

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

F-73

**Journal  
des débats  
(Hansard)**

F-73

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

1<sup>st</sup> Session  
43<sup>rd</sup> Parliament

Monday 16 December 2024

**Comité permanent  
des finances  
et des affaires économiques**

Consultations prébudgétaires

1<sup>re</sup> session  
43<sup>e</sup> législature

Lundi 16 décembre 2024

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Chair: Ernie Hardeman  
Clerk: Vanessa Kattar

Président : Ernie Hardeman  
Greffière : Vanessa Kattar

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# CONTENTS

Monday 16 December 2024

Pre-budget consultations .....	F-2191
Canadian Mental Health Association Huron Perth; Pillar Nonprofit Network; Stratford Public Library .....	F-2191
Ms. Catherine Hardman	
Ms. Maureen Cassidy	
Ms. Krista Robinson	
investStratford; Ontario Public School Boards' Association; Ontario Pork .....	F-2199
Ms. Joani Gerber	
Ms. Kathleen Woodcock	
Ms. Tara Terpstra	
Ms. Tanya Terpstra	
Healthy Kids Urgent Clinic; Mapleton Chamber of Commerce; St. Mary's General Hospital and Grand River Hospital.....	F-2206
Mr. Kevin Zizzo	
Mr. John Zwart	
Ms. Sarah Farwell	
Huron Perth Healthcare Alliance; Township of Mapleton; David Suzuki Foundation.....	F-2214
Mr. Andrew Williams	
Mr. Gregg Davidson	
Mr. Gideon Forman	
Mr. Patrick Kelly	
Ms. Jodi Colwill; Ms. Nina Deeb; City of Stratford .....	F-2223
Mr. Martin Ritsma	
Stratford and District Chamber of Commerce; Town of St. Marys; Town of Minto .....	F-2231
Mr. Aaron Martin	
Mr. Al Strathdee	
Mr. Gregg Furtney	
Mr. Brent Kittmer	
Mr. André Morin	
Mr. Dave Turton	
Ontario Public Transit Association, Stratford Transit; STAR Family Health Team.....	F-2239
Mr. Michael Mousley	
Ms. Monique Hancock	



LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS**

**COMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES**

Monday 16 December 2024

Lundi 16 décembre 2024

*The committee met at 1000 in the Best Western Plus the Arden Park Hotel, Stratford.*

**PRE-BUDGET CONSULTATIONS**

**The Chair (Mr. Ernie Hardeman):** Good morning, everyone, and welcome to Stratford, and I guess we should ask MPP Rae to make that introduction.

We're meeting to resume public hearings on pre-budget consultation 2025. Please wait until recognized before you start to speak. As always, all comments should be made through the Chair. As a reminder, each presenter will have seven minutes for the presentation and after we've heard from all three presenters the remaining 39 minutes of the time slot will be for questions from members of the committee. This time for questions will be divided into two rounds of 7.5 minutes for the government members and two rounds of 7.5 minutes for the official opposition members.

CANADIAN MENTAL HEALTH  
ASSOCIATION HURON PERTH  
PILLAR NONPROFIT NETWORK  
STRATFORD PUBLIC LIBRARY

**The Chair (Mr. Ernie Hardeman):** With that we have our first panel: the Canadian Mental Health Association Huron Perth, Pillar Nonprofit Network and Stratford Public Library. And I believe we have two of the delegations sitting at the table and we have one virtual when we get to that.

The first one we will hear from is the Canadian Mental Health Association, and we thank you very much. As I said, you will have seven minutes for your presentation and, at six minutes, I will give notice of one minute. Don't stop because the punchline comes in that one minute. With that, at the end of the seven minutes, I will say, "Thank you" and no more will be said.

With that, we turn the floor over to you and thank you for being here.

**Ms. Catherine Hardman:** Thank you very much. My name is Catherine Hardman. I am the chief executive officer at the Canadian Mental Health Association Huron Perth, and I want to thank you so much for this opportunity. CMHA Huron Perth proudly serves communities across these counties, providing several services to support individuals and families impacted by mental health

and/or addictions. We work daily to provide our clients with accessible and responsive mental health and addiction services and are an integral component of the health and social services infrastructure in our community.

As part of the community mental health and addiction sector, our work keeps people in recovery and diverts them from hospitals and correctional facilities which are the costliest forms of care. Beyond that our programs address issues such as homelessness, poverty, criminalization and food insecurity, all of which exacerbate the decline of mental health. However, the ability for us to continue to provide these services is being compromised by the lack of true investment in our sector. For example, CMHA Huron Perth has received approximately a 7% budget increase over the past 10 years. With inflation at about 30% since 2013, it's easy to imagine our precarious economic position.

The elevated urgency, complexity and severity of our clients' needs are nearly impossible to manage with our current, inadequate funding. For the province to effectively improve mental health and addictions care for Ontarians, it must provide adequate funding to service providers. That's why CMHA is asking for an investment of \$113 million to help stabilize our sector and expand critically needed services of supportive housing in crisis.

Our communities are in crisis. We are in the midst of a drug-poisoning crisis, homelessness crisis, rising food insecurity and increased mental health and addiction issues. The increase in harms related to opiates means that we are losing close to 10 people every day because of drug poisoning and overdose. There are approximately 302 people experiencing homelessness in Huron and Perth counties. Our staff are expected to support an increasing number of clients who face complex challenges including psychosis, concurrent disorders and/or homelessness.

At the same time, they are paid 20% to 30% less than their peers in other areas of the health care sector which impacts recruitment, retention and morale. Many of the staff at CMHA Huron Perth are working two jobs to make ends meet. They shouldn't have to do that. They are tired, they are frustrated and they are burning out. We are losing talent from our sector to other parts of the health care sector or they're leaving the sector altogether. If we continue to lose staff or have to continue to hold vacancies in an attempt to balance our budget, our community will experience more challenges accessing services. Already, we are forced to shuffle staff between programs to ensure

complex cases get the support they need and for the safety of our staff. Our connection centres provide service to individuals who are unhoused or precariously housed. This is a very unstable population which requires significant support. Our agency regularly pulls staff from other services to support the connection centres, primarily due to safety concerns. Our staff are being verbally abused and physically assaulted by individuals who are becoming more ill the longer they're on the street, and everyone is losing hope every day.

The programmatic investments that the government has made in this community acknowledge the need for mental health and addiction care, but they do little to address the core issues faced by our sector. We ask that the government invest \$33 million per year for four years to stabilize our system and ensure CMHAs have the staff and resources to meet the increased demand for our services.

We have all seen and heard the concerns about homelessness in our communities. In both Huron and Perth, we work with our municipal partners to support people facing housing instability alongside other mental health and/or addiction challenges. The Heart to Home program in Huron county provides bridge housing for up to 14 individuals for a period of three months at a time. This provides the opportunity for them to engage in services for their mental health and/or addiction concerns and focus on securing permanent housing. To date, this program has housed 32 individuals.

In Perth county, we have intensive case managers who support individuals, both unsheltered and once they are housed, to ensure that they stay housed. They provide services at our connection centre and local motels used for emergency shelter to support housing searches in connection to other services. In Listowel, this program has on-site staff for two apartment buildings which house youth and families who were previously homeless. But more resources and support are required to address homelessness, mental health and addiction. Across the province, CMHAs are requesting an investment of \$60 million per year for two years to operate 5,000 more supportive housing units.

Building and operating more supportive housing, with all levels of support required, is the only way to ensure that this crisis will not continue to escalate. We are seeing an increase in the number of people presenting in crisis both in community settings and hospitals. That's why we're recommending an additional \$20-million investment to expand crisis services. Locally, our 24/7 crisis services are significantly in need of increased funding. There are two people per shift who are expected to staff the 24/7 phone line, respond to eight emergency departments in our area and go mobile to other locations as required. This is not reasonable.

We have seen significant success with the mobile crisis rapid response team, which partners with police. They are diverting 86% of the calls they respond to from emergency departments.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Catherine Hardman:** But, again, more resources are required to support increased hours for this team.

As you can see, we're doing our best to maintain the quality of care for our clients, but we are facing significant challenges. We need immediate and significant investments in our sector to ensure that we can adequately staff these essential services and support the most vulnerable in our communities. I appreciate the opportunity to share the challenges and the needs of our community during these dedicated consultations. Thank you for your time.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

Our next presentation will be virtual, and it's the Pillar Nonprofit Network.

**Ms. Maureen Cassidy:** Good morning.

**The Chair (Mr. Ernie Hardeman):** There's Maureen. Good morning. I did neglect to mention, with the start of the program, to make sure that, as you start speaking, start by introducing yourself to make sure we have the name properly recorded in Hansard. Thank you very much, and the floor is yours.

**Ms. Maureen Cassidy:** My name is Maureen Cassidy, and I'm CEO of Pillar Nonprofit Network. I am here with my colleague Paul Seale, who is Pillar's manager of public policy and advocacy.

Thank you, Chair Hardeman and to this committee for the opportunity to speak today. It's especially good to see your familiar face, as well as Pillar's and Paul's and my own elected representative, MPP Kernaghan. Thank you all.

Pillar is based in London, with a membership of hundreds of non-profit charities and grassroots organizations across southwestern Ontario. These organizations are supported by thousands of workers and volunteers and play a vital role in building resilient, thriving communities for hundreds of thousands of Ontarians. The story I'm about to tell you will be similar to the one you just heard from Ms. Hardman and other organizations across the non-profit sector.

#### 1010

Pillar strengthens organizations by providing comprehensive capacity-building support, such as training in governance, strategic planning and financial management, as well as tools to enhance operational efficiency and resources to help organizations address challenges like workforce shortages. We also engage in inclusive advocacy, and we foster cross-sector collaboration to develop community-wide solutions that address systemic issues.

While we deeply value and champion the unique missions and the critical work of all our member organizations, our advocacy focuses on strengthening the entire non-profit sector. Our aim is to ensure that non-profits are empowered to fulfill their roles as a vital third pillar of community alongside business and government.

Over the past few years, every time I've had the privilege of addressing members of our provincial government, I've emphasized one simple yet vital truth: Non-profits are not simply important community builders, they are also an essential pillar of Ontario's social and economic fabric. Non-profits contribute 8% of the province's GDP and employ over 844,000 people.

Yet despite the critical role these organizations play, the sector is in crisis, grappling with skyrocketing demand, rising costs, stagnant funding and a workforce struggling to stabilize itself.

In collaboration with our regional workforce planning board, in 2024, Pillar released our third annual analysis of non-profit employer data, revealing persistent upheaval, an endless cycle of hiring and turnover. Many of these departing employees head over to the public and private sectors, where they can earn higher pay and better benefits for similar roles.

Again, this may all sound familiar to you, and that's because we've been sounding the alarm for years. It's becoming increasingly urgent that these challenges be addressed. We are already seeing organizations reduce services at an alarming rate, and without immediate action, we're going to see more. Who will fill the gap when these critical services are lost?

Today my recommendations focus on practical measures this government can take to ensure non-profits remain able to effectively serve all Ontarians. These measures will also help non-profits collaborate more actively with government, business and communities across the province to tackle shared challenges and seize collective opportunities.

I'll outline these recommendations briefly, and I look forward to addressing your questions when the time comes.

For the 2025 Ontario budget, we have six recommendations. The first one is to create a home in government for the non-profit sector. We recommend creating an office representing non-profits, charities and social innovation headed by an associate minister within the Ministry of Economic Development, Job Creation and Trade and supported by a deputy or assistant deputy minister.

Number 2: Future-proof non-profits that build Ontario's social infrastructure. You can do this by transitioning to stable, long-term and flexible operational funding that reflects the true cost of delivering services and keeps pace with inflation. We recommend making non-profit business models the preferred choice for delivering effective, efficient and accountable programs and services, and I refer you to the Ontario Nonprofit Network's brief on the non-profit advantage for more details.

Number 3: Invest in non-profits and grassroots groups serving equity-deserving communities, communities that include Indigenous, Black and other racialized groups, as well as those serving people with disabilities, women, 2SLGBTQIA+ individuals, youth, newcomers and low-income households.

Number 4: Support the sector to build a resilient non-profit workforce. Through a mechanism like the Skills Development Fund, you can develop a labour force strategy and workforce development plan. The strategy must address the labour shortage, promote careers in non-profits and create opportunities for workers to attain in-demand skills.

Number 5: Modernize volunteerism. Work with members of the Ontario Volunteer Centre Network to create a

provincial volunteer recovery strategy to address the negative impacts on volunteerism brought on by the pandemic. Also, please commit to removing fees from vulnerable sector police record checks. These fees serve as a barrier to lower-income volunteers joining the sector.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Maureen Cassidy:** Finally, number 6: We recommend you invest immediately in reducing demand for non-profit services by doubling social assistance rates and indexing them to inflation. As I noted earlier, Pillar focuses on non-profit issues that cut across causes, geographies and communities, but there's no question insufficient income is a principal driver of unsustainable demand on our sector. In this way, OW and ODSP rates have become an issue for the entire sector. Addressing these inefficiencies will stabilize low-income Ontarians' lives and enable non-profits serving vulnerable populations to focus on complex emergencies.

Pillar and southwestern Ontario's non-profit sector stand ready to partner with you to build a stronger, more resilient Ontario where everyone can thrive. Thank you all for your time. I welcome any questions that the committee may have.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for that presentation.

We now go to the Stratford Public Library.

**Ms. Krista Robinson:** Thank you for the opportunity to participate in today's 2025 pre-budget consultation. My name is Krista Robinson and I'm the CEO of the Stratford Public Library.

Public libraries are an important cultural and social infrastructure for the communities that they serve. They are more than just books; they are often the most flexible, or the only, local resource with the capability to quickly adapt and support emerging local needs and priorities. Millions of Ontarians rely on their public library to work, to learn, to connect to the community and government services and to find or train for a job.

Libraries are open to everyone, regardless of their position. For instance, one of the first stops made by a newcomer is the public library. Libraries are familiar locations where people know that they can access services such as language learning, job search assistance, access to computers and to build connections essential to settlement. At Stratford Public Library, we see this every day as we welcome new residents and help them become established in our community. But today, we also find ourselves on the front lines of working with individuals who are battling mental health, addictions and homelessness. Who would have thought that SPL would be offering a food pantry to help people with this very basic need?

Public libraries are governed by the Public Libraries Act and receive much needed funding through the PLOG, or the Public Library Operating Grant. The remainder of this funding is mainly received from the municipal tax levy. While the population has grown and demand for our services increased across the province, the PLOG has not increased in over 25 years, since 1996. In 1996, the PLOG was 6% of Stratford Public Library's funding. Today, it's

under 2% and shrinking every year, greatly reducing our purchasing power, ability to provide the services being requested by our growing and changing community and increasing the strain on the municipal tax levy.

This year, you will hear from the Federation of Ontario Public Libraries, or FOPL, and the Ontario Library Association requesting an increase to the PLOG. With an increase to the PLOG, the province will be supporting economic recovery through job training and skills development; addressing the community impact of mental health and addictions; providing services and resources to assist with high-needs members of the community such as seniors, newcomers, working families and all vulnerable populations; as well as supporting early literacy in K to 12 success.

A joint request from FOPL and the Ontario Library Association will also be submitted this year for the investment in a provincial Ontario digital public library. A provincial digital public library will provide equal access to high-quality digital literacy tools across the province. Digital resources are highly impactful and access part of a public library's offerings. They provide powerful capabilities including in-depth job and career skills development, language learning, live tutoring and homework help, and access to reliable and authoritative health information. However, these resources are expensive, especially when purchased on a library-by-library basis. For example, my library is fortunate enough to subscribe to a digital tool called Gale Courses. It costs us about \$5,000 every year.

With Gale Courses, community members can take courses to upgrade their basic computer skills, learn to maintain personal finances, grow leadership skills or even just how to manage their teenage children. We recently had a patron come in to let us know that they had upgraded their Excel skills as well as their interview skills using Gale Courses, and they were happy to let us know that they were now successfully employed.

#### 1020

It really has become a story of the have and have-nots. Big, urban and suburban libraries can afford a diverse suite of these powerful tools, while the majority of small, rural, northern and First Nations libraries have access to few if any such digital resources. Even within Perth county, a relatively prosperous area of Ontario, we see a large discrepancy in what digital resources are being offered across our five library systems.

The partnership between the Ontario government and local public libraries is vital. Providing these critical supports is needed for us to continue to work together to deliver important government services, locally relevant resources and economic development close to home in the communities where people live.

Thank you, and I welcome the opportunity to answer any questions you may have.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

We will now start with the questions and comments. We will start with the official opposition: MPP Fife.

**Ms. Catherine Fife:** Thank you very much to all presenters for coming and sharing some of your financial challenges but also some of the solutions.

Catherine, I just wanted to start with you. CMHA has been very strong across the province thus far in making an economic case for strategic investment. The common theme really is that burnout piece because you can't do anything more than you already have. I wanted just to give you a chance to unpack why strategic investment is needed to retain staff so that you can reach your goals as an organization, but also the cost of losing staff and what happens when that happens. Please go ahead.

**Ms. Catherine Hardman:** As I've said before, we've had about a 7% increase in the last 11 years. We may get new positions, so we get salary and benefit dollars, but we're not getting money for our insurance, our rent, the cost of just doing business. That's why we need a base budget increase in order for us to be able to sustain those things, because they just keep going up.

The only place we can pull money from, typically, is salary and benefits, because that's our largest line. When we have to do that, it obviously reduces access to service. And also, when people leave, there's the cost of actually having to hire—again, if we decide to hire, because many of us across the province are managing our budgets right now by holding vacancies. That's the only way we can actually attempt to try to balance our budget because we don't have any other means of being able to do that.

We try very hard to reduce costs such as travel. We farm out our insurance, our benefits. We do all of that every year to try to find savings, but they're minimal, and we're being told our benefits will likely go up about 20% this year because of use. Staff are in need of those services. They're accessing not just prescription drugs but there are also massages and chiropractors and all those other things to help them stay healthy, to try to help them stay connected to their work.

**Ms. Catherine Fife:** Thank you very much for that.

In your presentation, you talked about the 302 people who are experiencing homelessness in Huron and Perth counties. You also had mentioned around the criminalization of precarious housing—we are seeing an increased pressure, if you will, on targeting people who are experiencing a number of issues but obviously are not accessing homes and/or any kind of shelter, and that's why they're in tents. I'd like to better understand who these 302 people are, because in Kitchener-Waterloo, people who are living in those tents are also working. So please go ahead.

**Ms. Catherine Hardman:** We actually have people in the same situation. We have the working poor who are now homeless. The majority of people are one to two paycheques away from being homeless. So if they have a large expense or something happens in their life—they lose their job; whatever that is—they end up being homeless because they can no longer afford their rent. You can't afford rent on minimum wage, so if that's the only job you have, then you're living on the street unless you have family or someone else. We're seeing an increase in the number of families that are homeless, so children are



now homeless as well, which is frightening and certainly scary for them.

And as I said earlier, the longer they're on the street, the more ill people are becoming. You can't stabilize people if they don't have a roof over their head. It's very difficult to stabilize people who are living on the street. We do our best to do that, and we do our best to connect people to services, but really, without that basic need of a roof over their head, it's very difficult.

**Ms. Catherine Fife:** Thank you for that. We have heard—and this is now a growing theme, year over year, that housing is health care. People are looking for options.

I think that will lead me to Krista. Again, the Ontario Library Association, from across the province, has been very vocal. You have had systemic underfunding for years, and also stretching those dollars as much as you can. Can you talk about the pivotal role that libraries play in addressing isolation and loneliness, particularly for seniors in your community?

**Ms. Krista Robinson:** We are a safe place for everybody. We do see, every day, people coming in just to either sit and read a paper, or to have an opportunity to interact with one another, because sometimes that's the only opportunity that they'll have to have a smiling face, to have somebody say hello to them. And a great thing is, our library services are all free. So there's no expectation for cost. If people are financially stretched, they can come in and use us as a resource, to use our computers, to use just our space to meet, to build community.

We were fortunate this year to receive a New Horizons grant, and we have done an extremely wide breadth of programming, all free, for seniors to come and use our space. And they've made friends. We've had speed dating for seniors so they can meet new people. Especially after the pandemic, where people were isolated so much, we have seen our library usage grow over 12% since before COVID.

**Ms. Catherine Fife:** Thank you, Krista. I wanted to give you an opportunity to also address the have and have-not status of libraries. I mean, the goal of libraries in our communities is that they're kind of like the great equalizer.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Catherine Fife:** It's where people access broadband Internet, literacy supports. In this last minute, could you address why it's so important to stabilize the funding to address this have/have-not situation with libraries?

**Ms. Krista Robinson:** People across the province are all the same: We all want good access to reliable information. When your library does not have access to up-to-date encyclopedias, access to up-to-date reliable health information, it's just really unfortunate. The province has made investments in broadband across the province in libraries. They've invested in communications and Internet connectivity funding, and this would just really take those resources you've already invested in to the next level.

**Ms. Catherine Fife:** So you see libraries as part of the solution here.

**Ms. Krista Robinson:** Definitely.

**Ms. Catherine Fife:** As do we. Thank you very much for your testimony today.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the government side. MPP Rae.

**Mr. Matthew Rae:** If you'll indulge me, Chair, I just want to welcome everyone to beautiful Perth-Wellington. I know it's a little foggy today—hey, at least it's not snowing. As you will know very well, Chair, we have had a lot of snow in this part of the province recently, but I think it's great that Stratford and Perth county, and I know some of our friends from Wellington county as well, will be joining us later today to get an opportunity to share with my colleagues from across the province from all parties about some of the forward-thinking initiatives and partnerships that we are doing locally in Perth county, in Stratford and in this part of the world as well.

It's also lovely to see the Pillar network virtually. Again, it's great to see you in person, but I understand why you wouldn't want to travel this morning as well.

I know some of my colleagues have questions as well for our presenters. My first question is to Catherine. I know you briefly mentioned the mobile crisis response team and the partnership you have with our police forces. For those of you who do not know, Stratford has a municipal police force and the OPP, obviously, in the surrounding communities. I'm just wondering if you could expand a little bit on the benefit of that program, how you're seeing that giving those people who need that support on the ground right when those calls or those emergencies develop.

**Ms. Catherine Hardman:** When police are responding to a situation where there may be, in particular, a mental health component to it, they'll bring the MCRRT person with them. Right there, the person is able to do a mental health assessment and able to speak to the person, hopefully de-escalate them. We know that sometimes when people see an officer, that tends to escalate them, as opposed to de-escalate them, so their role is to really try and de-escalate and to assess whether this person needs to be hospitalized or whether there are other resources in the community.

1030

As I said, they're diverting 86% of the calls that they're responding to from the emerg department. Typically, the police would be called, and they would have taken them to the emerg department because they didn't have any other option. Now, the MCRRT is able to do that and connect them to services. We've had them come to our office when people have been experiencing difficulties and we've just been able to see how well they're able to stabilize that and work with our team as well around making sure that that person has what they need in that moment.

**Mr. Matthew Rae:** That's great. I know other community partners, whether it's health care or our police service, do appreciate that mobile crisis response team, because our officers will tell you, they're not necessarily—most likely not—trained. Maybe in a previous

career, but most aren't trained in dealing with those types of situations on the ground when they experience them.

I know recently—and this is very recent, as Minister Calandra is switching to housing now. Catherine, because I know you brought it up—and it's very important in this part. The challenges we see in housing—as I remind my colleagues at Queen's Park, it's not just downtown Toronto, it is everywhere in Ontario. Last week, Minister Calandra announced roughly \$75 million. Some of it will flow through COHB funding, which is the federal-provincial homelessness program, but also \$50 million, roughly, for what we're referring to at the provincial level as last-mile funding for getting those affordable units built.

Do you think that would be beneficial to the catchment area you serve? What could you see potentially come online again, that housing for those individuals?

**Ms. Catherine Hardman:** Yes, absolutely. Any funding into the system around housing is greatly appreciated and so incredibly necessary, because I think it's estimated that about 100,000 homes are needed to be built—or units or whatever are needed—to deal with the homelessness situation, and so any amount of money—anything that comes in.

But what I want to emphasize is, we need to make sure that the support is there, because you can't just house somebody who's been unhoused for a period of time and just expect they're going to be able to function, quite honestly. Our staff do a lot of work with people around basic life skills; they've lost the ability, or maybe never had the ability before. Really, we need that real intensity with people, initially, to be able to support them in staying housed. Being a good neighbour—what's that all about, right? How to budget, how to go to the grocery store, all those sorts of things. It seems pretty basic to us, but to some people who have never done that or haven't done it for 10 years, it's a skill they need to learn.

And the reality is, we have people who need 24/7 care, so they will not manage in an apartment or in a situation with just somebody reaching in every day or whatever. And so, when I say all levels of care, I'm talking about that as well. We need all levels of care.

**Mr. Matthew Rae:** One last quick question. I know you didn't mention in your remarks, but you are part of the Ontario health team locally, the Huron Perth. I know that entire group, it's massive, with originally 60 partners, I believe, more or less, signed onto that. It received accreditation relatively recently. You were talking about some of the wraparound supports. Can you talk, very briefly, about how that has been beneficial around coordinating the care that your group provides, hospitals etc.?

**Ms. Catherine Hardman:** We've always had a really good working relationship with other services in this community. When the Ontario health teams came about, it was just a natural next step for us to apply to be a team. We've always had good partnerships, and we continue to build on those partnerships.

We have a mental health and addiction working group for our Ontario health team and we have all the representation—long-term care sits there, as well as a physician, a

psychiatrist, the school board. Everyone comes together and we look at, collectively, how do we provide services? How do we partner with those services and such? So, we have very strong relationships with our hospital partners that also have mental health services and the in-patient unit. So I would say that it's just the way that we do business here. That's just how we work.

**Mr. Matthew Rae:** I defer the remaining time to MPP Riddell.

**The Chair (Mr. Ernie Hardeman):** One minute, MPP Riddell.

**Mr. Brian Riddell:** My quick question is for Ms. Robinson. What do you envision as the future of libraries in Ontario?

**Ms. Krista Robinson:** We just continue to grow, continue to adapt, continue to provide the information and resources that people in our communities need. One thing that our library has been really fortunate to have—it's small, but we have a makerspace, providing people the opportunity to learn by doing, because we know not everybody can learn by reading. It's a different way of learning and hands-on, experiential learning for using of resources. It takes us back to the mechanics' institute where all of our libraries really originated from in the 1900s.

Our libraries are community hubs. We are and will always be places for people to come and connect and grow.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We'll go to the official opposition. MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters here in person as well as those tuning in online. Maureen and Paul, I'm incredibly glad that you didn't drive in today, given that it is quite foggy out there.

I was pleased to see your recommendation number 1, which is about a non-profit home in government so that it will help the government understand the variety and the breadth of the services that non-profits provide and how vital you are for communities. You actually have this legislation drafted and ready to go, and I know imitation is the sincerest compliment, so I look forward to the government implementing your plan and putting their name on it.

I was thinking of when you said non-profits are important community builders and how they're a big part of the province's social and economic fabric. During last year's pre-budget consultations, a Conservative committee member seemed to imply that it was the number of non-profits that were competing for scant resources and saying it was their fault, almost. Does this represent the real issue at hand? Why are non-profits vital for communities at this time?

**Ms. Maureen Cassidy:** Thank you for the question, Terence. Non-profits and the non-profit sector are different from regular—we're not subject to regular market forces. So as demand goes up for non-profits, we don't always see a corresponding rise in funding. It's the opposite of a regular, for-profit business where there's demand, and then, usually, the income goes up as well. But

often, the services that are most in demand are most crippled by that rise in demand, and ever since the pandemic—this has been a trend that has been going on for a number of years, and the pandemic just made it worse.

I gave you the statistics about the workforce and the percentage of GDP, but non-profits are an important and essential economic driver in our community, and at the same time, building community. They don't have the same measures of success that a for-profit business does. A non-profit is not looking to make a profit. Any excess or surplus or whatever that does come to a non-profit is put back into their services, their programs, to improve their services and programs and make them better.

The opportunities for non-profits to collaborate, not only amongst themselves but with government and with business, is welcome and can only lead to better things for our whole community. So there is for sure that competition that goes on, and that's because funding and resources are so limited. There are crumbs scattered on the ground, and everybody is looking to get a part of that. If there was flexible and sustainable operational funding in the sector and direction and guidance with government and business to collaborate, those opportunities would only improve. We have to get rid of the instability first.

**Mr. Terence Kernaghan:** Most definitely, and that leads into your recommendation number 2. You talked about stable, predictable, long-term and flexible funding for non-profits. What's it like for non-profits as they chase grants and don't have that stable year-over-year funding?

**Ms. Maureen Cassidy:** One of the traditional methods of funding non-profits is through project-based funding. It is not very efficient. If government wants non-profits to operate at maximum efficiency, which they do because of the very realities on the ground, project-based funding is, in and of itself, pretty inefficient, because you have the criteria, and we want you to create this project to fulfill this mission or have these outcomes. So everything is kind of almost built from scratch for every project, including hiring people, including getting technology or resources that you need to deliver on that project.

1040

If the government was instead focused on operational and sustainable funding, those foundations would already be there and they would stay there, and then the non-profits could deliver on the services and deliver the metrics that the government is looking for as proof of the effectiveness of the programs and services.

**Mr. Terence Kernaghan:** Thank you very much. I also want to thank you for advocating for investing in communities by doubling social assistance rates and ensuring that those are indexed to inflation, because I believe that's incredibly important. That income insecurity is part of the cost-of-living crisis.

Next I'd like to move over to Catherine from CMHA Huron Perth. Catherine, I believe you said that supportive housing is the only way to stop this crisis from escalating. It made me think of J.P. Robarts, a Conservative Premier who represented London. I believe during his time in

office he created 90,000 permanently affordable housing units.

Unfortunately, plans for this government to return to its historic responsibility to create and provide permanently affordable housing has been called communism by this government—and that it would destroy the free market. Would you like the province to resume its historic responsibility to create and provide affordable and supportive housing?

**Ms. Catherine Hardman:** Yes. Very simply, yes. Yes, I would like to see that happen again, because, as I said earlier, we can't stabilize people if they don't have somewhere to live. We'll continue to see the issues in our communities escalate, all the things that people are upset about and angry about. We're seeing people so incredibly ill, and we can't help them if we can't house them. And housing is a basic human right. Everyone has a right to be housed.

