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CONTENTS / TABLE DES MATIÈRES

Monday 2 March 2020 / Lundi 2 mars 2020

MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

Ontario Disability Support Program
Mr. Joel Harden 7299
Second Harvest
Mr. Roman Baber 7299
Mental health services
Mme France Gélinas 7300
Accessibility for persons with disabilities
Mr. Lorne Coe 7300
James L. Dunn
Mr. Percy Hatfield 7300
Municipal development
Ms. Kathleen O. Wynne 7300
Home James
Mr. Rick Nicholls 7301
Taxi insurance
Ms. Peggy Sattler 7301
Coldest Night of the Year
Mr. Will Bouma 7301
Speech-language pathologists and audiologists
Mr. Sam Oosterhoff 7301

INTRODUCTION OF VISITORS / PRÉSENTATION DES VISITEUSES ET VISITEURS

Miss Monique Taylor 7302
Mr. Michael Parsa 7302
Mr. Sol Mamakwa 7302
Mlle Amanda Simard 7302
Mr. Randy Pettapiece 7302
Mr. Percy Hatfield 7302
Mr. Deepak Anand 7302
Ms. Doly Begum 7302
Ms. Jane McKenna 7302
Ms. Sandy Shaw 7302
Mr. Parm Gill 7302
Hon. Jill Dunlop 7302
Mrs. Nina Tangri 7302
Mr. David Piccini 7302

QUESTION PERIOD / PÉRIODE DE QUESTIONS

Education funding
Ms. Marit Stiles 7302
Hon. Paul Calandra 7302
Education funding
Ms. Sandy Shaw 7303
Hon. Paul Calandra 7303
Education funding
Ms. Laura Mae Lindo 7304
Hon. Paul Calandra 7304
Vaping products
Ms. Donna Skelly 7304
Hon. Christine Elliott 7304
Licence plates
Ms. Jennifer K. French 7305
Hon. Lisa M. Thompson 7305
Education funding
Ms. Kathleen O. Wynne 7305
Hon. Paul Calandra 7306
Ontario film and television industry
Ms. Christine Hogarth 7306
Hon. Lisa MacLeod 7306
Licence plates
Mr. Taras Natyshak 7307
Hon. Lisa M. Thompson 7307
Midwifery
Mr. Mike Schreiner 7307
Hon. Doug Downey 7308
Hon. Christine Elliott 7308
Employment services
Ms. Catherine Fife 7308
Hon. Monte McNaughton 7308
Mrs. Lisa Gretzky 7308
Skilled trades
Mrs. Robin Martin 7309
Hon. Jill Dunlop 7309
Hon. Monte McNaughton 7309
Affaires francophones
M. Jeremy Roberts 7309
L'hon. Caroline Mulroney 7309
Education funding
Ms. Teresa J. Armstrong 7310
Hon. Paul Calandra 7310
Nuclear energy
Mr. Stephen Crawford 7311
Hon. Bill Walker 7311
Ontario Disability Support Program
Mr. Faisal Hassan 7311
Hon. Todd Smith 7311
Public transit / Transports en commun
Mrs. Robin Martin 7312
Hon. Caroline Mulroney 7312

REPORTS BY COMMITTEES / RAPPORTS DE COMITÉS

Standing Committee on Justice Policy
Mr. Roman Baber 7313
Report adopted 7313

INTRODUCTION OF BILLS / DÉPÔT DES PROJETS DE LOI

Black Mental Health Day Act, 2020, Bill 178, Mr. Hassan, Ms. Karpoche / Loi de 2020 sur la Journée de la santé mentale des Noirs, projet de loi 178, M. Hassan, Ms. Karpoche
First reading agreed to 7313
Ms. Bhutila Karpoche 7313

MOTIONS

Private members' public business
Hon. Paul Calandra 7313
Motion agreed to 7313
Committee membership
Hon. Paul Calandra 7313
Mr. Gilles Bisson 7314
Hon. Paul Calandra 7314
Motion agreed to 7315

PETITIONS / PÉTITIONS

Long-term care
Mme France Gélinas 7315
Agri-food industry
Mrs. Robin Martin 7315
Telecommunications in correctional facilities
Ms. Bhutila Karpoche 7316
Road safety
Mrs. Gila Martow 7316
Long-term care
Ms. Teresa J. Armstrong 7316
Agri-food industry
Mr. Amarjot Sandhu 7316
Long-term care
Ms. Catherine Fife 7317
Nuclear energy
Mrs. Amy Fee 7317
Palliative care
Ms. Sandy Shaw 7317
Nuclear energy
Ms. Lindsey Park 7317
Affordable housing
Ms. Peggy Sattler 7318
Agri-food industry
Mr. Will Bouma 7318
Documents gouvernementaux
Mme France Gélinas 7318

ORDERS OF THE DAY / ORDRE DU JOUR

Connecting People to Home and Community Care Act, 2020, Bill 175, Ms. Elliott / Loi de 2020 pour connecter la population aux services de soins à domicile et en milieu communautaire, projet de loi 175, Mme Elliott
Hon. Christine Elliott 7318
Mrs. Robin Martin 7322
Ms. Catherine Fife 7326
Mr. Will Bouma 7326
Ms. Catherine Fife 7326
Mr. Lorne Coe 7327
Ms. Catherine Fife 7327
Ms. Teresa J. Armstrong 7327
Hon. Bill Walker 7334
Ms. Peggy Sattler 7335
Mr. Will Bouma 7335
Ms. Peggy Sattler 7335
Mr. Amarjot Sandhu 7335
Ms. Effie J. Triantafilopoulos 7336
Mr. Wayne Gates 7338
Mr. Wayne Gates 7339
Ms. Donna Skelly 7339
Hon. Bill Walker 7339
Mr. Wayne Gates 7340
Mme France Gélinas 7340
Mr. Lorne Coe 7342
Ms. Jennifer K. French 7343
Ms. Lindsey Park 7343
Mr. Faisal Hassan 7343
Mrs. Robin Martin 7343
Mr. John Fraser 7344
Mr. Roman Baber 7345
Ms. Jennifer K. French 7345
Mr. Deepak Anand 7345
Mr. Wayne Gates 7346
Mrs. Gila Martow 7346
Ms. Lindsey Park 7346
Mr. Jamie West 7349
Ms. Donna Skelly 7349
Mr. Wayne Gates 7350
Ms. Jane McKenna 7350
Mme France Gélinas 7350
Mrs. Robin Martin 7350
Ms. Jennifer K. French 7350
Second reading debate deemed adjourned 7353

LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 2 March 2020

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 2 mars 2020

The House met at 1015.

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

Prayers.

The Speaker (Hon. Ted Arnott): I wish to acknowledge this territory as the traditional gathering place for many Indigenous nations, most recently the Mississaugas of the Credit First Nation.

This being the first sitting Monday of the month, I would ask everyone to join in the singing of the Canadian national anthem, followed by the royal anthem.

Singing of the national anthem.

Singing of the royal anthem.

MEMBERS' STATEMENTS

ONTARIO DISABILITY SUPPORT PROGRAM

Mr. Joel Harden: This morning I want to address the troubling development for people with disabilities in Ontario, specifically for recipients of the Ontario Disability Support Program. Two weeks ago, this government announced a pilot project to privatize employment services for ODSP recipients in Hamilton-Niagara, Peel and Muskoka-Kawarthas—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock.

Mr. Joel Harden: In other countries—

The Speaker (Hon. Ted Arnott): I would ask the member to take his seat.

I recognize that we have new standing orders and that we're still getting used to them, but I would ask that all members keep their voices to a lower level so that we can hear the member who has the floor.

Again, I'll return to the member for Ottawa Centre. Continue where you were at, please.

Restart the clock.

1020

Mr. Joel Harden: In other countries where ODSP employment services have been privatized, including the United Kingdom and Australia, the results have been disastrous for people with disabilities. In the United Kingdom, a French corporation called Atos Corp. was given a contract to conduct work capability assessments determining whether or not people with disabilities were fit for employment. Between 2011 and 2014, over 2,000 people with disabilities in the United Kingdom died after their benefits were ended because they failed work capability assessments. Atos Corp. profited handsomely off the misery and humiliation of people with disabilities.

Speaker, in Ontario we cannot go down this road. The 500,000 people who are living on ODSP are already living on miserly low incomes legislated by decades of governments in this province. If we want their dignity to be upheld, if the job of this place is to protect the most vulnerable people in our province, we cannot condone the privatization of employment services for the Ontario Disability Support Program. We're better than this. Let's stop it.

SECOND HARVEST

Mr. Roman Baber: Today I'd like to recognize, and tell the House about, a very special, non-profit constituent. Operating since 1985 and located in my riding of York Centre, Second Harvest is the largest food rescue organization in Canada. It works across the supply chain, from farm to retail, to capture surplus food before it ends up in landfill.

Last year, Second Harvest recovered more than 15 million pounds of nutritious unsold food, focusing on protein, dairy and produce. They rescue food before it becomes waste and redistribute it to approximately 1,100 food banks and social organizations across the GTA. With help from hundreds of companies, foundations and the community at large, they rescue enough food to provide over 43,000 meals a day. Since 1985, it is estimated that Second Harvest rescued and delivered more than 155 million pounds of food. Their vision is: "No Waste. No Hunger." Their mission is to grow an efficient food recovery network to feed folks in need while reducing the environmental impact of avoidable food waste.

I'm proud to partner up with Second Harvest to save more food and feed more people. Last year, I introduced the management of Second Harvest to one of my favourite ministers, the Minister of Agriculture, in the hopes of bridging gaps between Ontario's farmers and Second Harvest. In September of last year, I was delighted to announce a Trillium grant in the amount of $150,000. The grant will enable Second Harvest to purchase an additional truck and deliver more food to people in need.

I'm sincerely grateful to the great people at Second Harvest for their tireless work for our community. I also invite all members of the House to approach me with any—

The Speaker (Hon. Ted Arnott): Thank you very much. The next statement.

MENTAL HEALTH SERVICES

M^me^ France Gélinas: Today, my colleagues from Parkdale–High Park and York South–Weston will introduce a bill to declare the first Monday in March as Black Mental Health Day.

Black Ontarians are resilient. They are strong. They are survivors. They have made and continue to make significant contributions to our province across all sectors, including politics, education, business and sports.

Unfortunately, entrenched, pervasive systemic racism has resulted in their continued experience of discrimination. Black Ontarians face discrimination and racism almost every single day of their lives, be it in our schools, in our hospitals or on our streets. This constant microtrauma is really hard on one's mental health.

Black Ontarians, the NDP caucus and others like myself call on this government to introduce three actions:

(1) Declare the first Monday in March as Black Mental Health Day in Ontario.

(2) Mandate the collection of race-based data by health care providers. We must collect and publicly report health outcomes based on race and ethnicity to drive improvement and accountability.

(3) Fund culturally appropriate, community-based health services to improve health outcomes. We can do this by scaling up good investments, like Taibu CHC.

Speaker, I think we can do this. By next year, Ontario will recognize Black Mental Health Day, will collect race-based data and will have culturally appropriate services.

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Mr. Lorne Coe: Last Friday, I had the pleasure of being at the Abilities Centre in Whitby, where the Minister for Seniors and Accessibility, the Honourable Raymond Cho, announced the second area of focus under the Advancing Accessibility in Ontario framework. The government is leading by example in its role as policy-maker, service provider and employer, and Minister Cho's announcement confirmed that commitment.

Working with the Ministry of Infrastructure to establish effective criteria, not only will a provincial project be required to satisfy accessibility standards; they will also be evaluated based on whether they exceed minimum standards and accessibility guidelines, use universal design principles, and provide innovative solutions to increase accessibility.

What's clear, Speaker, is that the government is committed to protecting what matters most, and this means removing barriers in Ontario so that we can empower all those with disabilities. It's crucial that we set a strong example, like our honourable member, of moving accessibility forward to make a positive difference in the daily lives of people with disabilities.

JAMES L. DUNN

Mr. Percy Hatfield: We just celebrated Black History Month, and in Windsor, our public board did a wonderful thing. They named a new school after the first Black man ever elected as a school trustee in our area. He was James L. Dunn.

Back in 1883, we had three schools: one for the white Protestants, one for the Catholics and one for the coloured kids. The coloured school wasn't much of one, compared to the other two, so Mr. Dunn tried to enrol his daughter in the white one. They wouldn't take her. He appealed to the school board. They turned him down. He took them to court. His case was dismissed. So he ran for the school board and was elected. He served four terms, and then he was elected to city council. Our schools were desegregated in 1888, thanks in part to James L. Dunn.

The new school is actually being built in his old neighbourhood. James was the son of former slaves. He started as a clerk in a varnish factory. He did well. He ended up owning that factory. He became a paint supplier to companies such as Massey-Harris. Along the way, he served as a justice of the peace and was a founding member of the Coloured Masons of Windsor. He was only 41 when he died in 1889. He had the largest funeral ever seen in Windsor up to that point.

I hope the school's future students will channel his spirit, and in his honour continue to fight against anti-Black racism wherever they encounter it along life's highway.

MUNICIPAL DEVELOPMENT

Ms. Kathleen O. Wynne: I've lived with my family in the community of north Toronto since 1982, and in that time I've witnessed the transformation of north Toronto neighbourhoods. One of the persistent issues in my political career has been the controls on that intensification of population. I have worked with local councillors and with residents' and ratepayers' associations like FONTRA, the Federation of North Toronto Residents' Associations; SERRA, South Eglinton Ratepayers' and Residents' Association; and now the Republic Residents' Association, to monitor and work to support reasonable development without destroying neighbourhoods. In fact, it was this experience that helped to inform my commitment to reform the Ontario Municipal Board, which happened twice under the previous Liberal government.

Sadly, the reforms that dispensed with the OMB and replaced it with the Local Planning Appeal Tribunal under our government, which gave greater control to local councils to determine the development footprint in their jurisdictions, have been reversed by the current government. They have retained the name of the LPAT but have undermined the central purpose of the reforms. Of course, developers are very happy with these changes because, once again, they'll be able to essentially ignore the quality of life, the infrastructure and the safety concerns of residents.

Mr. Speaker, we would be happy to welcome the Minister of Municipal Affairs and Housing to come to talk to the people who are actually concerned about these issues, about the changes to development charges, about

the changes to the community benefits charges. We welcome him, and I hope that this time, if he comes, he will actually talk to the residents who are concerned about these issues.

HOME JAMES

Mr. Rick Nicholls: I was pleased to address a luncheon banquet on Sunday, March 1, for this past year's Chatham-Kent Home James ride program. During the past December festive season, Home James and its over 90 volunteers provided rides to over 1,600 people so that no one drove home impaired from alcohol or drugs. Their slogan is "Make Us Your Last Call."

Back in 1999, I was the chair for Operation Red Nose. That was 20 years ago. And, Speaker, if you recall that was the year leading up to—yes—Y2K. As chair, my goal on that New Year's Eve was to ensure that my volunteers remained safe in case of a technology meltdown. But as we all know, fortunately that meltdown didn't come to pass.

Special thanks to OPP Sergeant Chris Hogg, Jodie Hogg, Chatam-Kent police chief Gary Conn, their executive team and all volunteers and sponsors for making this past year, once again, a huge success. This past Christmas season saw over 526 rides provided and over 16,000 kilometres driven while providing a safe ride home to the previously mentioned 1,600 people.

1030

This is Home James's eighth year of operation in Chatham-Kent, and I know there will be many more as the communities in Chatham–Kent grow under our great government.

TAXI INSURANCE

Ms. Peggy Sattler: Recently, I met with Hasan Savehilaghi, the CEO of Yellow London Taxi, as well as several other London taxi drivers. With less than 30 days' notice and without any explanation, these drivers saw their insurance premiums almost double last fall.

Yellow London Taxi is not alone. Across the province, cab drivers, who operate on slim margins already and work up to 18 hours a day just to scrape by, are seeing steep premium increases. Many are older, immigrant drivers who worry they will not be able to find other jobs if they can no longer afford insurance. Some have been forced out by the unilateral cancellation of their coverage.

Speaker, an estimated 1,200 families in London and tens of thousands more across Ontario rely on taxicab industry employment. Ontario residents and visitors count on taxis for affordable, reliable transportation. That's why the Financial Services Commission called attention to sky-high taxi insurance six years ago, recommending that a committee be struck to solve this problem. That recommendation has been ignored, first by the Liberals and now by the Conservatives. With the recent catastrophic insurance increases, the urgency of addressing this issue has never been greater.

Taxis are already heavily regulated when it comes to rates, equipment and how they operate. Why is this government hanging them out to dry when it comes to their insurance?

COLDEST NIGHT OF THE YEAR

Mr. Will Bouma: I am pleased to rise today to speak about and raise awareness for an important event that recently occurred in Brantford. On February 22, teams of people from the city of Brantford, the county of Brant and beyond came together for the annual Coldest Night of the Year charity walk in Brantford.

Every year, people from across the community walk to raise money for causes which support people suffering from hunger, homelessness and neglect in our community. This year was no different, with the event seeing excellent participation and support. Twenty-five teams and about 175 walkers participated in the walk and collectively raised over $30,000.

This year, proceeds from the event went to the Why Not Youth Centre, which serves disadvantaged youth in the downtown core of our city. The money raised from the Coldest Night of the Year will go towards the programming of the youth centre for homeless and at-risk youth. They assist these young people by providing food and clothing, helping them learn life and job skills and much more.

I want to extend a heartfelt thank you to the organizers of the walk and a congratulations for another successful year.

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

Mr. Sam Oosterhoff: When we think about audiologists and speech-language pathologists, we might think about hearing loss or stuttering or other speech impediments. But the work of these health care professionals is so much broader. In fact, it's much more than you think.

Every day in schools, treatment centres, hospitals and private practice, Ontario's speech-language pathologists and audiologists are helping people of all ages overcome a broad range of disorders and challenges so that they can thrive socially, academically and professionally.

