when I'm sick? I didn't come in for a day. That killed me because I don't like to miss time. I didn't come in for a day. I wore a mask the rest of the time. Guess what happens? I get paid. I got paid even though I was at home. Everybody in the province of Ontario should have that.

I talked about the PSA testing. I'm going to talk about bike lanes. Do you know what happens when you get rid of bike lanes? It's the workers that are using those bike lanes. The gig worker that brings your meal—they're driving down; they need the bike lanes, because you know what? They're getting hit. If you don't have a bike lane, they're going to get hit. They're workers—that's what they are, they're workers. And you know what? They work extremely hard. But getting rid of a bike lane puts them in jeopardy. And what did you do? You put a bill in to say, well, if they get hit by a car, you can't even sue the government. You can't tell me you care about workers when that's going to happen. So I'm saying, listen, leave the bike lanes, because the workers are getting killed.

1330

And you know what I think is even interesting? You know how many people drive here, that come here to Queen's Park every day? You see the bike rack out here? People are coming to Queen's Park on their bikes, going down the bike lanes because they know it's safe. I've seen some of the people here that have their small babies—

Interjection: Five seconds.

MPP Wayne Gates: I've got five seconds.

What do they call it? The carriage on the back with their little baby inside—and they drive down the bike lanes because it's safe.

Thank you very much.

The Deputy Speaker (Ms. Donna Skelly): It's now time for questions.

Ms. Laura Smith: I was listening to the member from Niagara Falls intently, and I appreciate the conversation he had around cancers. The Working for Workers Six Act actually is extending job protection for serious illness, including cancer. As a cancer survivor myself, I was pretty

happy to hear about the measures that are happening. You don't want to worry about your job or coming back to your job when you're suffering through cancer, and I know this first-hand. The government of Ontario is demonstrating strong leadership by expanding job protection for those with serious illness to 27 weeks.

"We know that cancer doesn't wait—but your job should." Those aren't my words. Those are Andrea Seale's, the CEO of the cancer society.

I'm just wondering if the member opposite would vote in favour of this, for providing time for those who are suffering with cancer and extending that and allowing them to have a job to go back to after serious illness.

MPP Wayne Gates: I certainly do appreciate the question. I think this is the Working for Workers 6 bill? My understanding is our labour critic and our party have supported every single bill so far. We haven't voted against one.

On your point around saying that if you get cancer and you're off work for six months or whatever it is and going back to your job: I'm saying to you what we should do is make sure that we have sick days. Sick days are what's important. Put sick days in here.

I'll do whatever we can to try and get people to get better when it comes to cancer, but you're asking people to lose 10 days' pay. So the minute they go off—yes, you get your job back, but you have no income. Now you've got to go to the federal program that has sickness under EI—I think it's 21 weeks or 23 weeks—but nothing from the province. They should have 10 paid sick days if that's what happens to them when they get cancer.

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

Mr. Joel Harden: I always like it when our friend from Niagara Falls holds forth, because this is someone who has contributed a lot to the labour movement in this province and in this country—and not just the organized labour movement. I've heard this member on several occasions, as he did just now, make the case for the gig workers, who do not have decent standards of work, to be treated with respect.

I know, as the member said, there is nothing in this bill to make sure that workers delivering food, delivering things people need, are paid for their full shift. In fact, what I've heard you say in the past is that they're only paid for engaged time. As they try to get from point A to point B, as this government is obsessed with ripping out bike lanes in the city of Toronto, they may not make it safely.

So I'm wondering, member, if you could hold forth again on the people being taken advantage of by these dot-com billionaires. Why won't this government stand up and fight for gig workers?

MPP Wayne Gates: The gig worker one is one that—I've really gone over and above on this. I've actually gone on Yonge Street, and I would see 10 or 12 of them lined up in front of McDonald's waiting for their next order. And I said to them, "How long have you been here?" "I've been here for an hour." "I've been here an hour and a half."

Do you know, in this province, they're not getting paid for that hour and a half?

So as you're sitting here—everybody here sitting here, put your hand up if you're not getting paid. Everybody here is getting paid.

If you're a worker in the province of Ontario and you go to work at 9 o'clock in the morning, that employer should be paying you at least the minimum wage in the province of Ontario. To work in the province of Ontario and get paid absolutely nothing for your time is wrong. That's why I say gig workers are not treated with respect. They're not treated as equal. Under the Employment Standards Act, they should be included, and they should be being paid from the minute they go to work.

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

Mr. Rick Byers: I thank the member for his comments and certainly acknowledge the experience the member has in matters of labour and working workers. I've heard him speak many times on this. I wanted to follow up on the matters regarding his points on firefighters, because I certainly agree we need to support our firefighters.

I have met, this week, with some firefighters who were in for various meetings. They acknowledged the very significant support they've received from the government in a range of ways, and I was very encouraged by that. So I guess my question is, reflecting on what the industry is saying directly and representatives of the firefighting community, don't you think that's worth support for this proposal that we have before the House?

MPP Wayne Gates: I think I've been very clear: I support firefighters. But I've also been clear that everybody in this room supports firefighters. What I'm saying is that when you bring a bill forward, you should make sure that you're covering all the cancers that you know. Because the firefighters, when they came and met in your office, they told you about prostate. They told you that they were getting exposed—more than me; I'm exposed as well—but a 1.41% chance more that a firefighter is going to get prostate cancer.

So if you know—your party knows; you're in power and you can pass bills. You've got a majority government; you could pass it tomorrow. If you know you can do that and you know that firefighters are dying of prostate cancer, then why would you not include it in the bill? So you can look a firefighter right in the eye and say, "You know what? We support you. We know your brothers are dying of prostate cancer and we're going to fix it, and we're going to fix it today." Because every day we wait, 13 more people are dying in this—

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

Ms. Sandy Shaw: Thank you to the member from Niagara Falls for bringing up the plight of workers when they go to work and they get injured. If you go to work and you get injured, there's a good likelihood that you will end up in poverty, even though you're covered by WSIB, because you will be deemed, and that results in poverty.

I also want to talk about the workers that don't come home: the deaths, people that die on the job. At National

Steel Car in Hamilton, we had three deaths in 20 months. National Steel Car had a bad track record even before these three deaths. Even though they had this bad track record, the fines that they received were \$140,000 each for Collin Grayley and Fraser Cowan, and a \$240,000 for Quoc Le.

Also, these fines do not go to the families. The families are left grieving. They don't get this money. They don't get support. It's also a concern to me and to others, like USW 7135, that these fines should be commensurate to the revenue of a company, because if it's a big corporation, these fines are just the cost of doing business.

So to the member: What do you think of that issue?

MPP Wayne Gates: I'll tell you about when I was president of my local union. One of the hardest things I ever had to do was take Joel Murray out of the plant when he was crushed at General Motors. And his wife, Wendy, and the kids—General Motors was fine. They pleaded guilty and they were fined \$300,000. You know what drove me nuts about that? The \$300,000 does not go to the family. The \$300,000 goes back into general revenue.

I have never understood why we've never changed that. If a company kills a worker, first, they should go to jail. The second part is, the fine should go to the family, because now the breadwinner—in this case, Joel, who had a good job at General Motors—is gone. Yet those kids have still got to go to university, they've still got to carry on. That money could go to making sure they get a post-secondary education because they lost their dad, because it was General Motors' fault that they killed Joel.

The Deputy Speaker (Ms. Donna Skelly): Final question?

Mr. Lorne Coe: Speaker, through you, one of the features of this bill, for the member from Niagara Falls, is creating alternative criteria for apprenticeship registration, which opens the doors for Ontarians who don't meet traditional academic standards, ensuring that no talent is untapped. I'd like to hear the member from Niagara Falls's thoughts on what that's going to do to expand opportunities in the skilled trades, particularly in your riding, where there are lots of people who would like to have that opportunity.

1340

MPP Wayne Gates: Yes, I do have a lot of Indigenous communities in my riding and have actually gone to the native centres. Through Niagara College, we have given more opportunities for Indigenous communities to get an apprenticeship so they can get hired in a workshop and they're able to carry on. That has been one of the good things that the native centre did in partnership with Niagara College.

The other thing you talked about that I want to get into about the skilled trades is that we still haven't done enough for the women in the skilled trades around protective equipment. I was at the firefighter breakfast, and a volunteer, a woman, was complaining that their gloves are still oversized. So maybe tell the minister for me: Let's get some really good gloves for the women, as well.

But that program is really good. I thank the native centre and Niagara College for what they're doing on trying to get more people exposed to the—

The Deputy Speaker (Ms. Donna Skelly): It is now time for further debate.

M^{me} Lucille Collard: I'll just start by saying that I will be sharing my time for the MPP for Don Valley West.

I want to start by saying that this bill—altogether, after reading it—is not a bad bill at all. It contains some very interesting measures that I know certain workers across the province will be glad to see implemented.

Schedule 1 implements job protections for those who need to go on leave to care for a new child as a result of an adoption or a surrogacy, or for those who need to take time to deal with a serious medical condition. These are important measures that directly affect mostly women, I would say. They should frankly have been implemented sooner, as far as I'm concerned, because there is nothing more important than taking care of our family; that needs to come first, and I'm sure you'll agree with that, Madam Speaker. We must empower workers to take care of themselves and their families first, so that when they come to work, they can be focused, efficient and effective on the job. This legislation will help to achieve that.

Schedule 4 takes steps to set standards for immigration representatives and impose penalties on those who exploit or defraud immigrants. Now, that's a very shameful practice, and it's very good that we're addressing that. Immigrants are already facing many challenges when they come here, and we need to show that we value their contribution to our work force and our economy.

We have worker shortages in a number of sectors in Ontario, particularly in health care and education—and especially, I will say, from a French-language perspective. The francophone community in Ontario is in desperate need of qualified French-speaking teachers in our schools and French-speaking health care workers to provide needed care. Unfortunately, even if they come with foreign credentials, the certification process to work in Ontario often takes too long, costs too much and is too complicated, so these professionals end up working in jobs they are overqualified for, instead of contributing to address a shortage in important sectors like health care and education.

Further to conversation with leading experts in Manitoba, I'd like to invite the government to consider more ways to provide these workers with opportunities to work immediately in their field. In Manitoba, they created a clinical assistant position in their health care system, to give internationally trained physicians the opportunity to work in their field right away while they work towards their official licensing. That has proven to be very efficient in expediting the process of getting them to work. Positions like that can support internationally trained workers and help them better integrate into the work force here in Ontario in a productive manner.

Ontario's community health sector includes over 200,000 workers in areas like primary care, mental health, home care and long-term care. These workers play a crucial role in providing care outside of hospitals and emergency departments. However, they face a wage gap of over \$2 billion compared to their counterparts in

hospitals and schools. This gap is leading to significant shortages of staff and impacting the quality of care.

A recent survey found that 94% of community health organizations cite compensation as the main challenge in hiring and retaining staff, contributing to increased wait times for services.

In addition, support workers in our non-profit sector also need urgent additional funding, and I hear that all the time. There are many, many organizations in my riding that provide essential services to some of the most vulnerable people in our society—workers at our food banks, shelters, community centres and children's aid societies, just as a few examples. Many of those organizations rely on government funding to operate, but due to insufficient funding, these organizations are often forced to get by with very little resources. This has a significant impact on their workers and their service delivery. Their staff are overworked, but they do their best to ensure that everyone is taken care of, regardless. These workers do extremely important work, and they deserve the support of their government.

Now I want to touch briefly on schedule 6, which includes firefighters and fire investigators in presumptive WSIB coverage for certain cancers. It's an important change, and I do support it. However, we have also heard from the wildland firefighters, who are concerned that they will not be included in this change. Wildland firefighters do not wear respirators and are often exposed to even more smoke than regular city firefighters. They have the same risk of developing cancer from their work, and they provide an essential service to this province. It seems that the wildland firefighters have been explicitly excluded from coverage under the WSIB. You can find specific examples of this exclusion under section 15 of the act. So I hope it's just an oversight or a mistake that the minister will correct before this bill is adopted.

Madam Speaker, I want to conclude by talking about small businesses, because when it comes to workers, small businesses are key. Small businesses play an extremely important role in our economy, providing jobs for millions of Ontario workers. When small businesses are supported, they can, in turn, better support their workers by improving working conditions, for example, and offering a competitive wage.

We need to do more to support small businesses in Ontario, including through tax cuts. My colleague the MPP for Don Valley West recently proposed legislation to reduce the tax burden on small businesses. The proposed changes would even have been retroactive to January 1, 2024, providing significant relief to small businesses, like those in my riding of Ottawa–Vanier, and the workers they employ.

I recently met with small craft brewers in Ottawa, and they explained to me and my colleagues that small brewers are taxed in a disproportionate manner compared to big breweries. That's something that we could change to help support the workers in our small breweries and other small businesses.

I'll leave my time to the MPP for Don Valley West.

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

Ms. Stephanie Bowman: It's a pleasure to rise today to speak to the Working for Workers Six Act.

Speaker, as my colleague from Ottawa–Vanier mentioned, there are a number of positive aspects to this bill, and they're certainly supportable; for example, the enhanced protections for firefighters as it relates to protective equipment that fits. I actually have a young cousin, Sara Brown, who is a firefighter here in Ontario, and I know women firefighters like her will benefit from this kind of enhanced equipment that fits them better.

I also had the pleasure to meet this week with some Toronto firefighters, including firefighter Mike Smith, who works in my riding of Don Valley West. I just want to commend him. He was recently at a fire in the north end of the riding. Gladly, no one was seriously injured.

I want to thank Mike and all Toronto firefighters for their dedication to protecting our community.

Other good measures in this bill are to protect jobs for people who are enduring cancer and related treatment. I want to commend the government for listening and responding to the requests from organizations like the Canadian Cancer Society that want to make sure that the people who are enduring cancer and getting treatment have a job when they return and are able to work again.

1350

I'm proud of the Ontario Liberal history of supporting firefighters, particularly those battling those occupational diseases. It was in 2007 when Premier McGuinty, leading the Ontario Liberal government, amended the Workplace Safety and Insurance Act to introduce presumptive coverage for firefighters impacted by eight different types of cancers, as well as heart injuries.

While the Conservative government has expanded presumptive coverage for many other types of cancers—which we, of course, support—there is still a lot more to do to support firefighters. As we heard this week when we met with them, diseases like kidney cancer, colorectal cancer, as well as catastrophic acute exposure, are things that they know that we need to continue to work and advance coverage for them.

I want to also talk about the workers who are actually enduring some difficult times right now. We know that with challenging economic times, despite the government's ads boasting about how everything is great here in Ontario—there were definitely jobs added since 2018, but it's not that jobs are actually all that plentiful right now. Labour conditions are not that buoyant. While we wouldn't disagree that job creation is certainly good news, we also think it's important for the government to be transparent about the concerning rise in joblessness, which is top of mind for families who are worried about how to put food on the table if they lose their paycheque. For tens of thousands of workers, the reality is that the labour market conditions are actually deteriorating, and one only has to look at rising unemployment levels to appreciate how the government's story around this is a bit off the mark.

When the previous Liberal government's mandate ended in 2018, unemployment was at 5.9%. It's currently at 6.8%. In fact, the increase in joblessness since this government took office is second only to what happened in the 1990s when the NDP formed government. Clearly, the government's record on job creation is not as strong as they would like us to believe. We need to make sure that we're doing things for those workers. How do we make sure that they are getting the access to—whether it's retraining, whether it's support as they look to going to food banks to put food on their families' tables. We know that record numbers of people are doing that, and those families need support. Things like a middle-income tax cut that this government promised in 2018 would help those families.

I also want to just point out that, under the previous Liberal government, Ontario accounted for almost half of all jobs created in Canada. Last year, the province's contribution declined to 38.3%. Again, that says that there are workers in Ontario who are actually struggling to find the work they want. That's why we know many workers are leaving Ontario, including construction workers going to other provinces where conditions are better for them to find employment and put food on their families' tables.

Under this government, the number of unemployed workers has swelled to 596,000. The ranks of unemployed workers have grown by one third since this government took office and it's taking longer for them, once they're unemployed, to find new jobs. In fact, one quarter of all jobseekers are falling into long-term unemployment, which means it's taking them at least six months or more to get rehired. Labour market conditions are a lot tougher than what this government is willing to admit to.

We know that private sector employment—as my colleague from Ottawa–Vanier pointed out, many of those jobs come from small businesses. Two thirds of the private sector jobs come from small businesses, and we know that they are hurting right now. We know that they're closing their doors at a more rapid pace. Bankruptcies are up this year over last year. We know that that working-age population and labour force participation has declined since the beginning of this government's mandate, which means a growing number of discouraged workers who are losing hope of finding a job and they're just dropping out of the labour force. That data is telling us that the government is falling short on creating the number of jobs needed to improve the economic well-being of households in this province.

While we need to make sure that we are focused on workers who have jobs—and this bill addresses some of the gaps that they are facing—we need to also make sure that we focus on job creation, especially those who are actually in the goods-producing industries. It's actually gone down under this government. So far this year, we've seen the manufacturing sector lose 12,000 jobs. In construction, 14,000 jobs were lost. Those, we know, are good-paying jobs that help put food on people's families' tables, so I encourage the government to spend some time thinking about that and make sure they're addressing those workers' needs.

The Deputy Speaker (Ms. Donna Skelly): It's now time for questions.

Mr. Rick Byers: I thank the members for their comments and reflecting, frankly, on some appreciated positive comments on the bill—although both said more could be done, and I think that's always the case.

As I reflect on so many of the bills that we put forward and contrasting very good versus perfect—and, I guess, reflecting on so many of the good measures in the bill as well as other measures we've done to support workers and skilled trades and apprenticeships and across such a broad spectrum—I guess that's my question: Could you acknowledge the important steps that are in this bill and help us by supporting the bill when it comes to a vote?

M^{me} Lucille Collard: I thank the member for his question. Right at the outset, I said this is not a bad bill, and I've enumerated the number of ways in which it's a good bill and it's bringing good measures. Of course, none of the bills that the government brings forward is ever to our full satisfaction, because we also see the needs that are not being addressed, and that's what our role is in the opposition: to point out to what can be done better.

Hopefully when a bill gets through a normal process and after second reading we get to committee, we get to hear from people, we have time to debate the bill, then we can really bring forward some recommendation for some improvements. Unfortunately, this is not going to happen. So, we have to trust that what's on paper is going to be as good as it says it's going to be, but at the same time, I want to forcefully remind the government that we always need to do better and there are a lot of people who are still in a lot of needs that are not being taken care of by this bill.