**Mr. Terence Kernaghan:** Absolutely.

I wanted to know, Catherine, if you'd like to comment on the province's responsibility—its social, its moral and its economic responsibility—to provide affordable and supportive housing.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Catherine Hardman:** Yes. I think, for me, it's a basic, taking care of each other in our communities. I think, as human beings, we have that responsibility to care for each other, and I think those of us who are privileged—everyone sitting around this table—have a responsibility to take care of those who are not.

And I would say very quickly: Nobody asked for this. When you ask a five-year-old what they want to be when they grow up, they never say, "I want to have a drug addiction," "I want to have mental illness" or "I want to be homeless." They will never say that. Something has happened, and we need to care about them.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Terence Kernaghan:** What happens to—

**The Chair (Mr. Ernie Hardeman):** I already said that.

**Mr. Terence Kernaghan:** Is it one minute left now?

**The Chair (Mr. Ernie Hardeman):** No. You're running out of time now.

**Mr. Terence Kernaghan:** Okay.

What happens to people when they don't have access to supportive housing? What happens to them on the streets and in the community?

**Ms. Catherine Hardman:** Well, they become more and more ill. Their mental health deteriorates significantly. Typically, their drug use would probably increase because they're depressed, sometimes they're having psychosis etc. So sometimes that's their only way of coping—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time.

We now go to the government and MPP Hamid.

**MPP Zee Hamid:** I'd also like to thank all the presenters for coming out and educating us on issues.

My question is for Krista Robinson. First, would you like to finish MPP Riddell's question you had about the future of libraries in Ontario? And as you're discussing

that, I'm also curious, because libraries play a role in education but also entertainment. So I was wondering if you could add more to that and speak on the work they do in those areas.

**Ms. Krista Robinson:** When it comes to the future of libraries, we're there to adapt and to move forward with our communities to provide the resources and information that they are requiring.

One thing about libraries is that they help with democracy. We try to make sure people have access to reliable information. We try to make sure they have access to government information and to make sure that people have the resources that they need to move forward with their daily lives.

When it comes to information for—I'm sorry. Could you repeat your question?

**MPP Zee Hamid:** Yes. The second part was the role libraries play in entertainment and education across the province.

**Ms. Krista Robinson:** As school libraries continue to be underfunded, with no requirement for schools to actually provide funding to their school libraries, people are coming to public libraries to get that information, to get their resources, so we provide a critical role.

Stratford is very fortunate. We have an amazing team librarian who has won an award this past year from the Ontario Library Association. She was the team librarian of the year, and she is in the schools pretty much daily, working with high school students, with youth, trying to get them engaged in making sure that they use their library but also know how to get reliable information.

Beyond that, we do provide entertainment. People need entertainment as a means to relax and a means to engage with the outside world, whether it's through books, through videos, through streaming sources but also programming. Everything that we do provide, in most libraries, is free. Those who do charge fees, it's because they have no other option. Everything we do in Stratford is provided for free to the community.

**MPP Zee Hamid:** Thank you for that.

Thank you, Chair. I'll share the rest of my time with MPP Barnes.

**The Chair (Mr. Ernie Hardeman):** MPP Barnes.

**Ms. Patrice Barnes:** My question is for Maureen. Maureen, I'm really thrilled with the work that is done under Pillar building the capacity for non-profits. I think that is definitely a sector that does need the support around capacity building and governance structure. So kudos to your organization for doing that.

Also, you mentioned, under the Skills Development Fund, focusing on the non-profit sector. I also wanted to flag that I served at the Durham District School Board for a number of years, and they have actually launched a high-skills major that is actually non-profit—for the non-profit sector. They've gotten a lot of uptake in that. That might be something that could be an advocacy across the province with different school boards when we're talking about getting students to start thinking about the different

areas that they can get into. Not-for-profit is definitely a sector that, as you say, contributes to economic growth.

My question for you is, as you have seen and dealt with and integrated with many non-profits, what do you think would be one of the strongest pillars? You've talked about six things here that would lead to the growth or strengthening of the sector. How do we measure the KPIs for jobs created, economic impact, that sort of stuff?

**Ms. Maureen Cassidy:** Metrics could include increased non-profit capacity. Right now, what we're seeing, not just locally in the southwestern Ontario region but the Ontario Nonprofit Network, studying what's going on at the provincial level, and Imagine Canada, studying what's going on at the national level—what we're seeing is reduced services, because they can't keep up.

The London Food Bank, for example, has really great buy-in from the community. They're very strong. They've increased volunteers. They're bucking the trend around losing volunteers and around losing donations. There's a very strong business community behind the London Food Bank. What we're seeing across the country are food banks closing because they can't keep up. It's that ironic Catch-22: The services are so needed, they can't keep up, it cripples the organization, and they close.

So if you see an increase in non-profit capacity being able to meet that demand, that would be one metric that you could see as far as showing effectiveness of investments that you make in the non-profit sector.

Reduced demand for emergency services, higher volunteer participation rates, improved social outcomes for equity-deserving communities: These are all some of the things that you could measure. If you put things in place that we are recommending, then you could study some of these measures to see if they're being effective.

We do see that increase in social assistance rates being essential to reducing demand on this sector.

MPP Kernaghan spoke about another MPP talking about how maybe there are too many non-profits—I know he didn't put it that way, but we've heard similar terms like that locally in the London area. But when there is demand, there are constantly people trying to fill that demand. So they are creating new non-profits and trying to serve their community that way. When we have that increase in social assistance rates, we expect to see some decrease in demand for those services that non-profits are providing. So that is another metric that you could look at.

**The Chair (Mr. Ernie Hardeman):** One minute.

**1050**

**Ms. Patrice Barnes:** Another quick question: We have seen an influx, really, and the population has grown by, say, about 800,000 people in a very short time, I would say over three to four years. What has been some of that impact on your sector? Because you probably do see—non-profits probably do see a lot of that front-line piece.

**Ms. Maureen Cassidy:** Absolutely. For newcomers coming to our province and to our region, it's a twofold thing. We're seeing newcomers needing access to services to support them in their integration into Ontario society and into local regional society, but we're also seeing a

great number of newcomers working in the sector. There is a statistic that we find very interesting for newcomer women that start—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

That not only concludes the time for the delegation, but it concludes the time for the whole table. I want to thank all three of you for the great job in presenting today, but also for the time that you took to prepare to come and talk to us today. I'm sure it will be greatly beneficial as we move forward on this pre-budget consultation tour.

INVESTSTRATFORD  
ONTARIO PUBLIC SCHOOL  
BOARDS' ASSOCIATION  
ONTARIO PORK

**The Chair (Mr. Ernie Hardeman):** Our next panel is investStratford, Ontario Public School Boards' Association and Ontario Pork, if they will come forward. I believe, according to my list, they're all here in person.

As with the previous delegations, you will have seven minutes for your presentation. At six minutes, I will say, "One minute." Don't stop. At seven minutes, I will say, "Thank you," and that's where you stop. We also ask, as you start your presentation, introduce yourself to make sure that we can attribute the comments to the appropriate name. Also, if there are more presenters than there are delegations, anyone that speaks, please identify themselves for Hansard so Hansard will know.

With that, we will move forward. The first one is investStratford.

**Ms. Joani Gerber:** Good morning. Chair Hardeman, Vice-Chair Fife and members of the committee, it's my pleasure to welcome you to the city of Stratford. I'm Joani Gerber, the CEO of investStratford, and I'm so pleased that you've chosen Stratford for this important discussion today. While we know that you have a full agenda, it would be our pleasure to welcome each of you back in the future to explore all that is Stratford.

InvestStratford is the municipally owned economic development corporation of the city of Stratford. We're also the delivery partner for the provincial small business enterprise centre program. On behalf of my economic development board and team, we are grateful to have an opportunity to provide pre-budget feedback. Over the course of today, you will hear from exceptional leaders doing important work across the Perth-Wellington region and the province at large. With this in mind, my remarks will focus on our mandate in economic development, supporting our small and medium-sized businesses and our large industrial and commercial developments to create jobs and generate revenue.

As you all know, small business enterprise centres are providing direct support to start-ups, entrepreneurs and businesses that are scaling up, implementing online and mobile solutions and, in many cases, more recently, succession planning. In the 2024 budget, our centres were

allocated additional funding to support start-ups and youth entrepreneurship. This allocation included an amount for the operating of the increased programming, and as the CEO of the host organization of the enterprise centre for Stratford and Perth and St. Marys, thank you for that.

There is no question of the impact of small businesses to our economy. Specifically, here in this area, your funding of this program has added more than 1,000 jobs since 2018, or more than 100 jobs per year. The program also leverages municipal and partner funding. Here in Stratford, that means every dollar the province invests, the city of Stratford does as well.

My budget ask: Don't wait until the deadline of the current funding agreement, which expires on March 26. Move back to five-year contracts and renew the program now along with some supportive increases so our commitments to our staff and our communities are confirmed and long-term through 2030. Of course, the best part: There is an SBEC in all of your ridings, so everyone wins.

I'd also like to highlight industrial development. Here in Stratford, our motto, "Industry and Art," is lived every day. More than 5,000 people work in industry in Stratford. In fact, in the last four years, which included the pandemic and COVID, Stratford added 900,000 square feet of manufacturing space and more than \$2.5 million of additional industrial investment. Attracting, retaining and growing industry is something we do very well here.

We are at a tipping point, though. For smaller rural communities, the rising cost of servicing and significant increases in land values make it almost impossible to bring serviced industrial land to market. Our estimates today: With current value land costs and servicing to industrial standards, a 50-acre business park requires \$20 million to \$30 million in investment. While this is eventually repaid via the sale of the land to the end-user, municipal borrowing limits require our councils to choose between funding the things that drive revenue—being industrial growth—and the things that require said revenue: important social and community services.

If cities like Stratford are to be compliant to the provincial policy statement of 25 to 30 years of serviced industrial inventory, we need your help. Our budget request supports cities like Stratford with low- and no-interest loans to develop industrial lands. Permit payment schedules that reflect development timelines and are linked to land sales and allow borrowing for industrial development to be exempt from the overall debt-carrying limits for municipalities.

How will this help us? Currently in Stratford, industrial development pays \$5.7 million annually in taxes and more than \$1.3 million to our provincial education system. We know that for every additional development, more will come. A 50-acre employment park for us will add an average of \$700,000 in annual property taxes and more than \$160,000 to provincial education revenue.

The current housing-enabling infrastructure fund is an excellent vehicle to bring much-needed affordable residential units to communities. I would strongly encourage similar attention to industrial developments as well. Not

only do these investments create much-needed assessment growth for the city, but they also create jobs during the development and in the long-term as our communities grow and choose Ontario to do business.

Your governments have stepped in financially to bring transformational investments to this province. Now it's time to make sure we have the land and servicing available for a strong and robust supply chain.

As I conclude, a very big thank you to MPP Rae and his team for keeping Stratford and the Perth–Wellington riding top of mind at Queen's Park.

As an economic engine within rural southwestern Ontario, we know that rising tides lift all boats, and as we have success, so too shall our neighbours and the entirety of the province of Ontario. It will be our privilege to work with you and your governments to ensure long-term sustainable growth and prosperity province-wide. Thank you for the opportunity.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

Before we go further, we do have two people at the table for one of the delegations, and we made unanimous consent to approve that as they're both in person. Do we have unanimous consent? Okay.

Our next presenter will be the Ontario Public School Boards' Association.

**Ms. Kathleen Woodcock:** Good morning, everyone. I'm Kathleen Woodcock, president of the Ontario Public School Boards' Association, also known as OPSBA. In addition, I continue to have the very distinct privilege of serving as a trustee with the Waterloo Region District School Board for the last 20 years.

At this point, I'd like to acknowledge and give a shout-out to former trustee and OPSBA president Catherine Fife and also former trustee Patrice Barnes. It's so nice to see you.

It's an honour to speak to you today on behalf of OPSBA, whose member boards represent nearly 1.4 million students, almost 70% of Ontario's kindergarten to grade 12 student population. Our membership includes all 31 English public school boards and 10 school authorities.

Our priorities are student success, equity and well-being; local school board governance; truth and reconciliation; and fostering effective relationships through sustainable resourcing. We made a submission to the Ministry of Education last month as part of the annual core education funding consultation. Our written submission, entitled Healthy Schools, Thriving Communities, provides specific recommendations to support our priorities. It was shared with all parties in the Legislature and will be shared with this committee.

**1100**

As I'm sure you're all aware, education continues to be the second-largest funding line in Ontario's budget. While the overall funding for education has increased, funding for K-12 education on a per-pupil basis has not kept pace with inflation, and is down nearly \$800 per pupil since 2018. This is the lowest level of per-pupil funding in more than 10 years, and has led to a significant funding gap of

nearly \$1.1 billion. School boards rely almost solely on the provincial government for funding, and when that funding does not keep pace with inflation, the impact is felt directly in the classroom. Catching up to inflationary increases shouldn't be seen as a luxury; it's the bare minimum.

Beyond that, we need funding that reflects the real growing needs of our students and communities. For instance, we are asking for funding to fully cover the employer costs of federal increases to the Canada Pension Plan and employment insurance statutory contributions.

School boards, like all Ontarians, are feeling the pinch of rising costs, and never more so than with food and other household staples. We applaud the provincial government for recently coming to an agreement with the federal government on funding for the national school food program. I was thrilled to be there for the Ontario announcement, alongside Ministers Dunlop and Parsa.

This program will make a transformative difference by breaking down barriers to learning, ensuring every student has access to the nutritious food that they need to focus and reach their full potential. We will continue to focus on assisting the provincial and federal governments in tackling this problem in any way we can. This includes our collaborative advocacy with our national organization, the Canadian School Boards Association, and as an endorser of the Coalition for Healthy School Food.

Finally, I want to emphasize the importance of supporting local, democratically elected school board trustees, as well as the other trustees who are appointed in Ontario's education system. These include our Indigenous trustees and our trustees who serve at school authorities—very important local voices. As someone elected to be the bridge between my community and our public education system, I believe these local voices matter. Trustees across Ontario know our communities, schools and students. We are committed to improving our education system.

I want to emphasize that investing in education is not just an expense, it's an investment in Ontario's future, and the return on that investment is significant: a more skilled workforce, a stronger economy and more cohesive communities. Underfunding public education is a short-sighted approach that will have long-term consequences for our economy and our society. If we want a skilled workforce, strong communities and a competitive province, we need to invest in education now.

The government has the opportunity and the responsibility to ensure our public education system has the funding it needs to meet today's demands and tomorrow's challenges. Let's rise to the occasion together and give our students, teachers and schools the support they deserve.

Thank you for the opportunity to address this committee today. I look forward to answering any questions that you may have.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

Our next presenter is Ontario Pork.

**Ms. Tara Terpstra:** Good morning, Chair Hardeman and committee members. My name is Tara Terpstra. I'm a pork producer in Huron county and Ontario Pork's board

chair. With me here today is Tanya Terpstra; she is also a pork producer from Perth county.

I would like to thank the standing committee for the invitation to appear to speak before you on two key issues of importance to Ontario's pork sector: the urgent need for increased funding of \$100 million to the Risk Management Program, and growth opportunities and processing capacity right here in Ontario.

Ontario's pork sector represents a significant share of Canada's agriculture and food sector. In 2023, we had more than 1,900 pork farms that marketed 5.8 million hogs for the year. The farm-to-fork economic impact included \$1.34 billion in GDP, \$3.5 billion in economic output and we had more than 18,000 full-time equivalent jobs.

Ontario pork producers are among the leaders in animal care, food safety, quality and traceability, and we are grateful for the government's ongoing support for the pork industry here in Ontario.

I will begin by discussing the Risk Management Program. The Risk Management Program—or as we call it, RMP—is a cost-shared insurance program designed to help stabilize the livestock, grains and horticulture sectors by providing partial financial protection for Ontario farmers against market volatility and production risks. RMP does fill a critical gap for agricultural commodities in Ontario that are not protected by the supply management system. Ensuring this program is adequately funded will help farmers to better manage risks and allow them to focus on investing in greater innovation, farm job creation, new market growth opportunities and providing high-quality food for the people of Ontario.

An analysis of Ontario's pork sector from 2010 to 2023 does show that while pork production can be profitable, it is also very volatile. Producers remain price-takers in a market-shaped world by factors that are beyond their control. Rising input costs, lower returns and funding discrepancies compared to other jurisdictions constrain our ability here in Ontario to maintain stable operations.

Our expenses have increased by 72%, from about \$149 per hog in 2010 to now \$258 per hog in 2023. Ontario RMP payments represent 1% to 2% of the market hog revenue in the last five years, whereas our Quebec producers have their income stabilization and insurance program—also known as ASRA—payments for up to 18% of the market hog revenue. In the United States, the market hog facilitation program payments represented 8% of the hog revenue back in 2019. So in the past five years, costs per pig on my farm have increased by approximately \$60 per head, substantially impacting profits, hindering my plans to grow my farm operation and to introduce new technologies to remain competitive in this marketplace.

Increasing funding for the Risk Management Program by \$100 million will help ensure the future of Ontario's next generation of pork farmers. This enhanced support stabilizes their operations, safeguards essential inputs and positions them to capitalize on emerging market opportunities both locally and abroad. So any program increase provided by the province will be matched at the current

cost-share value by Ontario farmers, who already contribute 35% of the cost through annual insurance premiums.

Now I will discuss processing capacity growth opportunities here in Ontario. Ontario's pork industry continues to be impacted by a shortage of hog processing capacity here at home. The current capacity is greatly falling short of the needs of the province's pork farms, of which over 98% are family-owned and -operated farms. Since 1999, the pork sector has lost 54% of its abattoirs and the 2023 closure of Quebec's Olymel plant has further reduced options for Ontario pork producers.

Ontario produces 115,000 market hogs weekly, but we are forced to export 4,000 to Manitoba and 23,000 to the US for processing, along with 16,000 feeder and early weaned pigs per week that cross the US border. Shipping pigs out of province adds \$25 per hog in transportation costs, which is a burden absorbed entirely by Ontario farmers. The United States also represents 59% of our provincial exports, further exposing the pork sector to trade tariffs.

A new processing plant, or an expansion of an existing plant here in Ontario, would result in increased jobs and economic activity in the province as market hogs would be kept here at home in Ontario for processing. The additional capacity would also help support the pork sector growth and would assist in reducing potential risks regarding the US and Canadian border.

**The Chair (Mr. Ernie Hardeman):** One minute.

1110

**Ms. Tara Terpstra:** Pork producers are actively shaping their future by investing in these projects to expand processing capacity here at home and in building a new plant. While infrastructure projects are always costly and complex, these efforts demonstrate our commitment to driving innovation, long-term growth and job creation in the agri-food sector. In alignment with the Grow Ontario Strategy, provincial government support would greatly enhance these efforts and help overcome the inherent risks of infrastructure development.

We appreciate your consideration of our budget requests and would be pleased to provide you with information if required.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

We'll now start our first round of questioning with the government side. MPP Rae.

**Mr. Matthew Rae:** Thank you to all of our presenters for presenting today. I was glad to see the committee come. It was just for you, Kathleen—I know you're close, too, just down the road. But it's great to see everyone here today.

I know some of my colleagues have some questions for the presenters as well, but my question is to Ontario Pork—either of the sisters; you can figure out which one wants to answer. I was just wondering if you could build a little bit on knowing that—for those who may not be aware, Perth county, in particular, is known as the pork capital of Ontario and, I would argue, probably the country at this point, and Huron county, Wellington county and

Oxford have many, many pork producers as well. Around the processing capacity, what, in particular, do you think would be helpful from a provincial government standpoint on getting some of those—whether it's new or expanded processing facilities—off the ground?

I know today everyone's watching what's happening in Ottawa, but everyone is normally watching what's happening south of the border, with the incoming presidency and the tariffs, obviously. There's lots of concern in our manufacturing sector and auto, but also in agriculture, around that. Pork is, as you know very well, an internationally exported market, and so concerns around that. Obviously, it's important to have processing at home, but now even more, I would argue, potentially with the trade war coming with our biggest trading partner.

What is the one thing you're seeing—is it start-up capital; is it regulations—for my colleagues, that would help pork producers, in particular, to get those abattoirs expanded or off the ground?

**Ms. Tara Terpstra:** Probably more the infrastructure, so when it comes to getting hydro and energy resources, as well as the one that has broken ground in Arthur; currently, they are having some issues with getting some infrastructure costs and getting help with that. Also, when it comes to their waste management, so their treatment—right now, they're actually trucking their waste into the city of London, so to be able to have that right in the heart of Arthur. I would say more infrastructure costs.

I don't know if you'd like to add anything to that?

**The Chair (Mr. Ernie Hardeman):** Please introduce yourself.

**Ms. Tanya Terpstra:** Tanya Terpstra from Perth county.

Yes, I would echo that very much, that the infrastructure cost is probably the biggest burden right now for producers.

**Mr. Matthew Rae:** Thank you. Chair. I defer my remaining time to MPP Saunderson.

**The Chair (Mr. Ernie Hardeman):** MPP Saunderson.

**Mr. Brian Saunderson:** Mr. Chair, how much time do I have?

**The Chair (Mr. Ernie Hardeman):** You have 4:52.

**Mr. Brian Saunderson:** I want to thank all of our presenters this morning. I drove 2.5 hours in the fog, and since arriving, I'm getting great clarity on things that we need to address in the upcoming budget, so I want to thank everyone for their input on that.

As the parliamentary assistant to the Minister of Economic Development, Job Creation and Trade, I'd like to direct my questions to you, Joani—hopefully your voice will hold out—for investStratford. I appreciate all the work you do. In my community—one of my communities, in Collingwood—we also have the economic development centre, and I know what a critical role it plays for entrepreneurship, whether it be growing an existing business or assisting a start-up business in getting going. I appreciated your comments.

I'm wondering if you can you talk about—it's been a big focus of this government since 2018. I think we've passed two pieces of legislation per year to try and reduce

red tape and costs and hurdles for businesses to getting established or growing. I'm wondering if you can comment on what you've seen in your community as a result of those efforts, and if you had any suggestions moving forward about areas we could be targeting?

**Ms. Joani Gerber:** Thank you very much for your question. Nice to see you again. Welcome back to Stratford.

To your comment about the importance of small business enterprise centres, not only are they able to help translate, if you will, those legislative changes—because very smart government people make very smart government decisions, which often aren't easily translated to the individual running the retail store or the restaurant. The small business enterprise centres are definitely able to stand in the middle, between those two and help to really impact, on the ground and on the storefront, those changes.

The big piece with a lot of what our businesses are seeing—and building a little bit on the previous panel—much of the resources that are required to be done online become very prohibitive to individuals who don't have online access or who struggle to have it, whether that's access to registering their business, getting their business licences etc. So there's another reason why the SBECs, or small business enterprise centres, tend to be so impactful. The library is also a great resource for having access to the Internet.

The more things are done online, the more efficient it certainly seems, but it doesn't always allow for those who have some obstacles or barriers to participate, so your SBECs are having a really important impact there.

The other thing that I will focus on a little bit is the succession planning, and not necessarily the traditional red tape around zoning and building by-laws etc., but how our companies are facilitating that succession—whether it's from family to family or through the sale of a business—and really helping to understand some of the tax and the legislation, certainly around the provincial components of that, would be exceptionally useful.

We're seeing a lot of companies that want to sell their business, don't want to just simply close it, so creating some specific resources to be able to help those individuals navigate that experience would be exceptionally useful.

Certainly, they can reach out to their accountants or their lawyers, and all of those resources exist, but if there is some opportunity for the province to participate in some of that efficiency to make sure that those businesses continue to be successful long into the future and under new ownership whether, again, that be family or otherwise.

**Mr. Brian Saunderson:** I appreciate that answer, and I think you very politely talked about the role that you play in deciphering somewhat undecipherable decisions made by bureaucrats and government, to make sure that it impacts the right people on the ground, so thank you for your role in doing that.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Brian Saunderson:** I know when you talk about the Internet and Internet access, high-speed Internet access has been a huge priority for this government, moving



forward, in collaboration with the federal government. Programs like Digital Main Street, I know, during the pandemic had a huge impact for retailers in my region. I'm wondering if you could speak about those efforts to get people connected, and also pivoting to online presence, how you've seen that impact your area.

**Ms. Joani Gerber:** Yes, it's significant. Certainly, through the pandemic, I will applaud the SBEC team at the Queen's Park level because we were able to transition funding away from a traditional starter company and into directly providing resources for companies to move online, and they were able to provide that almost in a heartbeat, which was amazing. Not to suggest government doesn't move fast, but it was really fast.

In general, I think that idea is where getting online is the first step, staying online and maintaining a good presence is the second step. Digital Main Street is phenomenal. It's sort of Digital Main Street 2.0—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. You'll have to fill that out in the next round.

We now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thank you to all presenters. It's a good opportunity for us to learn.

Kathleen, I'm going to start with the Ontario Public School Boards' Association. You referenced some of the numbers in your opening remarks: Since around 2018, school board funding has dropped a stunning \$800 on average per student, when adjusted for inflation. That's a pretty significant deficit per student, and I wanted to give you an opportunity to tell us how boards are actually addressing it on the ground.

I will also reference that the Financial Accountability Officer just last week identified \$123 million that did not flow to boards, even though it was a voted item and budgeted for. So the need for consistent funding and the need to address that deficit, if you would, please.

**Ms. Kathleen Woodcock:** Well, the need is getting to the critical stage. Thank you for the question, by the way. School boards and trustees have been having to make some difficult decisions all along, as this trend has started to develop, especially after the pandemic. We've had to make some difficult decisions about where we can trim the fat, if we have any, which we don't—we're into the lean now—where we can make cuts and make them as far away from the classroom as we possibly can. But if the trend of this underfunding continues and doesn't increase to match our costs, our students are going to ultimately feel it. They will see it in fewer supports and services, and if this trend does keep up, school boards are going to have no choice but to make more cuts. It could be reflected in, for example, longer bus trips, if we have to make some cuts to transportation policies; fewer musical instruments or sports gear for extracurriculars; less money for school repairs and maintenance of our buildings and facilities; perhaps lack of playgrounds; or fewer staff to support students who need extra help, either academically or emotionally and for their mental health.

1120

**Ms. Catherine Fife:** The Canadian association of mental health was here before you, and they've actually presented almost at every meeting that we've had. That crisis is real. Certainly, it was compounded by the pandemic as well.

The other issue you had touched on in your comments is around food and nutrition programs. I know that in Waterloo region—I'm not sure if it's the same in this area—one in four clients, if you will, of the food bank is a child. Then, we also have Food4Kids. So it seems like the school system is coalescing around basically trying to ensure that children have enough nutrition.

Can you talk a little bit about that impact on the classroom teacher, on the school boards and—let's be honest—on academics as well? Because hungry children cannot learn.

**Ms. Kathleen Woodcock:** You nailed it. Hungry kids can't learn. They are concentrating on just trying to avoid the growling tummies and the feelings of the apathy and lack of energy that arise from not having enough to eat.

When hungry kids arrive at a school, then teachers can see that. They help as much as they can with the local programs that we currently have—Nutrition for Learning, Food4Kids—in Waterloo region. Those are great programs, but they are under strain for (a) continuing to have proper sponsors to purchase the food as well as (b) volunteers. It's really hard lately to get volunteers to do these school programs.

When a child comes to school hungry, teachers see that. They need extra support. Teachers have their own little secret basket in their classroom. There's stigma attached to arriving at school and you're hungry, and everybody else is having lunch, but you don't want to really go into that.

**Ms. Catherine Fife:** This was why we're supposed to have a universal nutrition program. That's supposed to level the playing field for all of these kids and normalize food in the school system. It's early days. It took us a little while to get that federal deal, and then, you know, we'll see how it plays out in Ontario schools. But I am hopeful just as you are. Something has to give, right?

**Ms. Kathleen Woodcock:** Right.

**Ms. Catherine Fife:** Joani, I'm going to move on to you. Thank you very much for your comments. As you know, Waterloo region also has a very strong ecosystem for entrepreneurial and small businesses.

I think that you've made the case for renewing this five-year contract, providing some stability, especially around some of the economic destabilization that we're seeing, the crossover from the United States around tariffs. I know the agricultural sector is also feeling this as well.

I wanted to talk to you about the importance of social infrastructure for investments because businesses have told us—we were up north a couple of weeks ago—to get people to come into your community, to get companies to invest, they want to see that social infrastructure, like strong schools and strong hospitals, good infrastructure and connectivity.

Could you talk about why those investments also have to be there? Because no one's going to move to a community where the emergency room is closed, right? Go ahead.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Joani Gerber:** Thank you for that question. We talk about quality of place, and the way the province of Ontario is set up is, I can't say, "You can have a property for 50 cents, but you have to pay 35 cents." It's bonusing, and there's lots of rules around that. There's a municipal jail—I'm not sure where it is.

Where we focus—and you're right; the Waterloo region has done an excellent job as well—is quality of place. What do those employees do after 5 o'clock or after 11 p.m. when their shifts are over? What type of cultural and sport-type recreational facilities and opportunities exist? I absolutely agree with you that access to good schools—critically important; health care—critically important. Later, you'll hear from Andrew Williams from Huron Perth Healthcare Alliance. We work very closely with that group when we are talking to new companies looking to invest in Stratford to talk about the resources that are available locally, and of course just a little bit down the road, London and Kitchener-Waterloo having exceptional cancer programs and heart and health programs. So—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. I hate to cut the same person off every time.

We'll now go to the government. MPP Barnes.

**Ms. Patrice Barnes:** I'll give the chance for you to finish off what you were saying. I feel bad; you've been cut twice.

**Ms. Joani Gerber:** That's okay. My husband says I'm like 700 words gusting to 1,000. So it's fine.

Just to very quickly finish that up: A company looking to invest in Stratford is doing so because it's for the long-term. That is really what we're talking about when we're thinking about investment attraction. Not to bridge over to the importance of industrial land, but 75% of the companies that are currently in our new business park, which is now sold out, are homegrown. They outgrew their existing footprint, they needed more space, and had Stratford not had that land available to them, they may have gone somewhere else or they may have not grown at all. So we know that when we have the right community and the right quality of place, including social infrastructure, to encourage investment, those companies stay for a long time.

Aisin is a good example: They're a Japanese company and they're twinning their plant. It will be open next year. They're not here because it's a fly-by-night. So thank you for that question.