The term "speech-language pathologist" can be a mouthful—I'm not trying to be funny—but when you learn all the areas they touch, they are deserving of a long title. Speaking, language, literacy, cognitive communication, feeding and swallowing all call for an SLP.

Audiologists address not just hearing, but also balance, and studies show that getting a hearing aid can slow the progression and impact of dementia. Like the symptoms, the causes can be many. It can be something you're born with, or caused by injury, illness or aging.

It's safe to say that almost all of us or someone we care about will need the services of an SLP or an audiologist at some point.

Speaker, I ask our MPPs to join me in welcoming to the Ontario Legislature the Ontario Association of Speech-

Language Pathologists and Audiologists today, because they do so much more than you think. Welcome.

INTRODUCTION OF VISITORS

Miss Monique Taylor: I'd like to welcome Michau van Speyk from the Ontario Autism Coalition back to Queen's Park today. Welcome back to Queen's Park, Michau.

Mr. Michael Parsa: I'd like to welcome this year's City Shaper OIC 2020 champions: Brianna Lovshin, Muriel Lovshin, Chloe Filice, Harrison Cazzin, Leo Cazzin, Ethan Yam, Jerry Huang, Leela Bhide, Santhiya Kuhan; parents Sherry Darvish, Dennis Cazzin, Kevin Yam, Sharavati Bhide; Coach Eric Borromeo; and Madeline Della Mora. Welcome to the House.

Mr. Sol Mamakwa: I would like to welcome the following guests: Mayor Doug Lawrance from the municipality of Sioux Lookout; Chief Lorraine Crane from Slate Falls First Nation; Delford Mitchell from Slate Falls First Nation; Norman Chapman from Kitchenuhmaykoosib Inninuwug; Bruce Sakakeep from Kitchenuhmaykoosib Inninuwug; Vicki Blanchard from the municipality of Sioux Lookout; Darrell Morgan from Morgan Fuels, Sioux Lookout; Jason Thompson of Superior Strategies; Michelle Larose from the municipality of Sioux Lookout; and Jody Brinkman from the municipality of Sioux Lookout. Meegwetch.

M^lle^ Amanda Simard: I'd like to introduce and welcome page Finnegan's family, who are here from my riding because he's the page captain today.

Mr. Randy Pettapiece: I'd like to introduce a good friend of mine. He's also the MP for Perth–Wellington, John Nater.

Mr. Percy Hatfield: It's University of Windsor day in the House today. I'd like to welcome President Dr. Robert Gordon, Chancellor Dr. Mary Jo Haddad, Dr. Michael Siu, Dr. Chris Houser, Dr. Lisa Porter, John Coleman, Mary-Ann Rennie and Jane Boyd. There's a reception in room 230, and everyone is invited.

Mr. Deepak Anand: I'd like to welcome Allan Fogwill, president of Canadian Energy Research Institute; Babita Gupta, director of Emerging Sports; and Sundeep Misra, journalist and director of Emerging Sports. Welcome to Queen's Park.

Ms. Doly Begum: I'd like to welcome a special guest from my alma mater, from University College London: Emily Prince, from the alumni relations team.

Ms. Jane McKenna: I'd like to welcome representatives from McMaster University. Please join them at their reception today from 5 to 7 in the dining room. Everyone is welcome.

Ms. Sandy Shaw: I'd like to welcome representatives from McMaster University, which is in my riding of Hamilton West–Ancaster–Dundas: David Farrar, president; Karen Mossman, vice-president, research; Mary Williams, vice-president, university advancement; Andrea Farquhar, assistant vice-president, public affairs, and my neighbour; and Kristen Neagle, public affairs. There will be a reception today at 5 o'clock. Welcome, McMaster University, to Queen's Park.

Mr. Parm Gill: I'd like to recognize our page captain today: Hamza Sheikh. I'd also like to welcome his family, who are here today: his dad, Basharat Sheikh; Munawar Sultana; and Nimra Sheikh. Welcome to Queen's Park.

The Speaker (Hon. Ted Arnott): The member for Markham–Unionville.

Mr. Billy Pang: I'd like to welcome *[inaudible]*.

Hon. Jill Dunlop: I'd like to welcome two guests: Roger Selman, president of the Ramara Chamber of Commerce, and his daughter Caitlin Selman. Thank you for being here today.

Mrs. Nina Tangri: I'd like to welcome the entire team from Innovative Medicines Canada, who are here for their lobby day. I invite everyone to join them in room 228 at 5 p.m. this evening.

Mr. David Piccini: I'd like to welcome to the Legislature Jeremy Istead, my OLIP intern, who is starting in my office today, and who is also a native of Peterborough; and another friend of mine, Rana Shamoon, an all-around great person. Thanks for being here.

QUESTION PERIOD

EDUCATION FUNDING

Ms. Marit Stiles: My question is to the Acting Premier. Last year, the Ford government held consultations with parents, teachers, school boards and students about their plans to increase class sizes and to introduce risky mandatory online learning. Why has the government kept the results from the public?

1040

Hon. Paul Calandra: As you know, the minister has been working diligently to come to an agreement with our union partners. We have brought forward a proposal that would see Ontario still remain with some of the lowest class sizes in the entire country. We're very proud of that and we hope that, over the coming days, we will come to a resolution that keeps our students in the classroom. Thank you.

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

Ms. Marit Stiles: Perhaps the Acting Premier didn't hear my question. Let me be really clear about this: Thanks to documents that were tabled at the Ontario Labour Relations Board last week, we now know exactly what parents, students and educators told this government, and it is the opposite of what the Ford government went ahead and did.

For over a week, the Premier has claimed that parents back his plan for classroom cuts, larger classes, mandatory online learning and conflict with teachers. The Premier has obviously not read the results of his own consultation. I would direct government members to the NDP website, where we are going to do what this government refused to do and make that consultation public.

When will this government acknowledge they're wrong and parents, teachers and students are right?

Hon. Paul Calandra: As I just said, we're working very closely. The minister's been working for many months now to come to a positive resolution, one that puts our students first and keeps them in the classroom. We're very proud of that. We want to make sure that our students benefit from some of the lowest class sizes in the entire country.

We've heard that from parents; the member is quite right. We did have extensive consultations, and we understand that. That's why we are putting forward very aggressive proposals to keep class sizes at the lowest possible level, some of the lowest in Canada. But ultimately, we want to come to a resolution, an agreement with our teaching partners, one that keeps our kids in the classroom. Hopefully, we can come to that soon.

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

Ms. Marit Stiles: Back to the Acting Premier: It's mind-boggling. You conduct a million-dollar consultation—I have the summary report right here—and you refuse repeated requests to make this public. We had to go to the OLRB ourselves to get a copy of this. But we're going to make it public so that everybody in this province gets to see what you don't want them to see.

When the Ford government increased class sizes, they claimed that consultations showed support for the idea.

I want to actually share a few of the quotes from this report: "Student achievement will be negatively impacted by larger class sizes.... The decision to increase class sizes is not sufficiently grounded in evidence."

This is a government that claimed that this was going to make students more resilient. Why would the Ford government claim parents and educators supported this scheme when they clearly did not?

Hon. Paul Calandra: Again, what parents want is they want their kids in the classroom. That's what parents have told us. We want to come to an agreement with our partners in the education system, one that is in the best interests of our students. I would hope the opposition wants the same.

That's why we put significant resources back into education since the day we started. That's why the Minister of Education has put a plan forward to ensure that our students have better results in math. That's why we're putting more resources to ensure that our teachers can teach math.

We want kids to be in the classroom, and I would hope that the member opposite and the members opposite would join us in getting that result. We think we're close. We want a negotiated settlement with our union partners in education, and I hope we can get to that over the coming days.

EDUCATION FUNDING

Ms. Sandy Shaw: To the Acting Premier: Over the weekend, news broke that school boards in Halton and Peel are now putting staffing decisions on hold because they lack answers from the government on their plans for class sizes.

This is just another reason to do the right thing. Will this government do what parents, students, school boards and countless others have begged them to do and tell Ontarians that they will not be increasing class sizes?

Hon. Paul Calandra: As the member will know, we've already said that we would reduce class sizes from 28 to 25. That's very good news but, ultimately, many of these issues can be resolved at the bargaining table.

The minister and the government, the crown, have been negotiating with our union partners for over 200 days. We would expect that over that time period, we could come to an agreement. That's what parents want. At the same time, parents have told us they want better results for the money they put into education.

Teachers have told us the exact same thing. They want to have a curriculum that puts our students first, and that's what we are doing—more money for STEM, more money for math. That's what parents want. Ultimately, we want the same thing as parents: We want better results for students. We want our students in the classroom. We ask our union partners to work with us to get that done because it's in the best interest of students, it's in the best interest of parents and it's in the best interest of taxpayers who are also teachers, Mr. Speaker, and we can get this done.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Sandy Shaw: We keep hearing the Premier and the education minister claiming that parents back their plan to expand increased class sizes and fire 10,000 teachers. Yet, the government's own report—their own report—showed again that they were being told the exact opposite. Quoting directly from the report, it reads, eliminating teaching positions "does not allow for sustainability of program or the ability to offer courses such as technology/arts [and English language learning]."

The results of this short-sighted move are causing chaos in all of our schools.

Will this government just announce today that they won't be moving to expand class sizes?

Hon. Paul Calandra: Mr. Speaker, as you know, we've already announced that we would be maintaining the lowest class sizes at the elementary level, the lowest class sizes in Canada. At the same time, we've announced a reduction in class size from 28 to 25 in the secondary stream.

We understand how important it is to put more money back in education. That's why we've increased education funding to the highest level in Ontario history. We're putting more money into math. We're putting more money into STEM—because that's what parents have also told us. They want better results for their kids so that they can participate in the progress, growth and prosperity that this government has ushered in in almost two years.

Now we need our union partners, after 300 days of bargaining, to come to the table and put the interests of students first. That's what we're doing, and I would hope that our union partners would do the same.

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

Ms. Sandy Shaw: Unlike the minister, the parents and students understand an increase is an increase and a cut is a cut, despite what you say. And day after day, the Premier and the education minister have stood here and have claimed that parents and teachers and students were telling them to keep going. Yet every day, when the Premier said those words, he was sitting on a report that told him parents, teachers, school boards and students actually said the opposite.

No one wants the Ford government's classroom cuts. No one wants the classroom chaos the Ford government has brought us. No one wants school boards thrown into chaos. Why do the Premier and the Minister of Education keep claiming that they are doing what parents want when the report says that they are doing the exact opposite?

Hon. Paul Calandra: Look, we're maintaining some of the lowest class sizes in Canada at the elementary level. We've reduced class size from 28 to 25 at the secondary level.

I'm a parent. I have two kids in the education system, two kids who are struggling, quite frankly, with math. When I go to the local math tutor, it is full of parents. They pay a lot of money to get extra tutoring. That should be the responsibility of the government, and that's why we are taking action to put more money back into math and the sciences. When I sat at the local math tutor and I spoke to Lois, do you know what she said to me? She said, "I can't afford this. This is what you should be doing."

We can do better and we will do better. That's why we're putting more money into math. That's why we're giving more money to educating teachers so that they can do a better job. But ultimately, isn't that our job—to make sure that the youngest generation has access to the best public school system in the country? We're doing that, Mr. Speaker. And I would ask the members opposite to join with us in helping make sure our kids are in the classroom.

EDUCATION FUNDING

Ms. Laura Mae Lindo: My question is to the Acting Premier. The Premier and the Minister of Education keep claiming that parents and students are also clamouring for more online learning and larger classes. What they never mention is what the government's own consultations have told them: first, that mandatory online learning doesn't work for all students, and second, that larger class sizes will have the greatest negative effect on Black students and other marginalized students. Why did this government ignore this advice?

Hon. Paul Calandra: We're working very closely with our partners in education to make sure that we have the lowest class sizes in Ontario. We've done that at the elementary stream. At the secondary stream, we've reduced class sizes.

1050

But ultimately, Mr. Speaker, what we're doing is putting more money into the classrooms, more money into education. We are hitting record levels of funding while investing more into math, while investing more into sciences, while investing more into special education. That's what parents are asking us to do.

We've set aside record levels when it comes to capital expansion. We've had a moratorium on rural school closures.

We're getting the job done because parents expect us to get the job done. Now what we need, after 300 days of bargaining: We need our union partners in education to put the needs of students first and keep them in the classroom.

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

Ms. Laura Mae Lindo: Back to the Acting Premier: I was actually speaking specifically about Black and other marginalized students, but that's okay.

Here are some quotes. These are quotes from the government's own consultation. The first: "E-learning courses should be optional." The second quote: "Increasing class sizes at any grade level will have the greatest negative effect on Black students and other marginalized students."

The government was warned not to do this. They did it anyway. Why did the government ask for the advice if they never intended to listen?

Hon. Paul Calandra: Mr. Speaker, as I just said, we listen to parents, and we do so constantly. We've heard from parents that they want more money in education. That's why we increased funding to record levels. We heard parents when they said that their kids are failing in math and sciences, and we are putting more money into math and sciences—and not just in front-line education, but towards our students. When it comes to online learning, we've reduced it from four to two.

But there are a lot of other things we can do. We can make sure that the best teacher has the option to teach our students. That's why we're talking about regulation 274.

Ultimately, what it comes down to is, after 300 days of bargaining with our partners in education, it is time. It is time to put the students first, to listen to parents, to get our students back into the classroom so that they can continue on and we can continue to build the best education system in Canada.

VAPING PRODUCTS

Ms. Donna Skelly: Mr. Speaker, my question is for the Minister of Health. The number of young people using nicotine vaping products has been increasing. We have seen promotional campaigns in retail stores and the sale of flavoured products contribute to this unfortunate trend.

On January 1 of this year, our government acted to end the promotion of vape products except in specialty stores, which are only open to those 19 years of age or older. This was done after extensive consultation with stakeholders on the causes and impact of youth vaping.

Last week, additional safeguards were announced. Minister, will you update this House on what our government is doing to protect our young people?

Hon. Christine Elliott: Thank you to the member from Flamborough–Glanbrook for her question.

Our government heard directly from concerned parents who are worried about the health of their kids. We heard from clinical experts who have been observing with alarm the increased usage of these products. We also heard directly from young people through our direct consultations with them.

That's why, last Friday, we announced protective measures to curb the alarming rise in youth vaping. We are restricting the availability of most flavoured products to specialty vape stores. We're also increasing access to services that help people quit vaping.

This is an issue that we take very seriously, Mr. Speaker. I look forward to providing more information in my supplemental answer.

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

Ms. Donna Skelly: Mr. Speaker, this is clearly an important step in protecting youth from becoming addicted to nicotine. While vaping is considered by some to be a valuable way to quit smoking, we have to ensure that these products do not get into the hands of young people, especially when the long-term health effects are still unknown.

There's obviously a clear case for action, considering the increase in youth vaping.

Increasing support for those trying to quit is another great initiative.

Minister, will you provide us with more details on what our government has announced?

Hon. Christine Elliott: Now flavoured vape products will be available in specialty vape stores and cannabis stores only, with the exception of menthol, mint and tobacco flavours. Ontario will also regulate nicotine content, with higher-concentration products being confined to specialty stores. We also will work with online retailers to make sure that young people cannot access these vaping products.

Our government has listened to parents and youth, and we will continue to do so. We are going to set up a youth advisory committee on vaping to allow for continued engagement on this issue. Mr. Speaker, we take our responsibility to protect the health of Ontarians very seriously, and we will continue to take concrete action to respond to emerging health risks like nicotine vaping.

LICENCE PLATES

Ms. Jennifer K. French: My question is to the Acting Premier. On Friday, the government made its latest announcement to make their embarrassing and unsafe vanity licence plates disappear—this time, the whole plate. After burying their heads in the sand, pretending that there was nothing to see here, the government has finally decided to throw it in reverse and go back to the original white plates while they try, yet again, to get licence plates right.

Speaker, this week they're admitting to what last week they were denying. As the #PlateGate saga continues, what can Ontarians expect next?

The Speaker (Hon. Ted Arnott): The Minister of Government and Consumer Services to reply.

Hon. Lisa M. Thompson: To the member opposite, I have to share with her that I completely reject the narrative that she's trying to perpetuate. The fact of the matter is that we're a government that listens to Ontarians. We heard their concerns, and we've been working diligently to address them.

I'm very pleased to share with you that I appreciate the efforts that 3M has put forward, as well. We are moving forward with a plan that's going to see our licence plates utilize new technology and introduce some opportunities whereby we demonstrate over and over again that a priority for our government is to listen to Ontarians, address the situation and fix the issue.

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

Ms. Jennifer K. French: No one in Ontario asked for their licence plate to be branded PC Party blue, and only the Ford government could design licence plates that can't be read at night, in the light, by some scanners or human eyes, and then spend weeks insisting that they were beautiful and that people like them.

Now that they've been forced to recall the plates, the government has committed to bringing back the white plates until new "enhanced plates" are ready. This isn't good enough when they've knowingly been rolling out defective party blue plates for weeks, knowing full well, despite weird public denials, that they can't be read, and the unsafe blue ones are still rolling out for what will be almost another week.

Speaker, what guarantees do we have that enhanced plates will be any better?

Hon. Lisa M. Thompson: Again, I want to assure Ontarians and everyone in this House today that we are working very diligently to demonstrate how we've listened and how we're moving forward with our plan to ensure that Ontarians have opportunities to embrace new technologies. Through this process, our government has incorporated feedback from our stakeholders, including public safety specialists and stakeholders. We appreciate their invaluable contributions, and we're continuing to work with them moving forward. 3M is providing materials to the province, and testing is being completed by law enforcement as well as key enforcement stakeholders, Speaker.

I want to thank the member opposite for the question because it allows us to absolutely confirm, without doubt, that our licence plates are going to be moving forward in a very deliberate plan to ensure that Ontarians have confidence that we listened and we're addressing the situation.