The Deputy Speaker (Ms. Donna Skelly): Question?

MPP Wayne Gates: During my presentation I talked a lot about gig workers and how they're being treated unfairly, where they're sitting there for an hour, an hour and a half, collecting no money.

So my question to you is, would the Liberal Party agree with the NDP that they should be covered under the Employment Standards Act and have all the benefits of being covered by the Employment Standards Act?

M^{me} Lucille Collard: What the Liberal Party is always in favour of is defending the people that are vulnerable and are not treated fairly, so whatever it takes. Again, we've talked extensively about our small businesses and the people that do the work, and that everybody should be treated fairly and with equity, with working conditions that are fair. We don't see that happening across the board.

You're mentioning the gig workers, but I can—think about the nurse practitioners, which we talk a lot about these days in this House. They've got no wage increase. We're putting more on their responsibility, yet there is a big wage gap that needs to be addressed. So, I do hope that the government will address that, and the Liberals will support these measures when they're fair and equitable.

The Deputy Speaker (Ms. Donna Skelly): Question?

Mr. David Smith: I want to thank the members for your presentation. I overheard about the job situation; it's not truly reflected. I see a number of investments coming

into Ontario, and obviously jobs are created by those initiatives.

I have a question for the member. Ontario workers deserve transparency and fairness in the hiring process. That is why our government wants to require employers to disclose compensation range, job vacancy information and use of AI in hiring, for the needs of making information decisions about the future. Will the member support these efforts that create fairness and a more equitable hiring process, or will they stand against workers' right to transparency and opportunities?

The Deputy Speaker (Ms. Donna Skelly): Back to the member for Don Valley West.

Ms. Stephanie Bowman: Thank you for the question. Certainly, transparency is something that we've been talking a lot about, especially today, when it comes to the lack of transparency around the Ontario Place deal and the billions of dollars that taxpayers are going to be on the hook for. So, while I find that it's important, absolutely, for workers to have access to things like pay grids and other things, that when their résumés are going through AI—I think those are good practices that should be considered, and if done fairly, certainly we would support, but I find it a little bit interesting that the government is talking about transparency when they've been found doing the opposite of that, in particular this week.

1400

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

Mr. Joel Harden: A question for either colleague in the Liberal caucus: Anti-scab legislation has been something that has been left out of this particular bill. What it refers to is the use of replacement workers during strikes or lockouts. At the federal level, our colleagues there—Conservatives, New Democrats, Bloc, Liberal and Green—agreed to pass federal anti-scab legislation. I'm wondering what your reflections are about that not being in this bill.

We have a labour dispute in Ottawa at Best Theratronics in Kanata that is going into its seventh month. This organization makes cutting-edge cancer-screening equipment, and these workers want to go back to work, but the employer is using replacement workers to avoid bargaining in good faith.

I'm wondering if that is something you could support as a good amendment to this bill.

M^{me} Lucille Collard: I want to thank the member for Ottawa Centre for his question—always interesting questions where we're trying to corner the Liberal Party about their position on what they're going to do.

We are supportive of fair treatment in the workplace, whether it's the employers or the workers. We've talked a lot about the anti-scab legislation. It is not in this bill. It could have been, and then it would have been a really good discussion to have. Unfortunately, it's not there.

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

Mrs. Robin Martin: Thank you to the members for their input on this bill. I know you said you would support a lot of this bill; you thought there were a lot of good things

in here. I don't think I heard you comment on the Ontario Immigrant Nominee Program and the pathway for self-employed physicians. Obviously, I think it's a good idea if we get more physicians working in Ontario, and I'm just wondering if you were going to be supporting that part of the bill, if you support that part of the bill. We look forward to having that support.

M^{me} Lucille Collard: Thank you for the question. I did make reference to how foreign credentials need to be recognized in a more efficient way. Whatever we have right now, it's definitely not optimal. I did say the process to get accreditation to be able to work in Ontario is too long, is too costly, is too complicated, and those foreign workers end up working in fields that they are over-qualified for. We need to speed up that process and make it more efficient. I meet too many cab drivers who should be working in our hospitals or our health care system, or even the education system.

I did mention, though, and I want to reiterate that the example from Manitoba that created a clinical assistant position which allows those people with health care experience—not experience; they don't have the experience. They have some expertise, and they can't be hired until they get experience, so by being able to enter the workforce at a lower level as a clinical assistant, they have the benefit of gaining that experience and getting an entry door to a good job.

The Deputy Speaker (Ms. Donna Skelly): Question?

MPP Wayne Gates: One thing I'm extremely proud of is that the NDP is the only caucus where all their employees are unionized. They get fair wages, fair benefits and a pension plan—something that nobody in this room has, by the way.

My question to you is, I think, one of fairness: Although none of your employees are unionized, do you agree with the NDP that it should be easier to unionize in the province of Ontario?

Ms. Stephanie Bowman: Thank you for the question. I think that there are lots of employers who treat their workers fairly, whether they are unionized or not. While I absolutely support the NDP caucus's right and privilege to have unionized employees, I think that it really is up to the employees who are working, as well as the employer, to have a positive working relationship, and I think that can be done both in a unionized and a non-unionized environment.

I think pensions are absolutely important and critical. We need to do more to expand pension coverage in this province. Certainly, there are workers here who deserve pensions, and I hope that the government will work to make that happen.

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

Mr. John Yakabuski: It's a pleasure to join the discussion today on Working for Workers Six Act, 2024.

I appreciate the contributions thus far today, although I must say, picking up on my colleague from Bruce-Grey-Owen Sound—and I appreciated his question because I have been here for a while, and I have been here for a while

in government. It's interesting when we bring in a bill—not so much the Liberals, because they're not always as engaged, but I listen to the NDP, and they will talk about everything but what's in the bill. They will talk about how, “Well, we should have done this. We should have done that. You should have this. You should have that,” and the member for Niagara Falls is a champion of that.

Then, if we bring in a bill that they think steps over the line of how focused and narrowly delineated that bill should be, then they accuse us of bringing in legislation that is just unfair, because it encompasses—what's the—I'm trying to think of the word. I can't even come up with the word of what we call those pieces, those bills that cover everything.

Mr. John Vanthof: Omnibus.

Mr. John Yakabuski: Omnibus; thank you very much. Omnibus.

Then they accuse you of doing too much in a bill, so it's hard to get it right. And then they get up and, in their questions and their comments, they're basically saying, “You didn't fix everything that needs to be fixed in the province of Ontario and, indeed, Canada, and, indeed, the world, sometimes, in this particular piece of legislation.”

I'm just trying to picture what that bill that would fix everything would look like. I've been looking at the table and I know that it would not just collapse the table, but probably the floor here in the Chamber because of the weight of that bill itself. Does it not really make more sense to try to focus on what's actually in the bill and ask themselves, is this a positive step or is it not?

When the New Democrats look at these bills, we're bringing in things that, quite frankly, they may have talked about in the past, but it seems when it comes from the PC government, it's just not as good as if they thought of it or if they brought it in. It really is regrettable because the whole way that this place is supposed to work is if there are good ideas coming forward and positive steps, that we should have the support of our colleagues in the House, regardless of the fact that they live in a partisan world.

When we look at this bill, it's hard to look at this bill and say, “This part of the bill is a bad idea. Oh, and this part of the bill, that's not going to help. This part of the bill is actually going to set workers back. And this bill, boy, the workers are going to be really upset about that.” But no, there's not a thing in this bill that they can actually say that.

Since we became government in 2018, we have been on a mission to make the world of workers a better world; on a mission to make the world of workers better. So, from successive ministers—Ministers Scott, McNaughton and, today, Piccini—everything that we've done in our Working for Workers legislation, from 1 to 6, has made the world—or will make, if passed, number 6—will make the world of workers better.

Where I think the opposition is failing—if it's the job of opposition to someday form government, they're actually failing miserably, because they are losing the support and the confidence of the working community out there. Private sector unions all across Ontario are looking at this

government, the Doug Ford Progressive Conservative government, and saying, “You people are recognizing what our lives are like. You are actually doing the kinds of things that are going to make our lives better.” I know they can’t argue against this—me, what I’m saying right now, or against us on that statement—because all across the province that’s what we’re hearing back.

1410

I know the member for Niagara Falls and the member for Don Valley West talked about meeting with firefighters yesterday at the reception. Well, I was there too. I met with firefighters. In fact, I met with Mike Smith, a firefighter from here in Toronto. Incidentally, he mentions to me, when he knows where I’m from, that his grandmother passed away, Gloria Mandy. Gloria and Dick Mandy—I curled with Dick Mandy many years ago—two people, pure salt of the earth, lived up in the Round Lake area. Gloria passed away recently. This was Mike Smith’s grandmother. Like I say, the Mandys were just wonderful people. I had a great chat with Mike and other members of the Toronto fire department here at Queen’s Park at the reception last night.

I also spoke to firefighters from Windsor. I know we have a member from Windsor in our caucus and we have a member from Windsor in the opposition caucus.

I’ll tell you, folks, firefighters are lauding the work that we have done as government to recognize presumptive cancers, recognize presumptive illnesses and to do more and more. Each and every time we bring a piece of labour legislation out, we are doing more to protect and support firefighters at that time, that most difficult time in their lives and their families’ lives, if they should be diagnosed with one of a growing list of presumptive cancers.

I will say to the member from Don Valley West, she’s right. I was here when the former Liberal government brought in coverage for presumptive cancers. We supported that. We supported that as the PC opposition at the time because we knew it was the right thing to do. And incrementally and progressively—and it really took off in a big way with our government—the government has expanded that coverage to ensure that our firefighters do have that confidence that when they have our backs, when they’re going in to protect us and perhaps even save us, we have their backs when the job is done.

And when they’ve been on the job for a number of years and they are then, many of them, inflicted with cancers that, while they’re out in the general society but not to the kind of extent that firefighters can be diagnosed with, these illnesses—because we know when you’re going into burning buildings, you’re going into a chemical soup, you could almost call it. When flammable materials are burning, God knows what are in those vapours to damage you as one of the people that is in those buildings. Regardless of the fact that we do everything we can to provide them with protective equipment, we know that that environment is not one that most of us would ever want to be in—although I do take my hat off to the member for Brantford–Brant, Will Bouma, who is a volunteer

firefighter himself and over the years has seen those circumstances himself.

I think what I want to make clear is that we are continuously doing things. One of the things I heard the member for Ancaster talk about: the lack of fines. Well, our fines are going to minimum fines of \$500,000 for corporations convicted of repeated offences within a two-year period under the Occupational Health and Safety Act. That is a minimum of \$500,000.

So we are doing the kinds of things that we’re hearing from labour across the province about what we can do to actually better protect them and make them not only safer on the job, because if you bring in legislation that says to bad actors, “Listen, folks: The penalty is going to get bigger. You’re going to really start to feel it if you are doing things that are endangering the lives of your workers”—your workers are your greatest asset. It doesn’t matter what business you’re in, whether it’s public or private or construction or any other—manufacturing or anything else. I know the member from Niagara Falls talked about a worker at the auto plant. It doesn’t matter what line of work you’re talking about; your greatest asset are the people who work for you and do that work every day. You cannot be successful as a company—we can’t be successful as politicians if we don’t have great, competent, adequate staff to support us as well. So we’re making sure that those people are protected in that environment.

I know the member for Don Valley West talked about job numbers in her address, and I have to take umbrage with that to some degree. I was here. There are not many people who were here way back then—it says, I guess, how my age maybe is; I’m revealing something or saying too much about it. But there’s not many people who were here during the crisis period when the McGuinty Liberals, through their tax-and-spend and energy policies, drove 300,000 manufacturing jobs out of the province of Ontario.

If they want to look back to a dark day for jobs and workers in the province of Ontario, when those good jobs were leaving the province in droves because they couldn’t afford—it wasn’t that the workers didn’t want to be here and work, it was that companies could not afford to operate in Ontario. Now that’s a telling story, that companies could not afford to operate here under the Liberals’ high-tax, high-spend lack of support for the business environment. It actually drove companies to say—and it is not free to uproot yourselves and move somewhere else, but they were making the decision that it is a better business choice to shut it down and move our facilities and our manufacturing capabilities somewhere else. So you have to ask yourself: What kind of environment were they living in or working in at that time?

I know the Liberals have some of their own researchers coming up with numbers that they want to hear, but you ask the man on the street, the person on the street: “Do you think the Ontario economy today and the opportunities in Ontario’s economy today and the opportunities for you as a worker are better or worse than they were under the McGuinty Liberals?” You know what the answer is. You

don't even have to ask them. Sitting here today, you know what those people's answer is going to be: "The opportunities are much greater. The conditions that we have to work under are much better. The wages are much better. The benefits are much better, because we have a better environment."

My son is a supervisor in the construction industry, and when she mentioned that people can't get work—well, you need to talk to some of these people who are doing building here in the construction industry. Ask them how difficult it is to get workers and how much they support what we have done in the last number of years to encourage more people to get into the skilled trades. We're opening every door possible so that those young people, men and women, can get into the skilled trades and have a really good high-paying, highly compensated job with high benefits that they couldn't have before because those companies weren't building new factories; they weren't building new facilities. They were shutting them down and running south where they could be more successful and make a living manufacturing goods.

One of the things that drove them out of the country, more than anything else, was the energy policy of the previous Liberal government. High energy costs: If you're in the manufacturing business or any kind of business that requires a significant amount of energy to operate, that is one of your biggest expenses. Under the previous Liberal government, energy costs were one of the main catalysts for determining, "We can't stay here. We can't stay in Ontario; we've got to go elsewhere." So away they did.

1420

Now, what have we done since we came to office? We have stabilized energy costs so that manufacturers know that here in Ontario, not only will you have affordable energy, but you will have reliable access to clean, green, affordable, reliable energy. The two things that people want if you're the buyer of energy: You want it to be affordable; you want it to be reliable. If you're on the side of producing it and you're in the government, you also want to add that it's environmentally responsible, because we have a responsibility not only to this generation, but to subsequent generations to give them a better world than we have today. It's our job to treat the world and the earth with respect.

And we're doing all that, encompassed in our Affordable Energy Act. Why? Because we want to make sure that those jobs stay here. And we know that the demand and the requirement for electricity between now and 2050, according to the IESO—the Independent Electricity System Operator says the demand of electricity is going to go up by 75%. Now that's a staggering number, Speaker: 75%. That means that the demand for electricity in Ontario will go up by an amount that would be more than enough to power four cities like the GTA, the greater Toronto area. That is not the amount of electricity we're going to need; that's the amount of new electricity we're going to need to power the needs of Ontario by 2050.

We know that also, in order to do that—what are you going to need? You're going to need workers. If you're

going to build that generation, you better be building transmission. It doesn't matter if you've got the best product in the world; if you can't get it to your markets, you're not going to sell any, right? We're going to need workers. So what's the best way to ensure that you're going to have those workers? Make darn sure you're treating them right. And that's what we are doing in Ontario: We're going to make sure they have the jobs, and they're going to be the kind of jobs that they're going to be proud to have, proud to do and happy that they get home safe every night as well. That's what we plan to do here in the province of Ontario. That's part of the suite of bills that we're bringing in.

So we have the Affordable Energy Act on one hand. We've had five Working for Workers acts and now Working for Workers 6, so it's a package deal, folks. You start to put these things together and you can start to actually see the vision of Doug Ford and the PC government. How are we going to make sure that Ontario is the best that it can be going forward? We're doing all of those things collectively and intertwined, just dovetailing everything together. So we know that we can stand up and confidently say we've got Ontario pointed in the right direction.

Now, don't take my word for it, Speaker; take the word of people who are responding to questions and surveys and polls all across this province who are being asked, "If an election were held today, who would you support?" Numbers that are staggering are saying, "We would support Doug Ford and the PCs," because they have the same kind of confidence in the future under this government that we have knowing that, leading this province, we will be able to give them the kind of Ontario that they deserve.

Speaker, the Working for Workers Six Act—I haven't had a chance to go delve in my speech today because, my God, that clock runs. But just a little snapshot of some of the things: cracking down on bad-actor employers; introducing game-changing—strengthening protections for roadside maintenance workers by expanding existing requirements for motorists to slow down and move over under the Highway Traffic Act. One of the highest, most dangerous, most likely places that you can be killed as a worker in Ontario is getting hit by a car. We're going to make sure that we're doing everything we can to make those workers safer. One of my first jobs back in 1975 was on road construction, paving the highways through Algonquin Park. I can tell you that the safety measures taken to protect us as workers in 1975 were pretty minimal compared to what we're seeing today, and we're going to continue to make them more and more stronger for the people of Ontario.

ROYAL ASSENT

SANCTION ROYALE

The Deputy Speaker (Ms. Donna Skelly): Before we move on to questions and answers, I beg to inform the House that in the name of His Majesty the King, Her

Honour the Lieutenant Governor has been pleased to assent to certain bills in her office.

The Clerk-at-the-Table (Ms. Julia Douglas): The following are the titles of the bills to which her honour did assent:

An Act to amend various energy statutes respecting long term energy planning, changes to the Distribution System Code and the Transmission System Code and electric vehicle charging / Loi modifiant diverses lois sur l'énergie en ce qui a trait à la planification énergétique à long terme, aux modifications touchant les codes appelés Distribution System Code et Transmission System Code et à la recharge des véhicules électriques.

An Act to enact two Acts and to amend various Acts with respect to public safety and the justice system / Loi édictant deux lois et modifiant diverses lois relatives à la sécurité publique et au système judiciaire.

An Act to amend various Acts / Loi modifiant diverses lois.

WORKING FOR WORKERS SIX ACT, 2024

LOI DE 2024 VISANT À ŒUVRER POUR LES TRAVAILLEURS, SIX

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

Mr. Joel Harden: I'm happy to ask my neighbour upriver a question. I enjoyed his presentation as always.

Schedule 2 of this bill—he ended on this note: He talked about the fact that the government, rhetorically at least, is committed to defending the safety of road workers, and I was interested to hear that that was something you've got personal experience with. I know in my critic role, I spoke to a bunch of road workers in recent years who were telling me the precise opposite. They're telling me that the government's decision to increase speed limits in places like Carnage Alley, outside London, Ontario, on the 401, puts them at direct risk, particularly because—as I understand it at least; perhaps the member can clarify if I'm mistaken—some of the improvements that need to be made there will require significant investments in road safety done by construction workers.