**Ms. Patrice Barnes:** A further question is for Kathleen—it is always a pleasure to see you. I know we talk about some of the investment that the government has done. Apart from the base funding for the Grants for Student Needs, there's investments that have been done in different things. There's been a number of schools that have been announced in the last couple of years in regard to new capital bills that are very impactful. We have seen an

investment in stuff around education like Black and Indigenous grad coaches. We have seen additional supports like you've talked about around the food and nutrition program.

So I just want to talk a little bit about some of the impact that you've seen in regard to some of those investments. What is the value of those investments that you've seen in other school boards?

**Ms. Kathleen Woodcock:** Thank you for the question. Those investments are targeted and they're very effective in our schools and in all the boards for our students. They're helpful for our teachers for the whole system—the ones that you've mentioned. Of course, as with any investment, when they're targeted, that's great for that targeted area. We could use more investment in special education, that kind of thing. For example, investing in transportation helps reduce that budget line and make it so that we can actually meet our costs. But we can't take that money from transportation if we meet our costs and transfer it to somewhere else that we really need it, like special education or mental health supports.

While the investments that the government has made have had a positive impact—we can always use more; it is a pre-budget consultation. We can always use more, but we would like to level the playing field, if you will, in more areas than specific targeted areas. We are appreciative of the investments that the government has made.

With the capital investments, if I may, we would really appreciate if the pupil accommodation review freeze could be lifted or certainly talked about so that we can come up with a solution to some of the capital issues that are arising in some of the boards, especially in the north. In our smaller communities, it's very important that we have a conversation about how we can help our boards in our remote and rural and northern areas to have facilities that are perhaps more modern, more efficient, more all that, but not overstep the impact that closing a school might have on a certain community.

**1130**

It's critical that we be aware of what that looks like in our remote areas, just as much as in urban or suburban areas. It's an emotional process, a pupil accommodation review, and it is really important that boards pay attention to the community and help the community understand the need for a certain move on the board's part.

**Ms. Patrice Barnes:** In following up with that, would it make sense for the government, if they're looking at the pupil accommodation, to divide rural from urban? What do you think the benefit of that would be, and the impact?

**Ms. Kathleen Woodcock:** Having not really talked about it yet, we would really like the opportunity to suss out the nuances between the impact on a rural school board as opposed to urban. A lot of the schools that some of our urban centres are dealing with—a lot of our schools across the province are not young anymore. They have been there in the community for a long time, they're a treasure in the community, but as with changing times and changing demographics in neighbourhoods, we need to shift. Our population is very mobile; our facilities are static.

Once you build a school and a neighbourhood, it's there. Refining that process is going to be different in a remote, rural area than it is in an urban area, whereas in remote areas, schools are often used for other community uses. Sometimes the school is the centre of all the community activity in a small community. We have to be aware of all that and I think the government needs to have that conversation with school boards and with OPSBA, and we can nuance how we are going to approach lifting that freeze. We are ready for the conversation.

**Ms. Patrice Barnes:** How much time, Chair?

**The Chair (Mr. Ernie Hardeman):** It's 0.27.

**Ms. Patrice Barnes:** Thank you very much for your presentation.

**The Chair (Mr. Ernie Hardeman):** Now we will go to the official opposition. MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to all our presenters. I'd like to begin with investStratford, Joani. I just want to thank you for all the work that you and your organization do to help people realize their dreams, as well as your work building the community for the future. Economic development is everything, and everything is economic development, wouldn't you say?

I want to thank you for your comments about succession planning. The CFIB, I'm sure you are well aware, estimates that over three quarters of small businesses will be sold within the next 10 years. While we're very glad for the federal changes allowing for employee ownership, many people don't know about this, it's important that small business owners are made aware.

I wanted to know, would you like to see the provincial government take a more active role in promoting employee ownership as a viable opportunity?

**Ms. Joani Gerber:** Thank you for your question, and I appreciate the opportunity to speak to that. Specifically, I think where succession planning and ownership is concerned, there has got to be flexibility. If there's an opportunity to make it easier or better, whether that's an employee owner or a new family member coming into the business that doesn't negatively impact them in the long-term, or they're thinking about their own family situations, whether that's dividend and bringing younger children—that are allowed to work, obviously—into the company, I'm all for it. At this point, I think with the amount of succession planning, or succession that is coming our way—and not just in our small businesses, but also in our farms and in our agriculture—if we're not setting this situation up so that young people see entrepreneurship as a dream or as a goal, we're in big trouble.

The Summer Company program—again, it's open; if you have young people who would like to start a job or start a business this summer, please encourage them to—is another really good example of that, and it's been around for the last 30, 40 years. Young people can start a business with support from the government and our centres over the course of the summer—try it out; see if you like it. Many do; some don't, and that's okay too, because I'd rather see them find something else to do than

put a whole lot of money into something that's not going to work for them.

The beauty of various styles of ownership, as well, is that you maintain the historical knowledge and the legacy value of that business. There are a lot of good, smart people who will say your employees aren't your family and there's a good reason for that because you can't fire them; I would argue maybe you could if you tried hard enough. But nonetheless, those employees tend to know more about that business and can carry it forward in a way that creates continuity, which I think we sometimes forget. Often there are people who have been there for a very long time. From my perspective, I wouldn't get too fussed on the how; let's just get it done.

**Mr. Terence Kernaghan:** Understood. It was unfortunate: The official opposition brought forward legislation to create some provincial stability and some support for this, allowing to keep that continuity, to keep that legacy alive. It's unfortunate that despite it being endorsed by the Ontario Chamber of Commerce, it was voted down. But let's hope they implement it with their name. I just want to thank you for all that you do.

Next, I'd like to turn over to Ontario Pork, to Tara and Tanya. I think pork producers are so incredibly important to southwestern Ontario. It's a really important statistic that you shared, that 98% of farms are family-owned. Would you like to speak to the urgency for the requested increase to the risk management funding?

**Ms. Tara Terpstra:** With the risk management fund: There are so many things that we can control on-farm. I would say over the past few years, especially the last five since COVID, with supply chain challenges and rising input costs, inflationary costs, it has become that much more difficult to be able to keep our costs down. I would say in Canada, Ontario is one of the cheapest places to raise a hog, so I would say the producers here—we're leading in the way of keeping our COP down.

But, yes, when it comes to the RMP program: As I said, we do input 35%; we do pay our premiums into the program. To give an example—I always like to refer to my own operations—I'm actually paying in about \$3 per market hog into the program. Then, based on a volatile year, I might receive \$550 back. So if I do that by the number of hogs that I actually market in my operation, it might pay for maybe my hydro and my propane for one month out of the year. So in a volatile year where there are things outside of my control, it really doesn't support me, because the program has been so underfunded.

Back in probably 2010, it made sense. It was something that I could use to mitigate the risk that I had on-farm. But now, the program has been so underfunded over the last few years, and we've seen the volatility in markets—probably in the last 10—that it's just become a program that really needs a little added funding to it, to just make it more of a tool in my tool box, should I require it or need it.

**Mr. Terence Kernaghan:** What could potentially happen to the pork industry if the government chooses not to make this investment in the agricultural community in Ontario?

**Ms. Tara Terpstra:** Are you referring to the processing capacity or the RMP program?

**Mr. Terence Kernaghan:** RMP.

**Ms. Tara Terpstra:** Well, because it's already an underfunded program, I think we've always tried to mitigate that risk and try to find where we can save some—any—money here. Whether we're feeding different feed ingredients, we're always trying to manage that risk because we're trying to manage our bottom line.

Without that addition, it's a program that's just not working for us. I think for some producers, especially those that have higher risks—that are shipping into the US and have more costs—I would hate to say that we might lose those producers in Ontario.

**Mr. Terence Kernaghan:** Understood. And what could potentially happen if there isn't the investment in more abattoirs?

**Ms. Tara Terpstra:** So what's happening right now is that there are two initiatives going on in Ontario. There's one where we have a producer—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Tara Terpstra:** They're building a new federal plant in the Arthur area. Then we also have an existing plant just outside of the Waterloo region that wants to increase processing capacity. So you have producers that are now coming up a level, where they're not just the primary; they're actually going to be further into the food chain.

It's one of those things where if we can keep those market hogs home—I would hate to see 25% tariffs on our hogs going out of the country because I think we would actually lose pork producers, because they just won't have sustainable businesses.

**Mr. Terence Kernaghan:** Thank you.

Do I have time?

**The Chair (Mr. Ernie Hardeman):** Two point three.

**Mr. Terence Kernaghan:** Sorry, Kathleen. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for that question. It also concludes the time for this panel.

Again, I want to thank you for taking the time to be here and so ably presenting your case to the committee, and also for the time you took to prepare to make that presentation. Thank you very much. I'm sure it will be helpful.

With that, that concludes our work until lunch. We now stand in recess until 1 o'clock.

*The committee recessed from 1141 to 1300.*

HEALTHY KIDS URGENT CLINIC  
MAPLETON CHAMBER OF COMMERCE  
ST. MARY'S GENERAL HOSPITAL AND  
GRAND RIVER HOSPITAL

**The Chair (Mr. Ernie Hardeman):** I call the committee back to order. Good afternoon, everyone. We will resume public hearings on pre-budget consultation 2025.

I just want to point out it seems kind of a shame we have to sit there watching the minutes disappear so we can get started, and then, when we start, I'm going to cut you off mid-sentence because your time is up. But anyway, we do thank you for coming.

Our first panel this afternoon is Healthy Kids Urgent Clinic, Mapleton Chamber of Commerce and St. Mary's General Hospital and Grand River Hospital. You will have seven minutes to make your presentation. At the end of six minutes, I will say, "One minute." And at the end of seven minutes, I will say, "Thank you."

With that, we also ask, as you start your presentation, that you give Hansard your name to make sure that we can attribute the comments to the right person.

With that, we will start with the healthy kids clinic. The floor is yours.

**Mr. Kevin Zizzo:** Good afternoon to the Chair and the members of the committee. My name is Kevin Zizzo, and I'm the managing director and lead nurse practitioner at two specialty pediatric clinics in London, Ontario, called the Healthy Kids Urgent Clinic and My Kid's Tummy. I'm a pediatric nurse practitioner with additional training in anaesthesia care, and I bring over 17 years of experience in health care, including 12 years as a pediatric nurse practitioner.

Today, I'm representing the healthy kids clinic and my fellow nurse practitioners to advocate for investments in specialty NP services to enhance health care access for all Ontarians. NPs in Ontario work in almost every medical specialty, with 40% working in primary care and the remaining 60% working in some type of specialty area. We know that limited access to specialty care exacerbates the already high demand for primary care, placing additional pressure on family physicians, nurse practitioners and emergency departments. With 5,464 current nurse practitioners in Ontario, they represent an untapped resource for providing specialty services, underscoring the need for comprehensive funding models to support their practice and improve patient access to care.

The healthy kids clinic is a private specialized clinic focused on delivering high-quality pediatric care through a combination of virtual and in-person visits. Operating part-time, we address a significant gap in the health care system by providing specialized care for children with episodic illnesses and urgent issues, and specialty primary care services such as Well Baby visits and developmental assessments. We support new immigrants and those struggling to find primary care providers or pediatricians. We often see families who are dissatisfied with their prior care or have been misdiagnosed or mismanaged. Many of our families we serve have already sought care from multiple providers, often seeing two or three before turning to our clinic for the solutions they need. These families come to us looking for expertise and answers they haven't been able to find elsewhere, highlighting the critical gaps in access to specialty pediatric care.

Nurse practitioners are trained to deliver health care with a patient-centred and collaborative approach. At this clinic, we adopt a systems-based strategy to team-based

care. We act as care coordinators, connecting patients to the appropriate resources and specialists they need. By leveraging technology such as e-consults, referrals and direct communications with pediatricians, specialists and allied health professionals, we ensure that patients receive seamless, comprehensive care tailored to their unique needs. Despite being a part-time clinic, we serve hundreds of children annually—children who would otherwise turn to emergency departments, walk-in clinics or have their issues unaddressed. Our reputation has earned us a 4.7-star Google review, and our work has been featured by CBC Radio and with a CBC News London article.

While our clinic delivers specialized services that are medically necessary, they are not covered by OHIP because they're provided by a nurse practitioner. This lack of coverage creates barriers for patients who require these essential services. They end up paying out of pocket. Nevertheless, we firmly believe that health care is a basic human right, and we do not turn people away who are in need. As a result, we will often see some of these patients completely for free.

The challenges faced by our clinic are not unique. Across Ontario, nurse practitioners are stepping into specialized areas of practice such as migraine management, geriatrics, women's health, mental health, chronic disease management and more. Yet the lack of funding models for these services limits access to care, particularly for vulnerable populations, and forces NPs to charge for their services.

To address these gaps and maximize the contributions of nurse practitioners, we propose a comprehensive plan to address NP funding across Ontario. NPs' practice is extremely diverse and, to support this diversity, NPs require multiple flexible funding models that align with the wide range of areas in which they practise and work.

In addition to solutions for primary care and the need for direct and protected funding for NP positions in organizations such as hospitals, NPs also require two additional mechanisms to support their practice, especially for those working in highly specialized areas [*inaudible*] and establish a schedule of benefits for insured NP services. This will create a foundational remuneration mechanism to deliver medically necessary care provided by NPs. A schedule of benefits for insured NP services will ensure universal access to NP care in keeping with the spirit of the Canada Health Act.

This will immediately provide a solution to NPs so they no longer have to charge patients directly for medically necessary care. It will remove compensation barriers, enabling NPs to fully participate in team-based care, and it will provide flexibility for NPs to work in diverse settings from primary care to subspecialties. Although many NPs will opt for alternative funding models, NPs need to retain access to foundational systems that ensure support when other models do not align with their practice areas.

Second, we need to develop funding models specifically for NP specialty clinics. Nurse practitioners require a streamlined process to establish publicly funded clinics

that align with their specialized area of practice. This could be achieved through focused practice agreements or alternative funding mechanisms that enable NPs to provide care within their expertise. These mechanisms should offer clear, accessible pathways for NPs to develop sustainable clinics that address critical gaps in specialized care. They need to recognize and support the unique contributions of NPs in specialty practice areas, and they need to facilitate collaboration with other health care providers and institutions to ensure a patient-centred approach to care.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Kevin Zizzo:** The healthy kids clinic is just one example of the transformative potential of nurse practitioner care. However, to fully realize this potential, we need a comprehensive plan that prioritizes investments in our underutilized, highly trained nurse practitioners. Nurse practitioners are one of the fastest growing health care professions and they are ready and able and willing to meet the evolving needs of Ontarians.

To move forward, the government needs to actively engage our professional organization, the Nurse Practitioners' Association of Ontario, to initiate meaningful conversations that are going to lead to tangible, actionable outcomes. This engagement is essential to ensure the full scope of NP practice is leveraged to enhance health care delivery across the province. I urge this committee to invest in equitable funding models for nurse practitioners to ensure that every Ontarian has access to the high-quality, specialized care they deserve.

Thank you for your time and consideration. I'm happy to take any questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

Our next presenter is Mapleton Chamber of Commerce.

**Mr. John Zwart:** My name is John Zwart. My objective today is to offer some perspective into the needs that I see in rural, small-town Ontario regarding housing.

Back in October 2022, when the government announced the goal of one and a half million new homes by 2031 and then again, six months later, when funding of \$1.825 billion was marked for the expansion of housing infrastructure, I thought: Wow, this is exactly what is needed. So I was supportive of these initiatives. But even then, this support came with a cautionary sense of foreboding—a caveat, if you will—which has only become more clear to me in the intervening time. Yes, we need to stay focused on building more homes faster, but to do that well, we really need to address the systemic issues that stand in the way of that goal.

Think about this: Since those announcements, residential site plan applications across the province have actually gone down instead of going up. They've tanked, in fact, from approximately 1,100 in 2022 to just over 500 a year later. Now, as we approach the end of 2024, we see that building permit applications have decreased as well by an average of 40% across the province. This is a huge problem. We need more housing, not less, and yet less housing is being generated. The tangible effect of this

situation is not only that house prices remain too high or that the percentage of household income going towards shelter is creating economic hardship for people, it's also, more importantly perhaps, that increasing numbers of people are living on the edge with an extremely high degree of stress because their living arrangements are so very insecure.

I have a 24-year-old daughter who graduated with honours from Trent University last year. She is smart, hard-working, committed to excellence in her field, and she lives at home with mom and dad because she's unable to afford living on her own. She's not complaining, really, and I'm not either—she's one of the lucky ones—but there are thousands of others like her who may not be in a good situation, who really need housing stability in order to move forward in other areas of their lives.

### 1310

I also regularly meet people who are stressed by the prospect of defaulting on their mortgages, if only because they have no margin for error for emergencies. They live paycheque to paycheque, and some can only manage to make ends meet by renting out rooms to boarders. There are still others who are homeless, who are living in tent encampments across the province, including in small towns, in large part because housing is so expensive. They can't even begin to imagine how they could afford what should be a basic human right.

I recently spoke with a mother of two young children who works as a supply teacher, travelling every day up to 60 kilometres in various directions to schools across two counties. She's a hard worker and is doing what it takes to support her family, so kudos to her. But when I first met her, she had just received notification that her rent was going to increase from \$2,200 to \$2,400 per month. That's an extra \$2,400 per year. At \$2,400 per month, she's spending almost \$30,000—\$28,800 annually—for a 700-square-foot apartment. With that kind of an outlay, it's pretty hard for her to save for a down payment on a home.

So she came to me looking for options. Would she be able to afford a tiny home, she asked. And if she were to do that, where would she put it? What about financing? What kind of a mortgage would she qualify for? We explored everything from buying a building lot to renting land from a friend or a family member to moving into a trailer park. She really wants to own her own home and is particularly enamoured by the idea of a tiny home, thinking that somehow that's going to be more affordable. But you know, at the end of the day, no matter how you cut it, a new tiny home at 700 square feet—so, the same size as her apartment—if it's built to the Ontario building code standards, is still going to be around \$400,000, assuming that she can get land at a reasonable price. That's a lot of money for anyone, let alone someone who has a single income.

What I did not tell her was that a third of that cost, so around \$130,000, was going to be some form of government taxes or fees. It's this ever-increasing government burden that I would have you consider.

It's great that government is doing some things to streamline the approval process for new homes and you're putting money toward infrastructure. That's really appreciated. It's important. But please bear in mind that there's still a lot more work to do in these areas. You're just getting started if you're going to seriously tackle the efficiency implications of our current regulatory environment around zoning, building codes, funding for municipalities, approvals for development etc. Quite frankly, the system right now is unwieldy and cumbersome, and that needs to change. Ontario, through successive governments, has built this massive bureaucracy of legislation and regulation that has become so burdensome that it's now paralyzing to builders, developers and buyers alike.

To put that in context, let me end with this story: A friend shared recently that his daughter and her family moved from Ontario to a small city in the southern US, in Alabama. They bought a one-acre building lot there for \$25,000. Then they drew up some architectural plans, filled out the application for a building permit, sent it into the city with the requisite fee and waited. But here's the thing: They only had to wait one day—24 hours—and the fee for the permit was only \$279 and no development charges. Now, I know that we're talking in US dollars here, so maybe it's C\$400 or C\$390, but it's nowhere near the \$30,000 to \$60,000 that it would cost to do the same thing here, and that's just the building permit with development charges. Add to that HST as well as the cost of having to wait on this or that agency or department for approvals.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. John Zwart:** Add to that locational factors that often presuppose costs for archaeological or environmental studies etc. When layered together, one on top of the other on top of the other on top of the other and so on, the regulations we have around housing and residential development here in Ontario have become way too burdensome, and that burden has led to the crisis we're in today. So please think about that and try to get some semblance of practical efficiency back into the system for building houses.

**The Chair (Mr. Ernie Hardeman):** We'll now go to St. Mary's General Hospital and Grand River Hospital. The floor is yours.

**Ms. Sarah Farwell:** Good afternoon, Chair, committee members, dignitaries and guests. My name is Sarah Farwell, and I'm the vice-president of strategy communications and government relations representing both St. Mary's General Hospital and Grand River Hospital. On behalf of the hospitals, thank you for the opportunity to participate in Ontario's the Standing Committee on Finance and Economic Affairs pre-budget consultations.

Our hospitals are proud to serve 1.4 million patients annually, representing 10% of Ontario's population. Through our specialized cardiac, cancer, renal and ophthalmology programs, we see patients from Owen Sound to the north and Brant county to the south. We are grateful for the Ontario government's support, which allows us to

provide care for our growing and diverse community in Waterloo region and beyond.

To meet the increasing demand for health care services, our hospitals' boards approved plans in April to join together through a voluntary merger. We are creating a single organization to oversee all current hospital sites, services and ongoing capital redevelopment projects. Integrating our operations will maximize our collective and unique strengths for the patients we serve across Waterloo region and beyond.

As we prepare to join together in spring 2025, we are also driving forward on our build together project, our joint capital redevelopment project to build a new innovation hospital to care for the generations of patients to come. We have chosen a site and announced in July that the new hospital will be at the David Johnston Research and Technology Park at the University of Waterloo, and we are now prepared for the next step in our redevelopment process. The \$5-million capital planning grant allocated in the 2022 budget has enabled us to lay the groundwork, and today, we're ready to move forward.

Specifically, we are requesting approval to proceed to stage 1.3 of planning for this project, the associated planning grant to support this next phase of work and inclusion of phases 1A and 1B of the project in the Infrastructure Ontario multi-year infrastructure plan.

Waterloo region is one of Ontario's fastest-growing and most economically dynamic areas. We are growing at a rate that is nearly twice the provincial average. By 2036, our population is expected to grow by 50%, significantly outpacing other areas such as Mississauga. We are all actively planning and preparing to be home to one million residents by 2050. We are a hub of innovation, technology and manufacturing. We host global companies like Google and Pfizer, and we're home to three major post-secondary institutions. This makes investment in local health care infrastructure not just a necessity but also an opportunity to support Ontario's prosperity.

Our current facilities, some of them over 100 years old, can no longer meet the needs of our community. In Waterloo-Wellington, we are under-bedded compared to both the provincial and the national rates. We expect that, in the next 20 years, almost two million Ontarians will be accessing care.

With your support, we aim to start the construction of the new hospital in 2028 and open the new hospital by 2034, and we can start preparing the site as early as this spring.

In addition, there is a groundswell of support for this project from across our region: our patients, the communities we serve, our physicians and front-line team members and our municipal partners. The region of Waterloo, in their planning to be one-million ready, has identified the hospital redevelopment project as one of the top priorities to improve health care and drive economic growth.

The plan is strongly aligned with the Ontario government's guidance on infrastructure projects and policy priorities. We are packaging and phasing our project to get construction under way faster and to create more oppor-

tunities for competitively priced projects. The plan allows us to get to market sooner, avoid even higher costs and build the capacity of local labour along the way. Our approach will provide savings and efficiencies while creating more hospital capacity further.

No other hospital currently in the planning phase can move as fast as us. Because our hospital will be 80% standardized, we will be able to hit the ground running and move quickly, building on the momentum we've already generated. The new hospital will add over 400 beds to the system, reducing wait times and bringing care closer to home for thousands of Ontarians.

In partnership with government, we want to build a facility to provide the highest quality of care, technology and hospital infrastructure to serve our community. A new state-of-the-art innovation hospital in Kitchener-Waterloo will do this. Rooted in our history but designed for today's needs and prepared for tomorrow's challenges, the hospital will promote community well-being and champion environmental sustainability.

Our primary ask today is to proceed to stage 1.3 of planning and the inclusion of this transformational project in the 2025 budget. This investment will secure the health and prosperity of Waterloo region and contribute to Ontario's future growth.

On behalf of our community, Grand River Hospital and St. Mary's General Hospital, we appreciate your consideration and the opportunity to provide input on the 2025 budget. We hope we will see an ongoing commitment from your government to support our project in the next phase of planning. Thank you.

**1320**

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation. That concludes the presentations.

We'll now start with the questions, and we'll go to MPP Fife.

**Ms. Catherine Fife:** Thanks to all delegations. I truly appreciate your points of view that you've brought to the budget conversation.

Kevin, I'll start with you. It's really interesting. As you know, 2.5 million Ontarians don't have a family doctor, so nurse practitioners have been presented as a de facto solution. However, the challenge is, as you point out, the fact that nurse practitioners cannot charge OHIP for those services. How long have nurse practitioners been advocating and lobbying to be part of the solution around the doctor shortage and to have a streamlined funding line so that user fees are potentially not part of that equation? Do you know how long your provincial association has?

**Mr. Kevin Zizzo:** How long have we been actually advocating? Nurse practitioners themselves have been around for 60 years in Canada. The Nurse Practitioners' Association of Ontario has been around for 50 years—I think 51, to be exact. Since the onset of that organization, we've been advocating for appropriate funding. We've been asking for funding to support health care, not just physicians or physician-based care, but health care in general. Nurse practitioners have grown over those years

to work in almost every medical specialty, not just primary care. As I said in my statement, 40% work in primary care, the other 60% work in some type of specialty area.

Primary care is a big factor, which is needed right now, but access to specialists as well, which I'm here to represent today, is also a burden on the primary care system. Nurse practitioners are able and willing to meet some of these demands, but what we're lacking are these funding models, not just OHIP—we need multiple flexible funding models, whether that's nurse practitioner-led clinics. But where OHIP comes into play in my argument that I presented today was that we need a foundational system that we can fall back on when other methods or other funding mechanisms don't apply.

**Ms. Catherine Fife:** You also mentioned in your opening comments that you don't turn away people who don't have funding. How are those costs absorbed by the clinic?

**Mr. Kevin Zizzo:** Being a private clinic—when we look at research of private clinics and nurse practitioner clinics, they financially struggle in general, right?

**Ms. Catherine Fife:** In general.

**Mr. Kevin Zizzo:** My clinic is no different. How does that impact us? We lose. We lose out on the finances. So we're essentially working for free.

**Ms. Catherine Fife:** Your scope of practice has changed over the years as well. You now can do more procedures. How has that impacted how you see yourself within the health care system as part of the solution?

**Mr. Kevin Zizzo:** Our scope of practice has grown significantly over several years and we've removed a lot of barriers enabling us to practise efficiently and more holistically, allowing us to do a bigger piece of the system. We can definitely play a major part in addressing some of those concerns and we have a lot of overlap, currently, with physicians in what they can provide and what nurse practitioners can provide. We do come from a nursing background; we approach the situation from a different theoretical model that's focused on patient-centred care, holistic care, health promotion and disease prevention.

**Ms. Catherine Fife:** Thank you so much for bringing that perspective. Certainly, I do want to put on the record that we see expanding access to nurse practitioners and stabilizing funding—so that everyone has access to a nurse practitioner—as part of the solution on the entire health care continuum, especially in the face of 2.5 million Ontarians not having access to primary care doctors.

John, I'll just move on to you. You're appearing before us as part of the Mapleton Chamber of Commerce, but thank you so much for focusing on housing. It is obviously the way forward to stabilize, but also to see our potential as a province. You're quite right. The housing start-ups have never been—it's shocking. We've never had lower housing start-ups since 1955. We must do better and it has to happen.

In your comments, you talked about housing solutions. We've been focused on non-market housing to address truly attainable affordable housing, but also the missing middle. Can you talk about some of those housing options

that are needed along the housing continuum so that everyone can actually have access to shelter?

**Mr. John Zwart:** I guess on the one end of the continuum, you have people who really need affordable housing on a rental basis, or that it's somehow supplemented. If you look at people who are homeless, I'm sorry, but there should be no reason for that in Ontario.

**Ms. Catherine Fife:** Of course.

**Mr. John Zwart:** But it means that we as a society say to ourselves, "Okay, we're going to step into this and we're going to help those people." It has got to be a partnership with them too, right?

**Ms. Catherine Fife:** Sure, yes.

**Mr. John Zwart:** But philosophically, I personally believe that society is best served by having the majority of the population at least being able to attain a house that they own themselves, as opposed to being in a rental. I know rentals, in terms of the immediate, are part of the solution, but we really need to be thinking about home ownership. My daughter who I mentioned—24 years old—can't even imagine that she would ever be able to rent or to own a home, and that shouldn't be.

*Interruption.*

**Ms. Catherine Fife:** I don't know who that was, but it wasn't Chrystia Freeland. I can tell you that much right now.

**The Chair (Mr. Ernie Hardeman):** One minute

**Ms. Catherine Fife:** Very good points—I also have a 23 year old daughter at home, and there's no hope on the horizon.

Going on to you, Sarah: Thank you so much for the presentation. I just want to say at the outset, I've been so impressed with the work that St. Mary's hospital and Grand River Hospital have done in the community around sharing the story, sharing the responsibility, working collaboratively together and making the legitimate case for a new state-of-the-art hospital.

You mentioned in your comments that you're looking at stage 1.3 to secure the next stage of funding grants. How much would that be? Give us a number, so that we have one to reference, please.

**Ms. Sarah Farwell:** Thanks to the government's support for stage 1.2, we were able to move through proposal development, really understand what the need was for the site and actually move through site selection. So we've done that—

**The Chair (Mr. Ernie Hardeman):** You'll have to get the answer in the next round, because time is up.

We'll now go to the government side: MPP Rae.

**Mr. Matthew Rae:** If you want to finish your answer, please go ahead.

**Ms. Sarah Farwell:** Oh, thank you kindly.

Moving to stage 1.3 will allow us to really dive into the functional program. So this is thinking about where the services are situated in relation to each other and how they best serve the patients as they enter the hospital. It also allows us to start to think about the finances, so developing the financial report, the local share plan, as well as how we can phase to make this project affordable for Ontarians.



That's what we're looking for in stage 1.3, and the request for the planning grant is \$9 million.

**Mr. Matthew Rae:** Thank you. I know St. Mary's and Grand River do very important work. My mom is a cancer survivor and received treatment from one of your hospitals, so I know of the very important work you do for not just the region of Waterloo, but really, as you mentioned, your large catchment area, which we are in today.

Thank you to all of the presenters for your presentations today. My question will be to Kevin. I know you outlined your idea of a path forward for nurse practitioners and around some of the funding aspects. I was just wondering if I could get your thoughts, because I know other provinces have looked at it, on how we—it's the wrong terminology, but how we on-board nurse practitioners to the OHIP model, at least OHIP in Ontario. What are your thoughts around Alberta's way that they have tackled this? They have moved, if I remember—and correct me if I'm wrong, Kevin—to a sort of salaried model.