EDUCATION FUNDING

Ms. Kathleen O. Wynne: My question is for the Deputy Premier. Apart from the chaos that has been created by the government's inability to work with teaching and support staff across province, school boards are scrambling to plan for the year ahead. In its pre-budget submission, the Toronto District School Board, the largest school board in the country, has outlined 10 areas of funding uncertainty and concern, including class size and

online learning, which are both part of labour negotiations. On top of these, Mr. Speaker, the board has asked the government to ensure that the additional funding for school repairs that has been in place for the past four years be continued.

Under our government, funding had been increased. In addition, we were working with the Toronto board to revamp the education development charge process.

Will the Deputy Premier confirm that the additional funding for repairs will be continued this year for all qualifying boards, and will the minister follow the advice of the Ontario Public School Boards' Association and release this information as soon as possible so that boards can plan?

The Speaker (Hon. Ted Arnott): Government House leader to reply.

Hon. Paul Calandra: Mr. Speaker, with all due respect to the member for Don Valley West, I'm a parent, as I've said, of two kids. Before they were in elementary school, I couldn't understand why there was a proliferation of all of these Kumons and all these different Mathnasiums and all of these places. But now, as a parent, I understand: It's because for 15 years, they failed students and parents in this province. They failed them, so now what we're trying to do is to catch up. We're trying to catch up. That's why we're putting more money back in education. That's why we're putting more money into education than has ever been put in the province's history. We're not going to apologize for that. What we're going to do is apologize for the 15 years that they left students without access to high-quality education.

1100

It is unacceptable that our kids are failing at math, Mr. Speaker. We can do better, and we will continue to do better. That's why we're asking our union partners, our partners in education, to work with us to keep students in the classroom.

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

Ms. Kathleen O. Wynne: I would just say to the member opposite that you can't have it both ways. You can't say that we have one of the best education systems in the world, which was built by government after government, and you also can't say that you're increasing funding when you're actually decreasing perpupil funding.

Mr. Speaker, I've been a trustee on the Toronto District School Board. I recognize the unique position of this massive school board, especially as it struggles to deal with the repair and maintenance of its 500-plus school buildings, but smaller boards have different but comparable issues, which is exactly why under our government we put additional funding in place for capital upgrades. That funding should remain in place.

OPSBA has also recommended that the government amend the education development charge regulation and allow for flexibility within a large board like the TDSB—for example, on a regional basis—to collect EDCs. This is exactly the conversation with our government that was under way at the time of the last election. Has the conversation come to a conclusion, and can the minister confirm whether the government is prepared to implement a more rational EDC process?

Hon. Paul Calandra: I guess that question really provides for why we're in the situation that we're in—because do you know what? We can actually have it both ways. We can have funding that guarantees that our students have the best-quality education in the country. We can do better on maths. We can do better on sciences.

I'll take no lessons from a government that closed rural schools like it was sport, that ripped the soul out of community after community. We can do better, and that's why the people of Ontario put us in this position—because they wanted a better system. They wanted education that worked for students.

So I'm asking very directly and very clearly to our partners in education: Work with us. After 300 days at the table, it is time to put students first, to get our kids back in class, to keep them in class so that we can continue building the best education system in the world.

ONTARIO FILM AND TELEVISION INDUSTRY

Ms. Christine Hogarth: Mr. Speaker, my question is for the Minister of Heritage, Sport, Tourism and Culture Industries.

Minister, I think everyone in this Legislature is aware of your passionate support for Ontario's film and television industry. We've seen you work tirelessly along with studio owners, directors, professional associations and other industry stakeholders to attract more productions to our province and to my riding of Etobicoke–Lakeshore.

Recently a large Apple TV+ show called See, which stars Jason Momoa and Dave Bautista, decided to move their production from British Columbia to Ontario. This is a show that budgets approximately $15 million per episode. Now, assuming that there's a second season and that it will be approximately eight episodes long, that's $120 million into the Ontario economy, not including all those jobs.

It seems to me that this type of news signifies that Ontario's film and television industry is doing well. Minister, can you please tell us how well the industry is faring in Ontario right now?

Hon. Lisa MacLeod: Well, I sure can. I want to thank the great member from Etobicoke–Lakeshore for once again standing up for our film and television industry.

Speaker, a couple of weeks ago I appointed a film advisory panel led by Jim Mirkopoulos, her constituent from Cinespace, as well as Christina Jennings from Shaftesbury, who runs Murdoch Mysteries. What we're doing is making sure that we have stability in our tax credits, which have brought unprecedented foreign and domestic production into line. We're building capacity, with over 9,000 film-friendly locations. We're going to be doubling the sound stage space in this province.

We're working with the Minister of Colleges and Universities as well as the Minister of Labour, Training

and Skills Development to make sure that we've got more below-the-line talent so that we can have crews right across our great province. And we've invested in Canadian storytelling and IP, with $2 million to the Canadian Film Centre just last week.

Speaker, we are open for business, we are open for jobs, and you'd better believe we are open for film, television and animation in Ontario.

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

Ms. Christine Hogarth: Thank you to the minister for that amazing answer and for creating jobs in our province. That is truly excellent news for everybody. We'd love to see all these great productions continue in our province of Ontario and in my riding of Etobicoke–Lakeshore.

For years, I saw movies and shows that were shot in Ontario, but they always seemed to be pretending that they were in American cities. However, lately I've seen more productions that are actually setting their background in Toronto.

As you often say, Ontario offers the world in one province. We should continue to spread the good news to create pride of place and pride of people.

Minister, can you please tell us how our domestic film and television market is faring compared to international conglomerates?

Hon. Lisa MacLeod: We continue to grow. The news out of film, television and animation is great: Last year, it was $1.9 billion in economic impacts; it has grown to $2.1 billion. That growth came in Canadian storytelling and domestic content.

We have found the sweet spot in Ontario, with an even balance between foreign and domestic production—$1.1 billion in foreign production with stories like Star Trek; and we also have the Umbrella Academy. And we have $1 billion in domestic content: Anne with an E, Kim's Convenience and Murdoch Mysteries. That contributes to over 44,000 direct jobs. That's up 7,500 this year alone. And we made an announcement last week that there is room for about 1,000 laid-off GM workers within the creative industries.

Speaker, good things grow in Ontario, and good things are growing in the TV, film and animation industry.

LICENCE PLATES

Mr. Taras Natyshak: My question is to the Deputy Premier. One of the details that remains obscure on this issue—aside, of course, from the plates themselves—is the cost to Ontarians. First, the government forced through the production of their new vanity plates, and then they were forced to recall them. Now, they'll be forced to redesign and, hopefully, rigorously retest the new plates—all on the public's dime.

Speaker, will the Deputy Premier tell us exactly how much their #PlateGate boondoggle will eventually cost Ontarians?

The Speaker (Hon. Ted Arnott): Minister of Government and Consumer Services.

Hon. Lisa M. Thompson: Thank you very much for the opportunity to stand and share with everyone in this House that I very much appreciate the opportunity we have with 3M to address concerns that were expressed by Ontarians. We take those concerns very seriously and, in working together with 3M, we're moving forward with a remedy.

As the member opposite hopefully appreciates, some of this information is commercially sensitive, so we cannot share it. But the good news is that the real message here is that 3M is working with us to address the concerns we heard from Ontarians.

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

Mr. Taras Natyshak: The Ford government claims that they expect 3M to pick up the cost, but sources also tell reporters that they've signed a non-disclosure agreement with 3M. Once again, the Ford government seems to have forgotten the importance of respecting the taxpayer and running a transparent and accountable government.

Speaker, will the government do the right thing and release the full details of their contract with 3M today, including a full breakdown of the total cost of their #PlateGate fiasco to date?

Hon. Lisa M. Thompson: In response to the member opposite, I want to again express our appreciation to 3M for working with us and addressing the issues and the concerns that were raised by individuals.

In nine short days, we rolled up our sleeves and we worked very, very diligently to address the concerns that were coming forward. The fact of the matter is, our government, unlike the previous Liberal government that the member opposite propped up for years—we're a government that actually listens.

The fact is, my answer is no. We have to make sure that taxpayers understand the replacements will come at no cost to the taxpayer. That's the important message here.

MIDWIFERY

Mr. Mike Schreiner: My question is for the Attorney General. My office has received hundreds of emails from people who are appalled that the government is using valuable tax dollars to fund an appeal of a landmark Human Rights Tribunal decision granting pay equity to midwives.

1110

Midwifery is a field historically dominated by women, and it primarily serves women.

In 2010, an Ontario government report found that the work of midwives is undervalued by 20%; some experts say it's as high as 48%. The Human Rights Tribunal has agreed and ordered the government to compensate midwives for having earned 20% less than their comparable counterparts.

Speaker, March 8 is International Women's Day. Will this government listen to the experts, to the Human Rights Tribunal and people across this province who do not want their tax dollars used to fund an appeal of the Human Rights Tribunal case?

Hon. Doug Downey: I want to thank the member from Guelph for the question.

It is something that we have in common in the House—I think all of us agree on the value of midwives in Ontario, the contributions they make in providing safe and accessible 24/7 care for Ontario families.

He is correct; we're reviewing the decision. We've applied for judicial review in the tribunal—a decision up to the courts, so it sits there. As such, unfortunately, as you know, Mr. Speaker, when it's before the courts, I can't delve any further to get into the details of it.

We will continue to support midwives in Ontario. Midwifery care in Ontario—we're going to continue to expand it, build on the tremendous progress over the last several years. We want to make sure that families are receiving the service they want.

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

Mr. Mike Schreiner: Speaker, the government has a strange way of showing support for midwives. They have a strange way of showing their desire to save money, as well. Midwives provide excellent care and help the health care system save money. Midwives effectively reduce hospital stays, and free up beds and hospital resources for those who need them. They contribute a solution to our overburdened health care system. Yet this government slashed funding to the College of Midwives of Ontario in 2018, and now they are appealing the Human Rights Tribunal decision.

Will the government stop the war on midwives, use the money it would spend on this appeal and pay Ontario midwives the compensation they deserve?

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

Hon. Christine Elliott: We greatly value the work performed by midwives across Ontario. We can't talk about the issue because it is a matter that's before the courts right now. But what I can tell the member is that we have invested an additional $28 million in midwifery services, and we are examining changes to their scope of practice that could allow midwives to do even more than the wonderful contributions they already make.

Our investment in front-line midwifery is making sure that more women, more families can access the care midwives provide before, during and after birth. This is something that more and more Ontarians are showing interest in, and our continued investments show the value that we put into the role that midwives play in our health care system.

EMPLOYMENT SERVICES

Ms. Catherine Fife: My question is to the Acting Premier. Community providers and the official opposition have been raising red flags for weeks about the government's privatization of employment services. Now we've learned that not only has the government jeopardized good, local jobs and the well-being of Ontarians, but they are repeating the same mistakes the Liberals did 15 years ago.

Between 2005 and 2007, the Liberal government ran an employment services privatization pilot with WCG, the very same for-profit company that won the contract in Peel region. The problem is—and there are many problems—that this independent report showed that the privatization pilot was not more effective than regular Ontario Works programming.

Was the Premier and was this minister aware of this pilot and the lack of effectiveness? And why are you following in the footsteps of the failed Liberal plan?

The Speaker (Hon. Ted Arnott): The Minister of Labour to reply.

Hon. Monte McNaughton: Mr. Speaker, what has been a failure in the province for the last 15 years is the fact that every single month, only 1% of people on ODSP and OW are actually finding work in Ontario. That is unacceptable when 200,000 jobs are going unfilled every single day in the province of Ontario.

The Auditor General made it crystal clear in 2016 that of all the people in the province seeking jobs, only 38% of those unemployed were actually finding work.

On this side of the House, we know that people deserve to put food on the table and that jobs give people a sense of dignity in the province.

But let's talk about other jurisdictions. In British Columbia, John Horgan's NDP also moved to an outcomes-based model. In fact, they also awarded contracts to a mix of not-for-profit, non-profit and private providers.

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

Mrs. Lisa Gretzky: I just want to remind the minister that he's a minister in Ontario, not in BC, and it's about the Ford government using a failed Liberal policy.

Back to the Acting Premier: The independent report following the Liberal privatization pilot with WCG found that the pilot was no more effective than regular Ontario Works programming and didn't save the government money, and that outcomes were poor for program recipients. The average span of employment was nine months while they were in the pilot. That's because most jobs through the pilot were low-paying or short-term jobs and the results-based payment structure may have led to placing clients in inappropriate jobs. The result was that the Liberals abandoned the plan.

Why is the Conservative government dragging us backward with 15-year-old failed Liberal policy? The minister didn't answer if he has actually seen the report, but I'd be happy to send it over so someone could read it to him.

The Speaker (Hon. Ted Arnott): The minister to reply.

Hon. Monte McNaughton: What is unacceptable is that we have 200,000 jobs going unfilled every single day in the province of Ontario, and the NDP want to continue defending the status quo that is keeping the unemployed unemployed. When 1% of people on ODSP and OW are finding work, that is unacceptable. This government is going to stand with the most vulnerable in our society and give them a hand up.

But let's hear what the NDP government in British Columbia said. This is a quote from the NDP Minister of Social Development and Poverty Reduction, Shane Simpson. He said this system "will make it easier for more people to find good, stable jobs so they can provide for themselves and their families."

We will not defend the status quo that kept people unemployed in this province for 15 years.

SKILLED TRADES

Mrs. Robin Martin: My question is for the Associate Minister of Children and Women's Issues. By 2021, one in five jobs in Ontario will be in the skilled trades. These tend to be high-paying jobs that have great benefits and may offer long-term security. In my riding of Eglinton–Lawrence many apartments and condos are being built, and to build them we need more skilled trades workers. That includes drywall specialists, plumbers, foremen, crane operators and more. Traditionally, these positions have been seen as jobs for men. However, I think everyone in this House can agree that these jobs can and should be filled by women.

Can the minister please explain to this House why it is important to get women into the skilled trades, and what she is doing to encourage more women and girls into those jobs?

Hon. Jill Dunlop: Thank you to the hard-working member from Eglinton–Lawrence for your great question.

As a female who grew up in a home of plumbers, I know the value of the trades and the important role they play in Ontario's economy. Last week, with the Minister of Labour, Training and Skills Development, the member from Burlington and the member from Etobicoke–Lakeshore, I met Lorraine and Brandi, who work at Hydro One. Both women spoke about how much they enjoyed their roles in skilled trades and how rewarding their jobs were.

These are some of the great examples of why we need to get more girls interested in the skilled trades and let them know that there are great opportunities for them out there. With huge opportunities for well-paying jobs, we need to change the perception of skilled trades in all of Ontario. Whether it is parents directing their child or counsellors at school, we need to change the stigma of skilled trades, especially for women in the trades.

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

Mrs. Robin Martin: Ontario faces a looming labour shortage, with roughly 200,000 jobs going unfilled in our province every single day. As the Conference Board of Canada tells us, this gap costs our economy $24 billion in forgone GDP every year.

The skilled trades offer our young people lucrative and rewarding careers, yet a sad fact is that women make up just about 4.5% of all skilled trades workers in Canada.

Will the minister please share our government's plan to encourage young women, such as those in our gallery, to join the skilled trades and be part of the next generation of leading journeypersons across our province?

1120

Hon. Monte McNaughton: Thank you very much to the member from Eglinton–Lawrence for the question and her strong leadership to get more women into the trades.

Mr. Speaker, as Minister of Labour, Training and Skills Development, it is my mission to get more young people into the skilled trades; and as a father, I want my daughter to have every chance to succeed. We are ending the stigma, simplifying the apprenticeship system and encouraging businesses to take on more apprentices.

Pre-apprenticeship training programs help underrepresented groups, such as women. In fact, we've invested nearly $21 million to support 91 training projects that reach over 1,800 people.

I also recently announced an investment of $12.8 million into our Ontario Youth Apprenticeship Program. Female high school students can tour trades programs, participate in workshops and be mentored by female apprentices and journeypersons.

There is a huge opportunity in Ontario for young women to find a career that they wouldn't trade.

AFFAIRES FRANCOPHONES

M. Jeremy Roberts: La semaine dernière, dans mon comté d'Ottawa-Ouest–Nepean, comme ailleurs en Ontario, beaucoup de gens ont entendu parler de l'Université de l'Ontario français. Certains ont même pu entendre le discours de la ministre Mulroney du 26 février sur les lieux nouvellement dévoilés au regard du public de l'université.

La ministre des Affaires francophones a saisi cette occasion solennelle pour marquer la détermination de notre gouvernement en vue d'appuyer la consolidation de bases concrètes pour l'avancement économique de l'Ontario français. Est-ce que la ministre des Affaires francophones peut nous exposer les prochaines étapes dans son plan pour orienter les efforts de son ministère pour renforcer les assises économiques de l'Ontario français?

L'hon. Caroline Mulroney: Je remercie le député d'Ottawa-Ouest–Nepean de sa question.

Notre gouvernement, après des années de naufrage libéral, travaille à réorienter la province dans un sens productif et viable à long terme. Nous bâtissons ensemble l'avenir de l'Ontario. Mon travail comme ministre des Affaires francophones s'insère dans cet effort d'ensemble de notre gouvernement.

Comme preuve très concrète de cela, la semaine dernière, le dévoilement de l'Université de l'Ontario français à Toronto a réellement marqué un jalon historique dans cet essor de la communauté francophone de l'Ontario. Les Franco-Ontariens ont maintenant une université moderne, tournée vers le monde, et prête à accueillir des étudiants en 2021 dans un environnement lumineux sur la rue Lower Jarvis à Toronto et en partenariat avec des établissements comme l'Université de Hearst.

À présent, je m'apprête à poursuivre des tables rondes pour entendre des acteurs économiques du secteur de l'innovation à Ottawa dans quelques semaines.