So to the member: Why is the government on the one hand, through schedule 2, talking about protecting workers who are working hard on our roads, and on the other hand, increasing speed limits which the evidence would suggest leads to them being less safe?

Mr. John Yakabuski: Well, I thank the member for Ottawa Centre. It's interesting that he would bring that up in that regard, because I don't know if it's a chicken or the egg, the cart or the horse or whatever, but those highways that we have recognized are challenging with regard to safety—construction projects are planned for those stretches of highway, as you would know.

And when a highway is under construction, it's not subject to the same speed limits that we would have on an open highway. We all know that. Everybody who has driven through a construction zone knows that the speed

limits are lowered significantly during that time, and if workers are present, we've made sure that the fines under those are doubled under those conditions. So are we doing everything to make sure that those workers are safe under a construction regiment? Absolutely, and we're going to continue to do that.

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

Mr. Robert Bailey: I enjoyed the remarks from the member from Renfrew–Nipissing—I can't remember the last one.

Mrs. Robin Martin: Pembroke.

Mr. Robert Bailey: Pembroke—how could I forget Pembroke?

Anyway, I would like him to elaborate a little more on the protection for firefighters and why that's so important to many of the improvements we've made to the Working for Workers.

Mr. John Yakabuski: Thank you to the member for Sarnia–Lambton. I have a list here of all the presumptive cancers, but I won't go through them because I wouldn't be able to do it in a minute. But it is a list that continues to grow.

Why are we doing it? Well, we're doing it because those are some of the finest people we have as citizens here in the province of Ontario—some of the finest and the brightest, those who are willing to go in while we're going out; those who are willing to go into danger while we are doing what we can to escape the danger, if we're not already out.

1430

So it's incumbent upon us, not just as government but all of society—because they protect everybody every day. Whatever we can do to give them the confidence that we have their backs—because they take on a role, a job, an occupation that is dangerous, we're going to make sure that we have their backs.

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

Mr. John Vanthof: I always enjoy the remarks from the member for Renfrew–Nipissing–Pembroke. He was one of the first speakers that I ever listened to when I got elected many years ago, and he is one of the best speakers in this House. Now, I don't agree often with his philosophy, but he's the only guy who can speak for 20 minutes and, in the last 49 seconds, actually talk about the bill. But he spent his first while talking about how we in the opposition always talk about things that should've, could've been in the bill.

When we were talking about highway safety, one of the things that should've, could've been in a bill about working for workers is actually making sure that workers are protected on our highways, ensuring that the transport drivers on the highways actually are adequately trained and tested. The Auditor General brought this up and CBC brought this up. We brought this forward many times.

Does the member think that that should be coming up in the next Working for Workers bill?

Mr. John Yakabuski: I don't know that it would come in a Working for Workers bill; it might come in a trans-

portation bill. But we recognize that there is a challenge. We see it all across the country. It's not Ontario—it's not singularly in Ontario.

We have programs to ensure—we have licensing requirements to ensure that our truck drivers are properly trained. There are also some shenanigans sometimes that go on, that people get by the rules. We know that it doesn't matter what the rules are—I'm going to take no more than 49 seconds to explain it to you—there are people that will try to get around the rules.

That's why we have enforcement. We only catch a speeder if we catch them. You only fine somebody breaking the law if you catch them. We're going to do everything we can and we are doing everything we can to make our highways safer than ever, and we're going to stay on that track.

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

Mr. Lorne Coe: Speaker, through you, there are many aspects of this bill that the member for Renfrew–Nipissing–Pembroke spoke so well about. But there's a couple of aspects—lowering costs for apprentices and businesses, and the effect of that on our economy—that I'd like him to expand on, please, Speaker, through you. Thank you.

Mr. John Yakabuski: I have to get my glasses on for this one. So, through our Working for Workers 6 package, we will waive the \$150 exam fee for apprentices taking their initial certificate of qualification, eliminating financial barriers and making it easier for workers to achieve their certification and advance their careers. Removing the fee is a simple way to get more money in the pockets of young men and women looking to enter the trades.

One of the reasons we don't have the labour workforce we need is because the previous Liberal government created a complex web that included punishing costs on the trades. They taxed the trades to the brink of extinction. We're lowering premiums to \$1.25, the lowest average businesses premium rate in half a century, providing significant cost savings to businesses and reinforcing Ontario's position as a competitive place to do business.

These are some of the things that we are doing to make Ontario the place to grow, live, work—

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

Ms. Sandy Shaw: My question is regarding, very specifically, people that are injured and killed on the job. April 28 is the labour movement's most solemn day; it's the international workers' day of mourning. I spoke earlier about deaths that we saw in Hamilton at National Steel Car: Collin Grayley, Fraser Cowan, Quoc Le. They were killed within 21 months—three deaths in 21 months at National Steel Car. They were fined \$140,000 per death.

I happened to be at a workers' day of mourning where I heard the family members and the children of those that were killed speak. It was really heartbreaking for them to say that they don't have a father, they're going to university, they're going to miss those moments. But it was also really shocking for me to understand that none of

these fines—this money doesn't go to the families. Once their husband, their father is killed, they are left on their own.

Does the member think that a portion of these fines should go to supporting family members who are left behind once they have lost loved ones killed in the workplace?

Mr. John Yakabuski: Thank you for the question.

I have been at many of these days of mourning, when a worker is injured and killed on the job, over the years. It is a tragedy, and it is something that none of us ever would like to be participating in. One death on the job is one too many.

Where I come from, we've had many injuries, many workers killed on the job. I come from a very intensive forestry-related part of the province, and forestry is one of the most dangerous jobs out there. Years ago, when most of those trees were felled by a slasher, as they called them, who felled the trees with a chainsaw, we had many, many people who were killed on that job, one of the most dangerous jobs in the world. However, technology has changed that.

We're continuing to bring technology into the workplace to make it safer and safer, and we're always going to do what we can do to protect workers.

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

Mr. Sol Mamakwa: Meegwetch, Speaker.

Remarks in Anishiniimowin.

It's always an honour to be able to rise on behalf of the people of Kiiwetinoong—and today, to speak on Bill 229, Working for Workers Six Act, 2024.

Kiiwetinoong is, as you know, a very unique riding. It's 294,000 square kilometres. There are four small municipalities, and there are 31 First Nations—and then there are 24 fly-in First Nations that are there. The previous speaker spoke about firefighters who were here yesterday—Windsor, Toronto. I'm afraid to say that, in Kiiwetinoong, we don't have firefighters to be able to access the service in itself. I've been to a number of tragedies because of fires in some of these First Nations—and whereby they don't have the capacity, whereby they don't have the training, the people, even the fire hall, to be able to fight a house fire, for example.

This bill was tabled by the Minister of Labour, Immigration, Training and Skills Development, but it would make amendments to a number of acts. Because this bill was tabled by a Minister of Labour, I would like to begin by speaking about employment in the riding of Kiiwetinoong, with the hope that this can influence the minister or even this government to consider the needs of the residents of Kiiwetinoong for future decisions.

Sioux Lookout is a small town of 6,000 people, but Sioux Lookout is a hub in the northwest for the riding of Kiiwetinoong. It's a hub for the northern fly-in First Nations, where people travel through—through airplanes, scheduled flights. They travel across the riding of Kiiwetinoong in order to access health care, in order to

access the other services in the town of Sioux Lookout or Thunder Bay.

One of the things that we face in Sioux Lookout is that employers find it difficult to recruit for open positions because the town is not equipped to accommodate more residents. We need housing. Not only is there a shortage of housing, which—time and time again, I speak on it. I don't know how many times. But there is a shortage.

1440

And when we talk about family doctors—actually, not family doctors. We don't have family doctors. We have community doctors. For example, in Kingfisher Lake, we have a community doctor who only services that community. Then the rest of that time—say that physician's services are five days per month of physician service for that community, which means, in a year, there are 60 days of physician services for that community, for that First Nation. Out of those five days per week, two of those days are travel days, so there are actually three physician days of service for that community. So we don't have family doctors; we have community doctors.

Last week, I spoke about the number of patients in Sioux Lookout without a family doctor. If you live in Sioux Lookout, a community of 6,000 people is without a family doctor. Back in 2022, there were 3,100 without a family doctor. That number is huge, enormous, in a town which in 2022 had, again, a population of not even close to 6,000.

To work for workers, as this government says it is, we must ensure that communities in Ontario, such as Sioux Lookout, have the capacity to house workers and provide them the necessary services.

When we look at Bill 229, one of the things it talks about is schedule 6 of this bill that amends section 15.1 but also 15.2 of the Workplace Safety and Insurance Act, 1997, which creates presumptions which are applied to "certain" firefighters and fire investigators. These amendments include to establish presumptions in respect to primary-site kidney cancer and primary colorectal cancer. When we talk about firefighters, specifically wildland firefighters are, again, omitted from this bill, following a pattern of excluding wildland firefighters from legislation that refers to firefighters.

One of the things about Kiiwetinoong: We are rich in Kiiwetinoong. We are rich in resources. We are rich in the lands that are there. We are rich in the forests that are in the north. I remember a lot of times when the wildland firefighters or the forest firefighters—a few years back, I remember—I've never actually been part of fighting forest fires, but I know, back in the 1970s, 1980s and 1990s, there used to be a lot of our people going firefighting, and everybody got trained to go firefighting. But nowadays, nobody is included. I remember a few years ago, in Cat Lake, there was a big fire near the First Nation, and they had 37 people ready to fight the fire. I remember talking to the chief like, "We are ready. This is our land. We know this land like the back of our hand." And I remember they never got called to be part of that service, to be able to fight fires. How times have changed.

Going back to the firefighters: Again, the exclusion of these type of firefighters, forest firefighters, wildland firefighters, from legislation—they're being omitted. And that begs the question: Why has this government specifically excluded wildland firefighters from these presumptive changes? It is, of course, within this government's power to include wildland firefighters in this bill or just to easily reclassify wildland firefighters so that they are considered firefighters in all aspects of the law. So why won't they?

On Monday, December 2, after this bill, Bill 229, was first debated, OPSEU president JP Hornick wrote an urgent letter to the office of the Minister of Labour, Immigration, Training and Skills Development about this exclusion. To date, I understand that there has been no response. I will read from that letter:

"As we've made clear on behalf of our members who work as wildland firefighters and wildland fire investigators, the bill as written does not indicate that the minister is fulfilling his promise to include these workers in the presumptive coverage under the WSIB, and making sure service during the fire season counts as a year of service.

"This might very well be a mistake in drafting; however, we need assurance that these issues will be corrected.

"The heart of the issue is that while the government has added definitions for wildland firefighters and wildland fire investigators under section 14(1) of the act, the relevant clauses which govern presumptive coverage were not amended to include these new titles.

"For example, s. 15.1(1) of the act, titled 'Heart injury,' states that:

"If a worker is prescribed under clause (8)(a) and sustains an injury to the heart in circumstances prescribed under clause (8)(c), the injury is presumed to be a personal injury arising out of and in the course of the worker's employment as a firefighter or fire investigator, unless the contrary is shown. 2007, c. 3, s. 2.'

"Another example is s. 15.1(4.1), titled 'Restriction,' which states:

"The presumption in subsection (4.1) does not apply unless the worker was employed as a full-time firefighter, part-time firefighter or fire investigator or served as a volunteer firefighter for a total of at least 15 years before being diagnosed. 2024, c. 3," schedule "4, s. 1(1).'

"You'll immediately notice from both of these examples that the newly defined wildland firefighters and wildland fire investigator have clearly been left out of any coverage under the legislation.

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"There is also no amendment defining service during the fire season as a year of service.

"We need urgent assurances that this will be corrected, and that wildland firefighters and wildland fire investigators will be protected.

"Without this, we remind you that retention and recruitment for wildland firefighters and wildland fire investigators will continue to be a major issue for your government and, indeed, for the province.

"We are looking for an expedited response to this matter, as debate will begin later this afternoon." And that's the end of the quote.

Speaker, I know that a wildland firefighter is here with us today, listening to this debate. Noah Freedman, local vice-president with OPSEU from Sioux Lookout, is with us here today. Noah and other members of his crew deserve to be protected in the law. They deserve the presumptive coverage that other types of firefighters are receiving under the WSIB. I remember Noah Freedman told CBC, “We’ve already heard directly from Caroline Mulrone’s staff at the Treasury Board that we could be reclassified with the stroke of a pen. It’s really up to Caroline Mulrone and Doug Ford”—

The Deputy Speaker (Ms. Donna Skelly): I interrupt—I apologize, but we do not refer to members in the Legislature by their name, but rather their title.

Mr. Sol Mamakwa: That’s just the way the letter was written. I’m not—

The Deputy Speaker (Ms. Donna Skelly): Just to clarify, just for your understanding—I know it wasn’t intended to go against the rules, but regardless of what the letter states, we still substitute the position of the person in the Legislature. We do not refer to names.

Mr. Sol Mamakwa: —“and the will of the government to do this.”

I think that’s the work—again, I talk about the will of the government. I talk about the will of—you know, I always talk about room for improvement. I just want to go back. I only have a few minutes, but I want to finish my remarks and I want to reflect on something that was not included in the bill.

I know that when we talk about the Employment Standards Act as being amended through Bill 229 in multiple ways, and it does not include a change which we debated last week—the private member’s bill, Bill 221. Bill 221, obviously, is my private member’s bill that was debated last Thursday, November 28, which would have made September 30 a statutory holiday, a day of reflection for truth and reconciliation. I know just a few days ago, on Monday the 2nd, the House voted on this bill. While I am grateful for the support from some colleagues, the PC government chose to vote against the bill. The motion was declared lost.

I talk about that because one of the amendments of the bill was to the Employment Standards Act, 2000. Bill 221 would have amended the definition of a public holiday in subsection 1(1) of the Employment Standards Act, 2000, which is to add a day of reflection for Indian residential schools. Speaker, I know that this amendment, in the language of the minister, would have worked for workers. It would have given the workers time to learn about the truth of Canada’s history, but also to reflect on the impact of the Indian residential school system.

It would have allowed workers, Indigenous and non-Indigenous, to spend a day with their families and participate in events with their community, something that the children who were sent to Indian residential schools were prevented from doing. And the ones that never made it home: We are still trying to search for them. We are still trying to find them.

It would have meant that staff members who already observe this day would no longer have to request a day off.

It would have closed the gap between unionized and non-unionized workers, since many unions already observe September 30.

I hope that, moving forward, the minister and the government will change their mind in supporting that bill. It talks about some of the labour changes that they are doing. But I will end my remarks there. Meegwetch.

The Deputy Speaker (Ms. Donna Skelly): It is now time for questions.

MPP Jill Andrew: Thank you very much to the member. I recently met, as I know many of us have, with the Ontario Professional Fire Fighters Association representatives, with firefighters. I’m wondering if the member could speak to some of the priorities that they outlined: kidney cancer, colorectal cancer, catastrophic acute exposure. All of these illnesses are things that are disproportionately impacting firefighters. They run into the house to save us, to save our loved ones, to save our pets, as we run out. Many of us may not have the courage that they have to save lives the way they do.

They know their job comes with risk, but can you express how important it is for this Conservative government to care for these fire workers, protect them, and put in place policies that help them get the care they need for cancers as soon as possible—lowering the latency period, for instance?

Mr. Sol Mamakwa: Meegwetch for the question. I would like to acknowledge that if you have firefighters in your city in Ontario, in your municipality in Ontario, you are very lucky to have access to these firefighters.

I think one of the most difficult times ever was probably back in May 2019. It was 5 o’clock in the morning. We were sitting in the house. I got a call at 5 o’clock in the morning from up north that there was a house fire and that there were five people lost. Two days later, I flew up there, just to see. There was no service, nobody to fight those fires. I think that’s a tragedy in itself. You guys are lucky to have firefighters in your towns and municipalities and you should be thankful for that.

Mr. John Jordan: I want to thank the member opposite for his comments. I do appreciate that in rural communities, health care is difficult, and in the Far North it’s even more difficult to recruit and retain staff.

One of the things that this bill does is it expands the Ontario Immigrant Nominee Program. Pathways specifically include self-employed positions streamlining their immigration process. It removes the unnecessary barriers, all that red tape stuff that delays their ability to work in their profession of choice. It directly addresses health care labour choices, ensuring Ontario families have access to the care they need, and prioritizes recruitment in rural and northern areas.

I’m just wondering if the member can comment on his feelings whether these additional measures that this government has taken for rural and northern health care will further assist his communities.

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Mr. Sol Mamakwa: Meegwetch for the question. Thank you. As the First Peoples of these lands, we welcome all newcomers. We welcome all immigrants that

come here to have a good life. However, again, we cannot stand by and watch bad actors exploit newcomers, immigrants, new students, international students coming here to build a good life. We welcome action from this government to crack down on predatory immigration consultants taking advantage of people. We cannot let this go on.

But I think, specifically in the north, there is so much happening. There are so much less resources when we talk about access to services. For example, it's health care. For example, it's housing. For example, there's accessing the critical health care workers that we need. I think it's important—again, the biggest room in the world is the room for improvement, and I think that this government can do much better if they listen to the people from the north. Meegwetich.

The Deputy Speaker (Ms. Donna Skelly): Question?

Ms. Sandy Shaw: To the member from Kiiwetinoong, I want to thank you for bringing forward your private member's bill—

The Deputy Speaker (Ms. Donna Skelly): I have to apologize to the member. I really do apologize. However, pursuant to standing order 50(c), I am now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned, unless the government House leader directs the debate to continue.

Mr. Steve Clark: Speaker, please adjourn the debate.
Second reading debate deemed adjourned.

MORE CONVENIENT CARE ACT, 2024

LOI DE 2024 POUR PLUS DE SOINS COMMUNES

Resuming the debate adjourned on December 4, 2024, on the motion for second reading of the following bill:

Bill 231, An Act to enact or amend various Acts related to health care / Projet de loi 231, Loi visant à édicter ou à modifier diverses lois en ce qui concerne les soins de santé.

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

Mrs. Robin Martin: First, it's an honour, as always, to rise in the Legislature today, representing the people of Eglinton–Lawrence. I want to start today by thanking the Deputy Premier and Minister of Health for her work in introducing this important piece of legislation, the More Convenient Care Act, and I want to thank her for her dedication to strengthening our publicly funded health care system and improving home and community care for the people of Ontario, no matter where they live. I also want to take a moment to thank her parliamentary assistant, the MPP for Essex, who is also celebrating his birthday today. I understand he's 29. I want to say happy birthday to him.