**Mr. Kevin Zizzo:** They moved to a capitation model and individual agreements. That's specific for primary care. I think that is a reasonable model.

The difference between Ontario and other provinces: When we look at NPs in Canada, there are about 10,000 nurse practitioners in Canada; 5,000 of them are sitting right here in Ontario, so half of the nurse practitioners. The difference, I think, between other provinces and our province is that a lot of our nurse practitioners are not actually working directly in primary care.

This is where I think we need multiple flexible funding models. That might be one model, and we'll have to see what the work of Dr. Jane Philpott is going to produce for the primary care aspect. Primary care is definitely needed, but there's this untapped resource of specialty nurse practitioners out there that have limited access and you're seeing clinics pop up like mine, like others—ADHD management, migraine management, chronic disease management—that are being forced to charge for services because there's no other mechanism to fund that practice.

1330

Although I applaud Alberta for making opportunities for nurse practitioners there, I see Ontario as slightly different due to the amount of nurse practitioners we have, the amount of nurse practitioners in specialty care. I think that's a viable option that we need to look at for primary care as a solution, but we know that specialty care and access to specialty services puts an impact on primary care. These patients who are waiting years and years to see a specialist sometimes, when they could see a nurse practitioner specialist, are visiting the emergency department repeatedly. They're going back to their primary care provider, and this overtaxes the system and it leaves patients waiting for the care they need.

**Mr. Matthew Rae:** Thank you for that. I should have mentioned off the top, I think Perth–Wellington, Huron county as well, is unique in the province of Ontario; we're all family health teams here, with primary community care, and so—not many places in the province have that

ability to say that. Nurse practitioners are a very key component within that as well.

I was just wondering: You were talking briefly in response to MPP Fife's question around the scope of practice. What are your thoughts on the recent government changes around long-term-care homes where a nurse practitioner can be a clinical director now?

**Mr. Kevin Zizzo:** So, just all due disclosure, I'm a pediatric nurse practitioner. But as a nurse practitioner, I'm aware of the issue. I applaud the government for enacting that as an ability. We know that long-term-care homes struggle to find physicians to fill those roles, and nurse practitioners have performed these actions over the pandemic safely, without any issues. We know that we have the scope of practice, the ability, and we're willing to do those roles, and we would thank the government for opening that up. We're very supportive—or I am, at least personally supportive of that initiative in long-term care. We need to be working together, basically, to provide those solutions.

**Mr. Matthew Rae:** Yes, 100%.

I give the remaining time to MPP Hamid, Chair.

**The Chair (Mr. Ernie Hardeman):** MPP Hamid.

**MPP Zee Hamid:** Thank you, Chair, and I'd like to thank all the presenters as well. Thank you for coming. My question is for John. Three of my kids have boomeranged back home, so I totally get it. It's the reverse of what should happen, and none of them have any signs of moving out. Unlike you, I was happy when they were gone.

Anyway, you touched base on the bureaucracy and red tape that's involved, at least at a municipal level. There's a small developer in my riding who bought an old house that was demolished, and he wanted to build eight homes there. The town of Milton was in support, but it took him six years to get through the region of Halton—it has to do with the way they do water allocation, long story—but that actually adds a lot of cost to it. He almost went bankrupt paying the mortgage, and that means that a lot of small developers cannot compete.

As a government, we're very supportive of the private sector, especially small businesses, finding innovative solutions. So as you have experience in the chamber of commerce, do you have any advice or suggestions as to how do we encourage more home builders, especially small home builders, to come in?

**Mr. John Zwart:** One of the problems that I see is that years ago, Paul Martin, when he was finance minister, downloaded a lot of the expenditures to the province, and the province did the same down to the municipalities. That kind of worked for a long time, but now it doesn't work. It's definitely a broken system.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. John Zwart:** We need to get stable funding for municipalities so that all of the charges that are related to development don't fall on the backs of builders and developers. Somehow, there's got to be a more streamlined system. The township that we're in, Mapleton, for example, there's only so much building that can go on, and

a big part is because the sewage treatment system needs to be upgraded. We have a lagoon system, and we really need a sewage treatment plant, but that's so much money. Development charges—I talked to a builder, and he thought that if we keep going the way we're going, 10 years from now, the development charges are going to be \$500,000. I don't know how—it's got to go back up the chain, I think.

And then the other thing is that we have to have some stability. Like the building code—let's stop the changes for a while. We have one of the best building codes in the world. Why do we have to keep tweaking it? Because that adds costs to builders as well. A builder friend of mine, he's building a house, and the plans called for the stairs to be the same as what they've been for the last 10 years, and now all of a sudden, the stairs changed—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We will now go to the official opposition.

**Mr. Terence Kernaghan:** I'd like to begin with you, Kevin. It's good to see you. I just want to thank you for your advocacy. It's troubling that nurse practitioners have been advocating for 50 years and are still awaiting basic fairness. It really is, as you say, a highly trained, untapped resource here in the province of Ontario. Can you speak about the model of care that you're able to provide?

**Mr. Kevin Zizzo:** At our clinic, we charge for our services. When people see us, we charge anywhere from \$65 to \$85 per visit, and it comes directly out of the pockets of our clients, basically. Often nurse practitioners are not covered by private insurance unless people have a health spending account. We're not included like a dietitian, a social worker, or physiotherapy would be in most private insurance plans, so they end up taking the brunt of that cost. It's not something we like, and that's why we're here today to try and advocate that there's flexible funding models so that we no longer have to do that.

**Mr. Terence Kernaghan:** Understood. Would you rather be operating under a model that respects nurse practitioners and the quality of care you provide, and to have that covered through OHIP?

**Mr. Kevin Zizzo:** I would love for a provincially funded plan for nurse practitioners to work. Because we're in such varied practice settings in different areas, there needs to be multiple flexible models. Right now, some nurse practitioners can apply to do a nurse practitioner-led clinic, but there's no clear process to get that done. We have to put forward business plans and complicated things to get that approved. If I was a pediatrician working in my community, I could open my doors tomorrow and not have to charge anything for any of my patients. I don't have that luxury. I wish that I wouldn't have to charge patients.

Our organization has a public funding statement out on our website saying that we don't want to be charging for our patients, but we're trying to address the needs of people and the needs of our community. Knowing that people are waiting long times in the emergency department that don't need emergency care, they are unable to

access specialty care, in some cases. Like I said in my statement, sometimes it's mismanaged due to lack of expertise and that's no one's fault, but improving the access to specialty care is extremely important.

**Mr. Terence Kernaghan:** Excellent. Thank you very much, Kevin.

Next, I'll move over to John with the Mapleton Chamber of Commerce. Thank you very much, John, for speaking about how housing is an economic driver and as well a human right. It satisfies so many needs.

You know, it makes me think of the homes for heroes program after World War II, when the government realized it was in their social as well as economic interest—and moral interest, quite frankly—to house returning veterans from the war. As well, in my riding, the Hayman Brothers construction, during the Great Depression, realized that people were going to be out of work so they built homes for their executives, to keep people working, to keep people paid. The official opposition gave the opportunity to the government to return to its historic responsibility for providing and building affordable homes, yet it was called communism; it was called the death of the free market.

Do you think that the province returning to building and providing that affordable housing, will that destroy the free market?

**Mr. John Zwart:** That's a loaded question. I think that affordable housing is part of the solution, for sure, but it's really for the marginal, I would say. You know, if we had enough housing, we wouldn't have nearly the number of people on the margins that we have today. I'm more interested, personally, in building affordable housing for the mass of people that need it. I think that there is going to be a trickle-down effect if that happens.

**Mr. Terence Kernaghan:** Understood. I want to thank you for your comments noting the downloading from the federal government to the provincial government, and eventually to the municipal government. Do you think that what's necessary would be a new deal from municipalities where the province is in active conversations with municipal partners to ensure that their needs are being met and that the province is looking after its responsibilities?

1340

**Mr. John Zwart:** Yes.

**Ms. Catherine Fife:** Good answer.

**Mr. Terence Kernaghan:** It's disturbing when we see that in the mid-1990s, when the government got out of the business of building and providing affordable housing, that if they maintained that same rate, we would have 1.2 million more truly affordable homes. Right now the state of the deficit is about 1.5 million, so the math isn't too difficult there, is it?

**Mr. John Zwart:** Back in the early 1990s, I worked for a high-volume builder. We went through this downturn in the economy. He had this site that he wanted to build as a condominium development, but the market wasn't there. So he ended up having conversations with the government and he built an affordable housing townhouse complex.

It did two things: it got people into affordable housing but it also saved his skin as a builder. So you've got to look at that too, right?

**Mr. Terence Kernaghan:** It is also, as we say, an economic driver because it does create those good, local jobs, it looks after people within the community and it keeps that investment local as well.

At this time, in my conversations with private developers, they have indicated that they don't want the responsibility of providing all of the affordable housing that Ontario needs, mainly because it doesn't have the same return on investment and they're mandated with providing shareholder value. In any of your conversations, have you been speaking with private developers who are concerned about this?

**Mr. John Zwart:** No, I wouldn't say that at all. I would say that private developers are as concerned as everybody else about creating affordable housing, but the issue is their expenditures make it unaffordable. A big part of that is actually fees.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Terence Kernaghan:** Right, so then the province needs to pull up its socks and make sure the funding flows.

I'd like to turn over to Sarah just for a moment. Sarah, do you have any comments about the Listowel Wingham Hospitals Alliance with their closure of the Wingham ED on December 7, as well as the Louise Marshall Hospital ED closure on December 7? Are you concerned about this in the community?

**Ms. Sarah Farwell:** Thank you for the question. We are grateful that we work as part of a system. All the way through southwestern Ontario, we have hospital partners, and when there are staffing challenges or closures that other hospitals face, we work very much as a system and in partnership.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

Now we'll go over to the government. MPP Saunderson.

**Mr. Brian Saunderson:** Thank you to all our presenters this afternoon for coming to share your insights on this important budget.

I'm going to focus my questions to you, Sarah. I come from Simcoe-Grey and we've got two hospitals that are both undergoing capital projects. There are two aspects to where I'm going to go on this: one's about the capital process and the other's about the operating dollars. I'm sure you know that at \$85 billion, health care is our biggest single line item by over 40% of our \$215-billion budget, and it's very much a commitment of this government to make sure that people can get access to care where they need it and when they need it.

Starting with just your operational model, it's very interesting to me to see that you are here on behalf of two hospitals and that you're talking about unification, because often that's not the topic. Hospitals are such an important part of our social fabric locally in terms of being an economic driver—housing, access to health care, providing jobs. So you see some territorialism really I

think in some operations and so it's very interesting to me that your hospitals have one person here today and are looking at merging and unifying, I think you said by the end of next year, your operations.

Can you just talk to me about the motivation for that, the efficiencies you've found and how you think that's going to enhance access to health care in this area?

**Ms. Sarah Farwell:** Thank you for the question. I love talking about our partnership, which actually spans 90 years. We, for the last several decades, have actually shared staff, have one credentialed physician body, have services that are shared across all of our sites, actually.

In recent years, we really did hear from our team members and patients as we were exploring the joint capital redevelopment, they said, "Listen, you know, it really makes sense for you to work more closely together." That was the community speaking to us.

It is an opportunity for us to come together in close proximity; our two hospitals are only five minutes apart, our main sites. And this way, you know, you won't see patients being discharged and needing to be readmitted at the other hospital. It will be a transfer of care. Our staff, our services, our operations will be shared across, so it should ensure a much better patient experience and, to your point, optimize our assets. You think about one environmental service team. You think about one facilities team. You think about even negotiating contracts as one. There are some efficiencies to be found there, certainly, but I think, first and foremost, the objective is better patient care.

**Mr. Brian Saunderson:** Turning, then, to the capital build, because I didn't realize your hospitals are so close together, but it makes a lot of sense. It's a very big commitment of this government. We've committed more than \$48 billion over the next 10 years to making sure that our physical hospitals—I know they're much more than bricks and mortar, but we want to make sure we are operating out of the state-of-the-art facilities. As you go down this road—and you're going into, hopefully, 1.3 soon—defining the physical requirements for the programs you're going to provide is obviously a critical piece.

When you've talked about putting the two business cases together, because this is as much what the discussion is about, putting forward the business case to get you the new hospital you need—how has the unification impacted those discussions and how have your discussions been going with the province and ministry?

**Ms. Sarah Farwell:** Very well. We're really grateful for the government support. We have great municipal partners who also are keeping us top of mind. The region of Waterloo has been identifying this project as one of its top priorities as well.

What's really interesting is that although our official day one for our merger is expected to be April 1, 2025, we are very much operating as one now and have been really since the merger was announced in April 2024. We have one senior team now; we are moving towards one directorate. We are sharing supports and services and resources more than we ever have, so we have every confidence that

the merger will help us accelerate our capital redevelopment project.

**Mr. Brian Saunderson:** That's fantastic. I know these projects become very much community issues and community drivers, and they can become part of a community-building exercise or they can become quite divisive. So congratulations to you. It sounds like you've really made this a community-building exercise.

Those are my questions. Thank you, Chair.

**The Chair (Mr. Ernie Hardeman):** MPP Riddell.

**Mr. Brian Riddell:** I think a lot of your hospitals—I think you do an excellent job. And being from Cambridge, my question is: What are the plans for Cambridge, or do you have any?

**Ms. Sarah Farwell:** Thank you for the question; I anticipated this. While I spoke about working as a hospital system with other partners across Ontario, for sure our closest partner south of the 401 is the Cambridge North Dumfries Ontario Health Team and specifically Cambridge Memorial Hospital.

The CEOs and presidents of Grand River, St. Mary's and Cambridge have long been collaborating and planning together for services. We do take a regional approach for all of our health care planning, and the CEO, Patrick Gaskin of Cambridge Memorial, has been involved and is supportive of the plans. The city of Cambridge also has had a voice on the Building the Future of Care Together committee project—that's the name of the committee that we've been working with to advance the capital redevelopment. So we always are looking for opportunities to partner with Cambridge and appreciate the support and the voice that Cambridge has had so far in the project and the merger.

**Mr. Brian Riddell:** The one issue that comes up in Cambridge all the time is that there's no dialysis program at Cambridge; I guess it's at Grand River. The amalgamation of bringing Cambridge into it eventually—how would that work with dialysis?

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Sarah Farwell:** Right now, Grand River and St. Mary's host a number of regional programs. That means we have a fairly large catchment that serves 1.4 million patients. Renal care is one of those, as is cancer care, cardiac chest care, ophthalmology and specialized mental health. So we do see patients coming north from Cambridge every day to access those services.

What I will say is, as we look to more innovative and advanced models of care, it's actually about getting the hospital care out into the community and partnering in different ways. We have been doing that with a number of community providers to offer less acute services outside of our walls. That's an option for the future that we can partner on to plan together.

**The Chair (Mr. Ernie Hardeman):** That concludes the time for the questions.

That concludes the times for this panel too. We want to thank all of you for preparing for this and so ably presenting your position here to the committee. I'm sure it will be of great assistance to the committee as we move forward

through our public consultations. Thank you again for being here.

1350

## HURON PERTH HEALTHCARE ALLIANCE

### TOWNSHIP OF MAPLETON

#### DAVID SUZUKI FOUNDATION

**The Chair (Mr. Ernie Hardeman):** Our next panel is the Huron Perth Healthcare Alliance, the township of Mapleton and the David Suzuki Foundation. As they're approaching the table, I do believe the township of Mapleton is virtual and the David Suzuki Foundation is also virtual—township of Mapleton, it says the mayor is not virtual; he's here to express the position.

With that, as we have with other delegations, you will have seven minutes to make your presentation. As you make your presentation, at six minutes, I will say, "One minute," and then at seven minutes, I will say, "Thank you" and go on to the next speaker. We also ask that you give your name as you start the presentation to make sure we get the right name in Hansard.

With that, we will start with the Huron Perth Healthcare Alliance.

**Mr. Andrew Williams:** Thank you very much. It's a pleasure to come before you today to provide input into the 2025 budget. Let me start by saying thank you for the process you're following. As I know from my professional life, there's never enough money to go around, so putting us in front of you and having a line of sight on all of the issues will allow you to make much better decisions.

For context, my name is Andrew Williams. I'm the president and CEO of the Huron Perth Healthcare Alliance. We operate hospitals in Clinton, St. Marys, Seaforth and Stratford. We operate across two counties and so have the privilege of working closely with the Honourable Lisa Thompson, MPP for Huron–Bruce and Minister of Rural Affairs, and Matt Rae, MPP for Perth–Wellington. Both have been remarkably supportive, not only of hospitals but just of the communities in general.

As was stated earlier, health care is the largest investment in the provincial government, accounting for close to 40% of the 2024 budget, and hospitals are about 14% of that. Even with the incredible support that we receive, most hospitals in the province continue to be in a deficit position. With all the latest-known funding commitments, the HPHA continues to face an anticipated year-end deficit of \$7 million, or 3% of our \$201-million projected expenditures. The main drivers, no surprise to you, of hospital deficits are escalating, mainly arbitrated, salary costs, increasing technology pressures and facility infrastructure. We're also seeing increasing demand as a result of population growth, increasing demand as our population ages and continued reliance on hospitals as being the safety net for the broader health system. In addressing our specific deficit—and I probably would speak on behalf of every hospital in the province—we're

depleting all of our cash reserves, extending lines of credit, restructuring debt and deferring equipment purchases.

Let me put that latter point of equipment purchases in context, specifically as it relates to the important roles that foundations play in assisting hospitals to meet local needs. The HPHA is very fortunate to be supported by four strong foundations that have contributed and continue to contribute millions of dollars to our local hospitals. Our current five-year technology needs are estimated to be about \$64.5 million. While our foundations will no doubt step up in ways that will never cease to amaze our team, it will be impossible for them to support and fund all the investments that we require. As such, other revenue sources will be needed, notably cash from the HPHA, that will be predicated on generating in-year surpluses to either purchase technology directly or to service debt.

As such, when we look at the current challenging fiscal reality faced by hospitals, the following is respectfully put forward for consideration:

- continue to stabilize in-year hospital funding to address structural deficits;
- commit to an annualized operating funding increase of 6.7% to address financial pressures and stabilize hospitals;
- commit to multi-year stable funding to allow for more responsible multi-year planning;
- address working capital deficits on a hospital-by-hospital basis;
- establish funding for hospital information systems, possibly through HIRF, the Hospital Infrastructure Renewal Fund; and
- increase HIRF to allow hospitals to address backlog renovations.

I've had the privilege of working in health care for 38 and a half years—that's 17 provincial ministers of health in political time—in large academic and research, small, rural and community hospitals.

I also survey hospitals and health systems with Accreditation Canada, something I've done for about 25 years, which, in addition to my own work experience, has given me an in-depth line of sight in over 60 health care settings, provincially, nationally and internationally.

The one thing that's crystal clear to me is that, with over two million Ontarians without access to primary care, excessively long waits for non-urgent and emergent services in hospitals and strained mental health and addictions, home and community care and long-term-care services, we, candidly, need to do better for those we serve and represent. We are where we are today as a result of decades of decisions, non-decisions advanced and/or advocated for by governments, policy-makers, providers—of which I'm one—unions, associations and communities. The bottom line: We all collectively have our fingerprints on the existing reality of health care in this province, and it's not going to change in the way it needs to unless we significantly alter how we think about health and wellness in the province and in this country.

Hospitals are the most expensive part of our health system. The \$1,885 per capita we spend on hospitals in

Ontario, however, is the most efficient in Canada, and we have some of the best overall outcomes. On the flip side, given the amount of work that transpires in hospitals every day, day in, day out, in our safety net capacity, we're not very effective. Every dollar spent on patients in hospitals who don't need hospital care is a dollar better spent elsewhere. More importantly, a patient in a hospital, when they should be somewhere else, is receiving suboptimal care. So by not ensuring investments keep pace across all sectors, we provide lower quality of care to a subset of people in hospitals who shouldn't be there and no care at all to a subset of people who can't access care in the first place.

As an aside, today at the HPHA, we have 30 patients occupying 16% of our beds who no longer need our care, however, have nowhere to go. And 21 of those individuals are waiting for access to long-term care.

In last year's budget, some important multi-year investments were announced for primary care, health human resource planning, home and community care, mental health and addictions and long-term care. These investments should be sustained and bolstered because it is the right thing to do for those we serve, and it will allow hospitals to commit more time and resources to their own core businesses.

With the above observation, we need to work much closer between and across sectors through a coordinated approach to health care delivery. Done right, this improves patient outcomes, enhances patient experience and optimizes the health resource utilization by breaking down silos. This in Ontario has been tasked to Ontario health teams, and in our case, locally, as the Huron Perth and Area Ontario Health Team.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Andrew Williams:** From a system and integration perspective, therefore, further requests for consideration include:

- committing to long-term stable funding for Ontario health teams, including clear accountability expectations for all;
- annualizing enhancements to health sectors outside hospitals, including those noted earlier;
- initiating a plan to begin to move towards wage parity across our health care providers; and
- implementing an up-to-date and more centralized approach to hospital capital planning that includes regional and system planning at its core.

So far, my comments have focused on immediate, short- and mid-term priorities. Long-term system sustainability has to acknowledge that health care outcomes are deeply influenced by social determinants such as income, education, employment and housing. By collaborating with community organizations and social services, we can aim to address the root causes of health disparities and provide more comprehensive care. This approach ensures that all members of the community, regardless of their socio-economic status, have access to the resources and support they need to achieve optimal wellness. While this is the right thing to do in a democratic society, healthier

populations also mean healthier hospitals and more sustainable systems, something all Ontarians would like to see and, candidly, deserve.

Thank you for your attentiveness and leadership, and I welcome questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

Our next presenter is the township of Mapleton.

**Mr. Gregg Davidson:** Good afternoon, Mr. Chair and committee members. I'm Mayor Gregg Davidson of the township of Mapleton. Along with me today virtually is Manny Baron, our CAO, and Patrick Kelly, our CFO.

Mapleton is a community of just over 11,400 people, most of which live on our many rural properties. Our municipality has the largest land mass in the county of Wellington, covering over 540 square kilometres. We have three main urban areas, two of which have municipally run water and waste water services.

Mr. Chair and members of the committee, our municipality is not wasteful, and we certainly are not bursting with cash. We are fiscally prudent with the money that we have, and we collect from various sources including the province and our residents.

I'd like to talk to you about the farm tax rebate. There is a financial disadvantage that we have in rural communities in Ontario. We have delegated about this in the past with the Ontario Federation of Agriculture as a partner. The disadvantage that I'm speaking of is regarding the compensation to our rural municipalities for administering the farm tax rebate. Prior to 1998, the rebate was shared across the province to support our very important farming industry. The received rebate was downloaded to rural municipalities, and the community reinvestment fund was introduced to offset financial losses by rural communities. The program was supposed to be revenue-neutral. Today, the Ontario Municipal Partnership Fund provides the rebate, but it falls very short of revenue-neutral.

**1400**

We were very happy to see an increase in our OMPF funding for 2025 of over \$130,000, bringing our total to \$1,048,000. However, in 2024, after we remove the OMPF grant, the annual local levy impact of the farm tax rebate is over \$5.3 million for Mapleton. Once we add in the county portion, that number peaks at just under \$7.9 million.

This shortfall affects all other property tax classes. It especially has a significant impact on our small urban population. On average, it's adding over \$1,000 onto each residential taxpayer. On a home assessed at \$1 million in our community, they pay around \$13,000 in taxes, whereas in Markham, Richmond Hill, Vaughan and Toronto, their tax bill would be under \$7,000.

All of Ontario benefits from the food and other products produced by our farmers, and all of Ontario should bear the cost. Rural municipalities need to be properly compensated for delivering the provincial farm tax rebate program.

Shifting to funding stability, large urban communities have significant staffing resources compared to small rural communities. As such, Mapleton doesn't have the internal capacity to search and apply for all the available application-based funding programs that would benefit our community. Some of these application-based programs can also be out of reach if they require costly upfront work that we just simply cannot afford.

To ensure a sustainable and reliable financial future for municipalities, it's important that the go-to programs be formula-based. The OMPF and the OCIF are two formula-based programs that support long-term financial planning for municipalities. However, a factor that committees should consider is that when a formula is changed, it can have substantial implications on a municipality's long-term financial strategy. We ask that the province consider changing application-based funding programs to formula-based programs to support long-term financial planning.

Over the past few years, the hot topic has been about lowering and removing development charges to support the housing market. Development charges are an important revenue tool, especially for revenue-strapped small communities. Mapleton has over \$100 million in growth-related infrastructure investments over the next 10 years. We will be counting on over 45% of that investment to be covered by development charges. Losing this stream of revenue will significantly alter the funding needed from our local taxpayer, as well as our water and waste water rate users. Modelling suggests that if we didn't have development charges, our water and waste water rate increases would surge from a modest 3% to 12.5% annually. This kind of increase would not be financially viable for many of our residents.

We held a meeting in Mapleton with our developers, our builders and our real estate people, and we asked them specifically about lowering new-home prices if the municipality was to remove development charges. All of them noted that they would still sell homes at market rate; new-home owners would not be the beneficiaries of savings by the removal of the development charges. Development charges are critical for a fiscally sustainable future for Mapleton and other rural Ontario communities.

We have been actively readying our community over the past several years for growth. In January 2023, we opened our first water tower—a project that was supposed to cost \$4 million ballooned to \$8 million. Before we can support new growth of industrial, commercial, institutional or the 1,300 new homes waiting to be built, we need to increase our waste water capacity. Our challenge is that we don't have the annual repayment limit capacity to take on the over \$40 million for phase 1 of the expansion project. With a new elementary school, child care centre and industrial growth starting in 2025-26, we are actively pursuing the establishment of a municipal services corporation. Unfortunately, although the MSC is supported and encouraged by the province, the upfront cost could be discouraging for municipalities. Our early works exceed \$1.5 million without a shovel even hitting the ground yet. Although it may be too late for us, we still ask that a

dedicated funding program be set up for municipalities to offset the cost of establishing an MSC.

Finally, the current fiscal arrangements between the province and municipalities needs to be changed. Municipalities such as Mapleton are being stretched financially from many directions. From our perspective, we want to provide services and programs that benefit the folks of Mapleton—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Gregg Davidson:**—but there are services that we are funding that were never intended to be a municipal responsibility. For example, we should not be funding health care services, but we find ourselves spending money to subsidize recruitment of medical professionals and subsidize the lease of our building to the medical staff. We just don't have the financial resources that an upper level of government like the province has. Therefore, through this pre-budget consultation, we urge the government to commit to work with municipalities on an updated financial arrangement.

I want to thank you for the opportunity to speak with you today on behalf of the township of Mapleton.

**The Chair (Mr. Ernie Hardeman):** Thank you very much, Mr. Mayor, for the presentation. We will now go to the David Suzuki Foundation. I believe it is on the screen.

As you heard the instructions—seven minutes, and I will say, “One minute,” when there's one minute left at six minutes. With that, the floor is yours.

**Mr. Gideon Forman:** Thank you very much, Mr. Chair. Can you hear me okay?

**The Chair (Mr. Ernie Hardeman):** Just fine.

**Mr. Gideon Forman:** Thank you, sir.

I want to thank you for the opportunity to speak today. My name is indeed Gideon Forman. I am a transportation and policy analyst at the David Suzuki Foundation. I'm here to urge you to save taxpayers billions of dollars by cancelling Highway 413, the greenbelt expressway, and instead using budget 2025 to invest in our health, housing and public transit.

Highway 413 will make gridlock worse, put farmers out of business and destroy hundreds of acres of precious greenbelt, and it's totally unnecessary. We tackle congestion not by building new highways, but by offering drivers fast and convenient alternatives to the automobile, including top-notch public transit, so they can leave the car at home or not need one in the first place.

We bust congestion by making better use of the highways we already have, like Highway 407, which everyone knows is underutilized. Instead of wasting untold billions on an expressway that will destroy our food land, why not lower tolls on Highway 407? This common-sense approach would take as many as 21,000 trucks a day off the 401 and improve travel times for 401 car drivers. As well, lowering tolls on 407 could be undertaken quickly, unlike building a new expressway which would take years, if not a decade.

And with all due respect, Mr. Chair, Ontario's track record when it comes to building infrastructure projects on time is not encouraging. One thinks of the Eglinton

Crosstown, the Finch West LRT, the Hazel McCallion Line—I could go on—all of which are behind schedule.

Now, I said cancelling the 413 will save taxpayers billions of dollars, but exactly how many billions isn't clear, because the highway's cost is something of a mystery. Media reports put it at \$10 billion or more, but the fact is, Ontarians don't really know how much we'll spend on the 413, and it's for one simple reason: The Ontario government won't tell us. They won't tell us what it will cost to build the highway, and equally troubling, they won't tell us what it will cost to expropriate the land that the highway will require. These are crucial questions, and I think taxpayers deserve some answers.

Why won't the Ontario government come clean and just tell us what the 413 will cost? Are they hiding something? This government says the province is open for business—fair enough—so why won't it present the business case for 413, including how much we'll pay for it? We know the dollars will be large, because it's a long highway, over 50 kilometres, and farmers have told me when I've spoken to them that some of the greenbelt that will be paved for the highway is among “the best-quality farmland in the world,” so it won't come cheap when Ontario goes to buy it.

The 413 also brings massive opportunity costs. The billions that Ontario will waste on a greenbelt expressway could fund so many things that residents desperately need. We crunched some numbers at my organization based on the very conservative estimate that the 413 would cost \$8 billion. What else could that \$8 billion buy? With that money we could hire 20,000 nurses—yes, 20,000—and keep them working for more than four years throughout the province.

Or consider housing: In 2021, Ontario's Financial Accountability Office, as you know, estimated that more than 16,000 Ontarians were homeless on a given night. Even if the number a few years later is now 20,000, we could build affordable housing for all these folks for about \$4 billion, or half the estimated cost of Highway 413. Imagine that, Mr. Chair: For a fraction of what Queen's Park will waste on this new highway, we could move toward eradicating homelessness province-wide. Don't forget, of course, that Ontario committed to ending chronic homelessness by the end of 2025.

#### 1410

Alternatively, we could redirect 413's billions to hospitals. The province, as you know, is now constructing one in Brampton at a cost of about \$700 million. For the cash it's wasting on 413, we could build 11 hospitals across Ontario comparable to the new Peel Memorial.