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

M. Jeremy Roberts: Je remercie la ministre des Affaires francophones pour sa réponse.

Les organisations francophones et les maires de la province voient bien le travail remarquable de notre gouvernement et de la ministre, qui, sans vaines paroles, sans partisanerie et avec un vrai sens du travail et du devoir, font avancer les dossiers importants pour les Franco-Ontariennes et les Franco-Ontariens. Qu'il s'agisse, dans le cas de l'UOF, du président de l'AFO ou du maire de Toronto, les paroles publiques positives de la part de nos intervenants et partenaires pleuvent sur notre travail, et nous leur en sommes reconnaissants.

Est-ce que la ministre peut nous en dire davantage en particulier sur sa table ronde économique ce mois-ci à Ottawa, qui affectera les gens de mon comté?

L'hon. Caroline Mulroney: Il est vrai que le maire de Toronto et le président de l'AFO ont salué récemment nos efforts pour l'université.

Je poursuis une série de nouvelles tables rondes qui ont été initiées en novembre avec les décideurs économiques francophones de Toronto. À présent, avec la présence de mon conseiller Glenn O'Farrell, je vais à la rencontre des joueurs importants du domaine de l'innovation technologique, un secteur évidemment clé pour l'avenir de la francophonie et le rôle qu'elle peut jouer dans les secteurs porteurs de notre économie, qui est fortement tertiarisée.

Comme je l'ai déjà exposé à nos homologues de Montréal en décembre dernier, j'entends travailler en collaboration avec mon collègue Vic Fedeli afin de mettre en valeur le potentiel économique des francophones, de miser sur leurs forces, dans les projets qui vont enrichir toute la province, et non seulement les francophones.

Ces rencontres et ces échanges d'Ottawa viseront notamment à faire le point sur les questions de rétention et de développement de la main-d'oeuvre bilingue, en incluant évidemment des échanges précis—

Le Président (L'hon. Ted Arnott): Merci beaucoup.

EDUCATION FUNDING

Ms. Teresa J. Armstrong: My question is to the Acting Premier. Jeff and Joanne are parents in my riding. They recently gave me a call to share their thoughts about this government's education plan that makes life worse for families.

Jeff's a nurse and Joanne's a teacher. They know how to navigate the education system and the health care system, and yet their family is just barely hanging on. Their daughter is struggling in school because the Conservative government's cuts mean they've taken away resources she needs to succeed.

I asked them what they would say to the Premier if they had the chance, and Joanne said, "Reverse the cuts. Ensure that children who struggle don't fall through the cracks. My kid matters."

What does this government have to say to parents like Joanne and Jeff?

Hon. Paul Calandra: I say quite clearly to parents like Joanne and Jeff that everything that we're doing is for their kids. Everything that this government is doing is for their kids.

I talked earlier about the proliferation of these tutoring centres across the province of Ontario. One parent told me they had to remove their child from dance classes because they were so far behind on math.

The decisions we make have a very real impact on families across this province. I want her children, I want my kids, I want all the children of this province to have the best education possible. Clearly, we can do better. That's why we're increasing funding. But it's not just about increasing funding; it's about looking at the programs that we have put in place—programs that have failed our students. That's why we're putting more money into math. That's why we're training our teachers so that they can do a better job of educating our kids.

That's what we're doing. We're working every day for those kids.

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

Ms. Teresa J. Armstrong: Speaker, that answer just doesn't cut it. It's not good enough for parents like Joanne and Jeff. It's not good enough for every other family concerned about this government's cuts to education.

It's not just parents who are worried. The Thames Valley school board is also concerned about these Conservative government cuts that are going to hurt their students. They wrote to the minister, begging him to "look at this from the perspective of who's watching and who's learning about dispute resolution, and that's kids."

It's clear that the Conservatives don't have teachers, students, parents and now school boards on their side. How many more people do they plan to ignore before they finally do the right thing and stop these cuts?

Hon. Paul Calandra: Again, we've increased funding to historic levels across the province of Ontario, including increasing funding to that board that the member mentioned.

But, ultimately, this is exactly about parents. It's about kids. It's about the students who are in our school system. For far too long, decisions made in this Parliament by all sides have failed our students.

That's what we're doing right now—we're getting our students up to a 21st-century education system. When we failed them on math, when we failed them on science and technology—we failed them for many, many years. We can no longer afford to do that. When governments have made decisions to close rural schools, that has an impact on communities. It keeps them in buses longer.

Everything we're doing is about the next generation. That's why I'm here. That's why all Conservatives on both sides of the House are here, and I know ultimately, that's why the members opposite are here. We ask our union

partners to join us. End this. After 300 days, the time has come to put our students first.

NUCLEAR ENERGY

Mr. Stephen Crawford: My question is to the Associate Minister of Energy. Our government knows that nuclear energy is the backbone of Ontario's energy system, providing more than 60% of our province's power.

I understand that both the Minister of Energy, Northern Development and Mines as well as the Associate Minister of Energy attended the Canadian Nuclear Association conference last week in Ottawa. Will the associate minister please tell the House what he and the minister heard at the CNA conference last week and what our government is doing to support developments happening within the nuclear power industry?

1130

Hon. Bill Walker: Thank you very much to the honourable member from Oakville for that great question.

Since 1962, when the first Candu reactor went into service, the nuclear industry has become a source of innovation and specialized employment in this country. Today, with the leadership of our Premier and the Minister of Energy, Northern Development and Mines, our province finds itself well positioned to be a leader in the development of clean, safe and reliable nuclear energy, particularly when it comes to small modular reactor technology, or SMRs. We believe SMRs will provide the solution for unique energy challenges, such as powering remote and rural communities in our province that currently rely on expensive diesel power.

I recently had the opportunity to visit Terrestrial Energy, in the honourable member's riding, to hear about the innovative work they are doing in this field. Important steps will be taken in the coming year that will outline our government's plan for the deployment of such new and innovative technology going forward in the future.

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

Mr. Stephen Crawford: Thank you to the Associate Minister of Energy for that terrific response.

The government's commitment to deployment and development of SMRs is very exciting for people throughout the province, whether in Oakville or other ridings. The nuclear industry supports 76,000 jobs in the area of science, high tech, engineering and mathematics. This number can only go up as our province develops this groundbreaking technology.

Will the associate minister please tell us more about the number of ways SMRs will be utilized and the next steps our province is taking to ensure successful deployment?

Hon. Bill Walker: Thank you to the member from Oakville for another great question.

SMRs will offer energy-intensive industries, including the mining and manufacturing sectors, a lower-cost source of clean energy to enhance their competitiveness. Our next steps include working co-operatively to positively influence the federal government to make changes as necessary to facilitate the introduction of SMRs.

The Minister of Energy had a very productive meeting with his federal counterpart just last week at the CNA conference. He understands that nuclear power is poised to provide the next wave of clean, affordable, safe and reliable power. According to a recent report, between 2030 and 2040, the potential value of SMRs in Canada alone is estimated to be $10 billion.

Mr. Speaker, we are committed to creating an electricity system that sends a clear message that Ontario is open for business and open for jobs.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr. Faisal Hassan: My question is to the Acting Premier. Under this government, we have seen supports for Ontarians with disabilities go from bad to worse when they cut in half a planned increase to Ontario Works and ODSP. ODSP is broken, and this government's heartless indifference is hurting my constituents, one of whom is Kelly. She has been denied ODSP coverage because apparently she makes too much money. After she pays her copay to her assisted living facility, she is left with only $155 per month for all other expenses.

How does the Acting Premier expect Kelly to live on less than $200 a month?

The Speaker (Hon. Ted Arnott): Minister of Children, Community and Social Services.

Hon. Todd Smith: Thanks very much to the member opposite for the question. This government knows—I believe everybody in this House knows—that our social services system isn't working properly, and that was just backed up by our Ontario Auditor General in her report earlier this year. The fact was abundantly clear and highlighted in her report to the Legislature.

The fact of the matter is that we can do better. We've increased the rates by 1.5% since we have taken office, and we are continuing to look at how we deliver ODSP and Ontario Works. One of the steps that we've taken was mentioned a couple of times earlier this morning, and that is making sure that we're moving more people from ODSP and Ontario Works into jobs. By doing that, we've offered three new prototypes across the province: one in the Niagara-Hamilton area, one in the Peel region and one in the Kawartha and Peterborough region as well. Those prototypes will get results for those people and make sure that we can move as many as possible from social assistance into work.

Mr. Faisal Hassan: Back to the Acting Premier: This government cannot possibly think anyone can live on less than $200 a month. Yet this government is asking the most vulnerable Ontarians to do so and to struggle in poverty. We should not be sentencing Ontarians living with a disability to live a life in poverty.

Again to the Acting Premier: When will you stand up for Ontarians with disabilities and fix ODSP so that people are not being unfairly turned away and actually have enough money to live in dignity?

Hon. Todd Smith: On top of moving all people from ODSP and Ontario Works into employment, we're also taking a look at how we deliver those services in the province of Ontario.

We're actually reducing red tape in the ODSP sector because we realize that there are far too many people who are—

Interjections.

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

Hon. Todd Smith: —in the work of providing services to those on social assistance that are bound up in red tape. That's why we're digitizing and making government delivery of those services smarter, Mr. Speaker—so that we can free up those individuals. Nobody I know ever—

Interjections.

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

Hon. Todd Smith: —got into being an ODSP worker or an OW worker to push pencils and paper, Mr. Speaker. They got into that business to be social workers.

Interjections.

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

Hon. Todd Smith: That's why we're freeing up more time for those individuals to ensure that they are being social workers, and to ensure that they're delivering the services to those that need them.

We understand that not everybody is going to be able to move from social assistance into the workforce. We want—

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

PUBLIC TRANSIT

TRANSPORTS EN COMMUN

Mrs. Robin Martin: My question is to the Minister of Transportation. Last week, members in this Legislature debated the Building Transit Faster Act, which, if passed, will give us the tools we need to ensure shovels get in the ground on time for our four priority projects. Every member in this House agrees that congestion is a cause for concern in our province. We need to get more people to choose public transit, and our government has a plan to make that happen.

Since the election, we've been clear that building better public transit and improving Ontario's transportation network are priorities for our government, because we understand that the delays in getting projects built mean that commuters are facing delays in getting to work and getting home to their loved ones.

Can the minister update the House on what we heard during the second reading of the Building Transit Faster Act?

Hon. Caroline Mulroney: I'd like to thank the member from Eglinton–Lawrence for the question.

This is a piece of legislation, Mr. Speaker, that I'm very proud of. I was pleased to speak to it last week alongside my colleague the Associate Minister of Transportation.

As the member mentioned, there is certainly a consensus that we need to address the congestion crisis, and we need to do it sooner rather than later.

Here's what the member from University–Rosedale said last week: "The need for transit in the GTHA is certainly real. I certainly agree with the Ontario government and the Minister of Transportation...."

The member for Toronto–St. Paul's said: "A transit plan that really works for everyone would include increased coverage and frequency of service in transit deserts...."

Mr. Speaker, our plan will deliver rapid transit to communities with poor access right now. The Ontario Line, for instance, will finally bring subway service to areas like Flemingdon Park, Thorncliffe Park and Liberty Village.

What does the NDP and what do the Liberals have, Mr. Speaker? They have no viable plan. They have no viable solution.

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

M^me^ Robin Martin: Je remercie la ministre pour cette réponse. Notre gouvernement a un plan qui a été approuvé par le gouvernement fédéral, notre gouvernement et l'administration municipale. C'est du jamais-vu, et je félicite la ministre pour cette première.

L'appui extraordinaire de notre plan par le conseil municipal de Toronto, le personnel de la ville et le maire montre que tous sont en accord.

Mes constituants, qui ont attendu des années pour voir du progrès réel, sont ravis de voir notre gouvernement garder le cap et respecter cet engagement fondamental de bâtir un meilleur transport en commun.

La ministre, peut-elle nous dire pourquoi les outils proposés dans la Loi de 2020 sur la construction plus rapide de transport en commun sont nécessaires afin d'assurer que le début des travaux respecte les échéanciers?

L'hon. Caroline Mulroney: Je remercie ma collègue pour sa question.

Monsieur le Président, nous avons déposé ce projet de loi parce que nous sommes déterminés à faire les choses différemment. Il s'agit d'enlever les entraves qui empêchent la construction de grands projets depuis des décennies.

S'ils sont adoptés, ces outils nous permettront de respecter les échéanciers ambitieux, car nous savons à quel point il y a une augmentation de la demande pour le transport en commun. Sous la direction de notre premier ministre, notre gouvernement lance des projets des plus importants d'infrastructure en Amérique du Nord.

Notre plan est exactement l'action audacieuse dont nous avons besoin pour lutter contre la congestion et pour apporter les mesures que les gens attendent depuis très longtemps. L'appui que notre plan a reçu de tous les paliers du gouvernement est sans précédent, et je demande

aux membres de l'opposition d'appuyer notre plan et de voter pour notre projet de loi.

The Speaker (Hon. Ted Arnott): That concludes the time we have for question period this morning. This House stands in recess until 1 pm.

The House recessed from 1140 to 1300.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON JUSTICE POLICY

Mr. Roman Baber: I beg leave to present a report from the Standing Committee on Justice Policy and move its adoption.

The Clerk-at-the-Table (Ms. Tonia Grannum): Your committee begs to report the following bill, as amended:

Bill 159, An Act to amend various statutes in respect of consumer protection / Projet de loi 159, Loi modifiant diverses lois en ce qui concerne la protection du consommateur.

The Speaker (Hon. Ted Arnott): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 77(b), the bill is ordered for second reading.

INTRODUCTION OF BILLS

BLACK MENTAL HEALTH DAY ACT, 2020

LOI DE 2020 SUR LA JOURNÉE DE LA SANTÉ MENTALE DES NOIRS

Ms. Karpoche moved first reading of the following bill:

Bill 178, An Act to proclaim Black Mental Health Day and to raise awareness of related issues / Projet de loi 178, Loi visant à proclamer la Journée de la santé mentale des Noirs et à sensibiliser la population aux questions connexes.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): I would like to invite the member for Parkdale–High Park to briefly explain her bill.

Ms. Bhutila Karpoche: Anti-Black racism persists in the province of Ontario in our government systems and services. It results in inequitable treatment and unequal outcomes for Black Ontarians across all sectors, including education, justice, employment, housing. and child welfare sectors. Racial inequalities, anti-Black racism, discrimination and the lasting effects of trauma have negative impacts on the mental health and physical well-being of Black Ontarians. The lack of concrete actions to address anti-Black racism in public services like health care and education and in the area of housing services only increases the toll of anti-Black racism on Black Ontarians' mental health, regardless of income, education or employment status. For black Ontarians, the lack of concrete action to address anti-Black racism and white supremacy in public services takes a toll on their mental health.

This bill proclaims the first Monday in March of each year as Black Mental Health Day to recognize the ongoing mental health impacts of anti-Black racism in public services and to raise awareness of the specific mental health needs of Black communities across Ontario.

In order to address the lack of evidence-based policy-making and service provision so that we can start to tackle the systemic discrimination and worst health outcomes for Black Ontarians, the bill requires the collection of race-based data. Currently, there's no coordinated approach or requirement for the collection of race-based health care data despite evidence of racial inequities in health outcomes in Ontario.

Finally Speaker, the bill also—

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

MOTIONS

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon. Paul Calandra: I am seeking unanimous consent to move a motion without notice regarding notice for private members' public business.

The Speaker (Hon. Ted Arnott): The government House leader is seeking unanimous consent of the House to move a motion without notice regarding private members' public business. Agreed? Agreed.

Hon. Paul Calandra: I move that notice be waived for ballot item number 6, standing in the name of Ms. Kusendova. on the order of precedence drawn on November 4, 2019.

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

Motion agreed to.

COMMITTEE MEMBERSHIP

Hon. Paul Calandra: I move that the following changes be made to the membership of the following committees:

On the Standing Committee on Public Accounts, Mr. Anand replaces Ms. Ghamari and Ms. Hogarth replaces Mrs. Tangri; and

On the Standing Committee on Government Agencies, Mrs. Tangri replaces Mr. Thanigasalam.

The Speaker (Hon. Ted Arnott): Mr. Calandra has moved that the following changes be made to the membership of the following committees:

On the Standing Committee on Public Accounts, Mr. Anand replaces Ms. Ghamari and Ms. Hogarth replaces Mrs. Tangri; and

On the Standing Committee on Government Agencies, Mrs. Tangri replaces Mr. Thanigasalam.

The member for Timmins.

Mr. Gilles Bisson: I don't intend on going long, but you can never give up an opportunity to say a few things about committees. It's a pretty routine motion in the sense of—not routine in the regular way; it's actually a substantive motion. But it's routine in the sense that we always allow parties to switch out members for various reasons, and this is just one of those motions. Obviously, we're going to support it.

But I just want to put on the record, just to remind my colleague the government House leader, that committees, quite frankly, are the best way of being able to do business in this House when it comes to the work that we do here. Once a bill is done at second reading and we refer it to committee, if we actually allowed committee to function the way they're supposed to, imagine the work that can be done in committee by members of both sides of the House.

It is the government's intention, when they introduce a bill such as the bill we'll be debating this afternoon from the Minister of Health, to be able to move the yardsticks forward on particular issues—in this case, home care. Imagine how much better we could do, as an end product, if we allowed our committees to do the kind of work that they can do when it comes to them ordering up their own business.

This is the point that I want to make to the government House leader: that allowing the committees, as in Ottawa—and the member knows well, more so than I did, because he comes from Ottawa, along with a couple of his colleagues—to do their own work; to be able to decide how they want to navigate a particular bill through the committee process; how much committee hearings they want; do they want to be able to travel—do they want to be able to solicit people of knowledge when it comes to a particular issue.