But I was also honoured to have the opportunity to serve as the parliamentary assistant to the Minister of

Health. For me, it's an honour to be able to rise today to speak on the More Convenient Care Act, as health care is important to all of us. The proposed legislation builds on the progress of Your Health: A Plan for Connected and Convenient Care, which our government introduced last year. This initiative, along with our efforts to strengthen the public health care system and the province's Digital First for Health Strategy, and everything that we have done on this file, aims to enhance the health care system for Ontario.

Your Health is a comprehensive plan designed to improve the delivery of connected, high-quality care, better meeting the needs of patients and families across Ontario. It focuses on providing more people with the right care, in the right place, by expanding capacity, delivering faster access to care, reducing wait times for key services and hiring more health care workers. This proposed legislation, along with other regulatory and policy items that work with it, will support our government's ongoing efforts to build a stronger health care system in Ontario, now and for years to come. It aims to strengthen governance and transparency, improve service delivery and enhance patient care throughout our health care system.

Before discussing some of the most important components of the More Convenient Care Act and related initiatives, let me highlight some of the progress made in our health care system under Premier Ford's leadership over the past several years—and there have been many. Our government has been dedicated to providing the people of Ontario with more connected and convenient health care services regardless of where they live. Connected and convenient care means giving patients and families a better health care experience at every stage of life, helping them to stay healthier, with better health outcomes.

Speaker, we have made record investments in our publicly funded health care system to ensure more people get the care they need when they need it. Since 2018, we have increased the health care budget by over 31%—an extraordinary amount—investing over \$85 billion in health care this year alone. Our government continues to introduce bold, creative and innovative solutions to ensure that the people of Ontario have access to more convenient and connected care. For example, we recently announced that nurse practitioners will be able to apply a defibrillator, and that brings me to speak briefly of my own private member's bill. It was the first private member's bill I introduced: the defibrillator access and registry act. And the government has now implemented that. They've got someone to develop the registry, and, according to Heart and Stroke, that initiative alone is going to save a minimum of 1,500 lives in Ontario every year, hopefully even more than that. And that's one of the innovative things that our government has done to try to make health care better and have Ontarians have better health outcomes, and I'm really grateful to the government for proceeding with that. There are a lot of challenges in

health care, but it's one thing that we're doing that is a step in the right direction, and there are many, many, as I said.

We are building a lasting health care system. We're making historic investments and designing services that better connect Ontarians to the right care in the right place within their communities through local hospitals, primary care providers, mental health and addiction services, home and community care, and Ontario health teams. We're making it faster and easier to access care in hospitals, emergency departments, pediatric care, community surgical and diagnostic centres, long-term care and in people's homes.

I just want to pause briefly to talk about the MRIs that we put in around the province. I think there was a total of 49 MRI machines in hospitals around the province so people could get MRIs closer to home and not have to go, say, down to Toronto to get an MRI. That is an important service in more places now because of this government, and the government funded the hours of operation for those MRI machines. And that brings care closer to home.

Another initiative of the same kind, really, was putting more diagnostic test availability into long-term-care homes—also very important—so patients in long-term-care homes, the people that live there, they don't have to go to the hospital to get those tests. They can have them in the comfort of their home, in the long-term-care home—also very important for the right care in the right place, which is what we're trying to do with our health care system.

To meet the needs of our growing communities, we're also initiating over 50 hospital development projects across the province. This is historic investment, and over the next decade, these projects will result in a more than \$50-billion investment in the hospital sector, adding more than 3,000 new hospital beds across the province, and that's in addition to the thousands of hospital beds—I think the number was 3,500—we added during the COVID pandemic.

Our investments are really already yielding results. Ontario leads the country with almost 90% of people connected to a primary care provider and the shortest wait times for surgeries. And those are important things, both the number of people connected to primary care providers and wait times for surgeries. Those are critical parts of our health care system. Increasing access to primary care is a significant part of what we're trying to do by ensuring patients receive the right care in the right place. It starts with primary care, making sure they have a primary care provider if they want one, and we're making sure that's true. That's why 90% of them already have access to a primary care provider and are connected. Timely access to primary care helps people stay healthier longer, with faster diagnosis and treatment and more consistent support for managing their day-to-day health, while also reducing pressure on our emergency departments and hospitals.

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Everybody will know that, in addition to these good numbers, Ontario leads the country in primary care attachment compared to all of the other provinces; 90% of

people are attached. But we're doing more than that, because that's not good enough for us. We want to make sure anyone who wants to have a primary care provider has a primary care provider. So, through a recent \$110-million investment, we're providing even more access to primary care for 328,000 more people across the province, adding over 400 new primary care providers and 78 new and expanded interprofessional primary care teams.

These teams, you will recall, include various health care providers such as doctors and nurse practitioners and registered nurses, social workers, physiotherapists, dietitians—a whole-team care approach, working to deliver comprehensive care. These are the kinds of models that young doctors told us that they prefer to work in. So part of recruiting and retaining more doctors to work in primary care is allowing them to work in these interprofessional primary care team models, which are the ones that they have told us they prefer to work in.

But our government is not stopping there, Speaker. As part of the 2024 budget, Building a Better Ontario, we're investing over half a billion dollars over three years for additional new and expanded interprofessional primary care teams. These teams will focus on high-needs areas and connect another 600,000 more people to primary care through these interprofessional teams. This investment will also support all of our existing interprofessional primary care teams with ongoing increased operational funding for their facilities and supplies, ensuring that they can continue providing high-quality care to their patients.

Last month, our government also announced that Dr. Jane Philpott will serve as chair and lead for our new primary care action team. Dr. Philpott will have a mandate to connect every person in Ontario to primary health care within the next five years—at least for those who want to be connected to primary health care. Dr. Philpott's work will build on our significant investments already made—those I've outlined just a minute ago—in primary health care teams, and the largest expansion of medical schools in over a decade, which our government has undertaken.

Interjections.

Mrs. Robin Martin: Thank you. It is something to cheer about.

I think this is, like I said, over a decade, maybe over 15 years, since investments have been made in expanding medical schools. We have three new medical schools—Brampton, Scarborough and Vaughan—and the first medical school in Canada focused specifically on training family doctors. These are also important initiatives to make sure that we get more attachment to primary care.

Dr. Philpott is spearheading the creation and implementation of a plan to further expand team-based primary health care across our province. This will include more accessible services on weekends and after hours, which is very important to our constituents, I think as we've all heard. Sometimes they can't get to the doctors in the hours from 9 to 5. They're at school. They're at university. They're at work. It's difficult, so accessible services on weekends and after hours. And also, importantly—we've all heard about this—reducing administrative burdens on

primary care providers, which, I think, for medical doctors can take up to 19 hours a week, and we'd rather they spent that 19 hours working with patients to try to bring them better health care than on paperwork. So she's going to work on that as well—and improving connections to specialists and to digital tools, all things that will make a big difference to our health care system. So, we're delighted to announce that Dr. Philpott began this important work this very week, and we look forward to working closely with her to fulfill these promises.

Our government is also making historic investments in our health workforce, as I said, and expanding medical education and training. We're removing barriers to enable both domestic and internationally educated health providers to work in our province more quickly, ensuring that they can start caring for Ontarians sooner. This issue—internationally trained medical graduates and nurses; doctors and nurses trained elsewhere—has been an issue in Ontario for many, many years, and it has been talked about a lot, but not enough has been done until our government got here.

I was really pleased, working with Minister Jones, when she insisted that there must be some way to move, especially in some of the jurisdictions that have very similar systems to ours for educating medical professionals. And sure enough, a way was found, and right now there is expedited recognition of credentials for at least four jurisdictions and more to come. These are important changes that are making a real difference for our recruitment and retention of international medical graduates.

We're dedicated to increasing our number of health care workers in Ontario, recruiting, retaining and maximizing our workforce to meet the growing demands of our health care system and our growing population. Since 2018, over 15,000 new doctors have been hired, and nearly a 10% increase in family doctors, with nearly 100,000 new nurses having registered to work in Ontario. These numbers are historic, and we need all of them.

Last year marked our third consecutive record year with more than 18,000 new nurses joining the workforce and another 30,000 nursing students currently studying in Ontario's colleges and universities. We're also adding thousands of new seats in medical schools, nurse practitioner programs and nursing education across the province to strengthen our health care workforce, and then there's our Learn and Stay grant, which is helping everybody go to school. We've got 3,800 students benefiting from these grants already.

The More Convenient Care Act is another step in advancing our government's progress by introducing bold solutions to support the delivery of connected care for Ontarians. The proposed legislation and related regulatory and policy initiatives focus on three pillars. The first pillar focuses on strengthening governance and transparency, including the use of temporary agency staffing, strengthening hospital governance and accountability, and enhancing the board of health governance in the city of Hamilton.

The second pillar aims to improve service delivery by enhancing oversight of local public health agencies, refin-

ing public health roles and responsibilities, supporting voluntary mergers of nine local public health agencies and improving hospital service continuity.

The third pillar is dedicated to enhancing patient care, like expanding the scopes of practice for Ontario nurse practitioners, registered nurses and pharmacy professionals. This also includes improving patient access to electronic health information, supporting improvements in the emergency health sector and consulting on the addictions counselling workforce.

One proposal is to strengthen transparency through the Health Care Staffing Agency Reporting Act, which would require temporary staffing agencies to disclose their fees. This would improve the transparency and cost certainty for hospitals and long-term care. We're also proposing amendments to the City of Hamilton Act to allow the city to appoint its own board of health, enabling a governance structure with broader representation and expertise and more community membership.

New regulatory changes also support the voluntary mergers of the nine local public health agencies into four entities:

—the Porcupine Health Unit, with Timiskaming Health Unit, will become the northeastern health unit;

—Brant County Health Unit and the Haldimand-Norfolk Health Unit will become the Grand-Erie health unit;

—Haliburton, Kawartha, Pine Ridge and Peterborough will become the Haliburton, Kawartha, Northumberland, and Peterborough health unit; and

—the Hastings-Prince Edward county health unit; the Kingston, Frontenac and Lennox and Addington health unit and the Leeds, Grenville and Lanark District Health Unit will become the southeast health unit.

Interjections.

Mrs. Robin Martin: It is.

Another component to improve service delivery includes amendments to our Health Protection and Promotion Act to align requirements for public pools and infections diseases with the latest evidence and best practices while maintaining public health protections. It also strengthens the authority of the Chief Medical Officer of Health by improving section 22, class orders issued by local medical officers of health.

1520

The proposed legislation also aims to enhance patient care by amending the Mandatory Blood Testing Act to allow nurse practitioners to complete and sign these forms. The change will expand the access to health care services for crime victims, correctional officers and paramedics, and that is actually a very welcome initiative from those groups.

I'd like to just provide some details before my time runs out about the transparency framework for the temporary staffing agencies to report their fees to government. The framework aims to achieve transparency regarding the rates agencies charge hospitals and long-term-care homes, increase cost certainty for employers and stabilize agency rates, all laudable goals. Currently, a lack of transparency

exists around the fees and agency markups charged to health service providers, which can vary significantly, especially in rural and remote areas.

Our government has made substantial investments to grow our health care workforce, including \$743 million over three years to continue increasing enrolment and retention programs, ensuring people can access care faster and closer to home.

Agencies may be responding to evolving workforce expectations. I know some workers may prioritize the flexibility over the compensation packages associated with traditional employment in hospitals and long-term-care homes. Should this proposed legislation be enacted, we'll continue to collaborate with our front-line partners to ensure agency fee stability in hospitals, long-term-care homes and emergency departments, while safeguarding the quality of care before we draft our regulations. Key stakeholders for consultation will include health care employers, like the hospitals and the long-term-care facilities, their respective associations, health sector unions, professional associations, temporary staffing agencies and many others who can make a contribution.

I didn't get to talk about the digital health initiatives, but those are also very exciting.

I just want to say that our government has been working hard to improve our health care system, and all of these individual steps, while some of them may seem small by themselves, add up to a better health care system for Ontarians, a health care system which will deliver the right care in the right place.

The Acting Speaker (Mr. Lorne Coe): Questions? Questions? Questions?

Further debate, please.

Ms. Jessica Bell: I'll be sharing my time with the member for Spadina-Fort York.

I'm proud to be standing today to speak about the More Convenient Care Act, 2024. I'm going to summarize the act a little bit, talk about some of the issues that we see in the act and also some of the solutions that we're advocating for.

A few things we see in the act are that schedule 1 permits the city of Hamilton to establish a board of health that is similar to the boards of health in Toronto and Ontario. We see some changes that would require all agencies to provide home care options in French as well. It's certainly about time. We've been waiting a long time for that.

And then schedule 3: Schedule 3 is really when we get to the meat and the bones of this bill. I'd say that the bulk of the bill and its changes focuses on schedule 3. Essentially, schedule 3 is this: It requires staffing agencies, overwhelmingly for-profit, to report to the Ministry of Health data about what they're charging hospitals, long-term-care homes and other clinics to provide agency staff.

There are a few problems we see with this, and one of them is that these for-profit staffing agencies are not required to break down how much goes to the staff and how much is kept for profit. I think the government needs to make this change so that we can turn some sunlight onto

this issue of staffing agencies charging a whole lot of money to hospitals and long-term-care homes, not channelling that money through to health care workers and patient care, and keeping a whole lot of it for executive profits. It's a huge concern.

We also know that staffing agencies are increasingly poaching permanent health care workers, including permanent nurses, from hospitals and long-term-care homes, sometimes, as we've heard from the member from Ottawa Centre, standing around in the parking lot and waiting for nurses to leave their shifts so that they can recruit them to work for staffing agencies.

There are a lot of reasons why a nurse might choose to do that. We have seen this government bring in Bill 124, which, thank goodness, was successfully struck down by the courts, which artificially suppressed health care workers' wages for so long, including during a pandemic. This is a huge problem.

It's also important to note that a lot of the profits that staffing agencies generate—they don't pass on those profits to the health care workers and the nurses. I've had nurses call me up to talk about what it's like to be an agency nurse today, and they wanted to remind that they don't get guaranteed shifts; their shifts could be cancelled at the last minute. They often get the worst jobs in a hospital. They don't get vacation time, they don't get insurance and they don't get a pension. So it's important to put that in context.

I think, overall, having a schedule that reports on the problem that we are seeing with for-profit staffing agencies, instead of fixing the problem that we have with for-profit staffing agencies, means that we get to learn a whole lot more about the problem, but we're not actually addressing it. I want to recognize the MPP for Sudbury and her bill that she introduced that would require all staffing agencies to operate as non-profits, to ensure that government money—our money—goes to providing staff and patient care. It's very sensible.

I'll go through a few of the other ones. Schedule 5 is the Mandatory Blood Testing Act. This would give nurse practitioners the power to perform blood tests when mandatory blood tests are required. Our read of the bill and legislation is that they already have this scope, so why put it in the bill? I'm not sure.

I want to talk a little bit about what is not in the bill. When I think about the issues in my riding, especially around health care, certainly some of the measures in this bill are supportable, but there are a whole lot of issues that aren't being addressed here.

I think about the family doctor shortage: how 500,000 people in Toronto, according to the OMA, do not have access to a family doctor. I think about the individuals who have contacted me to describe their experience in emergency rooms. They have gone in for chronic infections that they would prefer to be seen, that they would prefer to have dealt with with a family doctor, but they don't have a family doctor, so they go down to the Toronto Western emergency room to get care that way, because they have no other choice.

We recently set up a table outside Toronto Western's emergency room to talk to people as they came in and out. We had one emergency room doctor who came up to us and said, "My rough estimate is that 80% of the people who come into the emergency room could be seen by someone else in a less stressful, less emergency setting." That was an anecdotal comment. That's a lot of people that could be seen elsewhere, but we know why they turn up there: because they've got nowhere else to go.

I think about the Taddle Creek Family Health Team—it's one of the largest family health teams in my riding—and the issues they face, and how that exposes some of the flaws that we have in our medical care system. The family health team is an excellent model. It provides comprehensive care. It has doctors and nurses and social workers, so that people can be easily seen within the one practice if they've got different issues.

What I hear from Taddle Creek is that base funding for that family health team has not gone up. What that means is that staff have had no pay increases for five years. It means that staff turnover in the last year is 34%. It's difficult for them to keep people; it's difficult for them to recruit people. They have lost three doctors, which has meant that over 3,000 more patients are now looking for a doctor in Toronto. One of them went to private practice, a for-profit practice, and two of them retired, which is increasingly common. It would be good to see some measures that would address some of the issues that are facing our family health teams and our family doctors in downtown Toronto.

I think about what's happening in long-term care homes. I recently visited the O'Neill Centre and Kensington Gardens as part of the long-term-care home engagement day. I'm sure many of you attended as well. What I found is that the staff and the family there do such important work to care for our elders in their final years of life.

When I met with the staff, they also reminded me: "Please, please, raise it in the Legislature. Talk about the fact that we do not have enough hands-on staff care for residents, and we do not have enough funding for infrastructure so that we can properly maintain these buildings and upgrade them so that they're fully accessible and they're up to the updated code." They also reminded me that we are losing long-term-care homes in downtown Toronto because their buildings are being sold off and converted into condos.

1530

They ask that this government come up with a comprehensive strategy to increase access to non-profit, public long-term care in Toronto as well, because it's an issue. We just lost Vermont Square and Cedarvale Terrace, and we fear we're going to lose more.

I think about what's happening with surgery times. I just received a recent email from a surgeon who told me that UHN's surgery capacity has gone down by 10%. That's the new mandate. Across the board, it has gone down by 10%. This specific doctor is a thyroid surgeon, and one of his specialties is cancer surgery for thyroid. He

was telling me that some of his patients are now waiting six to eight months for cancer surgery. I don't think anyone would want to be in that situation. Why is UHN, one of the best hospitals in the world—certainly, one of the best hospitals in Canada—having to cut costs and reduce surgery capacity by 10%? I'd like to see some improvements with that.

What we do see this government doing is opening the door to allowing for-profit surgery delivery and primary care provider delivery, even though we know that it does not improve patient outcomes.

In our riding, we have Care&. It's a new nurse practitioner-led, for-profit clinic, where people can spend \$75 to see a nurse and get a visit. I recently was knocking on some doors on Bathurst Street, and I met one of their patients, and she told me why she goes there. She said, "I have nowhere else to go, and I have to see someone for my conditions." So she chooses to go, and she just spends that money even though she doesn't want to. She would much prefer to have a family doctor.