Of course, if we cancel 413, we'd need another way to move the residents of this region. That other way, of course, is public transit. A report by Environmental Defence and its partners suggests the province could expand current GO train service, build a new GO train to Bolton, and provide bus rapid transit and light rail for just \$6.9 billion. But here's the kicker, Mr. Chair: Transit would move about three times as many commuters as the highway would—at least 22,000 people per hour on transit versus just 7,000 on the 413.

Finally, I want to mention that public opposition to Highway 413 is vast, and it's growing. The registered nurses' association, which represents more than 54,000 of our nurses and nursing students, has written, "Instead of throwing away billions of dollars on an unnecessary expressway and destroying farmland, the province should put more money into public transit...." That's an article here: "Why Ontario Nurses Are Calling Out Highway 413."

The provincial branch of the National Farmers Union, which represents thousands of our Ontario farmers, is running a petition under the banner, "Farmers say yes to greenbelt, no to Highway 413." An open letter signed by more than 50 faith leaders and religious organizations representing Christians, Jews and Muslims urges abandonment of the proposed mega-highway. And an EKOS poll fielded in late 2023 found that 74% of Ontarians—that's almost three in four, Mr. Chair—agree the greenbelt is no place for new highways, and 81% agree with farmers' opposition to Highway 413.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Gideon Forman:** Thank you.

Interestingly, even drivers oppose this expressway. EKOS found that 70% of those whose main transport is the car say the greenbelt is no place for new highways.

In conclusion, we ask you to save untold billions of dollars and put the brakes on the 413. Instead of building an expressway that will incentivize car use, please use budget 2025 to invest in real solutions for gridlock: Reduce tolls on 407, ensure that our neighbourhoods are walkable and safe for people on bicycles so they don't need to drive, and invest in more bus rapid transit, light rail and GO services so it's easy and convenient to leave the car at home.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

We now will start with the questions. We start with the government. MPP Rae.

**Mr. Matthew Rae:** Thank you to all our presenters. In particular, thank you to Andrew and Gregg, good people from Perth–Wellington. I appreciate your comments today. My questions will be for Andrew, but don't worry, Gregg; some of my colleagues have questions for you too.

To Andrew: The Huron Perth Healthcare Alliance—for those who don't know, that's obviously Stratford and St. Marys, but extends to Clinton and Seaforth; it's a large catchment area—employs a lot of people, rural predominantly. Stratford is the biggest urban centre. I was just wondering if you could share with the committee on how you're finding recruitment and retention of people you employ—you're one of the largest employers in this area—and some of the thoughts around the Learn and Stay grant, for example, and how that is potentially assisting rural hospitals that you represent.

**Mr. Andrew Williams:** Great question. Thank you very much, MPP Rae. Recruitment and retention is the biggest challenge faced by hospitals and health care in general. We've been fortunate to take advantage of a lot of the programs that the ministry is offering: Learn and Stay,

the incentives to train people coming out of school—there are probably four or five different programs that we take advantage of.

We have, probably in the past couple of years, seen a bit of a shift. Coming out of the pandemic, the HR environment was very, very different than it is today. But we're still seeing challenges in nursing, diagnostic imaging, X-ray technicians and, as was commented earlier by my colleague beside me, primary care physicians and some specialists. So we take advantage of all of the offerings. They're remarkably helpful. We still have a gap between the number of positions we have and the number of people looking, so we need to continue to be innovative. We need to continue to look at new ways.

In our particular region—and I say this to our team as often as I can—most of the people who are going to look after me when I need health care—hopefully not much, but when I need it in 20 years—don't live here now, are going to have to be recruited here from outside this region. So we need to make sure we have the infrastructure and the supports. Some of the programs that we very much value are those that provide additional educational supports for our staff, additional on-the-job training in different programs.

It's a huge issue, a major challenge everywhere. I would say that, as an organization, we're very fortunate to operate where we do. Stratford has a wonderful anchor organization in Huron Perth, but trying to recruit into smaller centres when you have one or two, maybe three, people on shift, when their options are hundreds of options across the country is hard. We put a lot of energy and effort into it and, as I said, take advantage of every single provincial program out there, which is very much appreciated.

**Mr. Matthew Rae:** Thanks, Andrew.

Also, my follow-up question would be—I know you alluded to it a bit and I know we've talked about this at length—around the expansion of primary care the government is currently undertaking of over \$500 million over the next few years. I was very encouraged to see the commitment from Minister Jones earlier this year to ensure that everyone who wants to access a primary care provider in the coming years—we will work towards that goal.

Obviously, I'm asking a hospital CEO. What are your thoughts around those massive investments that we're making right now?

**Mr. Andrew Williams:** Great question. Really, comprehensive, teams-based primary care is the absolute way to go in health care. I would argue, along with health promotion and disease prevention, it is the smartest investment we can make because it allows people to have providers that are with them for their entire life and can focus on wellness and healthy living, which obviously has a huge impact on hospital use down the road.

The current strategies—I give the government props for setting a deadline. Certainly, bringing Dr. Philpott into the mix, someone who's very well respected, I think is a really good move.



I'll be remarkably candid and say that absent probably some serious policy decisions, it will be a challenge to ensure that everybody in this province has access in five years, just given the geography, the current choices that clinicians have on where they locate and the ability to really manage practices in multiple ways. It's a great start, and I commend the government. We have a lot of work to do, but we are going to need to work collectively together.

Although I'm a hospital CEO, I see myself as a Canadian, as a taxpayer, as a consumer of health care and put equal weight on the importance of primary care as I do in hospitals. In my remarks, I tried to reinforce that hospitals are a piece of the puzzle, but if you want to have the best puzzle possible, you need the other parts of the system firing on all cylinders, and we need to responsibly ensure that the social determinants of health are addressed in a proactive way for all residents of the province.

**Mr. Matthew Rae:** Chair, I defer the remaining time to MPP Saunderson.

**The Chair (Mr. Ernie Hardeman):** You have 2.3, MPP Saunderson.

**Mr. Brian Saunderson:** Sorry, how much time do we have?

**The Chair (Mr. Ernie Hardeman):** You have 2.3.

**Mr. Brian Saunderson:** I want to thank all the presenters this afternoon for your helpful input. I'm going to focus on you, Mayor Davidson. Having a background in the municipal sector myself—I served on Collingwood council for eight years and Simcoe county council—I know that the discussion about growth paying for itself is a difficult one. You've raised DCs as well as the fact—I think you said \$100 million in new infrastructure to support growth in the coming 10 years. Is that right?

**Mr. Gregg Davidson:** Correct.

**Mr. Brian Saunderson:** I'm assuming that's a lot of linear infrastructure, like water and waste water, that you referred to as well. I know, and I'm sure you're very well aware, that this government is investing \$1.2 billion in the HEWS funding for water and waste water services, as well as another billion just in infrastructure generally.

The flip side of that coin is asset management planning. That's a big part of the financial health of the municipality. If yours is anything like mine and it has rural areas, making sure that our infrastructure has a long and prosperous life is difficult, stretching those dollars.

So I wanted to ask you a couple of questions about the delivery of water and waste water services. You talked about looking at a municipal service delivery corporation, and that's been a big conversation in my county, where we're going through a regional review. When we had a similar meeting, talking about the regional review, we heard from—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Brian Saunderson:** I'm going to get to my question. Sorry.

We heard from a number of mayors who were saying that actually taking water, waste water and that type of linear infrastructure off the municipal books will provide

you then the opportunity to focus on the services you need to provide to your municipalities.

I'm wondering if I could get your thoughts on that very topic because the delivery of services like that waste water and water across the province is a hot topic. What are your thoughts on uploading that or taking that off the municipal desks so that you don't have to worry about that in your 25% debt-to-own-source-revenue ceiling?

**Mr. Gregg Davidson:** Thank you for the question. It's very important that you bring that up because when we look at this for our first phase, it's \$40 million. The second phase is another \$40 million-plus, and that's further down the road to get us to capacity, where we can double the size of our community.

1420

We've had this discussion across the county of Wellington with all the other municipalities. Some are, like the town of Erin—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. We'll have to finish that discussion in the next round.

We'll now go to the independent—

**Ms. Catherine Fife:** Independent? Official opposition. His Majesty's official opposition.

**The Chair (Mr. Ernie Hardeman):** Sorry about that. The opposition, MPP Fife. I got the name right.

**Ms. Catherine Fife:** That's right. I'll get a pen for you.

Thank you very much to all presenters. I have to say, I have so many questions, especially on health care. This is the largest budget item—obviously you know that—over \$80 billion. We have a health care human resources crisis right now. We can build the infrastructure; we can build the beds. I wanted to give you, Andrew, a chance to truly talk about what really holds health care together, and that is the people.

**Mr. Andrew Williams:** Yes, that's a great observation. We can't do anything without our team. I think it's really important and I mentioned in my remarks that we need a different approach to capital planning, in my opinion. This is a process that's been in place for decades, but one that is really ground-up, that identifies what are the true health needs in the community and then starts to plan, from an HR perspective, around what's needed.

I have not seen a hospital built and opened in the last 20 years in this province where there has been a link between the increasing people and the education system, for example. I think we need to do a better job in capacity planning, where we have a reasonable line of sight into what the needs are. If you think about the hospitals that are being built today or planned today, they're not opening for 10, 15 years. That's a lot of runway where we can address the HHR issue as well, and I think we have to do it in concert.

We also have to make sure that we're using the resources that we do expend in health care responsibly. It's a really challenging market to be in, because any time you raise a change in health care or a hospital, it elevates people's blood pressure. The system we have today was designed in the 1960s; it's now 2024. We could do things

differently, but I think anything we do do, any planning that we do do, has to be based on a platform of having the right people, and that very much ties into matching our education system with our needs.

**Ms. Catherine Fife:** Yes, I appreciate that fiscally responsible lens on health care dollars. Just last year, \$1.5 billion on agency nurses—a huge amount of money, and obviously it has escalated. We've also heard, like when we were travelling up north, health care professionals and leaders up there say they need the social infrastructure to pull in and attract those needed positions. So it goes hand in hand: When one system fails, it impacts the health care funding as well.

I do want to say, this morning we heard from the Canadian Mental Health Association. They referenced the 302 people experiencing homelessness in Huron-Perth right now. That's a huge number. In Waterloo region, even those people that are in the tents, even though people like to stereotype, these are people who are actually working. They're working, but they're living in tents.

As you know, there has been some legislation to remove those encampments and to charge those folks \$10,000 in fines for sleeping in tents. This does not seem like the most effective approach to deal with encampments and to deal with those people who are precariously unhoused but also very ill, which has an impact on those dollars you were talking about. I wanted to give you a chance to weigh in on that, please.

**Mr. Andrew Williams:** You're touching on one of the most challenging societal issues we're facing, and that's homelessness, which is not a choice. It's something that is with us, and it has been evolving over the years to the point where, today, we have a crisis.

We're very proud as an organization. We host what's called Shelterlink, which is a youth hostel at our Stratford site, in a repurposed nursing residence, and so have had a very strong commitment to supporting homelessness in our community. We have outreach, nurse practitioners who will go and work with our homeless populations throughout our community in a proactive way. But it's a challenge, and I think we need a better solution in the short and longer term that values the individual and provides safe options for them.

**Ms. Catherine Fife:** Thank you for that. That's very good. And also, thank you for putting this lens of trying to keep people healthy. I could not agree more. Social determinants of health—we used to talk about this all the time, 10, 12 years ago; now we're living it day after day.

Going to the township of Mapleton: Mayor Davidson, I want to say thank you very much for raising the challenges that you're facing, especially around creating a municipal services corporation. It's true: You're looking for efficiencies. You're looking to streamline some of those resources that you have. But if you don't have the funding to start the corporation, then how do you proceed? Are you in a holding pattern? Because we've seen from every municipality, all 444 across this province, they are echoing what you are saying.

How much would it cost to start an MSC, \$1.4 million?

**Mr. Gregg Davidson:** We're currently at \$1.5 million without finishing yet.

**Ms. Catherine Fife:** Okay. So, really, you're not going to start a corporation if you don't have the funding.

**Mr. Gregg Davidson:** Well, we've already started down that road. We are moving towards that. We just have to remember that, for us, it's probably a little bit too late, but municipalities need to be compensated to make this happen. If we have to separate out the water and waste water portion of our borrowing capacity with the regular borrowing capacity, we have to make an MSC. It's the only choice we have. We have \$80 million-plus going to be for water and waste water. We don't have that borrowing capacity. We're almost at our limit now. So we need to make that MSC, because we do have the growth happening or coming and we have to prepare for it. So we have to suck it up, and right now, we're at one and a half million dollars we've spent to do this, but it needs to be funded properly.

**Ms. Catherine Fife:** Yes. The mayor for Kenora, a week and a half ago, said, "Listen, there's a smart way to be supporting municipalities"—because you deliver those core services. In fact, municipalities are the closest to community and therefore most visible. But he said, "Why am I as the mayor of Kenora paying for public health?" And then also, even on bridges, like infrastructure, that deficit—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Catherine Fife:** —if one of those bridges going down 117, if one of those bridges goes out, our economy comes to a complete stop. So there are arguments to be made to fund municipalities to do their job.

I'm just going to give you the last word on the waste water issue, because this is impacting every municipality.

**Mr. Gregg Davidson:** Ever since I became mayor in 2018, it's been all about water and waste water and trying to figure out a way to get it done. Like I said, we built the water tower. That was eight million bucks—it was supposed to be \$4 million—because of COVID pricing. It's been a very difficult road, and right now, we're looking at, basically, a 3P to try to get this done. We're working with another organization to get the money from in order to actually get this built. But in order to do that, we have to build the MSC first. It's been very, very—

**Ms. Catherine Fife:** So you're in a very uncomfortable holding pattern here.

**Mr. Gregg Davidson:** It's been six years now.

**Ms. Catherine Fife:** We also heard there are some CAOs that, because waste water has not been dealt with, are going to jail—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for that question.

We'll now go to MPP Saunderson.

**Mr. Brian Saunderson:** We're going to continue on that thread, Mayor Davidson. I got a text saying I could continue, but I should shorten my questions, so I hope that's okay for you.

I do want to pick up on the linear infrastructure and if it was taken off the municipal desk. You were having a

conversation about that with MPP Fife. If it was to be reorganized and uploaded and taken off the municipal desk, how would that open up your financial planning as the mayor for your municipality?

**Mr. Gregg Davidson:** It would certainly open up the amount of funding if we don't have to pay for that water and waste water infrastructure, but I must say, I don't think the services would be better; I think they would get worse. I think that we can deliver a very efficient system, and we have been delivering a very efficient system, and we could do it more effectively than we can if it was, say, the county of Wellington doing it. I think we're seeing that right now with it being broken up for Peel region. It's better to be handled by the local municipality.

We do partnerships with our other municipalities around us and in a lot of ways, but we need to have that control. We need to make sure that we can build this and keep it. It just doesn't make sense to take it out of the local municipality. We have seven municipalities in the county of Wellington. Imagine taking them all out. I don't think it would work.

**Mr. Brian Saunderson:** You're quite close to Oxford county, aren't you?

**Mr. Gregg Davidson:** No, not really, but, yes—

**Mr. Brian Saunderson:** Current?

**Mr. Gregg Davidson:** Yes, Perth county—we're right next door to Perth.

**Mr. Brian Saunderson:** I know the Chair here was very involved in Oxford county, because they did upload it to a regional service delivery corporation, and they found huge efficiencies there. We had their warden come and speak to us. When you're in the municipality, you're driven by municipal boundaries, and planning infrastructure is something which extends far beyond those boundaries to maximize the tax dollar, because municipalities don't grow in isolation; they grow together, I find. The thought is that if you get it uplifted to regional level, it allows the municipalities to focus on the important things locally and then regionally to plan them in a seamless way that maximizes tax-dollar money.

1430

**Mr. Gregg Davidson:** I understand where you're coming from on that. Like I said, we partner with our partners next door to us. We have fire services. We used to all have one fire chief; now we have one fire chief for all three municipalities. We're making those partnerships. And to your point, even with water and waste water, if we had to cross the boundaries, we have those relationships so that we can work together.

**Mr. Brian Saunderson:** I appreciate that. Thank you for your comments. Those are my questions.

**The Chair (Mr. Ernie Hardeman):** Okay. Four point five, MPP Riddell.

**Mr. Brian Riddell:** From 2019 to 2023, provincial supports to municipalities increased by 45%, an average of around 10% annually. Has Mapleton felt this support increase and where did you use it?

**Mr. Gregg Davidson:** Like I said, we do get the increases. We've seen our OMPF funding come up and we

have definitely used that in our infrastructure and our community—that's where it goes. We need to have that funding. It's just that the farm tax rebate really impacts our municipality—\$1,000 per resident that gets loaded onto them.

The biggest thing that I hear all the time is how we are so much higher in taxes than, say, the city, and I get that. But at the end of the day, the farm tax rebate is hurting us and that is one of the reasons why our taxes are higher. We enjoy and get that funding, but when it comes to applying for funding, like the HEWS funding, we put that out there and we're hoping to get it. We go, we delegate, we talk and we hope that we get it, but it's a real disappointment when we don't get it. That's where, if you had dedicated funding for water and waste water infrastructure instead of applying for it, it would be better for municipalities.

**Mr. Brian Riddell:** Thank you for your answer.

**The Chair (Mr. Ernie Hardeman):** Okay. Three minutes, MPP Hamid.

**MPP Zee Hamid:** Thanks to MPP Riddell for asking that question, because that was my question as well. I was just wondering how that increase—because last year alone, Ontario gave out close to \$10 billion to municipalities in different funding streams and different programs. I know that not all municipalities are the same, so it helps some more than it helps others. It's the same thing with OMPF; I know some municipalities get a lot more help than others.

What are some challenges that are unique to Mapleton that you want us to take back? What makes Mapleton unique compared to, say, other rural municipalities?

**Mr. Gregg Davidson:** We're a unique area, period. Northern Wellington county—Wellington county as a whole—we have a lot of growth coming our way. It's growth that—really, we didn't expect that we were going to get this much, but when COVID happened, all of a sudden, everybody wanted to move into our communities. That's why we have a housing project of 1,300 homes waiting to be built. That's why we have industries looking to Mapleton, just like they are in the communities around us, because they can build there and go out an hour and a half every way to big, large centres.

Mapleton, if you go to our downtown, it's not that big, but we have a lot of industry, trucks and everything coming through town because they want to be there.

We know we have to build the community. Centre Wellington is right next to us; they're going to double in size, and that just brings more pressure on us just north of them.

**MPP Zee Hamid:** Before we're out of time, really quick: What are some of the immediate reliefs or supports that the government could potentially provide?

**Mr. Gregg Davidson:** The HEWS funding would be huge for us, because right now, as I said, we're looking at \$40 million for phase 1. We applied for just over \$10 million for that funding and that would be huge for us, absolutely.

**MPP Zee Hamid:** That's good to hear. Other than that funding you already applied for, is there anything else? I know you spoke about the farmer—

**Mr. Gregg Davidson:** Farm tax rebate.

**MPP Zee Hamid:** Exactly, the farm tax rebate stuff. Is there anything else that you want us to take back?

**Mr. Gregg Davidson:** You know what? I've been talking about this—Mr. Hardeman, you know I've talked to you about this many years ago. The farm tax rebate hurts rural municipalities, period. It is harmful the way it is. That's why we delegate it to the provincial government with the Ontario Federation of Agriculture. They know it hurts rural municipalities, and that's why they teamed up with us.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Gregg Davidson:** If the farming association, the one that's largest in Ontario, is teaming up with municipalities to say, "Hey, this is hurting rural municipalities," you have to listen, because they know it's also hurting their farmers. Every time we raise taxes, we raise it also on the farming properties that we're trying to support with this farm tax rebate. So it's really not helping them if we keep raising taxes that our million-dollar properties are paying double what they are in the city. Cities need to help pay for the food that they're getting.

**MPP Zee Hamid:** Now, in general, out of curiosity, does OMPF offset it in most municipalities, or at least some municipalities, in your opinion?

**Mr. Gregg Davidson:** If you look at the county of Wellington, with the seven municipalities and the county, it's \$36 million of lost revenue every single year. So no, no one is getting enough.

**MPP Zee Hamid:** Well, thank you for that. This was educational for me as well, so I appreciate you all coming out, and I'll—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes your time.

MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters. I'd like to begin with you, Andrew. I want to say thank you for sharing with us your broad perspective. It's enlightening to hear someone speak about all the complementary aspects of health care, and hopefully the other members for this committee will also take your comments into consideration.

I was hoping that you could speak further about wage disparity. What does that look like on the ground for the different domains of health care, and how do those different domains rely upon one another for the betterment of health care for all?

**Mr. Andrew Williams:** Great question. Right now, hospitals pay the highest salaries, and for groups of employees that also work in home care, long-term care and primary care, what happens over time is people will migrate, promptly and in a disproportionate way, into roles where income security is perhaps higher.

We've all felt, and think I speak on behalf of all of our providers locally, right across our system, that if we can tighten that up—it doesn't have to be exact, because there

are always nuances from a 24-hour basis and the types of roles that you play. But if we can tighten it up, it may prevent some of the mobility that is simply wage-related. People love primary care. They love long-term care, home care, hospital care, and we want to be able to grow and develop them in those environments. Having situations like the wage disparity that we do unfortunately doesn't play into that as well as we would like.

**Mr. Terence Kernaghan:** Thank you very much. I believe this province is hoping to expand team-based care, and I think we can all agree that that is a model that is very effective. It provides excellent longitudinal care and helps many people, especially folks who are seeking their health care needs. But funding, unfortunately, is still based on 2016-17 numbers. Would you like to discuss possibly how the government needs to update that funding for family health teams?

**Mr. Andrew Williams:** I mean, that's obviously a huge question, but I think currently, in our region, we're very lucky. Most of our primary care providers are part of team-based primary care. We have family health teams across the region and there are reimbursement rates per rostered patient. To me, we need to look at those reimbursement rates to make sure that they're reflective of the demand. There are, as you probably know, ways that you can increase the rate based on the types of services that you may offer to someone who is perhaps older and has multiple chronic conditions, but I think we need to collectively look at what is a responsible reimbursement rate on a rostered patient level.

I've often said that if you have a thousand patients in your roster, a large proportion of those patients are not going to go and see you at all. You're going to see people perhaps younger and then older, and then in the middle rarely, so when you look at demographics and you look at the makeup of the practice, making sure that that reimbursement rate over the entire population you're looking after is responsible. Right now, I think it's \$300 on average per rostered patient. That should be looked at and negotiated.

I'm sure over the years that has been the focus of the OMA with the ministry, but the bigger issue, I think, is philosophical: that is, making it mandatory that this is the way to go and then structuring our education systems and our providers to meet that goal. We don't do that. When we introduced the family health team model under the previous Liberal government—great concept, but it wasn't introduced with accountability metrics. It wasn't introduced in a comprehensive way across the province—it was voluntary—and we face that a little bit today. I mentioned earlier that we're going to have to make some, I think, challenging policy decisions if we want to ensure access to primary care. That's going to be one of them: how the system is designed and how individuals function within that.

**Mr. Terence Kernaghan:** Absolutely. If you want people to uptake in the system, you want to make sure that the system is fair.

Next, I'd like to move over to Mayor Davidson. I want to thank you. The thought of a surge in your waste water fees, from 3% to 12%, is definitely a huge concern. In my city of London, municipal taxpayers are facing a 30% tax increase over the next number of years because of provincial downloading. In fact, some councillors had started a vote to call it the Ford tax. Unfortunately, they changed their vote at a recess.

1440

I wanted to know if you'd like to speak about the need for a new deal with municipalities?

**Mr. Gregg Davidson:** I'm actually going to let that one go to our CFO, Patrick Kelly.

**Mr. Terence Kernaghan:** It should be good now.

**Mr. Patrick Kelly:** There we go. Thank you, and thank you very much, Mayor Davidson.

Great question. I think AMO has obviously led the charge on this call on behalf of all municipalities for the need for a new deal, or the social economic prosperity review. The key piece that we've noticed from a fiscal perspective is the amount of elements of our budget that, frankly, don't fall under a lower-tier municipal mandate, and that, given the fact that it's not being picked up by either the upper tier or the province, those are being funded at the local level by the local taxpayer.

It is time that the provincial and fiscal circumstances—the provincial-municipal fiscal framework has not been reviewed in a long time, frankly, and many things have changed over that time period: focus on environment, focus on mental health issues, focus on a number of matters, social equity issues. All of these things have come to light within the last 10 to 15 years and have a lot stronger voice at the local level, but we don't have funding mechanisms in place.

AMO hit the nail on the head by saying the property tax systems was never structured to fund systemic social change. Truer words couldn't be said, and right now, property taxes are being leaned on to fund that systemic social change. That's why it needs a comprehensive review. Municipalities and AMO are fully willing to come to the table. We will have frank conversations, respectful dialogue on how we can make it work, and a new deal could make that work, fixing a lot of the fiscal challenges we have.

**Mr. Terence Kernaghan:** Thank you very much, Patrick.

Last, I'd like to move on to Gideon. Gideon, I have never heard the 413 be called the greenbelt expressway, so thank you for that. Thank you for mentioning all the ways in which the province could actually spend this money in a fiscally sustainable way and one that would benefit all Ontarians. I wanted to know, would you like to speak about the importance of heat pumps and how that could help people transition away from overreliance on fossil fuels?

**Mr. Gideon Forman:** Sure. I will preface it by saying that my area is transportation—sorry, can you hear me okay, sir?

**Mr. Terence Kernaghan:** Yes, we can.

**Mr. Gideon Forman:** Okay, great.

I will preface it by saying I am not an expert on heat pumps; my area of focus is transportation. But certainly, as we move away from fossil fuels, which are expensive and volatile—their prices reflect international markets, so it is very hard to control. As we move away from fossil fuels to electrically powering not just our heating but, in fact, all of society, we do save money. It is the case that solar power and wind power now have never been cheaper. As we move away from fossil fuels, it's not just good for the environment, good for air quality, good for climate—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for the presentation, and that also concludes the time for this panel.

I want to thank all three of you for taking the time to prepare and coming to so ably present to us today. We very much appreciate that. I'm sure it's going to be helpful for the committee as we move forward with our consultations. We say thank you very much again.

MS. JODI COLWILL

MS. NINA DEEB

CITY OF STRATFORD

**The Chair (Mr. Ernie Hardeman):** Our next panel is Jodi Colwill, Nina Deeb and the city of Stratford. If they will come forward to the table.

As they are coming forward, we will again go through the rules of engagement. The presentation will be seven minutes. At six minutes, I will say, "One minute." At seven minutes, I will say, "Thank you." With that, we do also ask each one, as you start your presentation, to make sure you identify yourself to get it properly on Hansard to make sure we can attribute the presentation to the right speaker.

With that, Jodi Colwill is the first, and the floor is yours.

**Ms. Jodi Colwill:** Good afternoon. Thank you for the opportunity to speak with you today. My name is Jodi Colwill, and I have been a primary care nurse practitioner for 15 years. I am here on behalf of the Minto-Mapleton Family Health Team, as well as a representative of team-based care in our region.

The riding of Perth-Wellington is unique in that upwards of 95% of primary care occurs in family health teams. Across the province, there are over 297 organizations staffed to provide interprofessional, team-based care, including family health teams, CHCs, nurse practitioner-led clinics and AHACs. Team-based primary care offers millions of Ontarians the continuity of care that has the ability to change the trajectory of a patient's health for the better. We are the providers who know the patients the best and work with community partners to manage very complex medical and social medicine concerns.

The problem is the community health sector is facing a critical wage gap compared to other sectors, which currently amounts to more than \$2 billion. These workers are doing similar work to those in settings such as hospitals but are being paid much less. While we support our

community partners in home and mental health who have had some form of funding in recent years, primary care has had no base funding increase for HHR in the past five years despite post-pandemic rising inflation.

With no contract renewal added to the three-year impact of Bill 124's wage suppression, this sector cannot go another budget cycle without adequate investment. In fact, we have valuable team members like outreach workers and telemedicine nurses in special contracts with Ontario Health who have had no compensation increase in 12 years. Physicians, assistants and family health teams have dwindled from 25 at the onset of teams to currently just nine due to lack of adequate compensation. In my region, staff in other sectors are being paid \$12 to \$15 more an hour, threatening our ability to recruit and retain skilled providers. The community health sector staff experienced an average salary increase of only 1.53% in 2023, with some roles not receiving any increase at all. This pales in comparison to an 11% increase awarded to hospital nurses, 8% to EMS and a 9.95% increase to doctors for one year of a four-year agreement.

I am proud to say that the Minto-Mapleton Family Health Team has been early adopters of government-funded programs. We were selected and identified by the Ministry of Health as the fastest rollout of expansion-funding dollars through not one, but two nurse practitioners attaching patients to primary care as well as an RPN and a receptionist. Unfortunately, due to lack of adequate compensation, just after a few short months, we have already had one nurse practitioner and RPN position become vacant. This has also occurred in social workers and reception, who secured jobs quickly in other higher-paying sectors. Without adequate investment in base funding, specifically for HHR, the success of any further expansion funding will be threatened. Unfortunately, primary care across our region is riddled with similar stories; 94% of primary care organizations identify compensation as the biggest hurdle to retain staff and meet rising needs of patients.

Patients are starting to acknowledge and say to me, "Please don't leave. I won't get another provider." People who have had a continuous relationship with a primary care provider and a team for 15 years had a 30% reduction in hospital admissions. Investments in team-based primary health care bend the cost curve away from expensive hospital spending. As an example, the average cost of just one ER mental health visit is approximately \$425. In my team, the average annual cost per patient is approximately only \$200 for all services.

In this example, this would equate to monthly trauma-informed nurse practitioner mental health-focused appointments; regular social work counselling; healthy lifestyle support, with dietitians, kinesiologists, exercise specialists, chronic disease nurse management—like a chronic pain self-management group—and diabetes support. All of these services combined are only costing \$200 a patient and provide significantly more comprehensive and supportive care at a fraction of one ER visit. In fact, you could double our entire budget to adequately staff our

team, and it would still be more cost-effective than one ER visit.