Now, I was very lucky when I first got here. I think you might have been on this committee with me, Mr. Speaker: the constitutional committee. I think you were on it with me. We learned a lot, as a Legislature and as members, because that committee was allowed to do its work. The committee decided where it was going to travel, how long it was going to be in particular communities, and who we were going to meet with that were constitutional experts and citizens who had concerns. Ontario ended up developing an all-party position when it came to what was going to be Ontario's response to the latest changes that were being contemplated to our Constitution in order to accommodate Quebec. It put Ontario in a very good position.

All I'm saying here to the government House leader and to the Minister of Health across the way—and again, I'm not going to take my full 17 minutes to get there—is that if we actually allowed the committees to be able to order up their own business, to decide how best to navigate a bill through the process, we would end up with a much, much better product in the end.

The bill now is going to start debating second reading this afternoon—the bill that the Minister of Health proposes. I think we all want to get to what the government says its intention is; I somehow doubt we're going to get there, given the process that we have. I think if we're truly trying to do the work of the people of Ontario in this House, we should empower our committees to be able to do the work that has to be done so that the committee itself is able to determine its own business.

I'll just end on this point. The Minister of Health was part of a select committee that dealt with mental health, along with my good colleague the member from Nickel Belt. That committee did some good work. It came back with some very strong recommendations about how to try to address the problems that we have in our mental health system, which are many. We both agree, on this side of the House. The Liberals spoke a good line when it came to reforming what was going on or not going on in our mental health system, but quite frankly, you kind of fell down on the job. I think we owe it to Ontarians to do a good job with what has come out of those recommendations.

1310

I just say to the Minister of Health: You were Chair of a committee that was allowed to do its job. I'm hoping that, as Minister of Health on this particular health bill—and I'm looking to my colleague the government House leader, whom I have great respect for—we actually allow the committee to decide themselves, not this House by way of time allocation, but allow the committee to come together to decide what has to happen with this bill that's coming forward and other bills that we're going to have to deal with in the future.

The Speaker (Hon. Ted Arnott): The government House leader to reply.

Hon. Paul Calandra: I appreciate the opportunity to say a few words on this.

The honourable member, of course, will know that we have been doing just that, as a matter of fact. We've had a number of bills that have been proceeding towards committee that have been travelling the province. I know that is something that hasn't necessarily happened in the past as often as it should have, but we've done that. We've provided pre-study on a large bill, the consumer choice bundle—I can't remember the name of the bill itself. But we're doing just that when it comes to debate in this House. The amended standing orders have allowed for very fulsome debate on the bills that have been before this Legislature. We have not brought in, at this point, time allocation on any of the bills. In fact, I would suggest that we've hit record numbers of hours in order to get that done. I know that members opposite have reached out—as have members on this side of the House—and suggested that they appreciate the changes to the standing orders that allow for more fulsome debate, that allow for question and answer, back and forth.

He referenced Ottawa, and I'm glad he referenced Ottawa. You'll know that in Ottawa, Mr. Speaker, the representation on the subcommittees, which drive the

agenda of committees, is proportioned in accordance to how the House votes. So in a majority Parliament, the party with the majority would have, obviously, a majority on the subcommittees, which would then set the agenda for committee study. I appreciate that the member opposite seems to be in favour of such an amendment—

Interjection.

The Speaker (Hon. Ted Arnott): Order.

Hon. Paul Calandra: Speaker, I appreciate the opposition—

Interjection.

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

Hon. Paul Calandra: Thank you, Mr. Speaker.

I am certainly willing to entertain such changes that would ensure that we could travel more often, that we could have more debate in committee, that we could have the opportunity to establish when a bill is studied, for how long it's studied, and who the witnesses are. I think those are all really good ideas. My priority as the House leader has been to get bills through this Legislature with the maximum amount of debate, both here in the House and at committee. But I also have a responsibility, as the government House leader, that if the opposition filibusters—I'm not saying that they have done that at this point—or tries to stop the passage of a particular bill, the government has tools at its disposal to make sure that those bills are debated not only in this House but in committee, and in a way that respects the legislative process.

If we can come to an agreement on how long bills should be studied and where they should go, I think that is to the benefit of this Legislature. That has been what we have tried to do. That's why I'm very excited to hear the member opposite say the same. We will be reaching out to him very soon on a whole host of bills that this Legislature has debated over the last number of weeks and that have met record amounts of debate in this House without time allocation. We will sit down and see if the words that the member opposite has talked about today are then put to paper, and we can come up with agreements on a standing committee.

I'm very, very excited to hear that the opposition is willing to work with the government to make committees better and to make sure that the important business of this Legislature gets done in a reasonable and respectful fashion.

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

Mr. Calandra has moved that the following changes be made to the membership of the following committees:

On the Standing Committee on Public Accounts, Mr. Anand replaces Ms. Ghamari and Ms. Hogarth replaces Mrs. Tangri; and

On the Standing Committee on Government Agencies, Mrs. Tangri replaces Mr. Thanigasalam.

Is it the pleasure of the House that the motion carry? Carried.

Motion agreed to.

PETITIONS

LONG-TERM CARE

M^me^ France Gélinas: I'd like to thank Chantal Chartrand, from my riding in Capreol, for signing this petition. It reads as follows:

"Time to Care....

"Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

"Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes to keep pace with residents' increasing acuity and the growing number of residents with complex behaviours; and

"Whereas several Ontario coroner's inquests into LTC homes deaths have recommended an increase in direct hands-on care for residents and staffing levels, and the most reputable studies on this topic recommend 4.1 hours of direct care per day;"

They petition the Legislative Assembly as follows:

"To amend the LTC Homes Act (2007) for a legislated minimum care standard of four hours per resident per day, adjusted for acuity level and case mix."

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

AGRI-FOOD INDUSTRY

Mrs. Robin Martin: "To the Legislative Assembly of Ontario:

"Whereas the agri-food industry employs over 2.3 million Canadians and one in eight jobs in the Canadian economy; and....

"Whereas Canada's rich culinary culture is worthy of celebration; and

"Whereas fresh, nutritious, locally grown food is necessary for daily life and for proper health and wellness; and

"Whereas locally grown food is an essential component of Ontario's agriculture sector; and

"Whereas the Food Day Ontario Act would encourage restaurants and consumers to purchase locally produced ingredients and to support our local suppliers; and

"Whereas Food Day Ontario will unite our communities, create jobs, and boost our economy; and

"Whereas the day will promote culinary sovereignty by emphasizing local food, local producers and local businesses; and

"Whereas an annual Food Day Ontario will recognize the hard work and dedication Ontario's agriculture sector workers put in to providing nutritious and healthy food for so many communities;

"Therefore we, the undersigned, petition the" Legislature "of Ontario as follows:

"That the Legislative Assembly of Ontario pass Bill 163, Food Day Ontario (Food Day Canada in Ontario) Act, 2019."

I'll affix my signature hereto and pass it on to page Rudra.

TELECOMMUNICATIONS IN CORRECTIONAL FACILITIES

Ms. Bhutila Karpoche: I'd like to thank the Canadian Students for Sensible Drug Policy and PASAN for their work on this campaign to give prisoners access to free phones.

"To the Legislative Assembly of Ontario:

"Whereas Bell acts like a champion of mental health, they jeopardize the well-being of prisoners and their families by putting up barriers to communication;

"Whereas Bell has a monopoly over the federal and provincial ... phone systems in Canada and Ontario;

"Whereas phone calls cost hundreds or even thousands of dollars per month for prisoners and their families, and collect calls can only be made to land lines;

"Whereas disconnection and isolation can result in poverty, mental health challenges, and suicide—and creates barriers for community reintegration upon release;

"Whereas phone companies like Bell and the province of Ontario profit off of the most marginalized among us; and

"Whereas Bell's contract with the Ministry of Community Safety and Correctional Services is up for renewal in 2020;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to ... ensure free calling for prisoners" is allowed; "direct calls to cell phones and lines with switchboards; and no 20-minute cut-off" on "calls."

I agree with this petition, and I will affix my signature to it.

ROAD SAFETY

Mrs. Gila Martow: I have a petition to the Legislative Assembly of Ontario.

"Whereas tow truck operators provide an important service across Ontario's road network; and

"Whereas motorists deserve reliable, timely service from their provider of choice across Ontario; and

"Whereas towing operators deserve a safe place to work in urban and rural communities across Ontario without being subjected to repetitive and punitive costs;....

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

"To protect motorists and towing companies providing important services by addressing issues around highway incident management;

1320

"To include incident scene management in regulations to address the potential for improper actions on scene;

"To support the towing industry and reduce costs to motorists and third parties by mandating a single provincial towing licence;

"To introduce regulations that ensure long-term vitality of the towing industry;

"To implement a towing mobile rideshare application."

Of course, I affix my signature and give it to page Nyle.

LONG-TERM CARE

Ms. Teresa J. Armstrong: I have a petition here from the Family Council Network 4 Advocacy. They're committed to improving the lives of Ontario residents in long-term care.

"Time to Care Act—Bill 13.

"To the Legislative Assembly of Ontario:

"Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

"Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes to keep pace with residents' increasing needs and the growing number of residents with complex behaviours; and

"Whereas several Ontario coroner's inquests into LTC homes deaths have recommended an increase in direct hands-on care for residents and staffing levels and the most reputable studies on this topic recommends 4.1 hours of direct care per day;

"We, the undersigned, petition the Legislative Assembly of Ontario to amend the LTC Homes Act (2007) for a legislated minimum care standard to provide an average of four hours per resident per day, adjusted for acuity level and case mix."

I fully support this petition, sign it and give it to page Daniel to deliver to the table.

AGRI-FOOD INDUSTRY

Mr. Amarjot Sandhu: My petition to the Legislative Assembly of Ontario is regarding the Food Day Ontario Act.

"Whereas the agri-food industry employs over 2.3 million Canadians and one in eight jobs in the Canadian economy; and

"Whereas the agri-food industry contributes over $47.7 billion in GDP annually to Ontario's economy; and

"Whereas Canada's rich culinary culture is worthy of celebration; and

"Whereas fresh, nutritious, locally grown food is necessary for daily life and for proper health and wellness; and

"Whereas locally grown food is an essential component of Ontario's agriculture sector; and

"Whereas the Food Day Ontario Act would encourage restaurants and consumers to purchase locally produced ingredients and to support our local suppliers; and

"Whereas Food Day Ontario will unite our communities, create jobs, and boost our economy; and

"Whereas the day will promote culinary sovereignty by emphasizing local food, local producers and local businesses; and

"Whereas an annual Food Day Ontario will recognize the hard work and dedication Ontario's agriculture sector workers put in to providing nutritious and healthy food for so many communities;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Legislative Assembly of Ontario pass Bill 163, Food Day Ontario (Food Day Canada in Ontario) Act, 2019."

I'm proud to support this bill. I affix my signature and hand it to the page Irma Giselle.

LONG-TERM CARE

Ms. Catherine Fife: My petition is called "Support Bill 153, the Till Death Do Us Part act.

"To the Legislative Assembly of Ontario:

"Whereas there are 35,000 people on the wait-list for long-term care; and

"Whereas the median wait time for a long-term-care bed has risen from 99 days in 2011-12 to 152 days in 2018-19; and

"Whereas according to Home Care Ontario, the cost of a hospital bed is $842 a day, while the cost of a long-term-care bed is $126 a day; and

"Whereas couples should have the right to live together as they age; and

"Whereas Ontario seniors have worked hard to build this province and deserve dignity in care; and

"Whereas Bill 153 amends the Residents' Bill of Rights in the Long-Term Care Homes Act to provide the resident with the right upon admission to continue to live with their spouse or partner;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to direct the Minister of Long-Term Care to pass Bill 153 and provide seniors with the right to live together as they age."

It's my pleasure to affix my signature in full support and give this to page Hamza.

NUCLEAR ENERGY

Mrs. Amy Fee: I have a petition.

"To the Legislative Assembly of Ontario:

"Whereas climate change is a challenge facing us all; and

"Whereas this global challenge requires serious solutions that will reduce greenhouse gas emissions in Ontario and across the globe; and

"Whereas Ontario has a proven track record of nuclear power reducing greenhouse gas emissions, the equivalent of taking millions of vehicles off the road every year; and

"Whereas due to nuclear power Ontario has one of the cleanest electricity grids in the world: and

"Whereas now is the time to commit to" building "clean, reliable nuclear technology in Ontario's clean energy future;

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

"To support M91, which calls on the government of Ontario to include nuclear energy and the development of small modular reactors as a clean energy option in its environment, climate change and clean energy planning and policies."

I fully support this petition and will be giving it to the page to bring to the Clerk.

PALLIATIVE CARE

Ms. Sandy Shaw: I have a petition entitled "Support the Nancy Rose Act (Paediatric Hospice Palliative Care Strategy).

"To the Legislative Assembly of Ontario:

"Whereas for children with serious or life-limiting illnesses, a palliative approach to care can increase quality of life and decrease their pain and suffering;

"Whereas there's currently no comprehensive, coordinated and funded provincial strategy to address pediatric palliative and hospice care;

"Whereas the Nancy Rose Act would require the province to develop a strategy with the goal of increasing access to pediatric palliative and hospice care across Ontario;

"Whereas the strategy contained in the Nancy Rose Act would include targeted supports for families of children receiving palliative care, including mental health supports and respite;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass the Nancy Rose Act, and we call on all-party support."

NUCLEAR ENERGY

Ms. Lindsey Park: I make the following petition to the Legislative Assembly of Ontario:

"Whereas climate change is a challenge facing us all; and

"Whereas this global challenge requires serious solutions that will reduce greenhouse gas emissions in Ontario and across the globe; and

"Whereas Ontario has a proven track record of nuclear power reducing greenhouse gas emissions, the equivalent of taking millions of vehicles off the road every year; and

"Whereas due to nuclear power Ontario has one of the cleanest electricity grids in the world; and

"Whereas now is the time to commit to including clean, reliable nuclear technology in Ontario's clean energy future;

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

"To support M91, which calls on the government of Ontario to include nuclear energy and the development of small modular reactors as a clean energy option in its environment, climate change and clean energy planning and policies."

I affix my name to this petition and hand it to page Owen.

AFFORDABLE HOUSING

Ms. Peggy Sattler: I have a petition on affordable housing that is signed by hundreds of citizens from London and area. It reads:

"To the Legislative Assembly of Ontario:

"Whereas for families throughout much of Ontario, owning a home they can afford remains a dream, while renting is painfully expensive;

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

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

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately prioritize the repair of Ontario's social housing stock, commit to building new affordable homes, crack down on housing speculators, and make rentals more affordable through rent controls and updated legislation."

I fully support this petition, affix my name and will give it to page Paige to take to the table.

AGRI-FOOD INDUSTRY

Mr. Will Bouma: I'm going to read a petition entitled "Food Day Ontario Act.

"To the Legislative Assembly of Ontario:

"Whereas the agri-food industry employs over 2.3 million Canadians and one in eight jobs in the Canadian economy; and

"Whereas the agri-food industry contributes over $47.7 billion in GDP annually to Ontario's economy; and

"Whereas Canada's rich culinary culture is worthy of celebration; and

"Whereas fresh, nutritious, locally grown food is necessary for daily life and for proper health and wellness; and

"Whereas locally grown food is an essential component of Ontario's agriculture sector; and

"Whereas the Food Day Ontario Act would encourage restaurants and consumers to purchase locally produced ingredients and to support our local suppliers; and

"Whereas Food Day Ontario will unite our communities, create jobs, and boost our economy; and

"Whereas the day will promote culinary sovereignty by emphasizing local food, local producers and local businesses; and

"Whereas an annual Food Day Ontario will recognize the hard work and dedication Ontario's agriculture sector workers put in to providing nutritious and healthy food for so many communities;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Legislative Assembly of Ontario pass Bill 163, Food Day Ontario (Food Day Canada in Ontario) Act, 2019."

I fully endorse this petition, will affix my name thereon and give it to page Rudra.

1330

DOCUMENTS GOUVERNEMENTAUX

M^me^ France Gélinas: J'aimerais remercier le Centre Victoria pour femmes, M^me^ Thérèse Grandmont et Gaëtanne Pharand pour les pétitions.

Les accents en français sur les cartes de santé et les permis de conduire :

« Alors qu'il est important d'avoir le nom exact des personnes sur les cartes émises par le gouvernement, tels la carte Santé ou le permis de conduire;

« Alors que plusieurs personnes francophones ont des accents dans l'épellation de leur nom;

« Alors que le ministère des Transports et le ministère de la Santé ont confirmé que le système informatique de l'Ontario ne permet pas l'enregistrement des lettres avec des accents », trémas, ou cédilles;

Ils demandent à « l'Assemblée législative de l'Ontario pour qu'elle s'assure que les accents de la langue française », et les trémas et les cédilles, « soient inclus sur tous les documents et cartes émis par le gouvernement de l'Ontario », et ce, « avant le 31 décembre 2020. »

J'appuie cette pétition, je vais la signer et je demande à Juliana de l'amener à la table des greffiers.

ORDERS OF THE DAY

CONNECTING PEOPLE TO HOME AND COMMUNITY CARE ACT, 2020

LOI DE 2020 POUR CONNECTER LA POPULATION AUX SERVICES DE SOINS À DOMICILE ET EN MILIEU COMMUNAUTAIRE

Ms. Elliott moved second reading of the following bill:

Bill 175, An Act to amend and repeal various Acts respecting home care and community services / Projet de loi 175, Loi modifiant et abrogeant diverses lois en ce qui concerne les services de soins à domicile et en milieu communautaire.

Hon. Christine Elliott: It does give me great pleasure to rise today in support of the Connecting People to Home and Community Care Act, 2020. Before we do get started, I would like to acknowledge that I will be sharing my time with my parliamentary assistant, the member from Eglinton–Lawrence. I thank her very much for her support on this, as on so many other issues in the Ministry of Health.

Our government made a commitment to the people of Ontario that we would end hallway health care. We do have a comprehensive, innovative plan in order to keep our promise. This plan has four central pillars.

Our first pillar is one of prevention and health promotion. We want to keep Ontarians healthy and out of hospitals in the first place.