I urge this government to move forward, with this bill and future bills, with practical solutions that will address the health care issues that we are seeing in our riding. That means bringing in non-profit staffing agencies and moving away from the for-profit model. I hope to see those changes made. It means ensuring that health care workers and family doctors are fairly compensated so that they'll choose to move to the health care sector in Ontario and stay. It means setting up more nurse-led clinics and family health teams so that we can provide more comprehensive primary care.

Toronto Western, a few years ago, put in an application to the Ontario government to set up another family health team in downtown Toronto, understanding that there was a very real need for more primary care in the Chinatown and Kensington area. That application was rejected, and people in our riding are suffering as a result.

We are listening very carefully to what the OMA is saying, with the call for more administrative staff. I urge you to listen to that call as well—and that is to ensure that everyone in Ontario has access to good primary care that works for them, regardless of their age, their ethnicity, where they live, or their income. I hope the government listens to these remarks.

The Acting Speaker (Mr. Lorne Coe): I have the member from Spadina–Fort York, please.

Mr. Chris Glover: Thank you very much, Mr. Speaker. Actually, before I begin, I just want to give a shout-out to Gilles Bisson, the member for Timmins from 1990 to 2022. Gilles served for 32 years in this Legislature. When I was elected in 2018, he became one of my mentors.

One of the things that, Gilles, you talked about—I don't know if I'm allowed to address him directly, but—

The Acting Speaker (Mr. Lorne Coe): No, you're not.

Mr. Chris Glover: Anyway, you talked about how when you got elected, some of the older members at that time talked about the Bill Davis days, the late 1970s, the early 1980s. They said that in the Bill Davis days, the

opposition could filibuster, and so the government had to negotiate with the opposition. Bill Davis and the House leaders would sit down and say, “We want to get these four bills through before Christmas,” and the opposition would say, “Well, I think you’ve got this one wrong. Let’s take it out and travel it around the province. We’ll support this one. And this one—we want to get our own bill through. This is one of the bills.” So there would be this horse-trading, and you ended up with a much more democratic system because of that power to filibuster.

We just don’t have that system anymore. I’ve sat through committees for the last six years—I have yet for the government to vote for an amendment that we’ve made to a bill. It’s like the government thinks they know best all the time. They put out legislation and they have to reverse the legislation, because they’re not listening to the opposition; they’re not allowing this place to function like it’s supposed to function. So let’s take a word from the wise, from Gilles Bisson, that this place needs to be more democratic.

Anyway, I want to salute Gilles for his 32 years of service here. His daughter is with him and his grandson is a page. Welcome back to your House, Gilles.

Interjection.

Mr. Chris Glover: His granddaughter is a page, sorry—

The Acting Speaker (Mr. Lorne Coe): To your presentation, please.

Mr. Chris Glover: Yes, I’ll get into my presentation.

So we’re talking about a health care bill. This bill does a lot of little things to make small improvements to our health care system but ignores the crisis that we’re actually facing in our health care system, and I’m going to start with—when we’re talking about health care, we’re talking about people’s lives; we’re talking about millions of people’s lives. When you are injured or when you become sick, you depend upon our health care system, and that system has become increasingly unreliable under the last Liberal government and under this Conservative government.

I’ll give you an example. My brother had a fall a year ago and he was admitted to the hospital. It turned out he had a tumour in his spine. The tumour was removed, mostly, with success. He was walking with a walker, he was in rehab, and he developed sepsis. He collapsed, was in a coma for eight days. After the coma, he developed a bedsore. The bedsore got to stage 4, which means his coccyx was exposed and he was in excruciating pain. They gave him opioids for this. It’s now a year later, and he’s still in the hospital. He should have been home a year ago, and he would have been if he had gotten the care that he needed, but he did not get the care that he needed.

This story is repeated thousands and thousands of times across this province. People are not getting the care that they need. You look at just the number of hospital closures. One in five emergency rooms in Ontario has faced a closure in the past year, and one of them, Minden, has been permanently closed. They permanently closed the emergency room. Chesley, St. Marys, Port Elgin,

Walkerton, Durham, South Bruce Grey, all of them have had their emergency rooms closed for at least part of the day.

Chesley’s emergency room is open from 9 to 5 because all emergencies in Chesley apparently happen between 9 and 5. None of them happen—

Interjection.

Mr. Chris Glover: Yes, yes. Nobody has an accident after 5 p.m. in Chesley, because that’s what the government is funding for.

We’ve got 2.3 million Ontarians without a family doctor, and that number is set to grow to 4.4 million by 2026. Some 25% of the population will not have a family doctor in two years. We need another 26,000 nurses so our health care system—oh, we’ve got the lowest funding per capita of any province in this country. We are 21% lower than the average. We would have to increase our health care investment by 21% to come up to the provincial average of per capita spending. We’ve got the fewest hospital beds per capita—not just in Canada, in North America. In fact, in all of the Americas, only Argentina and Venezuela have fewer hospital beds per capita than Ontario does.

So when you’re wondering why we’ve got a crisis in our system, it’s the lack of funding. And the funding that this government does put in, they’re directing to corporate profits; it’s no longer going to direct care to care for people. You look at, for example, cataract surgery. This government is now funding for-profit cataract surgeries. In a public hospital, they cost \$1,000. It costs us taxpayers \$1,000 for cataract surgery in a public hospital. In the private, for-profit clinics, it’s \$2,000.

There was a 90-year-old senior who went to an ophthalmologist to get cataract surgery. She was told that the lenses the government pays for weren’t the best and she needed to upgrade to something else, and she was told that if she wanted the surgery through OHIP, she would have to wait two years. She’s in her nineties, so she may not be around in two years. They said, “But we can do it privately for you right away and it will cost \$5,000 per eye”—plus additional costs; it cost her over \$11,000. She had to take a loan to pay for her cataract surgery. This is the Ontario that this government is creating. We used to have a public health care system that provided care when you needed it based on need, not on your ability to pay. Now we’ve got a system that is based on your ability to pay.

The cataract surgeries—the wait-list for the wealthiest people in this province who are able to pay has gone down by 28%; the wait-list for the low- and middle-income Ontarians has gone up by 10%. So what they’re doing is diverting our health care resources from low- and middle-income people to wealthy people. This is the American system coming to fore.

1540

In a public hospital, a knee replacement surgery costs \$10,000. That’s how much OHIP funds. In a private, for-profit surgery, it’s \$28,000. This government is diverting our OHIP dollars and our tax dollars away from public

hospitals to these private, for-profit surgeries, and they charge us \$28,000 for a knee replacement surgery. So we're paying almost three times as much for the same operation in a private, for-profit surgery. Instead of funding our public hospitals, this government is diverting our taxes and our health care investment to these private, for-profit clinics. This is why we've got such a crisis.

But there are solutions, and the biggest solution that this government needs to implement—we need to reinvest in our public, not-for-profit health care system. We need to make sure that everybody is getting the care that they need. We need to make sure that there are family health teams. Family doctors—one of the big issues for them is the amount of paperwork that they have to have. The NDP brought in a motion for the government to hire more staff to help the doctors with their paperwork so they're not spending 20 hours a week doing paperwork, that there's somebody doing that clerical work for them. We're asking for the opening of health care teams with nurse practitioners and physiotherapists and social workers and dietitians and pharmacists. This is what the Ontario Medical Association is asking for and the NDP is echoing this.

We know we've got to increase our investment in health care. People are dying because we are not investing enough in our health care system, and we need to fix it because the way this government is going, everything is going to for-profit. They're bringing in the American system. The American health care system is the most expensive in the world. In the developed world, it has some of the worst health outcomes and it costs almost double per capita of what our system costs.

This government is underinvesting, deliberately creating a crisis in our public health care system, in order to privatize the system and, even now with this underfunded system, diverting our taxes to private, for-profit corporations. It's absolutely shameful, and all of the people in this province are being sacrificed to this privatization scheme. I hope that the people of Ontario are listening because it looks like you're going to be calling an election soon. I hope that health care—

The Deputy Speaker (Ms. Donna Skelly): It's now time for questions and responses. Questions? Questions? Questions?

Further debate?

Mr. Mike Schreiner: It's always a pleasure to rise in the House and to today debate Bill 231, the government's health care bill.

I've got to put this bill in context, Speaker. Sadly, Ontario has the lowest per capita funding for health care of any province in the country. We're 15.2% below the national average. What does that mean for people in their lives? That's why we have 2.5 million Ontarians without access to a family doctor or a primary health care provider, and the estimate is that that will more than double to over five million people. That's why 2,000 people are being cared for in a hallway right now in Ontario, which has doubled since this government was first elected. Job vacancies in the last decade have ballooned in our

hospitals from 3,635 in 2015 to 23,330 today. According to the FAO, that will rise to 80,000 by 2032.

That's why you have things like an unprecedented number of emergency department closures—over 1,000 this year alone, and the year is not even over yet. That's why you end up having things like the fewest per capita hospital beds of any jurisdiction in North America. That's why you have hospitals taking out lines of credit just to meet their payroll. And sadly, we saw 11,000 people die on a health care wait-list last year. So that's the context in which this bill was introduced.

I've been listening to the debate intently, and I heard the member from Eglinton–Lawrence talk about the government hiring Dr. Jane Philpott to address primary health care. I have a ton of respect for Dr. Philpott, but I'm hoping that the government is not using that as a way to overlook what's happening right now, by deflecting with some solution sometime in the future. We saw that with the government's Housing Affordability Task Force, when they failed to implement some of the major recommendations there, contributing to making the housing crisis even worse in Ontario. We saw the government ignoring the recommendations of their own blue-ribbon panel for post-secondary education—which, by the way, is also last in Canada in per capita funding.

When I dig into this bill, I think about the context and the health care crisis we're facing. I look at schedule 3 of the bill, where the government is basically saying, "We're going to have more transparency and reporting from these private, for-profit nursing agencies." But then I look at what's happening in our hospitals, and what's happening is that they're paying more for less when they hire private agency nurses; as a matter of fact, it's costing our health care system now over an extra billion dollars.

If the government would just respect nurses, PSWs and front-line health care workers by paying them living wages, by offering them fair benefits and better working conditions—rather than their unconstitutional Bill 124, which brought in wage restraint and led to so many people leaving our health care system. Why not pay less and get more by treating nurses fairly, with fair wages, rather than forcing them into private, higher-cost nursing agencies?

Speaker, when I dig into schedule 5—and I think this is great; they're expanding the scope of practice slightly for nurse practitioners. So I would ask the government, if that's a good idea—and I think it is a good idea—why don't you expand the scope of practice for nurse practitioners to a full scope of practice? Why not allow nurse practitioners to bill under OHIP? Why not fully utilize nurse practitioners in family health teams and team-based care so we can provide expanded and better primary care to people in the province?

I look at schedule 6 of the bill, and I think this is great; they're going to provide access to your health information. Well, why doesn't the government actually start implementing digital solutions in health care? They did allocate \$106 million to that in 2023. And yet, today, when I talk to doctors, one of the biggest things forcing them to leave the profession, retire early, not go into family medicine is the administrative burden they're facing. So here we are.

After the government brought in digital tools, only 12% of pharmacies are actually using the digital prescription service that's available; even fewer are using the e-referral and test ordering system that's in place.

I met with a couple of family doctors and a nurse practitioner just the other day, and they said that one of the most important things the government can do is to actually require people to use the digital tools we've already paid for, to help speed things up for patients and to take the administrative burden off of doctors.

I experienced this myself just the other day. My prescription was faxed to a pharmacy, and they never got the fax. If it had been delivered electronically, it would have been there, I would have gotten my prescription when I arrived, and it would have saved the entire health care system time and money.

The Deputy Speaker (Ms. Donna Skelly): It's now time for questions. Questions? Questions?

Further debate?

MPP Lise Vaugeois: I'm honoured to have the opportunity to speak about health care, to speak a little bit to this bill.

I want to quote the member from Nickel Belt, who referred to the state of health care as being a house on fire, but the bill sprinkles a little bit of water on the garden in the background, and we should be satisfied with that—but of course, we're not.

1550

I have a number of topics that I want to examine, and I'm going to start with paramedics. We heard from paramedics this morning—we actually heard from the paramedic chiefs last week—that conditions are dire within this essential workforce of first responders. The Minister of Health tried to convince me last week that I should be celebrating the government's efforts on this file, but the minister's claims don't match reality. The government's approach is patchwork, at best, and the needs of the workers themselves, who are dealing with trauma, short-staffing and a consequent intensification of stress are—their needs are left unmet. With low wages and inadequate mental health supports, it is no wonder that 400 to 500 people leave the profession every year.

The government believes it is consulting with and taking the advice of paramedics, but they're actually dealing with an organization that does not in fact represent paramedics. The Ontario Paramedic Association does not represent paramedics. It has a great website. They'll come to Queen's Park at the drop of a hat, but they do not represent paramedics. The four unions that do represent paramedics are not members of this organization. That should tell the government that they are not dealing with the labour organizations that actually represent working paramedics. These are Unifor, SEIU, OPSEU and CUPE. Perhaps if the government was meeting with the actual paramedic representatives, they would not be so quick to crow about a system that is not serving the people of the province or the workers providing paramedic services.

There is another issue regarding paramedics that the province needs to address. Whenever bargaining goes to

interest arbitration, there is a refusal to allow cross-sector wage comparisons. There is an irony here, not lost on paramedics. On the Ministry of Health's website, police, firefighters and paramedics are listed together as first responders. Police and firefighters are able to compare their wages when in negotiations, but paramedics are denied the right to make the same cross-sector comparisons. So, regarding paramedics, there's certainly some significant issues there—some that the government may not be aware of, but certainly needs to be aware of.

We had a motion put forward by the member from Nickel Belt today, and I support that motion. The government needs to engage in serious long-term, all-party, all-stakeholder discussions, as proposed in this motion.

I want to move next to the closure of safe consumption sites. The opioid crisis has consistently escalated since 2023, with seven Ontarians dying a day due to opioid use in 2023. The Auditor General, in her report, found that the government failed to implement and follow its own opioid strategy. The decision to change supervised consumption services was made without proper planning, impact analysis or public consultation. The report comes a day after the Conservatives fast-tracked a bill through the Legislature that will close consumption sites.

What we know: More people will die, lives will not be saved in the interim, and they have no intention to look at the data. They weren't looking at the science, they weren't looking at the experience and they did not want to hear from any people about how this might impact them.

As elected members, as MPPs, we have a high responsibility to look at evidence. Opinions aren't good enough. Gut feelings aren't good enough. We need to be looking at evidence and making our decisions based on evidence, not on the political opportunism of the moment. And now we have a false narrative that's being promoted, that somehow shutting down these health care sites will remove evidence of needles, but the reality is needles will be everywhere now since there's no safe place to go. EMS services will be overwhelmed. There will be more trauma experienced by families as they lose family members to an overdose or poisoned drug supply and more trauma for first responders who will be finding those dead or dying from overdoses. This bill went through based on ideology, not on evidence—most regrettable.

I'd like to talk next about public health units. The public health sector plays a crucial role in advancing the well-being of individuals, preventing diseases and injuries and safeguarding the overall health of the population. Its efforts contribute to a healthier society and alleviate the strain on the health care system.

Unfortunately, the public health sector has faced chronic underfunding for decades, depriving communities of essential resources required for maintaining good health. At the current 1% increase per year—in other words, an annual cut because it's less than inflation—the public health sector is observing a reduction and elimination of services and programs, closures of service sites and the elimination of jobs through attrition. The dedicated workers in this sector endure inadequate compensation,

heightened workloads, burnout and a substantial departure from the profession. The rate of funding growth is well below the combined inflation and population growth rate of about 5%, meaning funding hikes of only 1% per year are a huge cut in real per capita terms.

Right now, the public health sector is in crisis. Reversing this means government must do two things: an immediate injection of funds to stabilize the system, stop further cuts and begin to undo the damage of years of underfunding; and a commitment to rebuild the public health system through a long-term commitment to steadily raise funding beyond the rate of inflation and population growth.

I just want to add about public health units—sometimes their work is in the background; we don't always appreciate what is going on. But it's those public health units that are going to discover that there's an outbreak of TB, for example, in a community. It's those health units that are actually alerting people in my community to the fact that there are now, even just last month, ticks carrying Lyme disease, even though we've got cold weather. It's pretty shocking. It is a consequence of climate change. We can be out in the bush. You find a tick on your body, you put it in a little container, you take it to the health unit and then they test it or they send it somewhere to be tested, and that is such a crucial service. That's only one of many services, but it does give some context to the importance of their work.

It's very, very unfortunate that some of their services are now being transferred over to Shoppers Drug Mart. Again, we're seeing this transfer of wealth and quasi-responsibility to a private, for-profit business owned by the same family that owns Loblaws and so on, and then undermining of the service that is there with the experts who have been hired and trained to understand the big picture of what is going on with public health.

I had the opportunity of meeting with the Ontario Medical Association and actually doing an online town hall with them. It was quite interesting. There were 2,300 people who actually called in from northwestern Ontario. The majority, of course, were calling in to say that they hadn't been able to see a specialist; they hadn't been able to get surgery; they don't have a primary care practitioner; they're worried about the fact that there are now businesses in the city that charge—if you're going to get a primary care practitioner, you're going to have to pay an annual fee. That was not supposed to happen, but it is certainly happening, and I will get to one of the reasons why.

We received very similar messages from the Ontario Medical Association, from the nurse practitioners who came here to visit. I've also had the opportunity to meet with them many times because we have a really strong nurse practitioner-led clinic in Thunder Bay—and registered nurses. Amongst the recommendations are creating a northern physician workforce strategy that focuses on contracts and contexts for northern health care practitioners.

What we know is that if the situations aren't attractive, students won't stay, and we really need a whole physician workforce strategy that will ensure that newcomers do

actually stay. In particular, we need attention to psychiatry, pediatrics, women's health and maternity care, family medicine, anesthesiology and internal medicine.

I've had a number of conversations with Dr. Sarah Newbery, who is a physician in the family health team in the town of Marathon, but she is also an instructor at the Northern Ontario School of Medicine. What she said: Health care is on the verge of collapse in our northern communities. Memory care and hospital systems are collapsing. Agency nursing has completely destabilized the workplace. And then, for the family health teams, they have not had an increase in base funding in 10 years. Imagine that: no increase in base funding in 10 years.

1600

What that means is that the people who have been there for a while are actually at the top of the pay grid already. It's a team-based approach. There are several different models of team-based approaches to health care, but family health teams are one of them. So they will have a nurse practitioner there, for example, but they haven't been able to get a pay increase. The workload, of course, keeps increasing with population growth and with an aging population, but no pay increases. But the hospital next door, if a position opens up, that nurse practitioner can go there for \$50,000 more. It's at all levels. It's also the doctors, of course, who can't get a pay increase either.