Team-based primary care workers love the work they do and are passionate about cost-effective preventative health care. However, with the cost of living in Ontario continuing to rise and no action, they simply cannot afford to stay in this sector. Our local municipal and hospital sector leaders have urged us to advocate to support our rapidly growing communities. The wage gap must be addressed to ensure primary care has the staff it needs to continue to deliver care Ontarians rely on.

To close this wage gap, we are asking for the following:

—firstly, as part of the Ontario 2025 budget, that you invest over \$500 million annually over the next five years to primary care teams in the community health sector, in addition to building in sustainable and ongoing annual increases in line with projected inflation of at least 2.9% annually;

—secondly, we also ask that you address Bill 124's shortfalls that continue to impact much of the community health sector;

—our third ask is to establish a working group focused on sustainable spending with government to ensure that wage suppression and lack of harmonization does not continue moving forward;

—lastly, please ensure that outreach and telemedicine contracts are reviewed and modernized to ensure that those serving the most vulnerable in our teams are compensated equitably.

We recognize that these are significant investments and not a quick fix. However, this is essential to stabilizing the health care system and is fiscally responsible spending of taxpayers' hard-earned dollars. The Minto-Mapleton Family Health Team, the Guelph Wellington OHT and associations like the association of family health teams are ready and willing to work with the government to stabilize team-based primary care.

**1450**

Lastly, as a nurse practitioner, I'm also a strong advocate for the unique position that nurse practitioners are in to fill the gap within the health care system and increase attachment of patients to care.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Jodi Colwill:** The Ontario government has expanded the scope of nurse practitioners to answer the call for more primary care providers but has not modernized their funding structure. Currently, the government is only recognizing patients attached to physicians, and nurse practitioners' attachment continues to be unrecognized or attached to funding through a physician. To be clear, this is a significant barrier to attaching patients to primary care in this province. Flexible funding models for nurse practitioners are urgently needed so that, no matter where an NP is practising in this province, they have the ability to offer their community the medically necessary care that they deserve in the model that meets their communities' needs.

NPs want to serve their community and their province. The nurse practitioners' association is ready and willing to

work with the government and their team members, like Jane Philpott, to implement a successful plan. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for that.

Our next one is Nina Deeb. Nina, the floor is yours.

**Ms. Nina Deeb:** Good afternoon, Chair and committee members. My name is Nina Deeb.

Ontario had a debt of \$337 billion in 2018. Current outlook 2024-25 puts this debt to \$429 billion. That's an increase of \$92 billion; \$21 billion was added this year alone.

From page 135 of the housing starts formula, "including additional residential units, student housing, long-term-care" beds "and retirement homes." This is creative calculating. I object to the reworking that is being counted as a home with every budget. This covers up that housing starts are declining.

Ontario Place: The Therme lease is an excellent deal for Therme. The people of Ontario will never see any returns on the \$2.237 billion of spending. The Auditor General revealed the present value of rent only amounts to \$163 million of the total \$1.1 billion of rent. This does not cover the interest payments on the money that the province borrowed. Even if the tenant were to prepay the rent, that still leaves a debt of over \$2 billion. Interest to borrow \$2 billion over 95 years—I've included the chart for you; I will not go over it. I use the rates from page 180 in the budget.

This lease traps the crown in arbitration with the tenant; that's schedule D. The tenant is in a position to extract penalties from the crown by arbitration. Pages 66 and 65 of the Ontario auditor report reveal that Infrastructure Ontario agreed to pay a \$30-million penalty for not providing interim utility services required by Therme without first agreeing on what was needed to meet this obligation. This deadline is within the one-year cure period of December 31 this year. Infrastructure Ontario told the auditor it's expected the discussions will conclude by the same date. December 31 is too late to stop talking. This is within 15 days.

The lease released October 3, 2024, is not the original lease. The original lease was signed the previous year under a different ministry and is dated July 29, 2021. I'd like to see a copy of this lease. The current lease must be cancelled. We're within 15 days; we're going to incur very heavy penalties, and it is not a good deal for the taxpayers.

The \$3-billion credit to taxpayers could cost taxpayers an additional \$1.47 billion to \$3.6 billion in interest over 10 years. We do not know what interest rates will be in the future. This is similar to taking a \$3-billion cash advance on a credit card with no plans of repaying it.

Trade lanes are federal; bike lanes are municipal. Each government must stay in their own lane to avoid collisions. No elected official should be surprised by another elected official from a different level of government driving straight at them. Bike lanes are a solution to traffic congestion. Modern planning designs that they be accessible for emergency vehicles. This is municipally funded infrastructure. These are local decisions.

Bike lanes save lives. The data exists. There is a human cost to removing bike lanes. The government finding it necessary to insulate themselves from lawsuits reveals that the government knows that their idea is fatal.

The decision to close 10 supervised consumption sites is harmful. This action will lead to an increase in overdose deaths. This action of removing the sites will not remove the overdoses; the overdoses will occur in public places. The sites ease the pressure on our emergency responses and 911 calls responded to by police, fire and paramedics. We do not want to go backwards. We found a better way forward.

Are there too many non-profits? No, some of them are legitimate. Permitting P3 corporations under Ontario's non-profit network is not appropriate. These NGO corporations were severed from the Ministry of Consumer Services. Their extremely wealthy monopoly corporations are defunding Canada, Ontario, municipalities and individuals. These corporations run the law for profit by arbitration while avoiding taxation on the billions of dollars they collect a year.

When adjusted for population, Ontario has the lowest housing starts in history. Housing is the excuse for intervention, yet the new tools were not used to include the affordable housing component that municipalities requested.

The auditor report on ministerial zoning orders reveals that the Minister of Municipal Affairs and Housing made MZOs instead of e-MZOs, which were introduced in 2020. The ministry had housing-enabling tools but did not use them. Housing is provincial jurisdiction. The province downloads its housing responsibility to the municipalities and chooses to fine those that have failed. It is housing that prevents homelessness. We should be building housing.

I request \$60 billion be downloaded to the municipalities who have the responsibility for this housing in order to make them whole and to meet their housing goals. The municipalities should be treated as partners in our housing ambitions and goals.

Thank you for having me here today. I do look forward to answering your questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. The next presenter will be the city of Stratford. Mr. Mayor.

**Mr. Martin Ritsma:** Thank you for this opportunity. It's an honour to represent the residents of Stratford and city council and city staff.

Stratford is a special community, with a special blend of arts, agriculture and industry. However, in spite of its uniqueness, we share similar challenges to those municipalities across Ontario. I'll try to capture the most pressing currently in our municipality.

However, I want to begin by thanking the province for your current support and your many partnerships between the province and the city of Stratford. I'll start by talking about some of the largest contributors to our budget—this 2025 budget prep—and those to our health and safety. They also, as I said, impact our budget.

Health care: With the ongoing struggles with regard to health care, a service that we value immensely in our community—and I know you heard from Andrew Williams just a few moments ago. The city itself has committed \$5 million over the next 10 years to the In Our Hands campaign, and that's an impact of \$500,000 per year to our budget. But those are to support a new chemotherapy and pharmacology unit and mental health support.

The second piece is police services. This is our largest increase from an outside board. The services have requested a \$2.2-million increase from the 2024 budget, which is a 16% increase over last year, representing a 3% increase to our total budget. I appreciate the province committing \$77 million to municipalities served by the OPP but request similar support to communities served by municipal police services. If you are not familiar, our police services support Stratford and St. Marys and Perth South as well.

I want to talk for a few minutes about homelessness. We, like all communities across Ontario, across Canada, have our share of homelessness. Currently, across Perth county, we have 131 homeless individuals, and when we talk about homelessness, we talk about unstable housing for six-plus months.

This past summer, the municipality spent a large sum of money to clean up and support a large encampment that was in our municipality and beyond.

#### 1500

When we talk about homelessness, we have to also talk about the causes of homelessness. Those are income insecurity, and mental health and addiction. We have to talk about treatments and solutions around those, so we can reduce those individuals from becoming homeless.

We are currently meeting with our local council and churches to address winter emergency shelter, and I'm hoping to partner with them. I'm just looking at the new release from Minister Calandra's office, with \$5.5 million. Perhaps some of that funding will come Stratford's way to support us in that partnership.

The other piece that is near and dear to my heart is homelessness of our youth. We run a shelter in Stratford that houses youth who are homeless, between 16 and 24. I have 23 years of experience with that board, and I know the investments that we make with those youth certainly pay dividends well into the future. I certainly thank the province for their support, but we do need more.

Continuing with homelessness, an important step, as just mentioned by my colleague here, is permanent housing. I had the blessing of visiting Finland, and when you talk about permanent housing and the correlation between that and reducing homelessness, they are a great model. To that end, half of our people who are homeless suffer from issues around, as I mentioned earlier, high-acuity mental health and addiction. To that end, we need more funding with regard to supportive housing, so we can provide wraparound support for those individuals, so we house them first and then support those needs as they're being housed.

I know the city, in its budget, has committed to two pieces of significance for supportive housing: (1) a housing concierge, and then (2) committing to \$500,000 of our budget for the redevelopment of a property so that we can house 12 high-acuity individuals. Once again, I'm hoping, when I look at the last release, that the \$50 million for the last-mile funding—hopefully, we can aspire to some of those dollars as well.

The next piece is capital infrastructure. This year alone, we're going to invest \$38 million into infrastructure, and that is a huge piece of our budget. This infrastructure is both the repair and redevelopment, and as mentioned earlier as well, this infrastructure is important for building new houses and also for the positive infill of infrastructure so that we can build houses that are desperately needed in our community.

Very briefly, if I may, I want to talk about transit, and I know you'll hear from our transit manager in a little bit—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Martin Ritsma:** Thank you, sir.

I'm proud of our transit infrastructure in Stratford, and I'll note that this is a combination between city transit; PC Connect, which you have funded, but which will run out; ONEXBUS; and VIA Rail. In the new year, we are going to host a transit summit that brings all those agencies together to support transit, within the county and beyond, for our residents, students of Conestoga College and the University of Waterloo, our tourists and workers who are making their way back on a hybrid model to the GTA for work.

Thank you again, and I will identify that this budget doesn't touch upon what we are doing with the Grand Trunk renewal site.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation. That concludes the presentations.

We will now start the questions, with the official opposition.

**Ms. Catherine Fife:** Thank you to all presenters—really good points made by all.

Nina, I'm just going to start with you, because I cannot believe the Minister of Infrastructure signed this lease. The Therme-Ontario deal, the 95-year lease, I think, is going to join the ranks of the 407 as one of the worst deals ever signed, supposedly on behalf of the people of Ontario. I have to say, listening from delegations from health care in particular, and housing and mental health, the fact that we're subsidizing a European spa company to the tune of \$2.2 billion is just astounding to me from a priorities perspective.

I wanted to give you the opportunity, because you've given us the chart—but what are the top three concerns that you have with the lease? Please be succinct, if you could. Go ahead.

**Ms. Nina Deeb:** The top concern I have with the lease is the crown being trapped in arbitration by the tenant. The schedule D, which is arbitration, is dispute resolution. Courts are not available unless the tenant gives us permission to use a court. So the tenant is in control of



whether the courts are available to the crown, which is absurd. I've never seen anything like this in my life.

**Ms. Catherine Fife:** I totally agree. What's your second one?

**Ms. Nina Deeb:** The second one is the parking provisions, which was Infrastructure Ontario's idea for the public to fund that, because in the report it also said that Therme originally put in their submission that they would fund their own parking. But Infrastructure Ontario wanted us to fund it, so that's costing us over \$400 million.

**Ms. Catherine Fife:** And then the third one?

**Ms. Nina Deeb:** The third one would be not having control over the public areas. So if we want to build above grade on the public ground, we need their permission to do so.

**Ms. Catherine Fife:** Imagine that. Imagine being absolutely in control, having the public asset, having the waterfront, knowing how valuable it is and then essentially giving all of your power away to a corporation who will trap you into a 95-year lease. It really is quite something.

You've asked this committee to advocate for the cancellation of this deal. There's a penalty for that. Walk us through the penalty.

**Ms. Nina Deeb:** The penalty is \$30 million, and in my opinion, we have until December 31 this year to cancel this lease even though there is wording regarding the first permit. I think that December 31 could trigger an early beginning because of the trickery in the wording in the lease, so December 31 is a vital date.

**Ms. Catherine Fife:** Just one final point is that the Auditor General in her report a week and a half ago indicated that taxpayers end up paying the price for MZO's. Everyone is very fond of saying there's one taxpayer, but it really does come down to really sticking it to the citizens when you bypass our democracy and our opinions, so thank you for providing the numbers. The interest payments alone will wreck the entire health care system for whatever we're fighting for here.

Jodi, I just want to go to you. You made a very good and passionate delegation to this committee outlining the four key areas.

Thank you for raising the issue of Bill 124. Bill 124 was an unconstitutional piece of legislation. It's wage suppression. It overrode the rights of workers and it has, in turn, added to the crisis of the human health care HR issue.

When you say it has put the primary care sector into crisis and is threatening the sustainability, the foundation of our health care system, I wanted to give you a chance to really drive that point home, please.

**Ms. Jodi Colwill:** Bill 124 was implemented prior to the pandemic. I think the piece of the pandemic occurring at that time as well and if there had been a change to compensation immediately after Bill 124 was over, but the fact that that's now been tagged onto four years of our contract not being renewed—yes, the last compensation was at 2017-18. However, the dates of that compensation were based on market value of 2012.

Our sector is so far behind in compensation that people are struggling. I have colleagues who are paying 80% of

their salary to their own housing, who are trying to help vulnerable patients, and they themselves are struggling to survive at this point. My point is that it's not that they don't want to work in the sector; they love their job. They are having to look elsewhere because they cannot afford to continue to work in this sector.

**Ms. Catherine Fife:** I think that we can all agree if you're performing a much-needed service in the health care field to people in Ontario and you're working full-time, you shouldn't also have to go to a food bank. Right?

**Ms. Jodi Colwill:** Agreed.

**Ms. Catherine Fife:** Agreed. Thank you for that.

**1510**

I'm going to move on now to Mayor Ritsma. Thank you for the passion that you've brought here today. We have been advocating for an uploading to the provincial government of the downloaded costs that municipalities are facing. I wanted to give you an opportunity to highlight, if you had three things that you could upload right away, in a perfect world—which this is not; I just want to make sure you understand that—what would it be? What would be the greatest impact for municipalities? Because we are promoting the new deal, and your opinions and your experience will inform that.

**Mr. Martin Ritsma:** I'm not sure if I can give it in a specific order, because they're all valuable, but certainly infrastructure plays huge—the cost of new infrastructure to build new homes, but also the infrastructure as we try to do some creative and positive infill.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Catherine Fife:** You've got one minute.

**Mr. Martin Ritsma:** We are dealing with infrastructure in communities in Stratford alone that are 80 to 100 years old, and if we don't deal with that, then we're going to have infrastructure failure.

The other piece that I'll mention is housing and homelessness, that supportive housing piece. I see it on the street with colleagues that I went to school with, kids I taught that are homeless because of addiction and mental health.

**Ms. Catherine Fife:** Listen, there are solutions to encampments. You raised that you dealt with this earlier.

CAMH was here this morning. They said that there are 302 people experiencing homelessness in Huron-Perth. You mentioned the 103—

**Mr. Martin Ritsma:** It's 131. I'm sorry if I misspoke.

**Ms. Catherine Fife:** Okay, 131—and those are specifically here in the Stratford area, not—

**Mr. Martin Ritsma:** Stratford and areas.

**Ms. Catherine Fife:** Okay. The government has tabled some legislation which will criminalize those folks that are in encampments and charge them a fine of up to \$10,000. Do you think that's an effective way to deal with people who are homeless?

**The Chair (Mr. Ernie Hardeman):** Thank you very much—no time for an answer.

We'll now go to government. MPP Rae.

**Mr. Matthew Rae:** Thank you, everyone, for coming in and presenting. I haven't been outside this morning, so

hopefully the fog is gone. When we have committee, we are locked in the room, pretty much. But it's wonderful to host, obviously, the standing committee in Perth–Wellington.

I have a couple of questions. I'll start with Jodi first. I know you mentioned the \$500 million, and I know the local mental health association was here earlier—Catherine—around talking about some of their asks as well to the province. I just wanted you to share with the committee—I know the answer to this question, but I just wanted you to share with the committee—what groups are asking for that \$500 million? It's not just the nurse practitioners of Ontario. It's not just the association of family health teams.

**Ms. Jodi Colwill:** The Alliance for Healthier Communities, which includes community health workers—that is CMHA, family health teams, CHCs, AHACs, nurse practitioner-led clinics. Those community organizations—there are 10 of them together; I'm missing some. But that is that \$500 million annually over the next five years to compensate community health sector workers.

**Mr. Matthew Rae:** So the \$500 million, then, would be to encompass all those groups?

**Ms. Jodi Colwill:** Yes.

**Mr. Matthew Rae:** My follow-up question on that: Jodi, as you know very well, the province is investing significantly in expanding primary care. Minto-Mapleton, as you mentioned, was one of the first, if not the first, to roll out the expansion that you referred to. I know it was supported by the local municipality as well, the town of Minto. I was just wondering, in your opinion, obviously, on a family health team and also as a nurse practitioner, will the province be able to meet its ambitious goal in the next five years to connect everyone to a primary care provider, whatever that individual may be, if they do not address the wage challenges they currently have or update that compensation?

**Ms. Jodi Colwill:** It's a great question. I think the piece here is that I don't think that they can meet that goal without incorporating nurse practitioners to their full capacity. In order to do that—that was part of my last discussion on flexible funding models and integrating nurse practitioners. Canada has 10,000 nurse practitioners, and Ontario has over 5,000 of those nurse practitioners. You're sitting on an untapped resource that currently is not being maximized. In order for every Ontarian to get a primary care provider, we need to be coming up with ways that are not barriers for nurse practitioners to attach patients.

We, through the nurse practitioner-led clinic in our family health team, have attached patients, but all of our physician rosters were full. So those patients continue to look like they're unattached, even though they are getting excellent, amazing care through a nurse practitioner. That's the same in nurse practitioner-led clinics across our province of over 25 nurse practitioner-led clinics attaching over 100,000 patients. If you are able to have a way—right now, when a physician graduates from medical school, they go to the government and say, "I'm ready to start

practice and I'm offering medically necessary care," and they get going. Right now, nurse practitioners are sitting, waiting for publicly funded positions to occur and we don't have a way to just start seeing the patients and start attaching them to care.

So that's where, looking at those flexible funding models, if it's done appropriately—and not having it attached through physician groups is important, because in some communities, and that was our case, we didn't have more physicians to recruit. We can't have it be that it's tied to going through a physician. It has to be—especially in our northern communities, where it's likely the nurse practitioners alone seeing these patients, that needs to be reflected.

I do think it's a tall order. I do think it's possible, but I think you're going to have to maximize nurse practitioners' scope of practice and flexible funding models.

**Mr. Matthew Rae:** Thank you, Jodi.

My next question is for Martin. Martin, I know, in 2023, the Britannia Street Housing Project that someone asked you about—I just want you to share with the committee some of the partnerships around that project. The province and federal government, which has contributed \$4 million from our side for 33 new affordable, accessible units to be constructed—correct me if I'm wrong, I'm pretty sure it's completed now. I know a lot of community partners are involved within that.

I was just wondering if you could share with the committee on that.

**Mr. Martin Ritsma:** Certainly. That was a project that we're proud of as a municipality, proud to partner with. Certainly, the demographics that it serves, whether it's geared to income, whether it's affordable, attainable—you mentioned the accessible units. We work as well with YMCA and Shelterlink with regard to youth that are hard sometimes to house, that are still in CAS care—a lot of willing partners, a great project. However, we need more of those projects.

As I mentioned earlier, when I travelled to Finland last year, the solution, they said, to housing and homelessness is municipal-owned properties. That's the work that we have to do in partnership. The more partnerships we can find, whether it's partnerships with government or with agencies—we're working currently with Indwell, as I mentioned earlier—even partnerships with our local council of churches that can help us with providing, right now, the winter housing that's desperately needed.

I looked at that letter today that came from the Minister of Municipal Affairs and Housing, your office, and there seems to be a lot of money there, but when you spread it across a province as big as Ontario, with the needs that we have, it's going to be tough for us to make that list. We haven't made the list in other federal or provincial housing opportunities, but we're hoping that with this money—perhaps we'll be able to get into that pool of money.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Matthew Rae:** For the one minute, MPP Barnes, do you want me to keep going? Okay. Sorry, Patrice.

I appreciate that, Martin. In the one minute, really quick—it's going to give you a lot of time for this—Grand Trunk, what are some ideas the city has around that?

**Mr. Martin Ritsma:** With Grand Trunk, we have 18 acres of land with a large locomotive structure. We will hopefully put a YMCA, to start, inside that structure. We're looking, hopefully, at supportive housing. We'd love to have some housing for our youth. Our University of Waterloo Stratford campus is growing, but we have no residence, no housing for youth there. There are so many opportunities on site. Once again, it's right now under the ad hoc advisory committee, where I go from here to there for 4 o'clock, so lots of opportunities for green space all the way through to housing.

**The Chair (Mr. Ernie Hardeman):** Okay. Thank you very much. We now go to MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to all our presenters here today.

I'd like to begin with you, Jodi. I think, from the side of the official opposition, we're big fans of nurse practitioners, especially nurse practitioner-led clinics and the quality of care that they're able to provide. I did want to ask, what does it say to nurse practitioners when the scope of practice has been expanded but the government hasn't modernized the pay structure? What message does that send?

1520

**Ms. Jodi Colwill:** I think it's a complicated message. I think some of this messaging is potentially from the government, as well as the traditional expectations of the health care system and hierarchy. I think that's a big piece here and I think right now there's lots of discussions occurring at OHTs and things like that saying, "Who is a primary care provider? What does primary care look like? What does that mean?" I think that's the ultimate question here, and I think the big answer is that nurse practitioners are primary care providers. They are capable; they are highly skilled. We deal with very complex patients. I think that we have a unique model and that we're coming at it from that social-determinants-of-health lens, beautifully paired with a medical lens, and so we are capable.

It's unfortunate. I've been a nurse practitioner for 15 years. When I first started, I could only renew certain medications and I could order a knee X-ray but not a shoulder, and now I'm ordering MRIs, CTs and prescribing narcotics. Meeting the needs of Ontarians to their full scope from birth to death is really the piece that nurse practitioners want to get across. We are ready, willing and able. I think ones that aren't practising in publicly funded positions want to; they want to serve their communities.

I am a preceptor for McMaster and Western and Laurentian, and all of my students that come through say, "I want your job." We need more of those jobs, especially when you have a need of 2.5 million people who don't have a primary care provider—not necessarily just a physician.

**Mr. Terence Kernaghan:** Absolutely, and 5,000 NPs are ready, willing and able to address this.

**Ms. Jodi Colwill:** And nurse practitioners are the fastest-growing profession in health care, so we need to be using that.

**Mr. Terence Kernaghan:** Absolutely.

You briefly touched on the costs associated for mental health visits. I believe you said a mental health visit to a hospital is \$425 versus a visit to a nurse practitioner, which is \$200.

If you could please expand on the differences in the care that is available. What is the availability like and what does that mean in terms of longitudinal care and long-term outcomes?

**Ms. Jodi Colwill:** The \$425 was a statistic from CMHA, so that's where I got that from. The \$200 was taking my family health team's budget divided by the number of patients we have, because currently nurse practitioner care is included in that budget whereas physician care is not. So when you talk about increasing the roster amount for patients, that's going to physicians; that's not going to the team. That's a really important differentiation to consider when you're talking about investing money into primary care.

Like I just said, I have this example: I have a patient right now where I am probably touching her chart every day. She has recently been in a homeless shelter in Stratford. She has one of the most complex diagnoses of our entire family health team and it is all under that same price, so I am working hard to keep her out of emerg. She had a month-long hospital admission last year, so we are doing everything we can to make sure that doesn't happen—to work upstream and work preventatively versus working reactively. We are maximizing home care, community paramedicine, all of those other services, but that's all under our family health team budget. She has our outreach worker, our dietitian, our health promoter all supporting her for that one cost.

**Mr. Terence Kernaghan:** My goodness. Wow. Thank you very much.

Next, I'd like to move on to Nina. Nina, thank you for being here and thank you for calling out that housing starts have not been this low since 1955, I believe it is. In particular, I want to thank you for pointing out also all the intricacies of this "deal" with Therme.

At the same time as the Therme deal, the government passed legislation allowing them to commit acts of misrepresentation, misfeasance, breach of trust in bad faith without any consequences. What does that say to you, as an Ontarian, that the government is allowing themselves to do such things and they don't want any repercussions for doing so?

**Ms. Nina Deeb:** That indicates to me that something wrong is going on. I've read all the reports that have come out on Therme, from the lease to the ministerial zoning orders to the Ontario auditor report. No one's waterfront was treated the way that our waterfront was treated. All other waterfronts that it was compared to used a procurement process. It wasn't treated as a real estate transaction.

And for it to be treated as a real estate transaction—I came to committee and asked for a copy of the lease, and

it was not given to me. It should have been provided because it was a real estate transaction and I'm a represented party, so it should have been provided when I asked for it. I don't know what my obligations are as a taxpayer when I don't know what has been signed on our behalf. So it's very concerning that everything has been done in a different—it's a different process every which way you look at it. I've never seen anything like this lease, including the 407 deal.

**Mr. Terence Kernaghan:** I think in terms of obligations of every Ontarian household, it's around \$400 that's being paid towards this Austrian elite spa.

Next, I'd like to move over to Mayor Ritsma. Thank you very much for your presentation as well. Do you have concerns about the availability of supportive housing, and what does it look like for citizens of Stratford when they are hoping to—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Terence Kernaghan:** —find a detox or a recovery bed?

**Mr. Martin Ritsma:** Absolutely. I'll touch on your first point, certainly. You heard from Catherine Hardman this morning, I'm sure, about the challenges around having ample dollars and ample staff for mental health and addiction, without a doubt. That goes part and part with the supportive housing.

To go back to MPP Rae's comment, it is a partnership. We're willing to be at the table for supportive housing, but to put it on the tax levy—it is becoming a real challenge where we're currently at with a tax levy. Without us adding supports into the tax levy, we're—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We'll now go to the government. MPP Barnes.

**Ms. Patrice Barnes:** Thank you, Chair. Thank you to the members that are presenting as well.

Mayor, you started with talking about the project. I know you have done a fair amount of building purpose-built rental homes in Stratford. How has that been, and how was the partnership to get that done?

**Mr. Martin Ritsma:** We have started, but we're not even close to where we need to be. What we need to do is look at—we have 685 housing units that we need to look at either divesting of and building larger on those or razing and building larger on those lots. We have a long way to go to fill the needs. I believe, currently, we have 585 people in the queue waiting for housing. That's not saying that we can't do it, but we certainly need those dollars. Once again, I look at what's been released here. Those are a lot of dollars, but when we look at those dollars being spread across Ontario, it's going to put us in a bad spot with regard to us having the amount of money that we need to partner with.

I will say that the council has—I'm proud of the fact that they've committed. They're saying, "Yes, we need to be part of the solution." But doing that, then we're downloading that to our ratepayers, who are seeing what looks like another large increase to our tax levy this year.

So we have some work to do, but certainly we're willing to partner and willing to work and do our part, especially around the supportive housing piece, because if we don't—I have a daughter that's an emerg doctor. If we don't take care of the supporting piece, those individuals will cycle through the emerg, where they're—Jillian will say, "Every three or four weeks, Dad, I'll see an individual"—and she's in Markham-Stouffville—"that will cycle through." So I think the more we can do collectively to provide supportive housing with that wraparound care so that we have them housed first and then supported with the needs that they need, then we're going to have less impact not only on the hospital piece but also on our policing piece as well.

**Ms. Patrice Barnes:** Okay. Thank you for that response.

Since about 2019 to 2023, we've had, provincially, support of over 45% that has come forward through to municipalities. In that format that we've seen, how has that impacted Stratford? Has it been that just the divvy of the pie has not been—so have you not seen the impact of that so much?

1530

**Mr. Martin Ritsma:** I'll say that I'm very thankful for those dollars, but it hasn't kept pace with the number of people that are finding themselves homeless or at risk of being homeless. I look at our homeless youth, for example. We've had 15 beds since 2008, and the need has outstripped the capacity of that shelter—so, appreciative, yes, but the need for more dollars and more partnership, yes, as well.

**Ms. Patrice Barnes:** Okay. My other question is for Jodi. It's nice to see you.

**Ms. Jodi Colwill:** You, too.

**Ms. Patrice Barnes:** I've learned a lot about nurse practitioner clinics—one, from you first and from the gentleman that has presented today. The speciality piece about it, I found was really interesting. I didn't know that there were so many different levels to that. You and I have talked a bit about nurse practitioner clinics, and I just wanted you to go in a little bit more around the rostering. Right now, you have to be rostered under a doctor. For every patient you see, the doctor also gets a payment part of that. So how do you see this being a successful model? We've come to the empowerment of nurse practitioners; we have now said, "You're great, you could do more. Let's do this." What do you think the model would look like if we don't necessarily need to do that hierarchy piece that you talked about?

**Ms. Jodi Colwill:** I appreciate that question, because I think it's a really important one. The big piece to understand here is that there's a difference between rostering and responsibility. Rostered is purely a funding structure. It is the exchange of money based on number of patients. It does not equate responsibility.

Currently, in my family health team, I have approximately 750 patients that are rostered to my physician partner, because that was the funding structure when family health teams were conceptualized and when our

scope of practice required a lot more consultation. The government has increased our scope of practice to require less consultation to maximize the skills and knowledge of nurse practitioners. The average nurse practitioner has eight to nine years of experience and education prior to becoming a nurse practitioner, so they're highly trained. The piece is that, currently, those physician partners are financially benefiting on the roster fee while the nurse practitioner is responsible as the most responsible provider for that subset of patients. When I talked about being able to attach more patients—right now, my physician partner and myself are maxed out at the top cap of the amount per physician that could be rostered, right? And so, by allowing nurse practitioners to independently roster their patients, that would allow, (a), not paying physicians for the work of nurse practitioners, and that would be a cost-saving, and, (b), that it would free up rosters around the province in the already existing HHR physicians and nurse practitioners to attach more patients.

So I think that's the big piece that's really important to understand, the piece between rostering, responsibility, funding and who is actually doing the work.