Next, we are investing $27 billion over the next 10 years in hospital infrastructure projects. Our plan is building much-needed capacity throughout the system, including in our hospitals, as well as in other community-based facilities.

We're also ensuring that Ontarians receive the right care in the right place. While in many ways the backbone of our health care system, we know that the hospital isn't always the best place for a person to receive care, especially at a time when far too many of our hospitals are operating at over 100% capacity.

Next, we are better integrating care to improve patient flow. For those patients who need to be admitted to hospital, we want to ensure that if they do have to be admitted, they will be in a hospital bed in a proper hospital room, not a hallway or a meeting room.

But some patients are ready to leave the hospital, and could do so with the right support and care. We want to ensure that they are getting the appropriate care for their needs. For many, their needs can be met by home and community care services.

Home and community care services are a critical component to our plan to end hallway health care. These important services are relied upon by many Ontarians. Last year, more than 700,000 people received home care services, and over 600,000 people used community support services such as Meals on Wheels and client transportation.

Care at home and in a community is less expensive, frees capacity in our hospitals, and is where patients actually want to be: at home. However, our current home and community care system is unable to keep pace with the needs and preferences of Ontarians. One reason for this is that outdated, rigid legislation has been creating needless barriers to providing care for the patients we have today and is stifling innovation to serve them better.

Home and community care has been siloed in Ontario's 14 local health integration networks that deliver and coordinate these services. What we see is a lack of integration with primary care and acute care. There is duplication in assessment and care planning, a lack of data access for the care team and patients, and a lack of coordination among care providers. Furthermore, there is limited virtual care delivery and a lack of innovation.

Speaker, there are many, many dedicated and committed workers in home and community care who put their hearts and souls into providing the best possible care that they can provide to their patients. They do so under the current rules. We are very grateful for their dedication and for their commitment. But the reality is that the current delivery of home and community care services in Ontario is based on an outdated design developed in the early 1990s.

The Home Care and Community Services Act, 1994, was developed 25 years ago and has not kept pace with changing demographics and care needs, nor does it reflect the ministry's plan for a connected health care system. We need to bring our home and community care plan and system into the 21st century.

Should this proposed legislation pass, health care providers will be empowered to work together with a full picture of the patients' needs in order to truly coordinate patient care while still operating under strong oversight and accountability. This new approach would expand access to services while removing barriers to ensure seamlessly coordinated services. By moving home care out of administrative silos and into local Ontario health teams, patients will receive the home care they need as quickly and as conveniently as possible, without having to tell their story over and over and over again.

While we anticipate certain Ontario health teams may be able to take on the delivery of home and community care quickly at maturity, the vision would be for Ontario health teams to be responsible for delivering home and community care, understanding a patient's full health care history, directly connecting them to all the different types of care they will need, and helping people—24 hours a day, seven days a week—in navigating the health care system. Primary care, hospitals, home care and long-term care organizations would be able to collaborate directly.

This does not always happen, Speaker, and that is why we are asking for all parties in this Legislature to support this bill. This would mean that patients would have access to a more flexible, responsive care that recognizes that a one-size-fits-all approach does not best meet individual care needs, and that better access to navigation supports is required to keep people in the community and in their home longer.

If this bill passes, patients would have access to the kind of care they need, no matter where they go. Transition between types of care will be smoother and more patients will be where they want to be—at home rather than in a hospital.

Patients have and always will be our government's priority and focus, Speaker, and we will create a public health care system that works for everyone. Patients have been at the forefront of our minds as we have gone about developing this new approach. We looked at the strengths and weaknesses of the current system, what was working and what needs to be changed. And we painted a picture of what the patient experience can be like under our current system of home and community care, and what it would be like under the new approach that we're proposing.

So let's consider the plight, for a moment, of a patient. We'll call her Gloria. Gloria is 83 and she lives in Barrie. She lives alone and her closest family is in Toronto. Now, like many people with an elderly family member who lives alone, they are worried about her ability to continue to live at home on her own. Gloria has been managing quite well on her own, but one day she had a very bad fall. Gloria was rushed to the hospital and, on arrival, she found the hospital to be overcrowded. That meant a longer wait for Gloria before she got to see a doctor.

1340

When she did get to see a doctor, after a few tests, they determined that Gloria needed surgery. The arrangements

were made and Gloria did have surgery on her own. Afterward, a hospital discharge planner comes to assess Gloria's needs and develops a written discharge plan for her. The planner explains the plan to Gloria, but due to her excitement about going home, she doesn't retain many of the details. Once she gets home, of course she's tired but happy to be there, and that written discharge plan gets put down somewhere and forgotten.

At some point, Gloria has a question and tries to find her discharge plan, but she's not sure where it went, so she waits. She waits at home without any support until a care coordinator from her local health integration network gives her a call to do another assessment, and then Gloria must repeat her health history over again to the care coordinator.

Gloria is forced to wait again for the services to start, but when the nurse arrives, she doesn't know the results of Gloria's assessment. The nurse can't answer all her questions, and again, once more, Gloria has to repeat her health history to the nurse. Let's be clear, Speaker—I want to state this very clearly: This is not the nurse's fault. We know our home care nurses are dedicated and compassionate and are doing the best they can under the circumstances, but they don't always have the information and support they need to do their job.

One day, Gloria starts to realize she is experiencing a lot of pain in her knee. She's not scheduled for a visit from the nurse that day and she's not really sure who to call. So Gloria reaches out to her family in Toronto. Her family wants to help, but they also don't really know what to do. They haven't been kept informed about her care plan. They don't have the answers Gloria needs, so Gloria starts becoming very anxious about her pain.

Deciding she needs to see someone, Gloria goes to the emergency department of her local hospital to have her knee examined, but again the hospital is overcapacity. It's another busy day in the emergency department, and while the nurses are very sympathetic to her pain, it takes some time for someone to be able to see Gloria. What's more, they don't have room available for Gloria, so she receives treatment in a hallway.

Speaker, a hallway, we all know, is no place to receive high-quality health care, but as MPPs, I'm sure we've all heard stories like these from constituents before. I know I have heard it many times during my time as Minister of Health, and previously during my time as Ontario's first Patient Ombudsman.

What's telling about this story is that while everyone Gloria encounters wants to provide her with the best possible care, it's the system itself that is failing her. This story makes clear that the system is not very connected or integrated, and it's not easy for Gloria to figure out who she should call and when. We can do better, Speaker. In fact, we must do better.

With the Connecting People to Home and Community Care Act, 2020, we want to make the kinds of changes we need to give patients across Ontario like Gloria a better patient care experience with smoother transitions between care providers. In a transformed system, Gloria and her family would be at the centre of her care, using a model of care tailored to her specific patient needs.

Through her Ontario health team, Gloria would be cared for by an integrated team of providers, including hospital, home care and primary care, and because they work together as a team, they are all aware of her health care needs. Gloria's Ontario health team would be able to provide her with the supports she needs to remain living safely and independently in the community once she leaves hospital. Under a transformed system, Gloria would never need to wait for a referral for home care services. That's because the home care service provider would already be part of the same Ontario health team as her hospital. Instead, when Gloria is admitted for her knee surgery, an Ontario health team provider would do one assessment of her home care needs and support integrated care planning according to all of Gloria's needs.

Speaker, last fall, our government introduced our Digital First for Health Strategy. We are adopting new digital practices and technologies that will improve the patient experience and help end hallway health care by expanding access to digital and virtual care options. As part of our Digital First for Health Strategy, we enabled Ontario health teams to collect, use and share information to allow for better patient care and outcomes. Now that the team can share this information with whomever on the team needs access to it, Gloria would not have to repeat her health history over and over again, and all of her health care providers would have the full picture of Gloria's health needs and care.

Not only that, but one of the key pillars of our Digital First for Health Strategy is to ensure greater data access for patients. This means more patients will be able to review their secure health record online and make their own informed choices about their own care. In this scenario, thanks to our strategy, Gloria and her family understand and have digital access to her care plan and her expected outcomes, and because her Ontario health team has access to her up-to-date health history, she won't have to repeat her story over and over again. Instead, the nurse would have digital access to Gloria's care plan. The nurse would be able to answer any questions Gloria may have. If Gloria's nurse can't answer her questions, because they would be part of an Ontario health team, they would be able to reach out to others to get the answers quickly.

Gloria would also benefit from the fact that it would be the same nurse visiting her regularly. That's because this nurse would be assigned to Gloria's neighbourhood, so they would never be too far away. Now Gloria has a busy social life because she doesn't have to sit at home waiting for her nurse to come. Instead, the nurse would work with Gloria on a schedule that works for her, and they would connect on the phone between visits. Gloria would always know when her nurse was going to be there.

But the nurse wouldn't be the only person Gloria would be able to reach out to for assistance. Ontario health teams are also being asked to ensure patients receive support navigating the health system 24 hours a day, seven days a week. This is the key part, Speaker: When Gloria starts

experiencing pain in her knee, she knows enough to reach out to her care team. Together, they would be able to respond to her needs and advise her that the hospital is not the only place for her to go. Gloria's primary care provider would be looped in and would be able to provide her with the right follow-up care for her specific needs.

Even if Gloria couldn't remember who to contact, her family in Toronto would know because they would have online access to her care plan—of course, with Gloria's permission. Because her physician is connected to her Ontario health team, they would be fully apprised of what was going on. Seeing Gloria's needs, they would easily be able to arrange home care to help Gloria remain safely at home, which, again, is where patients want to be.

Speaker, the scenario I've outlined reflects the vision for our government's new approach to home and community care as part of a connected health care system. It reflects our overall efforts to modernize our health care system and, of course, to end hallway health care. Gloria's story reflects not only how our plan would provide better coordinated and better integrated care for patients; it also demonstrates that by ensuring Gloria gets access to the right services for her needs, we are also helping to reduce unnecessary visits to the hospital emergency department. By reducing pressures on our hospital emergency departments, it means fewer patients receiving care in hallways or unconventional spaces.

Change won't happen overnight, though. Modernization is a process that requires careful planning in partnership with patients and caregivers, health system providers, health care workers and unions. Proposing a new legislative framework is one step towards the future of home and community care delivery in Ontario health teams.

1350

I'd also like to point out that our government is not proposing to radically change what home and community care people receive, but to make critical and needed changes to how they receive it. The range of services that people will rely on will continue. Eligibility will not change. Our valued not-for-profit community agencies will remain the key providers of community support services.

Speaker, our government has been listening to what our care providers, health system partners and the people of Ontario have had to say about our health care system, and the proposed legislation before us today reflects the feedback that we have received. We've heard from clients and caregivers that they want more care in the community, without lengthy waits. They've told us that they don't want to have to repeat their health histories every time they see a new care provider, and they've made it clear that what they do want is compassionate care from a stable, trusted health care team. Just as importantly, the people of Ontario want to have access to their own health information and more control over the planning of their own personal care.

This is reflective of what we have been hearing from the people who provide the care as well. Our front-line care providers understand the need, and want the flexibility to respond to changing client needs without having to work through a middleman. They want to spend less time on administration and more time on providing the front-line care to the people who need services. They want to move away from delivering care on a per visit basis. Delivering care in this way has made recruiting and retaining staff more challenging.

The feedback we received from health system partners, including Ontario health teams, has also been incorporated into this legislation. Our system partners told us that they wanted to ensure that clients receive high-quality care throughout the transformation process. They also want to support transformation. Most importantly, they want to expand home and community care capacity across the province because they recognize its significant potential to help our government deliver on our plan to end hallway health care and to deliver excellent-quality care to patients in this province.

If passed, this bill will also address one of the key recommendations of the Premier's Council on Improving Healthcare and Ending Hallway Medicine in their second report, A Healthy Ontario: Building a Sustainable Health Care System. The Premier's council's second report provided the government with a clear mandate for the modernization of home and community care legislation. It recommended that the Ministry of Health modernize Ontario's home and community care legislation, which is exactly what we are proposing to do. Furthermore, it called upon us to provide flexibility to Ontario health teams and their partner organizations to provide all services and perform all home and community care functions.

The council recommended that current rules around access to home and community care should be made easier so that Ontario health teams and groups of providers can arrange the care that is best for patients; and the council called for the government to establish an oversight model for residential congregate care to lay the groundwork for new settings of care for people who need more support to stay in the community. This will help alleviate pressures on hospitals and long-term-care homes.

It was also recommended that the government enable care coordination and navigation throughout the full continuum of care, rather than narrowly prescribing resources to a limited set of services. I do firmly believe that we have achieved these goals with this proposed legislation.

Through you, Speaker, I want to encourage all members of this Legislature to support the Connecting People to Home and Community Care Act, 2020. Should this proposed legislation pass, it will make it easier for patients to access the home and community care supports they need to recuperate and to thrive. It will help to end hallway health care and it will address the feedback from many Ontarians who shared their thoughts and insights in the interests of improving health care for all of us.

With that, I would like to invite the member for Eglinton–Lawrence to please continue with this discussion.

The Acting Speaker (Mrs. Lisa Gretzky): I recognize the member for Eglinton–Lawrence.

Mrs. Robin Martin: Thank you, Speaker. I also want to thank the Deputy Premier for sharing her time with me today and for allowing me the opportunity to speak in support of the Connecting People to Home and Community Care Act, 2020. This important bill allows our government to take another step toward ending hallway health care in Ontario.

Hallway health care is a complex issue. It's a symptom of broader legacy challenges in the health system that can only be resolved through a transformational shift to a better-connected, patient-centric health system.

Speaker, it was just over a year ago that the Deputy Premier and Minister of Health launched our government's plan to fix and strengthen Ontario's public health care system. Our plan is focused directly on the needs of Ontario's patients and families. Our plan will focus on improving access to services and patient experiences in a number of different ways.

First, it will organize health care providers to work as one coordinated team focused on the patients' specific local needs. Patients will experience easy transitions from one health provider to another—for example, between hospitals and home care providers—with one patient story, one patient record and one care plan.

Second, it will provide patients, families and caregivers help in navigating the public health care system 24 hours a day, seven days a week.

Third, it would see the integration of several provincial agencies and specialized provincial programs into a single agency, Ontario Health, which will provide a central point of accountability and oversight for the health care system. This would improve clinical guidance and support for providers, and enable better quality care for patients.

Fourth and finally, it will improve access to secure digital tools, including online health records and virtual care options for patients—a 21st-century approach to health care.

Speaker, one of the key pieces of our plan is the creation of Ontario health teams. Ontario health teams have been introduced as a new way of organizing and delivering services for patients. Ontario has learned from other jurisdictions and their implementation of integrated delivery systems, and has created an Ontario-based model of care.

Local health care providers will be empowered to work as a connected team, taking on the work of easing transitions for patients across the continuum of care. Ontario health teams will be responsible for understanding a patient's health care history and needs and for directly connecting that patient to the different types of care that they need.

Speaker, Ontario has some of the world's best health care workers and public health care services. However, this system needs to be transformed to focus on improving the patient experience and on strengthening local services. This means that patients and families will have access to better and more connected services and will wait less time for these services. They will not have to stay in beds in hospital hallways or be left to navigate between providers on their own. When they are ready, these Ontario health teams will coordinate and deliver services to meet all of a patient's health care needs, and that includes the delivery of home and community care services.

Last spring, the Deputy Premier and Minister of Health announced a major step in the development of Ontario health teams by outlining the readiness assessment process through which our health care providers and organizations can begin to implement this model, and we were very pleased by the very enthusiastic response that we received. There were over 150 self-assessments received by the ministry. They came from every region of the province. The ministry reviewed these self-assessments, invited 31 groups to complete a full application, and is providing support to another 41 groups to work towards being ready to complete that full application.

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Following the application deadline, the ministry and a panel of third-party advisers completed an extensive review of all of the full applications submitted to determine the readiness of the prospective teams to implement the Ontario health team model. Based on this assessment, 24 teams were selected to move forward as approved Ontario health teams. Those teams that did not move forward at that time are still being given regular opportunities through frequent touch points with the ministry and its partners to demonstrate progress so that they can be approved as Ontario health teams.

Applications to become an Ontario health team will continue to be received and assessed, and groups will be supported to implement this model. In fact, the next invitation for full application submissions will be coming soon.

The reason all of this is so important to include in this debate today, Speaker, is because this legislation which is before us will allow for the integration of home and community care into Ontario health teams. This change is critical to realizing our objectives for improving patient care. A plan to modernize home and community care is required to enable health system transformation, including the Ontario health team model. Home and community care modernization would help to reduce the capacity pressures faced by our hospitals and long-term-care homes.

Speaker, we know that the need for home and community care is rising due to an aging population, increasingly complex clients, the limited number of beds available in our long-term-care homes, and frankly because, as the minister noted, people want to stay in their homes as long as they possibly can and want the support to do so. We're seeing more and more people who, perhaps 10 or 20 years ago, would have been going into long-term-care homes now being cared for in the community.

Our home and community care providers are incredibly hard-working and very dedicated to their clients, but this sector has been falling behind Ontario's broader health system transformation, and it requires flexibility to develop new models that respond to local needs, including

virtual care, more self-directed care, congregate care and needs-based care packages. The capacity challenges across our health care system have resulted in growing hallway health care in hospitals and throughout the province. The numbers show us that in November 2019, there were 997 patients waiting in hospital hallways for a more appropriate care setting. At the same time, an estimated 16.8% of hospital beds were occupied by patients who should have been receiving care in other parts of our health care system.

Care at home and in the community is less expensive. It frees capacity in our hospitals and, let's face it, it is where people want to be. However, the home and community care system is not keeping pace with the needs and preferences of Ontarians. One reason is that outdated, rigid legislation is creating needless barriers to care for the patients that we have today and is stifling innovation to serve them better.

The need for innovation is reflected in the findings of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Developed in consultation with more than 1,500 health care providers, patients and caregivers, the council's second report, A Healthy Ontario: Building A Sustainable Health Care System, provides advice and makes recommendations on how to build a modern, sustainable and integrated health care system and on how to solve the problem of hallway medicine.