So at the family health teams, it's extremely difficult to keep people. They are struggling enormously. I have to ask myself, when the government says it's pouring money into health care, why on earth is there no money going to family health teams, which serve the entire region outside of Thunder Bay? It also almost makes me ask, well, then, what do you want? Do you want these teams to collapse? Because that is what is happening. It's certainly happening in Geraldton. It's happening in Marathon. It's happening in Schreiber. Each of these teams is severely stressed.

I also want to talk a bit about medical schools and what Dr. Newbery has to say. She says, "We've expanded medical schools, but this" in itself "is not a solution that is going to work because senior doctors cannot put in the time to train new physicians because the press of clinical demands is too high. Existing doctors need to focus on patient care."

It's a comment we've heard many, many times about the expansion of positions, of spaces to train as a doctor. But we haven't heard from somebody like Dr. Newbery, who teaches at the Northern Ontario School of Medicine, that there is a problem with getting people to take on those teaching roles because there is so much stress within the medical health care system itself that they cannot, in good conscience, leave their practices behind to travel—in this case, to travel to Thunder Bay—to work with medical students. So there are some problems there that need to be worked out.

Another thing that we hear a lot about is the Learn and Stay programs for nurses and all the positions that are being created for new nurses. But think about this: You are someone who has been working in, for example, a family health team for years. You're very committed to it. You

realize you're never going to get a pay bump no matter how long you work there; you're already a senior practitioner. And then a young nurse comes along. Their education has been paid for—okay, great. But then they get a bonus, a \$5,000 to \$10,000 signing bonus. Okay. So then they come to work, and the staff who have been loyal, who have been there all those years, get nothing.

Then, administration has to ask those senior practitioners to mentor the new nurses who are getting \$5,000 to \$10,000 extra. And unfortunately, many, many of the new nurses don't stay, because they see that the workload is overwhelming and that's not the kind of life they want to live.

I want to move now to nurse practitioners. I mentioned earlier that we have a wonderful nurse practitioner-led clinic in Thunder Bay. I believe, if I'm not mistaken, that it was the second one to open in Ontario. They have also not had an increase to their base funding in many, many years. It's extremely difficult to hire a nurse practitioner, so they have a funding model where they get a lump sum from Ontario Health and that allows them to hire people and it's a full range of professionals. It's a wonderful form of holistic health care, but it's incredibly difficult to create new positions. There have been studies going back to 2011 pointing out that nurse practitioners actually have a very broad scope of practice, but the pay does not match that scope of practice. At the clinic, they might be making \$123,000 but that could start at the hospital at \$135,000, and we know that if it's an experienced worker, they can get as much as \$50,000 more.

Hospitals are dealing with deficits because of agency nurses and one of the things that Dr. Newbery said is, "Get rid of nursing agencies." They are basically parasitical, taking workers out of the public system, moving into this more precarious form of labour, but potentially less stable. But if you look at the rates of pay in these teams—and I'm going to include the community health teams as well. We also have a very wonderful community health centre in Thunder Bay. In fact, it is the centre that has been housing Path 525—very well-run, but they are also struggling with the lack of base pay increases, base funding increases. One of the things that was pointed out to me—when I was meeting with the nurse practitioners, they were talking about a receptionist in Kenora who makes so little she has to go to the food bank during work hours. This is not, of course, the only case we know of where workers are not making enough to keep a roof over their heads and have food.

When we talk about the number of people who are missing or lacking primary care, we know that actually, nurse practitioners are providing some of that primary care but, because they're not rostered, they're actually not part of any calculation. There is certainly a need to move to allow nurse practitioners to roster and either to be funded through OHIP or through the current model, but in a way that all the data is collected from the incredible work that they're doing.

Finally, on the subject of nurse practitioners, there are many who are graduating and have nowhere to go. The

work is not available and the positions are not available so some leave the country, some leave the province and some have now set up private practice. I don't blame those nurse practitioners for setting up a private practice because they may want to live where they live and work where they live. But the way the system is set up right now, that means then that people have to pay a fee in order to access primary care and that is not supposed to happen under the Canada Health Act.

I'm going to conclude here again by noting that in spite of the claims that the government has spent vast amounts of money on health care, it is not going to public health care. It is going into for-profit health care, and even when you take that out of the calculation the per capita amount is far lower than anywhere else in the country. Thank you very much.

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

Further debate? I recognize the member for Renfrew–Nipissing–Pembroke.

1610

Mr. John Yakabuski: A riding where you spent some time, Speaker. It's a lovely place.

Well, you know, I've been listening to this—first of all, I appreciate the opportunity to speak to the More Convenient Care Act, 2024.

When I listen to the folks from the other side—I want to be careful how I word this, because I don't want to be taken out of context at some later date when I'm running in the next—oh, I'm not running in the next election. I guess I can't be taken out of context. But you'd think, if I was listening to the people on the other side talk about lack of primary care and people that don't have a primary care physician and this and that and the world is falling, I'd be running to another province. Oh, why bother? They're having the same issues, Speaker.

This is a universal concern in the health care sector all across the country; indeed, all across North America. However, to listen to them, you'd think that the bottom had fallen out and that when the Liberals were in power there was nobody that didn't have a family doctor. Well, I beg to tell those folks on the other side—and those people in the NDP supported the Liberals right through those 15 years when I was a member in opposition. In fact, they supported them so much that one year, when there was a chance that the Liberals could fall on their budget, the NDP members abstained from voting on the budget. I'd never seen it. I'd never heard of it before. I've never seen it since. But that's how desperate they were to keep the Liberal Party in power in the province of Ontario.

So when I listen to that stuff, that hyperbole, on the other side, it really does beg the question: Where is the genuine—I can't use the word, but why aren't we talking about the real picture in the context of these debates? You would honestly think that the sky is falling in and we should all, as Chicken Little says, "Run! Run for your lives!"

It's not there, Speaker. I'll tell you what we have. We have the challenges that only one government is willing

and ready to face, and that's the Ford government. We were handed a mess in 2018.

Hon. Kevin Holland: Bigger than a mess.

Mr. John Yakabuski: Bigger than a mess, there you go.

And it's really incredulous when the Liberals start to talk about numbers of people that don't have a family doctor and that because—do you know how you get family doctors? You actually graduate more people in your medical schools. And do you know how you graduate more people from your medical schools? You actually enrol more people and have them learning in the medical school. So when one of your first actions, or one of your most egregious actions, is to cut the number of places in your medical schools, it doesn't take a rocket scientist to figure out that you're going to have less doctors coming out the other side. It's just reality.

So where does the problem start? The problem starts when you decide that we're not going to graduate as many doctors. The writing was on the wall in the Liberals' time. Let me give you an example. My physician for many, many years—Dr. Joe Cybulski in Barry's Bay. He retired, I'm going to say, about four or five years ago. Maybe five years ago. Dr. Cybulski had, I'm going to guess, 5,000 patients on his roster. Now, who has 5,000 patients today? So when doctors of that generation retire, you're going to need more than one physician working the kind of hours that they might be working today to be able to take those patients on. And the Liberals saw that, and yet they still chose to cut the number of seats in their medical schools. So where did the problem start? It started with the Liberals.

And then they go on, and they will talk about in question period and bring up these numbers and talk about a lack on investment. Well, we're spending \$85 billion on health care in this province, which is 31% more than when we were elected as government in 2018—31%. Those are historic numbers.

You can't make those claims on the other side and not be willing to talk about the actual facts.

I'm going to get into some more stuff on the bill, but I never know when it might be the last chance I get to speak in this place either, so I want to talk a little bit about the most recent things in my riding of Renfrew–Nipissing–Pembroke—health care spending by this government.

We opened up a brand new long-term-care home in Arnprior: the Grove, a 96-bed, state-of-the-art facility. They had a 60-bed facility that was old. They built a brand new 96-bed facility. So they added 36 beds to the mix, in a brand new home. That home is now full of seniors who need that kind of care.

We're in the process of redeveloping Marianhill in Pembroke—a massive redevelopment going on there. In fact, when Minister Calandra was the long-term-care minister, he came with me and we turned the sod at that redevelopment. M. Sullivan & Son, the contractors out of Arnprior, a great company—you may have seen their book, *A Hundred Years on a Handshake*. A number of years back, they had their 100th anniversary. It's one of

the best-run companies in the country, and it's looking after the redevelopment of Marianhill—basically, a brand new long-term-care facility in Renfrew county.

In Deep River, my colleague Minister Kusendova-Bashta was there with me—

The Deputy Speaker (Ms. Donna Skelly): I apologize for interrupting, but I'm sure the member realizes that we refer to members not by their name, but by their title.

Mr. John Yakabuski: Sorry about that, Speaker.

The current Minister of Long-Term Care was in my riding this past summer. We turned the sod on a brand new long-term-care home in Deep River—another 96 beds.

You've seen some of the progress there. You've read about some of the progress. You're being kept informed, Minister, about the progress there.

I'm not going to be the one who opens that facility. But I know how much we were involved in getting it to this point. And we're very proud that we're going to have another brand new long-term-care home in Deep River, Ontario.

We have some challenges with the long-term-care home in Barry's Bay, Valley Manor, but I'm working with the minister on that one, and I'd sure like to get that one at least to the stage of turning that sod before my time here is up.

In Deep River, we will, probably in the next several months, open a brand new primary care building adjacent to the hospital, funded by the provincial government to ensure that we have primary care for people in Deep River and area. We'll be able to attract more doctors and more nurse practitioners to that community so that they can serve the people of that area.

We're just talking about investment after investment here, and yet the people on the other side would have you believe that nothing has happened. I'm only talking about my riding; I'm not speaking for the province. But this is happening all over the province—\$50 billion that is slated for investments in the health care field.

I'm not done. We just kicked off—it's going to tenders now—in Barry's Bay, my hometown, redevelopment of the emergency ward. We're talking about a \$23-million or \$24-million project to bring more health care to rural Ontario. It's unbelievable. This is what's going on, folks.

I hope the people on the other side are actually listening to what's happening in health care.

Just a few weeks ago, I was there for the official opening of the new, redeveloped surgical unit at Pembroke Regional Hospital, an \$18-million project to enhance health care for the people of Renfrew county and allow better efficiency for the surgeries performed at Pembroke Regional Hospital. Again, we're just talking about one riding here, folks.

1620

A few weeks ago, we opened up a new paramedic base in Eganville—again, talking about maybe being able to get those people the health care they need when they need it. And dovetailing with the paramedic base and the paramedic service, many of you would know that community paramedicine had its birth in Renfrew county. Renfrew

county is the birthplace of community paramedicine and we now have been building that across the province. It's a tremendous service. I've had the opportunity to work with the paramedics, to visit homes with them and to see what they do and how they are able to avoid hospital visits by bringing that service to the people at home where they need it—community paramedicine, born in Renfrew county.

But we're not done. Let's talk about RC VTAC, Renfrew County Virtual Triage and Assessment Centre. It had its genesis during the COVID pandemic. So, this is a service that if you don't have a primary care physician, you can be connected with one within 24 hours on that basis—virtual triage assessment centre—and then you can get the care you need. This is a tremendous service that we began, again, in Renfrew county.

I'm very grateful to, first, Minister Elliott, Christine Elliott—she's not here now; I can use her name, Speaker, thank you—and now being supported on a permanent basis in Renfrew county by Minister Jones. This is an absolutely tremendous service to connect those who don't have a primary care physician.

So, at a time when we're doing everything we can by increasing the number of folks who are graduating from medical school, by increasing the number of graduates from nursing school. I mean, what is it, 30,000 more this year in nursing school? The numbers are absolutely staggering. The people on the other side think that somehow—they say, "Well, you need to put more money into this." Money doesn't create a doctor or a nurse today. You have to have that commitment, that absolute commitment that you're going to follow through with the funding as it's needed until the job is done. But you don't create a doctor overnight. This isn't Chia medicine; this is real medicine. We've got to be able to have that commitment from day one until the day that they actually open up an office and can start serving the people, the patients that need that service so badly.

So let me tell you a little bit more about VTAC. I talk to people every single day—well, that's an exaggeration because I'm here today and I'm not talking to people in my riding, but I think you get the message. I think you get the message that I've had experiences with Renfrew county VTAC—we just call it VTAC now—experiences with VTAC and how unbelievably helpful that has been. We've got those physicians that have bought into it, that are part of the program, so you can get in contact with a primary care physician within 24 hours.

I've noticed that the fellas on the other side haven't talked about the number of people in my riding that don't have a primary care physician. There are many, and we understand and we're working to fix that, and we would probably be a lot further along if it hadn't been for the big mistakes of the Liberal government, supported by the NDP. But in the meantime, we have a service that is providing that primary care, getting them access to the primary care.

And I know that from time to time, I say things in this chamber that could be construed as being partisan, and I

accept that everyone has their opinion, and they're entitled to it. I'm going to ask you not to listen to John Yakabuski—can I say my own name? I don't know.

Don't listen to me for a moment here. I want you to ask yourself, if we have challenges, and we do—but thank goodness it's the Ford government that's going to take care of them.

I want to read you something. This is a quote: "The whole time I was Premier we were working hard to balance the budget. We were holding health care costs down." Translate that: They were starving the system. "If I had to do it again, given what I know about COVID, I probably wouldn't do that." Now, can you tell me who you think may have said that? It's hard to believe.

Mr. Robert Bailey: Kathleen Wynne.

Mr. John Yakabuski: Bob Bailey, the member from Sarnia-Lambton, knows. Kathleen Wynne said that.

Mr. Robert Bailey: I remember.

Mr. John Yakabuski: Kathleen Wynne said that.

Now, I was here in 2003, and do you know who the first health minister was for the McGuinty Liberal government?

Mr. David Smith: George Smitherman.

Mr. John Yakabuski: Did someone say George? Well, that part of the question, you're right on. I've got a quote here from George Smitherman. I just said to you that they translate "keeping health care costs down" to mean "we're starving the system." Well, wait till you have to hear what George said. Here's George: "To get to that balanced budget, they really starved health care for five years, and I think that's not spoken of enough for the influence it played in these results."

Interestingly enough, when the NDP didn't support the Liberals, they chose not to vote at all—interesting. When the Liberals brought in a budget when they were a majority, the NDP proudly got up there looking stern and voted against that budget, right? Because there was no danger that the government was going to fall. They're going to vote against any budget we have, knowing that we won't fall, because, if truth be known, they actually probably support a lot of what we're doing in the budget, because they know we're the only party that's going to fix it.

Now, when the time came—and this is key—the Liberals had a minority government. That's what led to the resignation of Dalton McGuinty. The Liberals had a minority government, and then they brought forth a budget that—if we on that side in opposition and the NDP together would have voted against that budget, it would have brought down the government. We would have had an election. Maybe we would have been able to open up those spots in those medical schools a lot sooner. We could have done that, but we never got the opportunity. Do you know why we didn't get the opportunity, Speaker?

Interjection.

Mr. John Yakabuski: I know. Sometimes it's too funny not to be true, I guess. The NDP actually sat here, in this chamber, right across there, and the operative word is they sat—

The Deputy Speaker (Ms. Donna Skelly): And it's time for you to sit.

Mr. John Yakabuski: Pardon me?

The Deputy Speaker (Ms. Donna Skelly): You'll have to sit now.

Mr. John Yakabuski: Well, I was—

The Deputy Speaker (Ms. Donna Skelly): No. I apologize for interrupting the member. However, pursuant to standing order 50(c), I'm now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader directs the debate to continue.

Mr. Steve Clark: Please continue the debate, Speaker.

The Deputy Speaker (Ms. Donna Skelly): We can continue the debate. I recognize the member for Renfrew–Nipissing–Pembroke.

Mr. John Yakabuski: Thank you very much, Speaker. For a minute there, I thought I'd been cut off. I have a few moments left. I didn't think I was out of time.

Let me just repeat that the members of the third party at that time sat. They just sat while that vote for the budget took place. We could have begun the process of fixing that mess so many years earlier, and that would have changed, I think, where we are today with respect to the shortage of primary care physicians here in the province of Ontario.

1630

Do you know that the numbers actually say that we have probably around—I think the number would be very close—450 less primary care physicians here in the province of Ontario than we would have today—450 less than we'd have today—because of the Liberals shutting down those seats in the medical schools and the NDP supporting them on that trip to oblivion? Well, you know, there's going to be an election sometime, and the people of Ontario aren't going to forget who started this mess. I certainly won't. Thank you very much.

The Deputy Speaker (Ms. Donna Skelly): It's now time for questions and responses. Questions? Questions? Questions?

Further debate?

Mr. John Vanthof: It's always an honour to speak on behalf of the good people of Timiskaming–Cochrane, today on Bill 231, the More Convenient Care Act. It's particularly an honour to speak after the revisionist history from the member for Renfrew–Nipissing–Pembroke. There's a few things I think he got right and a few things he's a bit revisionist—or really revisionist.

When the minority government fell and when the people of Ontario had the chance to vote, do you know who they voted for? They didn't vote Conservative. There was a majority Liberal government voted in again. At that point, there was no support from the NDP. It was the same as saying that the NDP now supports the provincial Progressive Conservatives. It's quite frankly not true. It is not true. Each time a member on the other side says, "And for 15 years supported by the NDP," quite frankly, that is inaccurate. It's just inaccurate.

But there's a few other things that perhaps the member could answer for me. I hear all these ads on TV, on the radio.

Mr. Steve Clark: Fantastic ads.

Mr. John Vanthof: Oh, the ads are fantastic. I've got to say your ad manager does a good job. The subject matter is a bit questionable.

According to the government, they have trained 80,000 nurses in the province. Where are they? Because we have never had more emergency room closures than we have now. They started in 2022. We've never had more emergency room closures, something that was unheard of before. You know what the main reason is for emergency room closures? Lack of nurses. If we've trained so many, if the government has trained—I'm not disputing their numbers; I'm wanting to know where all the nurses went. I want to know where all the nurses went.

Another thing that the government throws around a lot is, "No government in history has spent more on health care than this government." I'm not going to dispute that. The issue is, where is the money actually going? Because when I look at the hospitals in my riding, they're running huge deficits—huge deficits. Do you know the universal reasons for those deficits? Agency health care workers. The government passed a law—you remember? What law was it? Bill 124, right?—to hold provincial employees at 1%. And I don't blame individual health care workers at all. They went to work for agencies for a lot more money. Then the agencies take a big cut to fill the same positions in the hospitals and in other institutions that were formerly paid through public employees.