**Ms. Patrice Barnes:** Okay. What you're saying then is, if we can decouple that, you could actually—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Patrice Barnes:** —almost double capacity right away.

**Ms. Jodi Colwill:** Right, yes. Either I see my patients and then that frees up more roster on the physician, or the physician takes on all of those patients that they're being compensated for and then I now have a free roster.

**Ms. Patrice Barnes:** Okay. With responsibility—can you just go into that a little bit more? I guess that was based on the old model of a nurse practitioner, so saying that you just need to be supervised, somebody that knows their stuff needs to oversee your practice.

**Ms. Jodi Colwill:** Yes, exactly, right. Often, nurse practitioners are viewed as physician extenders, and that's just, at this point, not true. We are autonomous, independent practitioners, and we are able to independently see patients. Just as any member of a team would consult with their colleagues, the physician is never responsible for the work that I do.

Previously, when there were more limitations to nurse practitioners' scope of practice, there were things—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time for the question and for this panel.

Thank you very much for well-presented presentations from all three of you. We really appreciate the time you take to prepare yourself and to inform us. With that, we'll say thank you.

I think we need unanimous consent in the next panel to have two more people sitting at the table. We have unanimous consent, and that's done. With that, we will now take a slight break. The delegation getting here is not here for the 4 o'clock delegation yet.

*The committee recessed from 1535 to 1553.*

STRATFORD AND DISTRICT CHAMBER  
OF COMMERCE

TOWN OF ST. MARYS

TOWN OF MINTO

**The Chair (Mr. Ernie Hardeman):** I call the committee back to order. It is almost 4 o'clock, but we do have all the delegations here, so we will start the next table. For this one, it's the Stratford and District Chamber of Commerce, the town of St. Marys and the town of Minto. As with all of the delegations, each one will get seven minutes to make their presentations. At six minutes, I will say, "One minute." Don't stop. At seven minutes, I will say, "Thank you." Stop. We also ask you to start each presentation with introducing yourself so Hansard can put the comments and attribute it to the right person.

Since we have more people than delegations, if another person wants to speak, prior to speaking, make sure you introduce yourself for Hansard.

With that, the first presentation will be the Stratford and District Chamber of Commerce.

**Mr. Aaron Martin:** I'm Aaron Martin. I am the general manager of the Stratford and District Chamber of Commerce. We represent a membership of over 365 members and growing.

The Stratford and District Chamber of Commerce conducted a survey, engaging in discussion with its members to identify priorities the business community in Stratford, St. Marys, Perth South, Mitchell and surrounding areas would like to present to this committee. Ranking key budgetary priorities, improving health care services and reducing the deficit emerged as the top concerns, tied for first place. These were closely followed by investing in long-term infrastructure and supporting economic growth. Respondents also highlighted economic uncertainty and rising costs across all aspects of life and business as their most pressing challenges. The business community identified the three main areas requiring increased funding or relief: housing, health care and support for small businesses.

To start with housing, members advocated for grants or tax incentives to support development of affordable housing. This includes building entry-level houses, restoring dilapidated properties, utilizing unused lots, renovating vacant spaces and converting underutilized homes into multi-unit buildings. They also expressed a strong interest in tax relief or deferred taxation until housing units are ready for occupancy, within reasonable timelines.

The second item, health care: There was a call to prioritize the retention and recruitment of doctors, particularly specialists, in this region.

Thirdly, support for small businesses: The community seeks small business grants to foster job creation, tax relief measures and reduction of regulatory burdens that add unnecessary cost to businesses.

A significant response from the business community emphasized the need to reduce spending on government administration and operations, as well. Specifically, health care funding was particularly noted as an area where there

are inefficiencies in administration that could be addressed, and the savings there could be reallocated to hiring essential staff, such as doctors, or investing in critical hospital infrastructure.

In summary, the local business community advocates for a fiscally responsible government that operates efficiently, avoids transferring cost to municipalities and focuses on tangible benefits for the community. We appreciate the opportunity to share the insights, and we hope they can contribute to the development of the 2025 provincial budget. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you. The next presenter is the town of St. Marys.

**Mr. Al Strathdee:** Thank you very much for the ability to be here today. We appreciate all the members of the committee. I'm sure it's been a long day, hearing repetitive things. We have a number of things we want to just go over quickly, just to highlight. There is a package we've provided. It's nice and colourful, so hopefully it catches your attention. We appreciate that.

My name is Al Strathdee. I'm the mayor of the town of St. Marys. I'm joined by our CAO, Brent Kittmer, and our director of corporate services and treasurer, André Morin. Both these gentlemen have a lot of experience in municipal government, and I sometimes get flustered with the tough questions, so hopefully they will come to my aid today.

First of all, in no particular order, I wanted to go through—and there's a number of stats provided in the package—rural transportation. We were forced with a situation where we were starting—we're very appreciative of the funding we received from the government for PC Connect, but it was very difficult to get the system up and operating during the pandemic.

In the package, we talk about burning through a lot of cash. We feel that the system hasn't had enough time or the proper ridership and the ability to develop it. We're asking, hopefully, that the government will consider more funding to allow us to expand the service and to sustain it. We've put away some money. We've made a substantial investment, and we've put away some money to sustain it through this year, but the funding announced was only for new measures, for new transportation systems, and I believe there was \$5 million per year set aside. It's not nearly enough to help sustain rural transit projects.

In rural areas, it costs more to sustain transit. It is important for people to get to hospitals, to get to education, to get to see their doctors, that type of thing. We're slowly seeing the system grow. I've provided some statistics, as well, of the ridership. We feel the ridership—with a little bit of help from the government going forward, we'll be able to sustain the system.

The next thing I want to talk about, we titled "health and social services." I'm sure you've heard over and over again today about downloads. They continue to happen, but some of them are really starting to affect our communities, and one of the examples is the board of health. If you look at the budget increases over the years: 2019, 0%; 2020, 0%; 2021, 0%; 2022, 1%; 2023, 1%; 2024, 1%. The

reality is that while we're struggling to keep up with inflation, the agencies are being forced to either contract or to—we see all the time, through land ambulance and different services, where we're getting large increases of 13% to 14%, and we just cannot sustain this on property taxes. I'm sure you've seen all the advocacy from AMO on our behalf about how we need a new deal for taxation, and we in the town of St. Marys believe that.

What the health unit has been forced to do in our area—in 2023, the only temporary staff hiring occurred. In 2024, they removed 13.5 positions from the organization, and you can imagine what that does to a service in this small of a community. Further, in 2025, they removed another 2.6 full-time equivalents and gapped 7.6 full-time equivalents.

I've been in the mayor's chair for 10 years, and if you would have asked me 10 years ago about some of the problems I'm seeing and some of the things we're dealing with and paying for in property taxes, I never would have imagined. For example, we have a full-time social worker on our staff. We've gone to work with our provider, as well, to deal with homeless encampments, to deal with people who are isolated. The reality is, we're seeing problems in health care and policing like we've never seen before, and we just don't have the resources to keep up with it.

The next thing I want to talk about is infrastructure funding. As everyone is aware, there's an infrastructure gap that's quite large. We're doing our part to try and catch up, but the reality is that we need stable, sustainable funding. We are not at the point—we're very thankful for the OCIF fund, and the government provides the funding, but it's a guessing game every year.

If you look at the town of St. Marys, for example, in 2022, we received \$658,000. In 2023, we had a bump, which was great—\$702,000. In 2024, we're down \$105,000 to \$597,000; and in 2025, \$539,000, another decrease of \$57,000.

#### 1600

All we're asking of the government is that it is stable so we can plan. A lot of our projects, we have a 10-year, 20-year horizon on. For example, you look at our waste water treatment plant—just about every municipality in the province is looking at waste water, trying to keep water safe and so forth. For us, it's important that we have predictable, stable funding.

I want to talk also a bit about the police. The government generously granted money for municipalities struggling with OPP costs, increasing costs. Our costs are increasing as well; where's our money? We've partnered with the Stratford police to create a system that's affordable and workable. Our cost increase has gone up over 10%, and increasing all the time. Technology is expensive.

There's been money for other rural municipalities in the province. The government has always told us to be more efficient and better, and we're trying to make efficiencies, and we're being penalized. Because the OPP costs are so high, they got a generous gift. St. Marys received nothing.

That's not fair, so we're asking for fairness in the application.

This one won't cost you any money, actually; that's something you probably haven't heard today. One of the things we're experiencing is that in our community, we have commercial properties sitting vacant. We're asking that this committee and this government consider a vacant commercial tax for properties, just as they have with housing in other areas.

You may say, "Why is that?" What we're seeing is speculation and properties that aren't being redeveloped. We have a downtown significant facility that has sat for eight years vacant, and our hands are pretty much tied as to how to get this property rented and going again. We're seeing speculation from, quite frankly, GTA investors, and it's hurting our core. Downtowns are the hardest—well, you know, small-town communities—and what we're asking for is just to consider a change in the Municipal Act that we might be able to, just like they do with housing, do it with commercial properties.

No money—so that's probably the first time today you've heard that, actually.

Finally, we want to talk about the property tax and assessment system. We're really happy, and I'm sure you heard this before—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Al Strathdee:**—that the province is conducting a comprehensive review of property tax and assessment. The focus should be on fairness and transparency while ensuring the system is not overly administrative or costly for taxpayers, businesses and municipalities. The town encourages the province to continue its meaningful consultation and consider balancing fairness and transparency with efficiencies and costs.

Thank you for your time today.

**The Chair (Mr. Ernie Hardeman):** Thank you. Our next one is the town of Minto.

**Mr. Gregg Furtney:** Good afternoon, Mr. Chair, members of the community and honourable Matthew Rae. Thank you for this opportunity.

My name is Gregg Furtney. I'm the CAO of the town of Minto, and I'm here with my colleagues our fearless leader Mayor Turton and our friend and colleague Mr. Chris Clark from Triton Engineering. Recognizing and respecting the time allotment and the fact that you folks have been listening to presentations all day, I'll be super brief. Thank you sincerely for this opportunity.

Since we've covered the introductions already, I'd like to provide you with a little bit of background on the town of Minto, some background on the flooding in the town of Minto, to date, and the requests of you.

The town of Minto is a small, rural community with approximately 9,500 people. It was amalgamated back in 1999. It is a lower-tier municipality; the upper-tier municipality is Wellington county.

For context, our annual budget is actually just around \$11 million, and hopefully, tomorrow night, council will be approving our 2025 budget. Council is small, made up

of our honourable mayor, our honourable deputy mayor and five members of council.

The former town of Harriston sits on the Maitland River, and the town sits within the watershed jurisdiction of the Saugeen conservation authority as well as the Maitland Valley Conservation Authority.

I researched a couple of quotes from a couple of interesting gentlemen. Number one was Mr. Gilbert White. He is sometimes termed the father of flood plain management, and he wrote: "Floods are 'acts of God,' but flood losses are largely acts of man."

Mr. Doug McNeil from 2019 was our Ontario adviser for flooding. He wrote: "It is not hard to see that flooding, whether it is a result of spring freshet, urban flooding or high Great Lakes water levels, is having a growing effect on Ontarians and has reminded us that there is always room to improve."

Flooding is the leading cause of public emergency in Ontario. I want to differentiate between flooding and stormwater management, because they are two very different things, but people seem to interchange the definitions. A flood is an overflow of water onto land that is usually dry that can cause damage to property, infrastructure and loss of life that could be mitigated through flood control measures. Stormwater is referring to the management of rainfall and runoff that occurs within the development of a specific site location. So I wanted to make sure that I differentiated those two definitions.

In doing some research—of course, everybody was in tune to the Hurricane Helene incident. That was absolutely devastating to a lot of people, and you can see by some of the aftermath pictures and the work put into things that it was a considerable amount of work still to be done, especially if there's sanitary sewer infrastructure also part of that issue as a compounding situation.

Ontario has a long history of flooding. The frequency and severity of these storms, and the resulting flooding events, has increased significantly. I was shocked to learn during my research that the average cost of weather-related disasters has risen to 5% to 6% of the annual GDP growth over the last decade. The perfect example of this is for those who live in the Toronto area—was it this past summer? According to a Global News article, the resulting damages of that storm in the Toronto area was about a billion dollars.

Flooding impacts both small and large municipalities. It certainly affects infrastructure, homes, businesses, factories, hospitals, rec facilities etc. It can absolutely cripple a small municipality and inconvenience parts of larger ones. Put that into perspective: the larger ones are inconvenienced; the smaller ones can be absolutely crippled. The former town of Harriston, which is within the town of Minto, has had many flooding events. Like many towns and cities, commercial, industrial and residential areas were all built around waterways. It's just the fact of life.

In 2017, the town of Minto saw the one-in-100-year flood within its municipality. Supported by the Maitland Valley Conservation Authority, town council was forward-

thinking and decided that enough was enough and they started putting money aside and engaging experts to come up with a flood mitigation plan. They completed lidar and flood plain mapping and hydrological modelling, engaged the public, developed a watershed plan and completed a preliminary design report.

In 2025, we have already put money away to do a class C environmental assessment. We estimate that the phase 1 of our physical work is about six and a half million dollars, and the overall phased work is going to be about \$40 million. We are literally planning to move a river. Doing so will save us from future flood disasters by moving a lot of our infrastructure, homes and businesses out of the flood plain. The town of Minto has a shovel-ready project supported by the Maitland Valley Conservation Authority, and I'm sure there will be other municipalities in the same boat.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Gregg Furtney:** Our request from you is for some funding support in our final phase of work. Currently, provincially and federally, there is no grant funding for flood mitigation projects. We are suggesting, therefore, a multi-year funding, and it could flow—no pun intended—through one of several methods. It could be a new program through the Ministry of Natural Resources and conservation authorities, or it could be something through expanded criteria through ICIP, the Investing in Canada Infrastructure Program.

On behalf of the town of Minto, I just want to thank you for this opportunity, and we are certainly open to any questions you should have.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

That concludes the presentations, and we start with the government. MPP Rae.

**Mr. Matthew Rae:** Sorry, Chair, you changed it up. I'm not used to that. I'm only subbing on this committee today.

1610

Thank you to everyone, virtually and in person, for coming in today. I will start with St. Marys. Mayor Strathdee, I know we have talked a lot about the PC Connect bus. I know Perth county recently decided to discontinue that service at the end of the current contract, March 2025. I know the ridership—launching in the pandemic is 100% challenging.

In your opinion, as the mayor of the town of St. Marys, knowing that there are two other big partners involved in this, what supports—be it money or regulations or something, and money in particular—would help make it viable? What would be, in your opinion, the breakdown of it? I'm just going to use 30%, 30%, 30%. I'll leave it up to you, Mayor Strathdee.

**Mr. Al Strathdee:** We're always grateful for any money that flows, actually. Off the top of my head, I think a formula like you mentioned would be workable. We're willing to make the investment, but the reality is that the investment for us on an ongoing basis is probably over 1% on our tax levy, which doesn't sound like a lot, but it is

significant. So we would look at some sort of split funding formula.

The problem with the services too is that we're supporting a lot of the most vulnerable people in our society, people that don't drive or older people that need to get to medical appointments and so forth. That's who we are finding is using the system. If the system ends, there are going to be a lot of people that have become reliant on it. Mind you, the numbers are growing but we've seen, in the last six months, the numbers start to really take off. I think that we are willing to invest in public transportation—we believe it—so we would look at some sort of split funding model for sure.

**Mr. Matthew Rae:** Thank you.

My next question is to Aaron. I appreciate the very succinct presentation. I think you've won the award for that today. And I appreciate you going out to your members to solicit the feedback for this committee and get the grassroots feeling on the ground on that.

As the president of the chamber, what are some of your members saying around the cost of certain regulations? Is there red tape we could reduce at the provincial level, streamlining approvals for small businesses? What are some of your members saying around the red tape and the need to remove more of that?

**Mr. Aaron Martin:** Short and sweet, just like myself.

When it comes to the red tape portion, it's just that anyone that wants to start out that isn't already a large firm, just the paperwork to go through some of that can be tedious to get through, is what I get. More or less—I hear it more on the taxation side as I touched on a bit before—is financing. They are not opposed to paying those taxes, but they want, essentially, a deferral so they don't have to finance that on top. That seems to be one of their largest issues, I would say, that's kind of dragging towards that.

**Mr. Matthew Rae:** Thank you.

I defer my remaining time to MPP Hamid, I believe.

**The Chair (Mr. Ernie Hardeman):** MPP Hamid.

**MPP Zee Hamid:** Thank you all for your presentation. It was helpful.

PC Connect, I have a couple of questions about that as well, because I'm not very familiar with it. What was your ridership in 2024 and how do you see it growing in 2025 and beyond?

**Mr. Brent Kittmer:** Thank you, and through the Chair, in—

**The Chair (Mr. Ernie Hardeman):** If we could introduce the speaker.

**Mr. Brent Kittmer:** Yes, my name is Brent Kittmer, CAO, town of St. Marys. I have primarily been the town contact for PC Connect since its inception in 2020.

Last year, we saw 20,000 rides total across the system, but locally, in the project that we're talking about, we are talking about 15,000 rides between the town of St. Marys, partnered with the city of Stratford, and the municipality of North Perth. For us, that's significant. We're seeing it increase 11,000 to 20,000 between 2023 and 2024. Right now, we are on at 17,000, but projecting at around 25,000 rides this year. It's a nice, steady growth after essentially



two years of no ridership because of pandemic restrictions. We've always been challenged to see this project go through to self-sustainability, and that's where the province would phase out the funding.

The challenge of losing those first two years of funding was that we were essentially forced to have buses driving around empty while we were burning through provincial cash. Had the decision been to allow us to delay the launch of the project up until after the pandemic restrictions had been put in place, it could be arguable that with two more years of funding, the ridership could have gotten to a place where a modest increase in fares could have softened the amount of investment that each of us municipalities are expected to put in place. However, without any sort of extended funding, we're looking at either putting up fares three- or fourfold, which—as the mayor said, we're serving our most vulnerable population; there's no way they can afford it. Then you're asking the municipalities to go from an investment of around \$200,000 a year and triple that to around \$600,000 a year, which again, for us, although it's a valuable service, isn't really cost-effective for us, either.

There has been a launch of a new funding program. It's \$5 million per year more for start-ups. That's really not enough money to fund a rural transit system province-wide. We'd like to see that at least opened up to existing services to help us get through the next few years and get closer to sustainability, as we've been challenged to do. But right now, absent any sort of external funding partners, we're looking at phasing this project out at the end of 2025.

**MPP Zee Hamid:** You mentioned that you lost two years during the pandemic. If the funding, let's say, theoretically, was extended for two more years, would that help you transition, then?

**Mr. Brent Kittmer:** I do believe it would. Again, it would give us those two years that we always argued at the start of the project—we said it makes no common sense to launch this project in a pandemic, but we were challenged to do that, so we did. I feel that if we were given two more years and you saw ridership in the 30,000 rides per year range or 35,000 rides per year range, then you'd start seeing fare revenues truly offset costs.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Brent Kittmer:** And then it gives us the chance to evaluate whether or not we should put fares up—again, a modest amount that is still affordable for that vulnerable population, and then allows us to then make some serious decisions on our side as to whether we pull up our side and fund it to the level it needs to be funded.

**MPP Zee Hamid:** I might as well stay with St. Marys then, because I'm running out of time. Property tax assessment review: How does it help municipalities? Because my understanding is that it's just revenue-neutral.

**Mr. André Morin:** I'll take that one. André Morin, town of St. Marys, director of corporate services and treasurer.

Correct: It's about fairness. It's not about the municipality getting anymore revenue; it's about fairness

amongst who our taxpayers are, number one within, let's say, the residential class, but also from class to class, commercial versus industrial versus residential. And again, it's communicating that and that fairness of who pays what. The bottom line is the same from the municipality, but as you know—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We'll go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** I'm going to start with the town of St. Marys. It's interesting that you brought a proposal that doesn't have a price tag on it. Since 2018, we've seen \$92 billion added to the debt in Ontario—\$21 billion just in this year—so I'm sure that the government will be looking at other creative options.

As far as the commercial vacancy tax proposal goes here, you had mentioned in your comments that you're seeing some speculation and that obviously some of these larger landlords, I would imagine, are waiting for profits to maximize. Are you proposing, essentially, a use-it-or-lose-it concept? Can you just walk us through specifically this one example—because I think it's a good example to use—that you had a large building in the downtown core and it sat empty for eight years? There are obviously so many other things that could happen with that property, so please go ahead.

**Mr. Brent Kittmer:** I'll give a little intro, and then Mr. Morin can provide some more context. We recently met with the BIA and one of the things the BIA said to us is that, "We're a group of people who have invested in your downtown, but it's difficult to make inroads and to attract people downtown when you have vacant buildings. You need to do more." What we had said was, as government, our reach is very narrow. If a person is complying with all applicable laws on their building—they meet property standards, they're paying their taxes and their building is not really in disrepair—there's nothing we can really then do to go and force that building owner to—

**Ms. Catherine Fife:** You have no leverage whatsoever.

**Mr. Brent Kittmer:** We have no leverage whatsoever. There's nothing we can do to force them. In this one instance, we hired a real estate agent to call them on a regular basis and say, "Fill it. Fill it. Fill it." And it's just a person who's not interested in filling it.

Mr. Morin can maybe talk about how taxation may help us with a lever.

**Ms. Catherine Fife:** Yes, please go ahead.

**Mr. André Morin:** Again, very similar to what the province did a year or so ago on the residential side, where there was vacant housing and we're trying to solve this housing problem, the same example exists for our community on the commercial side. It's just giving us another lever where you can set up a tax where property that meets certain criteria—and again, I would suggest a lot of those criteria be set to the individual municipality, with some parameters. Every case is going to be a little bit different—

**Ms. Catherine Fife:** You mean you don't want the province to tell you what to do in your own municipality?

1620

**Mr. André Morin:** Correct. Then, from there, we then have the ability to make those rules. In some cases, that lever may still not be enough, but it's another tool in the tool box that we could use to leverage. And again, financial always seems to be the best lever when it comes to business folks, commercial folks, from that standpoint.

**Ms. Catherine Fife:** This concept definitely has some credibility.

Does AMO have an opinion on this? Have they done an assessment? Because this can't just be St. Marys. This is not an issue that's just facing St. Marys. I'm sure that there are empty, valuable properties in every downtown across this great province. Are you aware—perhaps it's an unfair question—if AMO has an assessment of this?

**Mr. André Morin:** We are not aware that this has gotten a lot of traction in other places—again, likely because there are just more important issues at stake. For us, it just happens to be one of those very important issues that is a little bit—

**Ms. Catherine Fife:** You know, “Nothing is going on in the province; it's all under control.” Yes.

I just want to say, I do think that this is worthy of our attention, and I think that it is something that every municipality across the province would welcome, so thank you for bringing it to us.

To that end, I'm just going to go to the chamber of commerce, because the chamber of commerce, as we've heard from various chapters from across the province—the importance of social infrastructure to draw investment into our core. Good schools, a healthy hospital or ability to get a doctor—these are some issues that we've been hearing. Do you think that a commercial vacancy tax would have a cooling effect or, as long as it was open and transparent and the rules of engagement were up front, do you think it would be looked upon favourably by a chamber?

**Mr. Aaron Martin:** I think it would. I think it would actually open up more areas for businesses to start in as well. You'd almost have some people going, “I'll rent this out at a subsidized cost because it's going to save me on taxes, ultimately.” So then we'll see more businesses grow from that.

**Ms. Catherine Fife:** That's a good answer.

**Mr. Aaron Martin:** That's what I kind of see from it. I do agree with St. Marys, with what they're asking.

**Ms. Catherine Fife:** It seems fairly reasonable, especially given the fact that we are in a humanitarian crisis on housing, I would argue.

I will also just say, I just don't think the appropriate response is to give \$10,000 fines to people who are living in encampments. If they had \$10,000, they wouldn't be in an encampment.

That's a good balance. I'm glad to have gotten those two opinions on the record.

Moving over now to the town of Minto: It's quite something. I've been doing this a long time; it's my 12th year doing finance. I've never had a town come in and say that you are contemplating moving a river. I just wanted

to give you an opportunity to unpack that and also give us some sense as to what other consultation has happened. The fact that you've put forward, I think, a very strong plan that, if municipalities are shovel-ready and they've done their due diligence—there's a higher cost to experiencing flooding than probably the mitigation of that flooding. Please go ahead.

**Mr. Gregg Furtney:** Through you, Mr. Chair: The plan is to literally move a river to add a bypass situation where we are actually going to, through flood plain mapping, remove all the structures and infrastructure out of the flood plain and—

**Ms. Catherine Fife:** What's the estimated cost? I think you said—was it \$5.7 million? How much is it going to be?

**Mr. Gregg Furtney:** The estimated cost for the first phase is about \$6.5 million, and then the additional phases are around \$40 million, so it's an ambitious plan, for sure.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Gregg Furtney:** Right now, as I've mentioned, there is no provincial or federal funding available, to my knowledge, through my research. We have brought a shovel-ready project that we can save ourselves, essentially.

**Ms. Catherine Fife:** You point out in your presentation that the Maitland Valley Conservation Authority has already signed off on this, right? The plan is already supported, so they've reviewed it and they're willing to almost testify that this is a strong environmental plan?

**Mr. Gregg Furtney:** Yes, ma'am, thoroughly. We've even gone to public consultation with it as well. Like I mentioned in my presentation, we'll be doing a class C environmental assessment in 2025. Then we'll be shovel-ready to rock and roll.

**Ms. Catherine Fife:** Yes, rock and roll; I also have never heard that at finance committee.

So what's the cost to not dealing with this? Because that's sometimes what shifts the thinking of this government—

**The Chair (Mr. Ernie Hardeman):** That concludes the time for that question.

**Ms. Catherine Fife:** We'll get you in the next round.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the government. MPP Riddell.

**Mr. Brian Riddell:** My question is for Aaron. Infrastructure has been a crucial part of our province for over a century and the focus of this government. We recently announced the Ontario Infrastructure Bank. How do you see this as an effective strategy to grow infrastructure in Ontario and relate to your situation?

**Mr. Aaron Martin:** Ultimately, that's keeping tax dollars in our area, is what we want to see. So these people are paying those taxes; they want to see it go back into that. The more infrastructure we have in our general area, it allows for more commerce to happen easily. When it comes to anything on the health care side, that's another reason to keep people in this area. But yes, I guess that's my two cents.

**Mr. Brian Riddell:** So you have a positive aspect towards it?

**Mr. Aaron Martin:** Yes.

**Mr. Brian Riddell:** Just going back to the mayor of Minto there and just to jump on—my fellow across the way here is moving a river. You've looked at options like digging it out, making it deeper and putting up gabions. That's not suitable?

**Mr. Gregg Furtney:** Through you, Mr. Chair, I'd ask—

**The Chair (Mr. Ernie Hardeman):** The question is to the mayor.

**Mr. Dave Turton:** Yes, thank you for that question. We have looked at numerous options. This has been an issue for many, many years, stemming back—some of our statistics prove 100 years of flooding. We've looked at options. We have opened up the river on the exit side of the town. We've taken trees down. We've opened it up. We've removed spiles. We've worked on one of our large northward drains, and we have improved it. We've moved the water through town a lot quicker than it was before, and yes, we do have different options.

**Mr. Brian Riddell:** Okay, thank you.

**The Chair (Mr. Ernie Hardeman):** Further questions? MPP Saunderson.

**Mr. Brian Saunderson:** I want to thank all the presenters this afternoon. This is, I think, our fourth or fifth day of consultations. We've been up north, and now we're here. We've heard certainly, from the municipal sector, lots of comments about housing, and we heard that from you, Aaron, on behalf of your chamber—the need for housing but the need also to unlock large infrastructure pinch points to accommodate that housing in a pre-planned, sustainable and intentional way.

One of the discussions has been the cost of the infrastructure, mainly water and waste water. This government has got a \$1.2-billion HEWS Fund for water and waste water. We also have a \$1-billion fund for infrastructure. But there's one aspect to putting it in the ground and paying the capital cost, and there's also the ongoing maintenance and delivering and that's part of your Asset Management Plan.

For municipalities of your size—and I'm going to ask each mayor to start off. I think you gave us an indication of the size of your populations, but if you could just tell me your annual budgets; I think one of the municipalities mentioned it's \$11 million. What's one percentage point on your tax roll? And then to talk a bit about the burden that infrastructure puts on your municipality and your taxpayers, and if it was to be uploaded to a service delivery corporation, that would presumably free up bandwidth for you to provide other services that might be more integral to your ratepayers.

So if I can ask each of the municipal leaders to address that for me or to direct the question however you would like.

Maybe I'll start off with you.

**Mr. Al Strathdee:** Okay, sure. On behalf of the town of St. Marys: Our annual operating budget is about \$26 million. We provide a number of services including day

care and fire and waste water, as you mentioned. We are a population of around 7,400 people; 1% on taxes represents about \$150,000 for us, so when we're looking at \$10 million to \$15 million down the road in terms of borrowing capacity, it becomes significant.

Now, of course, as you're aware, provincial legislation—waste water is self-sustaining. But what we're finding is—the reality is, when I was a kid in St. Marys in the 1970s, when they did the sewers, all three levels of government, we never would have been able to do it on our own. So here we are, 50 years later, and the funding isn't there, quite frankly, for us. We've gone ahead, and we're starting to piecemeal our service, borrowing money and doing it in chunks so it's affordable, quite frankly.

I don't know if you want to add anything.

1630

**Mr. Brent Kittmer:** Yes, I will.

What we're finding is that funding streams exist and they're always appreciated, but they only fund, for example, sewage treatment plants that are falling apart. Municipalities like us have taken regular steps in investing and actually have functioning systems and are just ready to make the next step. There's never funding available to us because we've done too good of a job managing our infrastructure.

Municipalities like us, who need funding, need help for a \$10- or \$15-million job and have done a good job of maintaining it, never qualify for funding. But municipalities who have made the choice to let their infrastructure go into a state of disrepair are the ones who are rewarded.

**Mr. Brian Saunderson:** Go ahead.

**Mr. Gregg Furtney:** Through you, Mr. Chair, our population in the town of Minto is about 9,500 people. Our 1% equals approximately \$70,000, which is not a lot of money, and for our 2025 tax levy increase, we're looking at \$65 per household per year.