This report provided our government with a clear recommendation for the modernization of home and community care legislation. It provided us with 10 recommendations to improve health care in the province. The fifth recommendation of that report proposes that we "modernize the home care sector and provide better alternatives in the community for patients who require a flexible mix of health care and other supports." In fact, the report proposes that the government "modernize home care legislation so that innovative care ... models focused on quality can spread throughout the province."

The council suggested that the government should provide "flexibility to Ontario health teams and their partner organizations to provide all services and perform all home and community care functions, including all aspects of care coordination." They recommended that "current rules around referral to community care should be relaxed so that Ontario health teams and groups of providers can" connect "patients easily to the care that is best for them."

The council proposed that we should establish "an oversight model for congregate care to facilitate delivery in the most appropriate environment whether it be hospitals, long-term care homes, clinics, supportive housing or retirement homes."

It also recommended "enabling care coordination and navigation throughout the full continuum of care, rather than narrowly prescribing resources to a limited set of services."

It suggested that we "review existing policies and make appropriate changes to support more innovation in the home care sector," suggesting that "this could include policy changes that would facilitate more flexible staffing models and services to improve the range of supports available to patients."

Speaker, our government's top priority has always been to listen to the people of Ontario, and what we've heard is that people want a better home care experience. The introduction of this proposed legislation presents an opportunity to mark the transition from siloed and administration-heavy home and community care, to an integrated, more flexible, patient-friendly model, with appropriate oversight and accountability.

The approach we are proposing supports the move to a locally integrated health system led by Ontario health teams. It's an approach with real potential benefits for Ontarians. Patients would have access to home and community care through trusted clinical providers, instead of through a siloed care coordination process. Hospital patients needing home care, who today may need to wait until a care coordinator is available to assess them, would be more quickly transitioned from hospital to home without undergoing repetitive assessments at every stage.

Those patients with needs that are too high to return home but who don't require the intensive level of care provided in a hospital or in a long-term-care home would be able to access services through a residential congregate care facility, such as a reactivation centre like the one we announced at Branson recently.

I mentioned it for my friend the MPP from York Centre.

1410

This would be better for patients, free up needed space in our hospitals and reduce long-term-care-home waitlists. Further, patients who want it will have access to virtual care and more electronic communication with providers. These will be significant, visible improvements for patients, some of which will be available very soon and some of which will be experienced over the coming years. These changes will translate into less inefficient bureaucracy, less process and more front-line care.

Speaker, if passed, this bill would make it easier for people to access home and community care in hospital, primary-care or community settings. Hospitals, primary-care settings and others would be able to arrange home care for patients instead of sending people to a separate home care organization to arrange their care. Doing so would clearly reduce administration and transitions for patients.

As well, this proposed legislation would help people connect with their care providers through secure video conferencing and remote monitoring devices. People with chronic conditions could be monitored at home, with a nurse checking in on them as needed. Nurses or therapists could use video conferencing to work with a personal support worker in the home to provide more specialized care.

If I can just add at this point, it's very important to personal support workers that they're part of an integrated team. One of the reasons, I think, we're having a challenge keeping personal support workers working is that they feel they are working on their own and that nobody can listen

to what they have to say about a patient's care, even though they are closest to that patient every day. It's very important for the personal support workers to have that kind of integration, and we do think that this will help with the recruitment and retention of that labour force, which is so important to all of us.

We are proposing to provide more choice for people with high-care needs to get care in new community settings. People would be discharged from hospital into a transitional care setting to gain strength and functionality so that they can return home. This proposed legislation would help keep people healthier at home by empowering their PSWs—their personal support workers—and all of their care teams to works together.

We believe that enabling these front-line care providers to make more decisions about care, integrating home care into primary care and acute care, and breaking down the barriers to information between the care providers will create teams that will truly work together to support patients.

Our intention is not to radically change what home and community care people receive, but to make the critical and needed changes to how people receive that care. The range of services that people rely on will continue. Eligibility will not change. Our valued, not-for-profit community agencies will remain the key providers of community support services.

In fact, this legislation would maintain many elements that are already working very well in the system. The definition of home and community care services would remain the same. The ministry would retain the ability to fund Indigenous organizations directly, through the Ministry of Health and Long-Term Care. This would maintain the nation-to-nation relationship between the two parties.

Approved organizations would still have the ability to deliver home care indirectly, through contracts, as they do now. We will maintain provisions regarding funding clients and families for self-directed care.

We would continue to restrict co-payments for services to preserve the existing approach where only community services can have co-payments, like, for example, Meals on Wheels. We would maintain the requirements for a complaints process, the right to appeal certain decisions to the Health Services Appeal Review Board, and the inclusion of home care in the jurisdiction of the Patient Ombudsman. The bill of rights for home and community care would continue in regulation and be updated to reflect the realities of modern home and community care.

We want to preserve the parts of the system that are working and find innovative solutions to address the parts that are not. In my mind, that's the definition of progress.

While our government is proposing to transfer responsibility for home and community care over to Ontario health teams, the reality, as I mentioned earlier, is that right now, in the province of Ontario, there are only 24 approved teams. While there are many more teams that are in development, I think everyone here understands that it is going to take time until we have full coverage of Ontario health teams across the province. Furthermore, we need to consider that it will take time for Ontario health teams to be fully up and running.

To ensure, in the meantime, the ongoing stability of services while home and community care transitions into Ontario health teams, the local health integration networks, or LHINs, are being refocused into interim organizations, transitional organizations, with a singular mandate of delivering home and community care, as well as long-term-care-home placement.

To reflect this focused mandate, these local health integration network interim organizations will be renamed to something people will understand. They'll be called home care and community care support services. The province expects the transition to home and community care support services to occur on April 1, 2020, and exist for the next few years as home and community care transitions into Ontario health teams and other points of care.

It is anticipated that the non-home and community care functions of the local health integration networks will transfer to Ontario Health in the very near future. During this transition, patients and caregivers will continue to access home and community care services in the same way and use the same contacts. For information and referrals, patients can continue to call 310-2222 for the English line or 310-2272 for the French line. No area code is required.

To help ensure that patients remain familiar with these services, home and community care support services will maintain the same regional identifiers as the existing local health integration networks. For example, they'll be the home and community care support services Erie St. Clair and the home and community care support services Champlain. Each of these home and community care support services organizations will be governed by a common set of cross-appointed board members separate from the board of Ontario Health.

We're taking these important steps to protect these valuable services for clients and caregivers and to make it easier for all Ontarians to access home and community care throughout the transition process. Home and community care is a valued and necessary part of our health care system.

This year, our government invested an additional $155 million to expand front-line home and community care services. But we recognize that for our home and community care sector to truly flourish, we need to make change and bring it up to 21st-century standards.

1420

The changes that we are proposing in the bill before this House have the potential to change the way that we deliver these services, to realize truly coordinated patient care. Most importantly, we see the potential for a modern home and community care system that will help us finally put an end to hallway health care.

In our vision of the future of health care in this province, patients would no longer receive care in the hallways, and there would not be long wait times because of overcrowded emergency departments. We believe that we

can realize this future, and so do a number of our stakeholders and supporters.

I just wanted to read a couple of quotes; for example, this one from Sue VanderBent, who is the CEO of Home Care Ontario: "Home Care Ontario welcomes the government's move to modernize home and community care.... Today's changes will allow patients to better access the right care, at the right time, and in the right place. These changes will make the system work more efficiently, and ultimately will allow local health teams to better work together to keep people healthier at home."

Another quote, from Deborah Simon, the CEO of Ontario Community Support Association: "OCSA thanks the government for their collaborative approach towards modernizing home and community care legislation for all Ontarians. We look forward to seeing the details of the legislative and regulatory changes being proposed. We believe a system that works to ensure Ontarians can receive the services that they need with fewer barriers will successfully allow more people to live well at home."

In addition, I have a quote from Miranda Ferrier, president of the Ontario Personal Support Workers Association. I mentioned earlier just how important personal support workers are to our home and community care services. She said: "The proposed changes announced for home and community care in Ontario will provide personal support workers (PSW), patients and clients a new opportunity to work together to make Ontario health teams a success. Streamlining and modernizing the scheduling and funding process will offer Ontarians greater access to supports while also promoting continuity of care. The OPSWA hopes that these changes will work to stabilize and modernize the PSW profession."

We'll have another quote here, from Sarah Downey, the president and CEO of Michael Garron Hospital. She said: "Regardless of the comforts and programming we put in place in hospitals, we know that most patients don't want to be hospitalized; they want to recover at home with the right supports. Today's announcement will no doubt help make transition points safer, smoother and more coordinated for patients and families. I am looking forward to working in collaboration with home and community care support services, our Ontario health team partners and patient and family representatives to coordinate home care services locally."

Finally, I have a quote from Jo-Anne Poirier, president and CEO of the Victorian Order of Nurses Canada, who said: "On behalf of VON Canada, Ontario's longest-serving home and community care provider, I'd like to thank the government of Ontario for recognizing the need to modernize the rules governing this vital component of health care delivery. They have listened to feedback, including the imperative to ensure that gaps in home and community care are addressed. We look forward to participating in the consultation process, with a focus on strengthening capacity in the home and community care system to better enable the delivery of patient-focused health care in Ontario. This is an important next step toward achieving the vision of the government's Ontario health team transformation initiative."

Those are some great quotes. I have a couple more which I'd just like to share with you in the remaining time I have. This one is from the executive director of Guelph Family Health Team and Diabetes Care in Guelph, "This is a really encouraging direction for home and community care in Ontario: The Guelph Family Health Team has advocated for a new model that better integrates home care with primary care. In our experience, people are better served when their care team members are enabled to work as a team. The coordination and delivery of home care needs to be better linked to the care provided by family doctors and other primary care providers. Modernization of home and community care is foundational to enabling the Guelph and Area Ontario Health Team to deliver on our commitment to integrating health care in our community."

I think that's a great quote because it also shows that it's not just the hospitals that are looking forward to this kind of care coordination starting with the health service provider, but also primary care doctors, which is, I think, what everybody would to like to see. Each of these health service providers can provide this kind of connection and transitioning to home care services where necessary.

Finally, a quote from Dr. Samir Sinha, director of geriatrics at Sinai Health System and the University Health Network here in Toronto: "As a physician works with frail older adults, who often rely on publicly funded home care to stay at home, the legislative changes being introduced today are long overdue and welcomed. By ensuring that the home care that Ontarians need can be delivered in a more flexible and integrated way, will ensure that the hundreds of thousands of Ontario families who depend on it can be better supported by a more responsive system that puts their needs first."

I couldn't have said it better myself. I like the way he put that. It's really an important change in our system.

Speaker, our government strongly believes in a public health care system and is committed to strengthening public health care so that it works for all the people of Ontario. By relentlessly focusing on patient experience and on better connected care, we aim to reduce wait times and end hallway health care. Ontarians can be confident that there will be a sustainable health care system for them when and where they need it.

Let me just emphasize, as I have a few minutes left, that that is the reason for the interim transitional organizations, which we're calling home and community care support services, to ensure that no patient is worried about where their health care services and home care services will come from. These interim organizations will ensure that no patients are left behind or fall through the gaps.

It is the prudent way to make this kind of a change. We want to get to the new end state, with the Ontario health teams being able to coordinate fully. But until we get there, the way to do this in a prudent way, to ensure that no patient is lost in the system and not able to access those important home and community care services, is to have these transitional organizations there—Home and Community Care Support Services Erie St. Clair, Home and

Community Care Support Services Champlain or Home and Community Care Support Services Toronto. The important thing is that people will be able to call the same numbers, reach out to the same people, and ensure that they get their home and community care support services.

1430

We want to be very careful to ensure that no patient falls through a gap in the system as it transitions, and we want to make sure that that organization is there to ensure the continued delivery of those very important services.

In closing, I want to thank the Deputy Premier and Minister of Health for the opportunity to speak to this important piece of proposed legislation, which I know our ministry has been working on very diligently for a long time. I, like the minister, want to encourage all of the members of this Legislature to support the Connecting People to Home and Community Care Act, 2020. I think we all have a very important opportunity here before us to make significant progress in ending hallway health care, which I know we all want to do. With your vote, you have the opportunity to help create a better health care experience for patients all across Ontario.

With that, I'll thank you very much, Speaker, for the time.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Catherine Fife: Thanks to the parliamentary assistant and to the minister, prior. I guess I want to start off by saying that I want to believe you. I really do. I will concede, at the very beginning, that the Liberals for 15 years privatized our health care system to the tune of 40%. A lot of people don't know that. The health care system in Ontario has been contracted and subcontracted out to the point where the accountability is not there.

I keep thinking about this constituent that I visited—I did a home visit on Friday. It was about home care. She had a serious complaint. I think the accountability piece is so important going forward, because it was lost. I fear it continues to be lost, because Bill 175 appears to restrict the ability for patients to appeal a complaint about home and community care services by stating that a complaint can be made if that criteria is met. My question to the parliamentary assistant: Who is setting the criteria for a complaint and how will the ministry oversee these issues that are genuine?

Mrs. Robin Martin: Thank you very much to the member from Waterloo for the question. It is my understanding that, under the new legislation, we have a complaint process which is in fact more robust than the existing complaint process for home and community care services. It will allow complaints to go to many levels: first, to the provider themselves; then to the Patient Ombudsman; and also to the Health Services Appeal and Review Board. All of those complaint processes are available under the new legislation. My understanding is that before, there were restrictions on complaints to the Health Services Appeal and Review Board for home and community care services, and we're taking those away. We want to make sure that there is a robust appeal process to make sure people are able to get their challenges addressed.

The Acting Speaker (Mrs. Lisa Gretzky): The member for Brantrord–Brant.

Mr. Will Bouma: Thank you, Madam Speaker. I appreciate the opportunity to ask a question on this legislation. I'd like to thank the minister for bringing it forward, and especially to the parliamentary assistant, the member from Eglinton–Lawrence, for being able to speak on this bill. I was very pleased to hear her quote someone I know quite well. I've had a lot of meetings with Miranda Ferrier from OPSWA.

PSWs became very, very important to me when my father-in-law was struck with Lou Gehrig's disease, ALS. It was the PSWs coming to our house on a regular basis, doing all that work that we needed as a family in order to support him as he went through that journey.

I can't overemphasize enough how critical it is for me that we recognize and support our PSWs as we move through the legislative process. I was wondering if the parliamentary assistant could just answer: Our government is working to better recruit and retain personal support workers. How would this legislation improve conditions for our PSWs?

Mrs. Robin Martin: Thank you to the member for Brantford–Brant for the question. It's a great question, and I think it's certainly a concern we all share. The personal support workers obviously have very difficult jobs. They're very important to caring for all of the people who need the home and community care support services that they offer, or in long-term care or in hospitals as well. They play an important role in our health care system.

Modernizing our home and community care legislative framework, as I said, is really a key element in integrating especially personal support workers, but other health care providers as well, into one whole team. Currently, my understanding is that personal support workers often don't have access to patient records if they're working in a home. They sometimes don't even have access to other members, often, unfortunately, of the health care team, and yet they are right with the person who is struggling, so they need to be able to tell people, "I've noticed a change in Mr. Brown's condition and I wanted to report that to the appropriate health care providers."

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Catherine Fife: Just for clarity, to the parliamentary assistant: Actually, what Bill 175 does is that it moves the appeals process to regulation. When you remove an appeals process outside of the legislation, where it currently sits, you actually lower the bar for accountability.

But on the PSW issue, as I said, the privatization of home care services in this province has left people isolated, without adequate care. For some reason, the government continues to go down this same path, Madam Speaker. When we talk to personal support workers, they are not paid adequately for their mileage. They are not supported through training. In fact, it's a very isolating profession, and that is why we've lost these important people to the health care system.

I guess what I want to ask the minister is: Why does Bill 175 not once mention a strategy that would ensure that the

Conservative government is prioritizing the development and the implementation of a human health strategy to ensure that home care can actually be successful in Ontario?

Mrs. Robin Martin: Thank you to the member from Waterloo for her question. I don't agree that moving the appeals into regulation is lowering the bar on accountability. The Ontario health teams and this entire model will be supported by much more robust accountability mechanisms than have ever existed in the past, and certainly we are making sure that there are more appeal mechanisms available.

On the issue of personal support workers and a health human resources strategy: That is certainly something that we are working on in our ministry. Also, the Minister of Long-Term Care has announced a human resource strategy in long-term-care homes, and obviously PSWs are a very important part of both of those strategies.

But look, part of this is making the working conditions for personal support workers better by making them feel that they are actually part of a team and will have an important say in how the care of the person is managed. I've heard from many PSWs that that is what they want.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Lorne Coe: In my riding, community care is provided by many non-profit organizations with really deep roots in the community, so my question is: How does this legislation support care delivery in the community care sector?

Mrs. Robin Martin: Thank you to the member from Whitby-Ajax for the question—I'm trying to remember; is it Whitby-Ajax?

Mr. Lorne Coe: Just Whitby.

Mrs. Robin Martin: Whitby; sorry.

Yes, this bill supports community care services. It maintains existing community care services in the new model, and it really will help to break down long-standing barriers between some of those services—home care services, hospital services, primary care services. It's very important that we integrate better. This is going to allow seamless coordination of services for the patients and make sure that we deliver them in the most innovative ways, and we are really hoping that as a result we'll have more access to those kinds of services for more people. We believe that people will be served better and good community support services like Meals on Wheels will continue to do what they have done in the past, which is to make sure that people have those kinds of supports, which is very important.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Catherine Fife: Just on the accountability piece: Removing the appeals process out of legislation is something that Conservatives used to fight when the Liberals did this, so just please check Hansard on that, because you're on the record as actually opposing it.