In some hospitals in my riding—I'm not going to name individual hospitals, but it put them from surplus to multi-million-dollar deficits in two or three years. The government knew exactly—exactly—what was causing it, and the government was basically allowing public money to be funnelled into private agencies because they took as big a cut as what they were paying the nurses or bigger. So again, it's a bit of revisionist history.

But I'm going to end this on a—I'm going to change gears a little bit. I'm not sure if I should go here, but I'm going to. It's never stopped me before.

Ms. Sandy Shaw: I'm going with you.

Mr. John Vanthof: Well, you might not like it after I finish this speech.

So it could be said—and I've said this in the House before—that when people ask me at home, when people say, "What kind of NDP are you? What defines you?" What defines me as a member of the NDP? And my answer is always the same. "I'm a Tommy Douglas NDP. If you remember Tommy Douglas, who was voted the greatest Canadian?" And they go, "Okay, okay."

So I ask them, "So what's the first thing—what's the first thing—that Tommy Douglas did when he was elected Premier of Saskatchewan? And somebody will go, "Health care?" No. No. The first thing that Tommy Douglas did when he took over Saskatchewan is balance the budget, because Tommy Douglas knew that to make the province successful, your books had to be in order. That's the first thing he did.

What's the second thing? What's the second thing that Tommy Douglas did? And a few brave souls will go, "Health care?" No. The second thing that Tommy Douglas

did is—at that point, and it was a while ago, he knew that for Saskatchewan to flourish, the main industries in Saskatchewan had to have access to the most modern technology available. At that point, the most modern technology available was electricity. For the farmers in rural Saskatchewan, Tommy Douglas electrified Saskatchewan. He electrified it. That's the second thing that Tommy Douglas did.

Now I go, "So what's the third thing," and now, nobody wants to answer anymore, because now they don't know how many things Tommy Douglas did. But what's the third thing that Tommy Douglas did? Public health care. Tommy Douglas instituted public health care in the province of Saskatchewan, and from Saskatchewan, he helped put it across this country.

And the premise of public health care is that everyone has access to competent, good health care, regardless of their position in life, regardless of their ability to pay. And he knew, and we know, that the basis of society, the basis of, actually, our wealth, is that access. Everyone knows. That is something that we haven't forgotten, but many others have, including the Liberal Party, and definitely the government of the day. Because while emergency rooms are closing throughout rural Ontario, this government is promoting private surgery suites in cities, and if you pay a bit more, you get a bit more service.

But that is totally against the health care system that Canadians are so incredibly proud of. They know something's going wrong. They haven't really understood. And I get it; everyone is busy. I get it. And governments keep saying, "We have never put more money in." They never say, "And we have put more money in the private side of health care than any other government. Yay, us!" That's what they never say, and that's what the member from Renfrew–Nipissing–Pembroke never says, but that is also a part of their history.

And that is why, often, now, when people go to a hospital, they have to wait for hours and hours, or, as happens in rural Ontario, they go to an emergency room and it's closed. Now, they might say on the other side, "Oh, but there's less closures than last year." Do you know why? Because now, hospitals in rural Ontario, they actually have scheduled closures. So on weekends, the emergency room is closed.

Now, I've lived in rural Ontario my whole life, and do you know what? Accidents happen on weekends, people get sick on weekends, whether the hospital is closed or not.

1640

That is a big, big problem, because at the end of the day, what everyone wants from their government is the basics—that you know that you have access to the health care that we are so proud of in this country; that you have access to a safe school—and it doesn't matter how much money you make—that you have access to those things—that the roads are safe. Those are the things that people depend on their government for. Those are the things that Tommy Douglas New Democrats still fight for.

I'm very proud that I'm able to say that in this—that I've had the time to say that today, and thank you very much for that time.

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

Further debate? Further debate?

Ms. Jones has moved second reading of Bill 231, An Act to enact or amend various Acts related to health care. Is it the pleasure of the House that the motion carry? I heard a no.

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

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

In my opinion, the ayes have it.

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

Second reading vote deferred.

The Deputy Speaker (Ms. Donna Skelly): Orders of the day? I recognize the government House leader.

Mr. Steve Clark: Speaker, if you seek it, you will find unanimous consent to see the see the clock at 6.

The Deputy Speaker (Ms. Donna Skelly): The government House leader is seeking unanimous consent to see the clock at 6. Agreed? Agreed.

PRIVATE MEMBERS' PUBLIC BUSINESS

ARTS AND CULTURAL FUNDING

MPP Jill Andrew: I move that, in the opinion of this House, the government of Ontario should immediately adopt the recommendations of the arts, culture, and heritage sector by permanently increasing, indexed to inflation, the annual operating budgets of the Ontario Arts Council, Experience Ontario, Community Museum Operating Grant, Ontario Creates, Ontario's public library funding, reviewing the Status of Ontario's Artists Act, 2007, and ensuring real affordable housing and workspaces.

The Deputy Speaker (Ms. Donna Skelly): MPP Andrew has moved private member's notice of motion number 149.

Pursuant to standing order 100, the member has 12 minutes for her presentation.

MPP Jill Andrew: I'm deeply moved to stand today, as the MPP for St. Paul's, advocating for better lives and working conditions for our artists and cultural workers across Ontario.

I have to give a major shout-out to the dozens of folks who have come out this evening—artists and cultural workers. And a special thank you to Aisha, who's here—my partner, my better half. Thank you so much for being here.

Who are these cultural workers? They're ACTRA union members and performers, like John and countless others who have been unethically locked out of their commercial work for almost a thousand days by the ICA.

They're legendary musicians, like Mr. Jay Douglas and saxophonist Jay Smooth.

They're filmmakers and dancers.

They're Tarragon Theatre. They're Hillcrest Village community theatre. They're all the residents of our community in Wychwood Barns.

They're skilled tradespersons from IATSE who literally build our sets; visual artists like Franceta, James Rottman, Adrian Hayles.

They're people like Valerie Tomlinson, who works restoration at the AGO, and Andrew from CrueTV.

It's poets and vocalists and seniors, like Honey Novick; Dr. Lillian Allen, the Toronto Poet Laureate; David Stone from Toronto Music Alliance; Nikola Steer and the entire crew from Toronto Burlesque Festival.

It's folks all the way in Sudbury Place des Arts. Yes, francophone communities are filled with our artists.

It's people like Sandra Battaglini, who has spent the last eight years of her life advocating for comedians, all the way to community chapter status through Unifor Canada.

It's Sedina Fiati and Rachel Kennedy from Black Pledge and Toronto Fringe, respectively.

It's Emily Reid from TOPS.

It's the very incredible folks who came all the way from the Mississippi Valley Textile Museum—Michael Rikley-Lancaster.

It's the Museum of Toronto. It's our Tollkeeper's Cottage on Davenport.

It's teachers like Ms. Kaarto, a music teacher at Fairbank Public School. We should all be so lucky to have Ms. Kaarto-es and also Mr. Tilly-es in our schools.

On average, artists make about \$20.22 an hour. According to the Ontario Living Wage Network, the living wage is now \$26 in Toronto. Our artists and our cultural workers are also dealing with an affordability crisis. They're also trying to manage their rent and mortgages, food, the kids.

This government said it: We were the first hit, hardest hit and the last to recover. There are 80,000 professional artists in Ontario, and over 370,000 cultural workers. Our sector contributes \$28 billion to Ontario's GDP and creates some 300,000 jobs. And yet we simply do not see the type of investment for the revenue that we are bringing in.

Our cultural workers, more than anything, are our social medicine. They keep our communities together. They give us a conscience. They help us get through courageous conversations. They come to our hospitals. For every dollar OAC invests, \$25 is generated in other sources of revenue, yet the OAC budget has been frozen, literally, for over a decade—15 years. The little piecemeal amounts that this government has given do not work for artists and cultural workers. We need at least \$95 million annually of an operating budget—at least \$95 million, and \$140 million if we want to see it actually working well.

Experience Ontario: We know from our festivals they need access to that money faster. They need to know the criteria. You need to make it easier for artists and cultural workers to access funding.

I want to talk a little bit about TOPS, Toronto Outdoor Picture Show. It's the GTA's largest outdoor festival. It keeps growing and growing and growing, 1,000 people per

screening. And yet the funding is dwindling and dwindling and dwindling. They've met where they need to be this year, but not thanks to the government.

We need to invest. We need to invest in Rastafest. We need to invest in all of our community festivals. We need to invest in our midtown mini theatre groups. We need to invest in Carnival. I've spoken about Carnival in this House. We know that it drives 4,000 jobs and almost half a billion dollars into our economy.

Our film and TV industry: The government talks about all of its good deeds, but we've also seen that there may be a reduction of \$10 million in film and TV tax credits. We don't need that. That's not going to keep us here with local domestic programming.

This government cut the Indigenous Culture Fund—literally, a program for arts and culture to support Indigenous communities, slashed. Along with that went the jobs of women who led the Indigenous Culture Fund. And I've got to say, that was part of the calls to action of the Truth and Reconciliation Commission of Canada. As elected officials, our job must be to stand against colonialism, not make policy decisions that perpetuate its legacy. I want to say that folks in communities like CARFAC, for instance, have called for the establishment of a minimum \$10 million specifically managed by Indigenous arts and cultural workers.

Dance: Again, Fleck Dance Theatre. This is a theatre space for dance, exclusive space for dance, Toronto's only purpose-built performance venue for dance. It will close next year. In St. Paul's, we have St. Clair Dance Collective and Ballet Jörgen. This is key. We have to have dance. We have to have arts education. We have to have it to demystify certain stereotypes around, for instance, boys not being able to dance. They literally ran a campaign, Boys Who Dance, to break that stereotype.

1650

I want to also give a shoutout to the Ontario Art Education Association, the music education association and the Council of Ontario Drama and Dance Educators, who are pressing for this government—all of these recommendations are not mine; I'm not an expert. They come from the community of artists and cultural workers. They are the experts. They're begging you all to move to a place of STEAM: science, technology, engineering, arts and math. Let arts also inform your policy decisions.

I can't say enough about our museums literally bringing history, bringing art, bringing technology, bringing science, bringing everything to life, all in one place. The Community Museum Operating Grant has literally been frozen. It hasn't seen any shifts for 15 years. See the pattern? OAC, CMOG: frozen.

We need more investment in our museums. We need to support our community museums. Municipal museums like our Spadina Museum in St. Paul's and the smallest volunteer-run programs and museums are excluded from CMOG. We can't have that. We need to have more investment, deeper investment. This is why they are calling for at least \$15 million, which would help more than 300 of those community museums that are currently in need of real support.

I see I have a few minutes left. This is a huge sector; 12 minutes is not enough time.

Our libraries cannot function without our library workers. I want to give a shout-out to some of our library workers at Oakwood Village Library and Arts Centre, who I know are watching; to Deer Park; to Maria Shchuka; to Wychwood library. These are the places, these are the folks, who literally help facilitate the next generation of learners. They are where community screenings happen, like the CaribbeanTales International Film Festival. They are where new authors like Nadia Hohn—well, actually, she's not that new; she's on, like, her 11th book. This is where book launches happen. It's where we have conversations about tenancy rights and the need for real, deep affordable housing, which I couldn't say is needed more than by artists and cultural workers. We have to do better.

The Ontario Book Publishers Organization is asking for us to expand the Ontario Book Publishing Tax Credit to include graphic novels, which will dramatically increase access to diverse literature for francophone and Indigenous communities. This is really important because—I didn't know this; I was blown away—90% of our books in our schools today are foreign publishers.

Mr. Chris Glover: Wow.

MPP Jill Andrew: Yes, 90% of our books. We need to do better.

They're calling for an increase in support for publishers, for the OAC, for Ontario Creates, and I agree. That's how we get Amanda Minuk. That's how we get Catherine Little. That's how we create the next Sam and Rita Burke, who literally have lived in our community for 50-plus years. It's how we get people like Zalika Reid-Benta. It's how my neighbour publisher, Owlkids Books, were able to support a particular call for BIPOC creators. And it's how we bring people together like Mabel's Fables and Inhabit Books and other folks.

I want to say briefly about ACTRA again while I have the government's attention: They've been on strike—not strike; my apologies. Correct my record. They've been locked out since April 26, 2023. It's almost a thousand years.

MPP Kristyn Wong-Tam: Days.

MPP Jill Andrew: A thousand days. It feels like a thousand years, yes, to the member from Toronto Centre.

What we need is for a government to not use union-busting ad agencies to sell the “news” about how great Ontario is while our artists and our cultural workers—many are struggling. Many are looking for live-work spaces. Many are complaining about deep repairs that need to be made to our theatres to ensure that people can stay in their community.

I want to share a quote, actually, from Sedina at The Black Pledge: “Creatives deserve to eat, live and thrive in this province and to be allotted the spaces to do so, and as is always the case, focusing on the voices of the #BlackBodyPolitic in this framework would be to the benefit of all creatives regardless of age, race, gender and ability. To increase funding for the arts and specific arts

funding for Black people, the government has the opportunity to uplift entire”—

The Deputy Speaker (Ms. Donna Skelly): It's now time for further debate. Your 12 minutes is up.

Further debate?

Mr. Anthony Leardi: I'm pleased to stand on behalf of the government and speak about support that we're providing to the arts and culture sector in Ontario. Under the leadership of the Premier and the Minister of Tourism, Culture and Gaming, we've maintained a strong commitment to supporting the arts and culture sector, all while fostering a productive relationship with many stakeholders across the province.

We also support the sector by providing annual operating funding for agencies such as Ontario Arts Council, Ontario Creates and the Ontario Trillium Foundation. The minister has recently met with Ontario Creates board of directors' chair Aaron Campbell, Ontario Creates CEO Karen Thorne-Stone, Ontario Creators board member Aldo Di Felice, Ontario Arts Council chair Simon Foster, Ontario Arts Council CEO Michael Murray and Ontario Arts Council director of granting Mariya Afzal. Our strong partnership together will continue to build a vibrant culture that we Ontarians benefit from every single day.

This motion actually fails to recognize all sorts of funding avenues that are available to this sector and made possible by the government of Ontario. For example, it leaves out Experience Ontario and it leaves out, in fact, most of the funding avenues that much of the province benefits from, including my area of Essex county.

Interjection.

The Deputy Speaker (Ms. Donna Skelly): The opposition will come to order.

Mr. Anthony Leardi: I would like to take this opportunity, through my experience in Essex county, to illustrate why the motion fails.

I'm going to do that by specifically referring to a great organization in Essex county called the Canadian Transportation Museum and Heritage Village, located on the Arner Townline. It's a 180-acre site; it has 20 buildings, dating from the 1700s to the 1920s; it has an ambulance museum, which is absolutely unique, as it is the only ambulance museum in Canada; it has a 1950s-themed diner; a beautiful events venue; and a brand new blacksmith shop, made possible through funding made possible by the government of Ontario. The blacksmith shop is a fully operational shop, and when you visit the heritage village, you can actually see a real blacksmith smithing and participate in that craft.

The heritage village is an actual village, built out of various buildings that have been moved there from throughout Essex county and some other local places as well. It is a village that takes you back in time to experience the culture and the heritage of those eras. You can go to the barbershop. You can go to the general store and actually purchase things. You can go to the one-room schoolhouse. You can go to the town hall. It is designed as a village, it is run as a village and it is enjoyed by thousands and thousands of visitors every year. All of this

is made possible, in part, through funding made possible by the government of Ontario.

The Canadian Transportation Museum and Heritage Village are also the new home of the highland games. Now let me take an opportunity to talk about that. This is the Kingsville-Essex Highland Games, also recipient of a generous grant through the government of the province of Ontario, featuring pipe bands, highland dancing and Scottish athletic heavy events competition. Perhaps we've seen those on TV, if you haven't seen it for yourself. You should come on down to the heritage village for the Scottish highland games in 2025 and see it for yourself. It also features the haggis throwing contest called the haggis hurl, featuring competitors from across the Essex county area.

1700

Madam Speaker, this is a marvellous facility. It is not contemplated by this motion, but it's a marvellous facility made possible in part through generous grants from the government of the province of Ontario. These are cultural experiences, and the government is actually committed to assisting and developing these cultural experiences—which, by the way, as the name of the ministry would suggest, are also tourist attractions. Literally thousands and thousands of people attend the highland games in Essex county and in other locations in Ontario as well.

These are made possible in part through grants from the government of the province of Ontario, which are made possible through programs developed at the discretion of the programming that is developed on an annual basis through the budgetary process that we go through, and which we are all familiar with, and which everybody has input—either through their member of provincial Parliament, or through online portals, or through other means.

This is the proper way to go. The contemplated motion is, in my view, short-sighted, and I will not be supporting it.

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

Ms. Bhutla Karpoche: Ontario's arts and culture workers play a crucial role in shaping our creative landscape and strengthening our communities. Yet their livelihoods are under unprecedented threat due to a lack of investment in the sector for years. This isn't just about fairness, it's about survival. Artists are facing stagnant funding—and if you factor in inflation, that's funding cuts—rising costs of living, and now the rising threat of artificial intelligence. But let's be clear, algorithms may mimic but can never replicate the depth of human artistry.

Also, Speaker, as has been mentioned, the ACTRA lockout is nearing an unconscionable 1,000 days by the ICA—unconscionable—leaving performers without incomes, robbing them of their ability to pursue their careers. This government has the power, has the responsibility to foster fair negotiations and ensure that artists get back to work and work with dignity.

People are tired of the government not working for the people. People shouldn't have to plead their own government to do the right thing. People shouldn't have to

fight their government to do the right thing. Arts and culture sustain the soul of our province. In the face of all of these challenges, the government can do so much and take meaningful action by investing. By supporting this motion, we can ensure Ontario's creative industries and our arts and culture workers thrive, not just survive.

So let's act decisively. Let's reaffirm that human creativity is essential to Ontario's cultural tapestry. We can build a future—no, we need a future where artists are empowered to lead, to innovate and inspire generations to come.

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

M^{me} Lucille Collard: I want to begin by thanking my colleague from Toronto–St. Paul's for proposing this important motion.

The arts are fundamental to who we are as human beings. They are a vital means of self-expression and play an essential role in supporting our mental health. The government should reflect this by ensuring adequate funding for the arts.