Our monies are stretched very thin. We are very thankful for the monies that we are given, but when a road project is \$1 million for a kilometre, we have to look at our options, or deferrals or debt ratio etc. to manage those kinds of projects. We do piecemeal to the best of our ability, but we are thankful for what we have.

**Mr. Brian Saunderson:** How much time do I have?

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Brian Saunderson:** One minute? Then, quickly, just feedback on this: We're looking at trying to create an environment for new housing starts, from rental housing right up to single-family detached homes and everything in between. We're hearing from many sectors that DCs are a problem. DCs are the ways that municipalities wrestle with trying to have growth pay for itself. If we were to find an alternate arrangement, like a service delivery corporation that can handle large infrastructure projects for the various municipalities, from your perspectives in the mayor's chair or CAO's chair, how would you be able to reduce or keep your DCs down to promote the type of growth we need if large infrastructure projects were to be handled by a service delivery corporation?

**The Chair (Mr. Ernie Hardeman):** Go ahead.

**Mr. André Morin:** Thank you. That's an interesting question, and certainly, I think the big answer would be: It depends.

In our municipality, we think we run our systems fairly efficiently. Yes, we use development charges to assist with those types of capital. Our development charge in St. Marys is around—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time.

We'll now go to MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters here today.

I'd like to begin with the Stratford and District Chamber of Commerce. Aaron, thank you very much for your presentation. You mentioned things that this committee has heard time and again: the need to invest in housing, public health care as well as small businesses. I would also add public education. These are key economic drivers. They're part of our competitive advantage. They make Ontario a great place to invest and to build a long-term future.

It's been said with ever-alarming and increasing frequency that Premier Ford's legacy is that of encampments and housing unaffordability. I'm not going to ask you the unfair question about whether it's wise to fine homeless people \$10,000, but I wanted to ask: How are businesses in your community impacted because the province isn't providing affordable housing and ensuring that people have appropriate shelter?

**Mr. Aaron Martin:** Just right off the bat, when you do have homeless people, or people that are experiencing homelessness—however it is phrased—there are issues when you have your customers coming through. Sometimes they often don't want to be around anything like that or it can cause unpleasanties around the business itself. You can also have increased crime in that business, which can be an issue.

The other aspect for affordable housing is, we need more workers. I do believe the four counties here actually have the lowest unemployment in Ontario. I think we're sitting around 3.4%, if I remember correctly, last I looked. So we need more workers, but the problem is, we need places for those workers to live. The prices here are relatively high, as they are in most parts of the province, and the only way we can fix that is by increasing our supply, obviously.

**Mr. Terence Kernaghan:** Most definitely.

I was also hoping, Aaron, you'd discuss the economic benefits of an upstream investment in supportive housing, in particular. Many presenters at this committee have discussed how supportive housing costs less than leaving people out in the cold when you factor in interactions with the health care system as well as the criminal justice system. Would you say that this is a wise fiscal investment that will diminish costs on other, more expensive sectors?

**Mr. Aaron Martin:** I would agree with that, I would say. I know there is quite a demand on it even with the policing and everything along those lines. It adds to longer

calls, and then that can also go into the hospital system as well, for injuries or anything like that.

**Mr. Terence Kernaghan:** Thank you very much.

Next, I'd like to move over to Mayor Strathdee from the town of St. Marys. I feel your pain in terms of PC Connect and the funding and it being rolled out during the pandemic. We had GO Transit in London, which was a pilot project that was launched during the pandemic. There was also a 2022 election promise of an additional \$170 million, which—imagine that—disappeared after the election. What a shock.

But I did want to ask about the commercial vacancy tax. It was something that London city council did indeed study. Its goal was of course to discourage that speculation. The city determined that increasing the tax by 3% would actually be cost-prohibitive. For the city to inspect and administer it, it would require 17 to 18 years to recoup its cost.

Would that be yet further proof that this is something where the province needs to step in and accept responsibility to ensure that downtowns are thriving and vibrant and are full of businesses that want to contribute to the local community?

**Mr. Al Strathdee:** The GO train stops in St. Marys as well, actually—if we're on the same page.

I think any provincial help with regard to sustaining downtowns is really important. Being a smaller municipality, to be quite frank, we don't think the administrative burden would be that difficult for us because there's not that many locations. We would want to model the plan so that it would almost only be applied in extreme situations. We want to be business-friendly, of course, and support business, but to my point earlier, it's the speculators or the people who aren't even attempting to redevelop or repurpose. So, respectfully, I think our gauge on it is a little different, maybe, than the city of London.

Do you want to add anything?

*Interjection.*

**Mr. Al Strathdee:** No? André?

**Mr. André Morin:** I could just quickly add, yes. We've looked at what the city of London has done and we've looked at what the city of St. Catharines has done. They're using the current property standards and rules. Again, that is very administratively burdensome, which is why we're saying, yes, there's things we can do on that front. But just having a tax that we could simply administer and put that burden onto those commercial culprits that are far beyond being reasonable—that's a lot easier than what some of our counterparts in the city of London are doing.

**Mr. Terence Kernaghan:** Absolutely. It makes good sense. It's not something that's arbitrarily just simply dropped on people as soon as a unit becomes vacant. It's a clear example of speculation and not wanting to redevelop.

I've seen examples, also, where municipalities have placed bylaws in place so that if someone does have a vacant storefront, they have to do something in order to reflect the local community, whether it's an art installation

or something along those lines, so it's not just simply a boarded-up shop. Because there's nothing worse for a downtown than when it looks like it's a mouth with a bunch of broken teeth.

Next, I'll turn over to the town of Minto. Mr. Furtney, I was looking over the news and I want to know, would you like to discuss—or any of the people presenting online—the cancellation of the Minto Fire Department's specialty rescue program?

**Mr. Dave Turton:** I think I can talk to that.

We did have confined space to a certain extent and some water rescue, but it was our fire service folks who came forward and said, "We're not equipped for this. This is really time-consuming." So we decided to move away from it just because of people and keeping in mind their families and all the training that it takes today to be a volunteer fireman.

**Mr. Terence Kernaghan:** Absolutely. I believe the number is that there are 10 volunteer firefighters, and the program itself would require in the neighbourhood of 40.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Terence Kernaghan:** What is the replacement for that program at the current time?

**Mr. Dave Turton:** We've engaged with one of our larger municipalities, Centre Wellington, which is going to provide that service for us.

**Mr. Terence Kernaghan:** Excellent, because I think it's important that we ensure that everyone is protected.

Thank you very much and thank you to all presenters.

**The Chair (Mr. Ernie Hardeman):** That concludes the time.

We thank the panellists for your presentations, well-prepared and well-delivered. I'm sure it will be beneficial to us as we move forward with our consultation.

1640

ONTARIO PUBLIC TRANSIT  
ASSOCIATION, STRATFORD TRANSIT  
STAR FAMILY HEALTH TEAM

**The Chair (Mr. Ernie Hardeman):** Our next panel is the Ontario Public Transit Association and Stratford Transit, and STAR Family Health Team.

As we're coming forward, the rules of the game are the same. You will have seven minutes to make your presentation, and at six minutes I will say, "One minute," and at seven, I will say, "Thank you." The "one minute" means nothing and the "thank you" means it's over. We do ask that as you start your presentation, you introduce yourself to make sure that we have the right name to the right comments.

The first presenter will be the Ontario Public Transit Association and Stratford Transit. The floor is yours.

**Mr. Michael Mousley:** Good afternoon. Thank you for this opportunity to present to you today. My name is Michael Mousley. I'm the manager of transit for the city of Stratford and also an OPTA member presently. I'm proud to represent the transit system that connects our

growing community here in Stratford, Ontario. I am also representing the Ontario Public Transit Association, of which Stratford Transit is a member.

Public transit isn't just about moving people; it's about building a stronger community. In Stratford and Perth county, transit is a key connector. It helps residents access education, employment, health care and recreational opportunities. It also fosters social inclusion, ensuring that all residents, regardless of income or ability, have access to the opportunities they need to thrive. Every dollar invested in public transit generates returns that ripple through the economy and society. As we look toward the Ontario government's upcoming budget, I'm here to highlight the challenges transit agencies like Stratford Transit face and to share recommendations for sustainable funding that will help us meet the needs of our growing population.

Like many transit agencies across Ontario, Stratford Transit is facing a perfect storm of challenges, even with ridership still not achieving pre-COVID levels. Operating costs are rising steadily—maintenance, fuel, wages—yet funding has not quite kept pace. The Dedicated Public Transit Fund, or DPTF, which relies on a two-cent-per-litre gas tax, provides predictable, flexible funding to transit agencies that can be used for capital or operating expenses. It has been used by transit agencies to do exactly what it is intended to do: grow ridership. Yet, it remains at 2019 levels. Moreover, the fund has not kept pace with inflation since it was introduced in 2007. Over this period, its purchasing power has dropped by 30%. Two cents in 2007 has the purchasing power today of 1.4 cents. Adding to this pressure, Ontario's population has grown by nearly one million people over the past two years. Here in Stratford, we've seen our population increase almost 10% just in the last few years.

For ridership to increase and be more financially sustainable, the funding needed to maintain and grow service must as well. Without intervention, these financial constraints force difficult choices, including cutting service frequency and coverage, which reduces access to critical destinations for residents; forgoing service expansions on new routes—it would be concerning as the population increases, with numerous housing projects planned or already started in all corners of this city—hiking fares, which places an undue burden on those who rely on transit most. And municipal budgets were at an all-time high, which puts municipalities at risk, where tough decisions are expected in the near future of which services the city maintains or ceases to offer.

When transit is underfunded, agencies delay necessary fleet maintenance and replacement. The inability to replace aging buses leads to rising maintenance cost and reliability issues, which further erode rider confidence.

This is why Stratford Transit and the Ontario Public Transit Association recommend a top-up to the DPTF, raising its funding to \$725 million for the 2024-25 fiscal year. This adjustment reflects not only inflation but also Ontario's population growth. It would restore the fund's original purpose: supporting ridership growth and ensur-

ing that transit agencies can meet the needs of the communities. For Stratford Transit, enhanced DPTF funding would allow us to maintain existing service levels and keep riders connected with present or introduce new service, and invest in replacing aging buses, reducing the financial strain caused by increased maintenance.

In order to meet local, provincial and federal GHG reduction targets, the city has begun to investigate the transition from fossil fuel transit buses to battery electric over a 15-year time frame. As an example, BEBs are twice the cost of a present fossil fuel unit, and even with the funding through the ZETF program it's a fifty-fifty split. The municipality would greatly benefit from an enhanced provincial capital program to lessen the burden on the municipality going forward. These particular GHG programs are of the utmost importance for the future to lessen greenhouse emissions.

Now, this isn't just about maintaining transit; it's about building a foundation for economic, greener and social mobility, particularly when we recover from the challenges over the past few years. Alongside operational funding, Stratford Transit faces significant challenges with capital investments. Procurement costs for new buses continue to rise and delivery times have been delayed as the North American manufacturing contracts. On average, our buses are older than they should be, which increases maintenance costs and reduces service reliability. The average bus age in Ontario has increased from 8.3 years in 2019 to 9.5 years in 2023.

Stratford Transit also supports OPTA's recommendation that the province match the federal funding in the baseline stream of the recently announced Canada Public Transit Fund, which is an estimated \$220 million annually for Ontario. There is a precedent for this province matching federal transit funding. Federal programs like PTIF and ICIP have already demonstrated the power of collaboration, with \$17 billion invested in Ontario transit between 2016 and 2023. Stratford is expecting at any moment to receive funding approvals from the Canada Public Transit Fund. Provincial matching will allow us to do more for residents and reallocate municipal funding towards operations. By continuing this model of partnership, we can ensure that our capital investments, whether fleet renewal, infrastructure upgrades, technology investment or state-of-good-repair projects are sustainable and effective. These investments are critical to the long-term viability of transit systems, including Stratford Transit.

With respect to rural transit investments, we commend the government for establishing the Ontario Transit Investment Fund, or OTIF, as a successor to the Community Transportation Grant Program, CTGP. This new initiative reflects the government's commitment to addressing the mobility needs of Ontarians, particularly in rural and remote communities where access to alternative transportation options is limited. OPTA and Stratford Transit offer a cautionary word, however, about the fate of CT grant recipients that are not successful in the application process for OTIF. Given low density and long distance, rural transit will always require higher levels of subsidy.

Just recently, Perth county council, who the city partners with with the CT funding pilot, voted to cease operations of one of the rural transit routes after March 2025, when the pilot project ends. This was due to budget restraints and tough choices needing to be debated and discussed. Unfortunately, this will—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. You will have to finish that in the round of questioning. I'm sure somebody will give you that opportunity.

We'll now go to the STAR Family Health Team.

**Ms. Monique Hancock:** Good afternoon, members of the committee. My name is Monique Hancock, serving as executive director of the STAR Family Health Team. I'm here to request that in this year's provincial budget the Ontario government invests in primary care wages to build a stable, sustainable workforce that meets local health care needs.

Next slide: Our family health team is a not-for-profit organization that brings together different primary health care providers to coordinate the highest possible quality of care. Our team consists of a dynamic, forward-thinking group of family physicians, nurse practitioners, nurses, mental health workers, dietitians, pharmacists and a psychological associate, all supported by a committed and experienced administrative staff.

We have two clinics in Stratford and one in Tavistock. We are one of nine FHTs/CHC members of the Huron Perth and Area Ontario Health Team.

I want to start by thanking you for your impactful investment in team-based primary health care over the past 20 years. We know that having a trusted primary health care team who is familiar with you and your family throughout your lifetime is priceless and results in better health care outcomes and patient experience.

I will share a story that provides evidence of our hub-spoke model of care, demonstrating the value of nurse practitioners in primary care in reducing health care costs and effectively managing patients, specifically those with heart failure. Take Beth, a 60-year-old patient with severe cardiomyopathy. Beth previously had several admissions to the hospital due to volume overload. She was enrolled in the CHF program with our nurse practitioner and went on to be successfully managed as an outpatient. The NP was able to adjust medication based on the patient's symptoms and ensure the patient was on goal-directed therapy. This model of care was successful in preventing additional health care costs, including subsequent ER visits and hospital admissions.

**1650**

This model also enhanced access to specialized expertise within the primary care setting and improved patient outcomes and quality of life through consistent monitoring. We need relationship-focused care that is community-embedded. The community is where the patients want to receive their care, and we meet them where they are at.

People who have had a continuous relationship with a family physician and team for 15 years or more had a 30% reduction in hospital admissions. Our teams are often the

first and ongoing point of contact for services. It's a relationship they count on from birth to death and through multiple generations. Shockingly, FHTs have been without funding increases for salaries for the last four to five years, while professionals and support workers in other health care organizations have seen increases. With this wage gap and the rising cost of living, it's increasingly difficult to attract and retain skilled professionals, which impacts patient care and services.

Primary care professionals are struggling to make ends meet. As you are aware, Dr. Jane Philpott has recently been appointed as chair to lead the new primary care action team. She quotes, "The reality is that we have not followed the science in Canada. The science has been known for decades that countries or regions who have built a strong primary care system get better outcomes, at more affordable costs, and they provide better access and better equity. We need a very big investment if we're going to attach every person to a primary care team."

Our ask: We need an immediate investment of \$500 million annually over five years to close the wage gap, or \$1.4 million for FHTs, in specific. Our team would need \$140,000, for example. The primary care sector is more than \$2 million behind in wages compared to peers doing similar work in hospitals and sectors, especially given the 11% increase for hospital nurses and 8% increase given to emergency medical services in 2023.

Even without sector compensation to keep up with inflation, suggestions are for an annual increment of 2.9%, despite the fact that we've seen 3.4%, 6.8% and 3.9% over the past three years. Teams need an updated contract that allows for funding flexibility so that we can respond to local needs without the risk of budget cuts for achieving efficiencies. We have been without a contract for three years now.

We have lost MOAs, RPNs, RNs, mental health workers and NPs all to other higher-paying organizations or private practice. Resources are wasted filling unnecessary vacancies—vacancies that occur due to non-competitive remuneration. We've seen a significant increase in wait times for necessary appointments and a reduction in the number of new patients able to attach to a physician on our team. We have had difficulty recruiting and sustaining staff in the interprofessional primary care team expansion recently launched in Huron-Perth. Without action, we risk further erosion of primary care infrastructure, including loss of valued, knowledgeable and experienced health professionals, at a time when the demand for primary care is rising due to an aging population, the long-term impacts of COVID-19 and increasing mental health needs.

Primary care is the foundation on which the rest of our health care system is built, and its strength depends on adequate investment in people and organizations delivering care. We invite you to meet with us to discuss these challenges further and find solutions together.

On behalf of STAR Family Health Team, thank you for the opportunity to meet today.

**The Chair (Mr. Ernie Hardeman):** One minute—and you didn't need it. Thank you very much for the presentation.

With that, we'll start the questions with the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thanks to both of you.

I really do want to focus on Ms. Hancock's presentation because there has been a common theme across the province around the underfunding of primary care. I liked the fact that you did quote Jane Philpott. This was quite a catch, I would say, to have this expertise design—or look at redesigning—primary care and the health care system in Ontario. I hope the government listens. You can ask for the report, but on the housing report, we also don't have fourplexes, even though that was part of the solution. That's my hope: that Ms. Philpott will come forward with a report that's actionable and that the government takes action on.

You did mention no contract for three years. We need to talk about this, because contracts can push people out or hold people in. When I look at the out-migration numbers for health care specialists following Bill 124 and the crisis that ensued, people are leaving this province because of compensation and working conditions.

Can you give us a sense of who is doing this well in Canada? Who is actually dealing with this issue appropriately or in a very responsive way? Can you give us that idea?

**Ms. Monique Hancock:** I would ask you to look at places like Finland, Sweden, the Netherlands, the UK. I would ask you to look there, because that is where they're saying some of the best outcomes are coming from as a result of who is doing it well.

**Ms. Catherine Fife:** I was looking for a Canadian jurisdiction, obviously, but I'll take those recommendations and have a review of them.

But when the entire system is set up to have primary care as basically the gateway to the health care system, including acute care, if you're not getting that building block right, then other things fall apart. Can you give us a sense of how you see that?

**Ms. Monique Hancock:** Yes, absolutely. Obviously, for the last several years, you've got the pandemic that hit, you've got Bill 124, you've got no funding coming for wages, and you've got staff that are incredibly passionate about the work that they do. They have longitudinal relationships with these people. They do not want to leave, but they're being forced to leave due to economic reasons.

I am seeing an issue with recruitment. I'm spending a lot of time with recruitment, getting more people in. We're having trouble hiring people into the IPCT expansion program because the wage just is not there. We have NPs who are leaving our family health team and going to work in private practice. All of these things have impact on services, which then actually funnels down to the emergency departments and hospital admissions.

We need to actually strengthen primary care, and that is what Dr. Jane Philpott's passion is about: putting that

infrastructure and that strength into primary care so that, downstream, we can have more success.

**Ms. Catherine Fife:** I do appreciate that explanation, and you clearly outline what needs to happen.

This should not be a surprise for the government. If you disrespect the very people who are holding the system up together—and I just read a Globe and Mail article about how it really is the tenacity and resilience of the people in the system that is actually holding things together.

Ms. Hancock, I just want to say thank you very much for your presentation. We'll take it back when we are reviewing the pre-budget.

**Ms. Monique Hancock:** Thank you.

**Ms. Catherine Fife:** And then I'm going to pass it over to my colleague.

**The Chair (Mr. Ernie Hardeman):** MPP Kernaghan.

**Mr. Terence Kernaghan:** Thank you to our presenters.

I'd like to begin with you, Mike. You've outlined how purchasing power has dropped for transit providers by 30% since 2007. The Association of Municipalities of Ontario has called for a new deal for municipalities, and it would include the restoration of 50% provincial funding for municipal transit net operational costs. How does this compare to your request in terms of the dollars and cents?

**Mr. Michael Mousley:** Thank you for the question. It does come down to dollars and cents, absolutely. I would say this mirrors fairly closely to what the ask is from municipal operations and from the OPTA group itself. I think it very well aligns.

**Mr. Terence Kernaghan:** Excellent. You mentioned that rural transit will always require further investment. What happens to rural communities if the government doesn't provide that important investment?

**Mr. Michael Mousley:** Again, a very good question. From what we found out from ridership with this pilot project that we've been doing for the last five years, it's been a steady increase from month to month and year to year, which shows that the service is being used. What will happen—as transportation services have come and gone in the past, it leaves a huge gap, especially with a county as big as Perth. It leaves a lot of gaps for people to get to jobs, because a lot of people work in other—like in Stratford, as an example, or in Mitchell, or in St. Marys. It also limits those—as we have an aging community, unable to get to medical appointments. So it's a very important service.

1700

**Mr. Terence Kernaghan:** Thank you.

I'd like to move over to Monique. Monique, thank you for your presentation. Primary care is the gateway to the rest of health care, and you've outlined how investments in this are an upstream investment which will realize cost savings down the line.

I just want to ask a rather difficult question, I suppose. In terms of recruitment, how are you able to convince health care professionals to join a health team when the pay is such a vast difference?

**Ms. Monique Hancock:** That's a very good question. The first thing that I think about is that a lot of people who

are joining family health teams at this point right now are generally new recruits.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Monique Hancock:** It's very rare, given our funding and our compensation, that we would be able to hire somebody with 10 years' experience, so because of that, we generally have a younger staff that come in.

We also try to pull in a whole bunch of HHR strategies like recognition day, service awards, promotion for leadership, training and professional consultation. We're looking at vacation policies. We've got an AI scribe now—I don't know if many of you know about that, but that is something that will help our providers be more efficient in their ways. We're doing succession planning; engagement surveys. We have a whole bunch of things that executive directors are dipping into their tool box to be able to be creative to try to recruit.

Thank you for the question.

**Mr. Terence Kernaghan:** Of course, you're finding all those things yourself without support from the province.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

We'll now go to the government. MPP Rae.

**Mr. Matthew Rae:** Thank you to the presenters for presenting. We saved the best for last, I think, Chair, for today.

My question is for Monique. Thank you for your presentation and for coming in. STAR Family Health Team does a lot of great work locally, as I know. Just building off of MPP Kernaghan's question around the technology aspect, can you explain the need for some more flexibility in that funding as an executive director? Because it is pretty rigid in the family health team.

**Ms. Monique Hancock:** Yes. I don't know if you know this, but we have rigidity within our operation budget where we're only allowed to spend a certain amount and go above it by \$10,000 within each of our operating budgets.

We are pushing for more of a global budget so that we have flexibility in that regard. Is that what you're speaking to?

**Mr. Matthew Rae:** Yes.

**Ms. Monique Hancock:** That's the kind of thing we're pushing for, and we're hearing that there might be an acceptance of that. But one of the challenges with that is we spend more money on rent or digital solutions, and that would then impact how much money we have for HR. So that's always a challenge with regard to, as costs go up operationally, how much you have left for HR.

**Mr. Matthew Rae:** Yes, 100%. With many things any level of government is dealing with, there are many facets to a challenge or a wicked problem that they may face, and so I just—some of that key component around that flexibility and the need for that flexibility.

My last question before I pass it to my colleagues for some of their questions, Monique, is around—I know the \$500-million ask has been brought up earlier today. Again, a whole bunch of community care organizations are coming forward with that; it's not just the family health



teams. Ontario has set this very ambitious goal in the next five years to connect more people to primary care. Anyone who wants a primary care provider can have access to one. Does the government need to address that wage disparity to meet that goal?

**Ms. Monique Hancock:** Oh, absolutely. I would have to say that one of the challenges with trying to get this IPCT, this interprofessional primary care team, expansion is the current rate that we have for the compensation. I've never seen, in the 12 years I've been working here, such a difficult time in recruiting. I would have to say, unless we get our compensation up in line, we are going to continue to struggle recruiting people in any of these expansion teams.

**Mr. Matthew Rae:** I defer the remaining time to MPP Saunderson.

**The Chair (Mr. Ernie Hardeman):** MPP Saunderson.

**Mr. Brian Saunderson:** Thank you to our last presenters of the day for your valuable input on this important process.

Coming from the municipal sector, and having been involved in some transit discussions, my questions really are for you, Mike. I appreciate what you do here locally. When did you start the transit system here? You talked about a five-year pilot project. Was that when it was started here in Stratford?

**Mr. Michael Mousley:** Excellent question, and thank you. The conventional service, the city transit has been running since the 1950s. The community transportation grant that was offered through the province started about five or six years ago, and it was a pilot to introduce, basically, rural parts to bring them to bigger urban centres—especially for Perth county and about five or six other projects that are in southwestern Ontario. Prior to Greyhound, there was no such service. People were pretty much on their own. This is a service that staff between the county and the city of Stratford basically built from ground up about five years ago, and during a pandemic, which was a challenge as well.

With this new service, with the funding from the province and some investment from partners in the municipal world, we've actually built a system over the last five years to get people, like I said, to work, medical appointments and education. It's been about five years that this service has been running.

**Mr. Brian Saunderson:** Just for clarity, then, for me, the ask that you've come forward with today—and I know you were recently at Queen's Park on December 5—does that relate just to the pilot project? Or is it also addressing issues for your local transit that's been around for over half a century now?

**Mr. Michael Mousley:** Excellent question again. Actually, it kind of speaks to both, for continued support for our conventional service that's been running for a very long time. As you know, with some experience in transit, everything costs the same whether you're in a big centre or a small centre. The smaller centres probably struggle a little bit more financially. A bus is the same as a bus as far as how much it costs, no matter where it is. Labour, fuel, all those are pretty much all the same values. So the

pressures on a smaller municipality, of course, are far-reaching than a bigger centre might have.

As far as that recommendation from the OPTA group, which, as I said, I'm a part of, there's also a part of the CT funding program, which ceases March 2025 as far as the funding goes. I started to make mention that Perth county council had to make an unfortunate decision during their budget process, that they weren't able to carry on beyond March without any additional significant funding, and they were going to have to cancel their service, which probably affects—I keep track of the numbers—about 700 riders a month who travel the rural routes that come into the Mitchells of the world, or some outlying smaller municipalities.

Being partnered with the county also, I have some reservations—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Michael Mousley:** —as far as how much longer we're going to be able to keep our three routes out of the four—the rural route being the other one—beyond 2025. Our funding was a little bit more, so we had a little bit more to play with, but that only gets us to about halfway through next year. After that, it's pretty much the three partners that we're involved with, which is North Perth, St. Marys and Stratford. We go to reserves as far as to fund the remaining of 2025. The big question is, what is this project and what does this transportation service look like beyond 2025?

**Mr. Brian Saunderson:** I know we don't have a lot of time, but in Simcoe county—I'm from Collingwood—we had our own public transportation for about 25 years, and then the county of Simcoe created a network similar to, I think, what you're talking about. The ultimate goal is to connect people to Barrie so that they can get to appointments far afield, not just within the locality. I think it's the same for you—

**The Chair (Mr. Ernie Hardeman):** Thank you very much for that.

Now we go to MPP Fife.

**Ms. Catherine Fife:** No further questions. Thank you.  
*Interjections.*

**The Chair (Mr. Ernie Hardeman):** Go ahead.

**Mr. Brian Saunderson:** The net intent, as I understand it, of the broader network is to try and be able to provide public transportation at affordable rates for residents in the area so that they can get to and from larger centres, but also get down to the city of Toronto and other appointments they may have. Is that part of the net that you're looking at here?

**Mr. Michael Mousley:** That's exactly correct—great question again. It's all about first mile, last mile and having a connected service that will get people from a rural route out in the county into a Stratford or into a KW, Kitchener-Waterloo, or to a London—some of our services offer that—and then, from there, a further connection, either by GO or Via or bus, to even get to the bigger centres like Toronto.

**Mr. Brian Saunderson:** And do you participate with Metrolinx on procurement or larger-group procurement?

**Mr. Michael Mousley:** I deal with Metrolinx through the TPI program for procurement of buses and technology, yes.

**Mr. Brian Sauderson:** Thank you for the work you do. I'll pass it on, then.

**The Chair (Mr. Ernie Hardeman):** MPP Hamid.

**MPP Zee Hamid:** You answered most of my questions that I was going to ask, but I'm curious. You have two recommendations here: enhancing the Dedicated Public Transit Fund and, secondly, matching the federal Canada Public Transit Fund. If you were to pick one or the other, would you have preference any which way?

**Mr. Michael Mousley:** Good question. Either through the new fund through the federal government or the provincial gas tax, I would probably pick the provincial gas tax.

**MPP Zee Hamid:** In terms of distribution of that, do you still support distribution—I mean, gas tax, I think it works based on population. Does that formula work? Or should we look at something else as well? Should we tweak the formula?

**Mr. Michael Mousley:** Good question. It's true, it's population ridership. It's a 70-30 split; that's how they factor in how much provincial gas tax you're allocated for each municipality. At this point, to a larger, bigger urban centre, the math could be looked at a little differently. But in the role that I play here, dealing with gas tax for a long time, I think the math seems to be very solid.

**MPP Zee Hamid:** Let's speak of larger urban centres for a second. Things like the GTA, for example—we have the One Fare Program that eliminated multiple fares. How does it help transit riders in those areas at least?

**Mr. Michael Mousley:** Not having the most experience in that kind of fare, but from talking to others—because we do communicate quite a bit through OPTA through all Ontario transit—it does seem a very seamless program. In the GTA, as an example, if you're using three different types of transit services in three different municipalities, you don't have to keep a certain fare for this one, a different type of pass for this one and a different for this one. It seems to be very seamless around the Golden Horseshoe; for the most part, it's a one fare structure that can be used on very different services.

**MPP Zee Hamid:** My last question for you is, if we were to take just one key takeaway from your presentation—sorry, I don't want to put words in your mouth, but I think it would be to enhance the dedicated transit fund. Would that be correct?

**Mr. Michael Mousley:** That's correct, yes.

**MPP Zee Hamid:** Awesome. Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Everybody finished? With that, that finishes this panel.

Thank you very much for your participation and all the time you took to prepare and the great job of presenting it to us this afternoon. We very much appreciate it.

I want to thank all the presenters for this afternoon—in fact, for the whole day. As a reminder, the deadline for written submissions is 7 p.m. Eastern Standard Time on Wednesday, February 5, 2025. To the people on the panel, if you have more to add to your presentation, you can send in more and it will be taken into consideration.

With that, the committee is now adjourned until January 9, 2025, in Ottawa. Thank you very much.

*The committee adjourned at 1714.*



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