Arts, culture and heritage funding are not just about preserving our history; they help celebrate our diverse identities and foster greater intercultural understanding. For example, many of Ontario's most prominent artists are Indigenous people using art to express the Indigenous experience. This artistic expression allows us to connect deeply with their realities in ways that words often cannot.

As a francophone, I have a personal attachment to the arts and culture of the francophone community, which are an integral part of our heritage. Franco-Ontarians have a rich artistic scene that helps unite us and express the pride we take in our identity.

An organization that perfectly embodies those values is TFO, a public broadcaster dedicated to providing high-quality, educational and entertaining programming to Ontario's francophone and francophile communities. Through its streaming platform, tfo.org; its reading app, Boukili; and its educational content platform, IDELLO, TFO offers francophone and bilingual Ontarians a wide range of media content that would otherwise be unavailable. The rich programming provides parents and educators with the resources they need to promote the French language, educate our children and create a strong francophone community here in Ontario.

In a predominantly anglophone environment, organizations like TFO and the media they produce are essential to maintaining a vibrant and dynamic francophone community. Unfortunately, they do say as well that the funding is insufficient, and so they struggle.

I've also received a letter from the Regroupement des artistes cinéastes de la francophonie canadienne, encouraging me to support the motion proposed by the member for Toronto–St. Paul's. The francophone world needs government support to develop, protect and sustain its arts and culture.

It's only through investing in organizations like TFO and other key art producers that we can ensure the long-term survival of our arts and culture community. My

riding of Ottawa–Vanier is home to many exceptionally talented artists and as their member of provincial Parliament, I am dedicated to supporting and amplifying their voice, and what they tell me is that funding is sorely lacking.

Ultimately, arts funding benefits us all, as it brings beauty, meaning and depth to our lives. So I fully support increasing annual operating budgets to that important sector. Ontario Liberals understand the importance of cultural funding and we will be supporting this motion.

Interruption.

The Deputy Speaker (Ms. Donna Skelly): Stop the clock. I would like to remind all of the members in the gallery that they are not permitted to react with clapping or any form of public display, otherwise you will be asked to leave.

You can start the clock. Further debate?

Mr. John Jordan: I want to start—there have been a lot of amazing investments. We're going to talk about all the things that are happening with the arts in Ontario, and specifically in my riding of Lanark–Frontenac–Kingston.

But first: the amazing investments that are being made in art and culture by Premier Ford and the Minister of Tourism, Culture and Gaming, and I've had the pleasure of making announcements on many of these. Their dedication to nurturing the creativity of Ontario, the fostering of an environment where artists and arts institutions can succeed, have been truly commendable. The arts are absolutely integral to the rich culture of Ontario society. This government knows that. Whether it be historical pieces, modern creative initiatives or entertainment and artistic education, we as Ontarians need to be steadfast in our appreciation for all of the contribution that the arts sector has provided us.

But this appreciation cannot just be lip service. It is our responsibility as Ontarians to make decisive efforts to support this sector in their valiant efforts. For this reason, I am incredibly proud of this government's initiatives to put these sentiments into practice, and I am proud of what our leadership has done to stand behind the arts communities. As my colleagues have consistently displayed both through their words and actions, this government is committed to helping the arts sector to continue to thrive.

The Ontario Arts Council that the minister praised in today's question period has a commitment from this government. So what does this commitment look like? I will remind the House of all the fantastic investments in tourism, culture and gaming by the ministry: \$60 million in operational funding to the Ontario Arts Council, which provided 3,000 grants to the arts sector in over 200 different Ontario communities.

Ontario Creates: This year, we invested nearly \$36 million in operational funding allocated to Ontario Creates, \$7 million of that dedicated to propelling music creation in Ontario.

1710

We have ensured our screen-based industry is strongly supported, with our commitment through budget 2024 of over \$1 billion for cultural media tax credits. In 2022,

Ontario reported its highest film and television production levels ever, with 419 productions bringing in approximately \$3.2 billion in spending, supporting over 45,000 jobs across Ontario. In 2023, as a result of the strikes in the United States, production spending in Ontario was \$1.8 billion, supporting almost 26,000 jobs. Following the strikes, location scouting interests from US production partners has surged, indicating interest in big-budget projects returning to the province in 2024.

There was also the Ontario Trillium Foundation investments. The Ontario Trillium Foundation invests approximately \$100 million annually into community-based projects across the province to help build healthy and vibrant communities. Since 2018, Ontario has invested more than \$702 million in more 6,600 projects—

Interjection.

The Deputy Speaker (Ms. Donna Skelly): Stop the clock. I apologize to the member. I'm sure no one wants to be warned today or named, so I would like order on the opposition side.

The member may continue.

Mr. John Jordan: Since 2018, Ontario has invested more than \$702 million in more than 6,600 projects that created more than 8,800 full-time jobs. Since 2018, Ontario Trillium Foundation investments have generated just over a billion dollars in economic benefits to communities across Ontario.

I want to share some of the great examples in my riding of Lanark–Frontenac–Kingston. When the North Lanark Agricultural Society needed to put a new roof on the oldest covered wooden grandstand in Canada, our government was there with \$80,000 in capital grants to get that done. When I was there doing the announcement, it was really interesting. They have a drive-in bingo in the summer, which is something unique that I didn't even know existed in the world, but it exists in Mississippi Mills.

Cathy McNally, director of community services for the town of Perth, said, "The funding that the town of Perth has received for their arts and culture programming has been pivotal... The Experience Ontario and Tourism Development Fund supports the programs and events that enhance our residents' quality of life and welcome tourists to the area."

Tony Humphrey, president of the Railway Museum of Eastern Ontario in Smiths Falls said that the generous funding from the Ontario government supports the Railway Museum of Eastern Ontario's rich railway heritage, offering unique interactive programs, such as an overnight rail-time experience in a vintage caboose and afternoon tea in the heritage dining car. There's something to put on your bucket list: the overnight in the railway car.

On the Ontario Trillium Foundation, Sienna Cauley states, "The most significant difference this grant made for our organization was the increased confidence in the feasibility of programs and in safely delivering them. The research and implementation throughout the grant allowed for our organization to ensure continuity in the future regardless of disruption. Through this, we were and will be able to provide for the community through experiences,

budget-friendly programs and accessibility additions. We have the flexibility to offer consistent services despite anything that may occur. Due to all of the additions, our organization saw an increase in revenue and attendance which enhanced our confidence in the sustainability of the museum.”

Speaker, I think our government should be congratulated on their investment—

The Deputy Speaker (Ms. Donna Skelly): Unfortunately, that’s all the time you have.

Back to the member for Spadina–Fort York.

Mr. Chris Glover: I want to welcome to the Legislature today all of the members of the arts organizations that are here in your House. Thank you for coming here.

They have come here with a very simple request. They want a little bit of funding, and in return, they’re going to be able to continue to develop our arts and culture industry in Ontario.

The arts and culture industry in Ontario adds \$26 billion to our annual GDP. It creates 300,000 jobs. The people who are here today want to expand that, but they can’t do it with what this government is currently doing, because this government keeps cutting the seed funding that allows them to do the work that they do to bring us all together.

Last week, I was down at Harbourfront for the annual Winterfest, for the lighting of the Christmas tree. There were thousands and thousands of people there, and those people are part of the 17 million visitors who come to the Toronto waterfront every year, who spend money, who generate economic activity for us in the waterfront and also celebrate our culture here in Ontario.

The ask is so simple. They’re asking for the government to restore the Ontario Arts Council funding, the \$5 million that you cut; to restore the Indigenous arts and culture fund, the \$5 million that you cut; to restore the Ontario Music Fund, the \$7 million that you cut. The BC NDP recognize the importance of the arts industry, and they have increased arts funding by 16%.

The other thing—and I’ve just got a few seconds to talk about this: They want all of us in Ontario to restore our public arts and culture centres. The Ontario Science Centre needs to be reopened. Ontario Place—you’ve got to cancel the deal with Therme. You’ve got to restore it as public parkland, as a place to celebrate Ontario’s culture, not an Austrian mega-spa. For \$40 million of taxpayers’ dollars that you’re using to destroy the west island at Ontario Place, you could increase or almost double the Ontario Arts Council funding.

The other thing is—and this government has threatened to do it, to privatize the AGO and the McMichael art gallery. You’ve got to stop the privatization. You’ve got to celebrate our arts and culture festivals and our arts and culture industry here in Ontario.

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

MPP Lise Vaugeois: I would like to rise in support of motion 149. I was pretty shocked to hear the Minister of Tourism, Culture and Gaming wax poetic and quote from the Ontario Arts Council statistics about the economic

benefits of artists’ activities funded by the OAC in the province of Ontario. This reminds me of the proclamations about health care workers as heroes while working behind the scenes to repress their wages and push them out of their fields.

When the Ford government came to power, one of the first things they did was to make severe cuts to the Ontario Arts Council, cuts that undermined the council and all the artists, presenters and programs that the council supports. The arts are what gives us life, gives us places to reflect, places to experience joy, to mourn together, to laugh together and to explore entirely new experiences and ideas. None of this is new information, but until today, when the minister put on quite the show for the chair of the OAC, there has been barely a mention of the importance of funding the arts in communities across Ontario, except on this side of the House. Yes, there is economic benefit, without question. Almost all grant money winds up being spent in local communities.

I want to point out something—and I don’t want to take up too much time; other people want to speak. People on the other side of the House are talking as if their government is responsible for the funding. The Ontario Arts Council is an arm’s-length funding body, as is Trillium. It is non-partisan. It is not supposed to be partisan. But what we have seen is perpetual cuts and the freezing of budgets.

I can tell you, in my own community I have seen it; I live it. I was part of the Thunder Bay Symphony Orchestra. That group can barely use the auditorium that was built for them because it’s too expensive to perform there. They are now going back to performing in high schools, which they haven’t done in 40 years.

Funding needs to be there. It needs to be increased. It should not be frozen. And, frankly, the disrespect towards the ACTRA workers is unbelievable.

I will end there.

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

Mr. Joel Harden: Let me begin by thanking the member for Toronto–St. Paul’s. Let’s clap for her.

Interjections.

Mr. Joel Harden: Let me continue: To all the beautiful people who are here in the chamber tonight, you know you can’t clap; you were warned by the Speaker. That’s the Speaker’s job. But we should clap for you.

Interjections.

Mr. Joel Harden: Here’s why, Speaker. Let me give you one example. I’m going to make my contributions minimal tonight. I’m going to cite one festival back home: the tulip festival. Why is the tulip festival important? Because it’s an opportunity for the artistic community, the business community and the tourism community to remind ourselves of the sacrifices of previous generations of Canadians—specifically, the liberation of the Netherlands, where 7,600 Canadians lost their lives. And how much does it cost, colleagues, to go to the tulip festival? Does anybody know?

1720

Interjections: Zero.

Mr. Joel Harden: It costs nothing because the Netherlands gave to us tulips and we replant them every year to remember the generation of sacrifice.

Jo Riding, the artistic director, has to fight and scream and struggle every year for funding to put on the events, but guess what the economic activity is for the modest investment of Ontario? It's \$58 million. Show me an example in the private sector like that.

We need to value the arts like we value other things. We need to value the arts like they matter. And thank you, member for Toronto–St. Paul's. Thank you, friends who are here. Thank you, artists at home. We're not going to stop fighting for you. Let's keep going. Let's pass this motion.

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

MPP Kristyn Wong-Tam: It's always an honour to rise in this House. In particular, today, I'm rising to support this exceptional motion from my friend the member from Toronto–St. Paul's.

Ontario's arts and culture sector is the cornerstone of our economy and the social fabric, contributing almost \$28 billion of the province's GDP, and it produces over 300,000 jobs. Just to give you a sense of the magnitude, this number of jobs is more than what is combined if you put the forestry industry, real estate industry and auto manufacturing together. That is the power of arts in Ontario.

But what we've seen is that the Ontario Arts Council has had their funding locked at 2009 levels at \$60 million, and that is over 15 years where they've been stagnated. What we're also seeing is that this government, when they took power in 2019, was able to slash \$5 million from the Indigenous Culture Fund. They slashed the Ontario Music Fund by half, hindering the development of new talent and reducing cultural opportunities for communities right across this province. We need to simply do better.

Organizations like Pride Toronto and the Toronto Caribbean festival simply would not exist without funding from this province, and yet, they're actually not just the biggest festivals in Ontario, but they're some of the biggest festivals around the country.

If you want to do more to support arts and culture, this is your opportunity. Christmas is coming; don't be a Scrooge. Now is the time to fund arts and culture. Show them that you support arts and culture. Support your own communities.

Speaker, thank you very much for this opportunity. Thank you to all of you.

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

M^{me} France Gélinas: Ça me fait tellement plaisir aujourd'hui de dire quelques mots et de féliciter ma collègue la députée de Toronto–St Paul's pour avoir amené cette motion.

Vous savez tous que je suis francophone. La francophonie, ce n'est pas seulement la langue, c'est aussi la culture, et je peux vous dire qu'on a une Place des Arts à Sudbury. C'est un centre d'excellence artistique et

culturel, un lieu de rassemblement pour les francophones et pour toute la communauté. La Place des Arts accueille des événements, des spectacles, de la musique, des expositions d'art visuel. On a également une librairie francophone—ça s'appelle Panache—qui offre des livres en français, des jeux, des magazines, etc.

Mais vous savez, madame la Présidente, que ça fait 15 ans que le Conseil des arts de l'Ontario n'a pas eu un sou d'augmentation. Pendant ce temps-là, les coûts de production, les coûts de diffusion, tout ça, ça augmente. Mais les ressources que le gouvernement provincial donne, elles n'ont pas augmenté depuis 15 ans.

Quand je parle de la Place des Arts, dont je suis extrêmement fière, le directeur de la Place des Arts, M. Denis Bertrand, nous a envoyé un petit mot qui nous dit que « la province n'offre pratiquement aucun appui à des institutions comme la Place des Arts » qui est prise avec « des défis de financement opérationnel ». Il continue en disant que « nous pouvons compter sur le soutien de la ville du Grand Sudbury et du gouvernement fédéral », mais lorsque les « bailleurs de fond nous demandent ... ce que la province fait pour nous, ce à quoi nous sommes obligés de répondre "relativement peu" » et de moins en moins.

Les arts, c'est important. La culture est importante. Le gouvernement provincial a un rôle à jouer pour s'assurer que les arts et la culture continuent d'exister en Ontario. Les galeries sont pleines aujourd'hui de gens qui viennent nous dire que c'est le temps de faire un investissement dans les arts.

The Deputy Speaker (Ms. Donna Skelly): The member now has two minutes to reply.

MPP Jill Andrew: I first want to start by thanking my colleagues and friends for speaking so passionately about arts, culture and heritage and the need for stable, sustainable operating grants not only for our organizations that make our hearts sing but for those individual artists who are pleading for additional help.

All you have to do—and I'm speaking to the Conservative government—is spend an afternoon at Children's Art Studio, spend time at Nia Centre for the Arts, and meet some of the thousands of young people, that they are pouring into. Check out Come From Away, for goodness' sake. All you have to do is go to a local museum. Come to Spadina; check out Dis/Mantle—well, it's done, but you get the point.

The folks who are in the gallery today—they are artists; they are cultural workers; they run our organizations; they're leaders in the creative industries. But I'm going to use this government's language: They're workers.

You claim to be working for workers—through the Speaker. Then work for them. Fund the arts. Give the Ontario Arts Council what it needs to do the work of the priority groups that it stands for. Fund Ontario Creates. Think about the status of the individual artist. Support our museums so that they can be modernized.

There's so much more I would say, but I've run out of time.

Thank you all so much for being here.

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

MPP Andrew has moved private members' notice of motion number 149. Is it the pleasure of the House that the motion carry? I heard a no.

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

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

In my opinion, the nays have it.

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

Vote deferred.

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

The House adjourned at 1727.

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		Premier / Premier ministre
		Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales
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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 (IND)	Carleton	
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
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Hamid, Zee (PC)	Milton	
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		Deputy Premier / Vice-première ministre
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Karpoche, Bhutla (NDP)	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première Vice-Présidente du Comité plénier de l'Assemblée 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
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Hon. / L'hon. Andrea (PC)	Barrie—Innisfil	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Kusendova-Bashta, Hon. / L'hon. Natalia (PC)	Mississauga Centre / Mississauga-Centre	Minister of Long-Term Care / Ministre des Soins de longue durée
Leardi, Anthony (PC)	Essex	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Energy and Electrification / Ministre de l'Énergie et de l'Électrification
Lumsden, Hon. / L'hon. Neil (PC)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Sport / Ministre 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	
McCarthy, Hon. / L'hon. Todd J. (PC)	Durham	Minister of Public and Business Service Delivery and Procurement / Ministre des Services au public et aux entreprises et de l'Approvisionnement
McCrimmon, Karen (LIB)	Kanata—Carleton	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
McGregor, Hon. / L'hon. Graham (PC)	Brampton North / Brampton-Nord	Associate Minister of Auto Theft and Bail Reform / Ministre associé de la Lutte contre le vol d'automobiles et de la Réforme relative aux mises en liberté sous caution
McMahon, Mary-Margaret (LIB)	Beaches—East York	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	President of the Treasury Board / Présidente du Conseil du Trésor Minister of Francophone Affairs / Ministre des Affaires francophones
Oosterhoff, Hon. / L'hon. Sam (PC)	Niagara West / Niagara-Ouest	Associate Minister of Energy-Intensive Industries / Ministre associé des Industries à forte consommation d'énergie
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	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	
Piccini, Hon. / L'hon. David (PC)	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 Deputy Government Whip / Whip adjointe du gouvernement
Pierre, Natalie (PC)	Burlington	
Pinsonneault, Steve (PC)	Lambton—Kent—Middlesex	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Mines / Ministre des Mines
Quinn, Hon. / L'hon. Nolan (PC)	Stormont—Dundas—South Glengarry	Minister of Colleges and Universities / Ministre des Collèges et Universités
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (IND)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Indigenous Affairs and First Nations Economic Reconciliation / Ministre des Affaires autochtones et de la Réconciliation économique avec les Premières Nations Minister of Northern Development / Ministre du Développement du Nord
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	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	
Skelly, Donna (PC)	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	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Minister of Natural Resources / Ministre des Richesses naturelles
Smith, Laura (PC)	Thornhill	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée des Petites Entreprises
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Hon. / L'hon. Vijay (PC)	Scarborough—Rouge Park	Associate Minister of Housing / Ministre associé du Logement

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Rural Affairs / Ministre des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué à la Santé mentale et à la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	