Ontario's home care sector arguably has had very little oversight over the years. All of us in this House know that, and Bill 175 makes this worse, because by enabling more contracted services it further removes oversight and accountability that measure whether publicly funded home and community care services actually support the people who receive them. There's almost no legislative provision to hold the Ministry of Health, via the minister or health service providers, accountable.

1440

My question is: Why would this government double down on failed Liberal policies from the former government and actually embed them now into a new, rebranded version of home care? This is not the direction that the province needs to go in. We have an ethical responsibility to ensure that people who are delivering home care services and receiving those home care services receive quality care.

Mrs. Robin Martin: Thank you very much for the question. In fact, the whole point of the legislation is to make sure that there is more accountability and to enable this kind of integration and better services of home and community care, by breaking down the barriers in the existing legislation and by providing those services to people through different means, innovative models. We think this legislation is the answer to that question.

The Acting Speaker (Mrs. Lisa Gretzky): We don't have enough time on the clock for another question and answer.

Further debate?

Ms. Teresa J. Armstrong: I believe that at the heart of good policy—good policy should mean that we put people first, and not profits. Home care and community care service policy should be designed with people in mind, specifically the people at the centre of it: the patients, the caregiver, and the front-line workers. It should not be directed by companies hoping to turn a profit off the backs of sick and vulnerable people.

Bill 175 makes much out of rearranging the delivery of services, but it does not do enough to ensure good quality of care. As the member from Nickel Belt said last week, instead of fixing the disastrous home care system, this government has chosen to tinker and meddle. We need a health care system that is not only publicly paid for but also publicly delivered.

There is an aging crisis looming. Between 2003 and 2018, the proportion of home care and community support service clients who are at high risk or very high risk of an adverse event has almost doubled. We should be bringing home care and community services into the public health care system, where there is oversight, accountability and enforcement, not letting it go further and further out of our reach.

We have more accountability and oversight in public, not-for-profit organizations. Time and time again, we've seen for-profits make money on the backs of frail, elderly people and on the backs of women who make up the majority of front-line staff, who often don't have a voice. The way they operate has a minimum to do with quality care but everything to do with maximizing profits.

Bill 175 enables the moving of provisions into regulations that haven't been created yet. Bill 175 enables non-profits to redirect funding to for-profits by contracting out

home and community care services. For-profits already take a large portion of the home care sector budget. Bill 175 enables for-profits to take even more. Much like Bill 74, Bill 175 provides new, extraordinary cabinet regulation-making powers that previously did not exist and are currently undefined.

Where do Ontarians go for accountability? There is almost no legislative provision to hold the Minister of Health or health service providers accountable. This is particularly concerning given the rise in complaints over inadequate or poor service, such as home care providers who don't send staff on time or fail to show up to their shifts altogether.

Taxpayers pay good money for home and community care services, but in this heavily privatized sector, their money never makes it to the actual home care worker, nor does it go towards providing care. In this increasingly for-profit system, after the higher-ups take their share, the front-line workers earn $16.50 an hour. It's a highly profitable sector that Ontario taxpayers bear the cost of multiple times over. They pay once with their taxes, another when they have to take time off work to care for their loved ones, and then again when they pay to supplement whatever little home care they are receiving.

Other provinces, like Manitoba, have not privatized the home care sector. Therefore, not only is the system cheaper, but the workers have full-time jobs with pension plans and benefits.

BC's Seniors Advocate, Isobel Mackenzie, released an illuminating report reviewing funding in the long-term-care sector. The same lessons can be applied to the home care sector as well.

I'm going to read an excerpt from the Surrey Now-Leader's article about the report. It starts, "For-profit senior care facilities in B.C. spend 49 per cent of revenues on direct care, compared to 59 per cent for non-profit care homes contracted to the provincial health ministry, B.C.'s Seniors Advocate Isobel Mackenzie says in a new report.

"The performance audit is the first formal examination of contracted care since NDP MLA Adrian Dix was appointed health minister in 2017 and tackled the sector's labour relations and care delivery standards.

"Mackenzie found that with $1.3 billion in contracts in place with B.C. health regions, there is insufficient reporting to compare 'management fees, head office allocation and some administrative costs.'

"Reporting of direct care hours depends on 'self-reported unaudited expense reports prepared by the care home operators, with no ability to verify the reported worked hours,' Mackenzie said as she released the report, entitled A Billion Reasons to Care, Tuesday.

"Despite the reporting gaps, Mackenzie was able to calculate that not-for-profit homes spend an average of $10,000 or 24 per cent more per year on care for each resident. For-profit care homes 'failed to deliver 207,000 funded direct care home hours' during the survey period, while not-for-profit operators 'exceeded direct care hour targets by delivering an additional 80,000 hours of direct care beyond what they were publicly funded to deliver.'" That's what the report says.

"The report says the difference in spending is partly due to care aide wages in for-profit care homes, where they can be paid as much as 28 per cent or $6.63 per hour less than the industry standard."

The last Conservative government broke the home care system, and the Liberals kept it that way. Much is being made of service maximums being removed under Bill 175. Well, the maximums were created under the Harris government. So why are Ontarians paying the price to fix problems created by previous Conservative governments?

With successive Liberal and Conservative governments opening the door wider and wider for for-profits and further privatization, and selling hard-working Ontarians to the highest bidder, how can the hard-working folks that we are here to represent trust that they'll have the services they need to be taken care of when the time comes?

I've been hearing from Ontarians all across the province who say they are scared to speak up. I hear from folks who say that they are scared to complain when they don't receive the quality of care that they were promised. They don't say anything when appointments are cancelled or delayed with no warning. They don't say anything when families have to rearrange their lives to accommodate the gaps in service. They don't say anything when they or their loved ones are left unfed or unbathed, or when medicine is administered incorrectly or not at all. They don't say anything when the lack of continuity of care has left loved ones anxious and inadequately cared for. They don't say anything when caregivers have been brought to the brink mentally, physically and financially. They don't say anything when they are left sad, humiliated, abused or injured because they're afraid that whatever little care they have will be taken away.

Where do these folks go? What recourse do they have? Who can help them—the Patient Ombudsman, who has been missing for two years?

For some people, visits from their PSW are their only interactions with another person. In a recent article in the Windsor Star, Windsor-Essex Compassion Care Community's director of patient and family services said, "Loneliness is the new smoking. They're showing that loneliness has an impact of smoking 15 cigarettes a day.

"People, when they are connected to others and they feel they have supports—informal and formal supports—they cope much better with whatever kind of issues they're going through in life." Therefore, consistent, compassionate, quality care is not only important for a patient's physical well-being but also their mental well-being.

1450

However, according to the Patient Ombudsman's report, "Patients and caregivers often reported that they had no notice that services would not be available on a given day and they were left on their own to put contingency plans in place."

We've heard from constituents that they were left in their wheelchairs all night because no one came to put them to bed. We've heard from constituents left on the toilet, in bed and in baths, and who don't eat all day because no one showed up or appointments were cancelled

at the last minute. Caregivers are told to risk injury lifting and moving their loved ones on their own because workers aren't available to help them. There is little to no accountability for folks in situations like these, and this legislation will leave them further out in the Wild West.

Multiple constituents have brought up concerns around improper training for front-line workers from for-profit companies. They've told me that workers from some for-profit care providers are not trained in administering medication correctly, like, for an example, insulin. Some have said workers have come with inadequate patient knowledge. One mother said she personally took on the expense of training the workers for her adopted child because they did not have the requisite knowledge about fetal alcohol syndrome disorders.

Properly training front-line staff is essential to providing quality care. It should be mandated and companies should be held accountable. Speaker, when profits are the bottom line, there is no incentive to provide quality care.

One constituent said she's concerned that there is an underlying flawed perception about the importance and necessity of home care. She accidentally received an email from her home care service provider where staff were asked if they would be available to babysit her husband. At the time, her husband had stage 4 cancer.

Home care is not a babysitting service. The Ontario Community Support Association said, "Home and community care encompasses health promotion, preventative services and services to get people back to independence when and where that is possible. Often the sector is referred to in three related but distinct service groups: home care, community support services and independent ... services for those living with physical disabilities.

"Services range from in-home nursing and therapies for wound care and rehabilitation, adult day programs and assisted living programs, personal hygiene activities such as toileting and bathing, homemaking services such as meal preparation and light cleaning to transportation to medical appointments.

"These services not only meet a client's current needs, but more importantly, they prevent against decline and more serious needs in the future." That's what the Ontario Community Support Association had to say.

These are essential services and yet there is no guaranteed baseline level of care because this legislation does not do enough to define it. There is no legislative rubric to determine who qualifies for what care services. There is no indication that all Ontarians, no matter where they are and how much they earn, will receive the same quality of care.

The Ontario Community Support Association recommends that it be ensured that all Ontario health teams "provide an equitable and consistent basket of home and community care services" that include community supports and independent living "through a Ministry of Health directive to OHTs. We need to ensure that a person's postal code does not determine a client's ability to stay safely at home."

Where is that recommendation explicitly addressed in this bill?

If the aim of the bill is to reduce duplication of service, siloed care and better quality of care, where does it say that in the legislation? There is no legislative guarantee in here. In fact, this government intends to rebrand and maintain the 14 LHINs in addition to keeping five regional LHINs. This government also created Ontario Health through which the Ontario health teams will operate. The Ontario health team can, then, contract out home and community care services to another provider. Arguably, this government has created more layers of bureaucracy. There is more in this bill about papers moving from desk to desk than there is about hand-to-patient contact.

There is no mention of a labour strategy in this bill. My colleagues and I have heard time and time again that successive governments have done nothing about the labour crisis at the centre of the broken home care system. A recent study showed that 80% of PSWs were unhappy with their jobs, and yet this government has chosen to work from the top down rather than front line to back. The front-line workers in home care are essential to modernization. They are the ones who administer the care plans, provide continuity of care and are often the source of hope for patients, and yet they've been left out of the conversation.

SEIU's health care president, Sharleen Stewart, released a statement, saying, "Front-line workers and their unions were given zero opportunity to provide input into the overhaul of Ontario's home care system. The legislation appears to have been written behind closed doors with the operators who stand to profit from the reforms.

"Doug Ford's government is handing the keys to our health care system to the rich executives who can't properly run their own businesses. Today's announcement proves the Ford government is again putting front-line workers in the back seat to a privatization agenda....

"Without a commitment to raising the wages of low-paid health care workers, deliver safe working conditions through adequate training and secure pensions, any attempt to address the recruitment and retention crisis will fail."

That's what the SIEU had to say.

I recently attended the Ontario Health Coalition's London presentation of their report called Caring in Crisis. While there, I heard Shoshannah Bourgeois speak. She is a PSW with a background in home care, and she had this to say: "There's an amount of money we need to be able to make to be able to live.

"When you can't afford to run your car, you can't afford child care, how can you afford to do that job? So you're working two or three jobs without a day off, without vacation. You're not even taking vacation because you can't afford it."

That's what Shoshannah had to say about herself as an experienced PSW in home care.

Rick O'Connell of Sudbury has been a personal support worker for 19 years. He said in a recent CBC article that "he stays in the field because he loves the patients he cares for." He says, "'We're seeing lots of staff burning out. Physical injuries and just burnout and overall it's contributing to the shortage of PSWs.

"'Working short often, so that increases your workload and your staff-to-resident ratios.... Just the daily stresses of the job is enough to deal with....

"'It contributes to more workers calling in sick, going off on stress leave, in general many times you just see PSWs leave'" the sector.

Dot Klein is the co-chair of the Sudbury chapter of the Ontario Health Coalition, and she said that many PSWs leave the field because they're overworked, underpaid, burnt out or injured, and there aren't the same number of workers entering the field to replace them. Those PSWs just entering the workforce aren't prepared for what they'll face.

She went on to say, "The new graduates are not prepared for the realistic situation of the workload and the level of care that's being asked of them to provide.

"If the student isn't properly prepared and starts a job where they're suddenly in a shortage of PSWs or co-workers and they're not sure of what to do, there is nobody there to help them."

That's what Dot had to say.

Home care and community service providers are often left in between a rock and a hard place. PSWs are stretched thin, facing intense time and labour shortages, struggling under the burdens of low compensation and inconsistent schedules. They are given insufficient time to complete the scheduled care plans, not compensated for their travel time and expenses, and face daily threats of violence with little to no support.

1500

When workers injure themselves at work and have to take time off, or when they leave their jobs for greener pastures, or when they are reassigned, families are often left without care, sometimes for months, because there are no workers to replace them. That's a true story.

PSWs also struggle with inconsistent hours of work. They are required to work in the morning to help get their clients out of bed, toileted, bathed and fed. Then the workers are required to return in the evening to help those clients to bed. People cannot survive on just working two hours in the morning and two hours at night.

Sue VanderBent, CEO of Home Care Ontario, said, "That is leaving a big hole in the day in terms of work.... We have to recruit people with a good salary ... and we have to also give them hours, so that they are able to make a living wage." That's what people are saying when you're looking at a PSW schedule. It's so broken and fractured. It's difficult to survive on those wages.

Melissa Wood with Unifor says that working in an understaffed environment is difficult for residents and employees. She says, "It leaves them feeling, besides emotionally, mentally and physically exhausted, most of them end up leaving depressed."

I've spent many nights on the phone with different people working in long-term care, and they're actually crying. They're crying because they're exhausted. They're crying because residents are not getting the care that they need, because they don't have the time in the day to do it. It's not the PSW's fault, the front-line worker's fault. It's the system that's broken that's putting all these pressures on people. And people are breaking. It's a fact; it happens.

I'm so glad that PSWs and front-line workers and all staff in long-term care are speaking out about this issue. It's long overdue.

Working in an understaffed environment is a breeding ground for dangerous situations that put everyone at risk of violence: patients, staff and loved ones. But what happens is, PSWs are afraid of losing their jobs if they speak up. Some said that they've faced reprisals for standing up for their patients. They are being told to rush through appointments and get out quickly so that they can fit more clients in their day. They are told to stay for only a fraction of the time allotted, even though the company gets paid for the full appointment time.

Not only does Bill 175 make no mention of a labour strategy; there are also fears that it may strip away collective agreement and bargaining rights for front-line workers. How can front-line workers in home and community care have any confidence that this government is in their corner and is serious about addressing the daily difficulties of their jobs? Those are legitimate concerns and fears around what this government's recent records are.

I've been hearing stories of PSWs going in to visit and care for patients on their days off and working longer, unpaid hours because they see how the system has left their patients out in the cold. They've taken it upon themselves to fix the glaring gaps in the system on their own time, on their own dime, out of the goodness of their own hearts, and this system is taking advantage of their goodwill.

You can't make lemonade out of a pittance, Speaker. Ontarians deserve better home care, and they deserve it now. With the looming age crisis, we cannot wait until another government does another surface-level rejig of the system. Many of my colleagues and I have heard from constituents who fear their services will be cut further, due to this government's continued cutting.

One constituent called, concerned that her husband's care would be cut. He has Parkinson's and requires an in-house nurse two to three times a week. She was recently told that due to the recent government cuts, her husband's care would be impacted.

Last week, the CBC reported that Salomeja, a 105-year-old senior woman, had her home care visits reduced to one third of what it used to be. The article reads:

"She's outlived two husbands and her children, but she wants to remain in her home....

"But she may not get her wish after the Local Integrated Health Network (LHIN) cut back her personal support workers' hours because, they say, she already has a caregiver to help her."

Salomeja "has survived cancer and has severe arthritis that have left it very difficult for her to use her hands for detailed tasks such as taking her medication.

"But she is able to get off her bed and chair, watch television, and eat her meals alone. Until this weekend, a personal support worker came to see her three times a day,

in the morning, at noon, and in the evening, to help her take her medication. The PSWs also sometimes helped" Salomeja "heat up her meals.

"Those meals are prepared by a friend who used to be" Salomeja's "PSW, but has since changed jobs. The two have remained close.

"The friend, who doesn't want her name used because she is worried it might affect her job prospects, buys" Salomeja's "medicine, helps her get to the doctor, and checks in on her. She also prepares meals so the assigned PSW can just heat them up.

"She has learned to say 'I love you' in Lithuanian, and the two share a" very "comfortable rapport.

"'It's not fair that they say, "You're coming to help Salomeja, so we are going to cut back her care." The reason why I am coming is because her care is so lacking and inconsistent in the first place,' the friend said."

When asked to comment, "a representative for the LHIN said care plans are developed 'based on a standardized assessment tool that considers a person's functional needs and preferences, and the levels of support they already have in place.'

"The LHIN said care coordinators work with patients and caregivers to develop care plans that 'best meet the patients' needs.'"

In this case, friends and family and neighbours should not be made to do the job of health care professionals. Yet the burden of the care has been falling increasingly on the shoulders of loved ones. You see the example: You have a good-hearted neighbour helping out a 105-year-old woman, and because she has someone to care for her, they're cutting back the care. That doesn't make any sense whatsoever. By now, if you're 105, you've earned those three days to check in there with PSWs, to be helped.

Again, according to the Ontario Caregiver Association, they say, "Caregivers play an invaluable role in the lives of those they care for and Ontario's health care system. Providing almost three quarters of all patient care, caregivers enable their family members, partners, friends and neighbours to remain in their home, which is where most people want to be....

"Caregiving can be a time-consuming job. A third of caregivers spend 10 or more hours a week providing care, with most travelling 30-60 minutes to reach their care recipient.

"While most caregivers have a positive outlook on their experience and a sense of fulfillment, two thirds admit they had no choice but to assume the work of caregiving. They are unsure of what is expected of them and find it difficult to get the resources and support they need. As well, many take on the financial burden of additional care costs.

"With these extra responsibilities, caregivers are experiencing increased stress and deterioration of their own health, even burnout and depression. Tired, frustrated, anxious and overwhelmed, caregivers need support themselves," says the Ontario Caregiver Association.

A lot of this burden is shifting onto caregivers who are at home. About 3.3 million Ontarians are caregivers, and 3.3 million taxpayers are paying the price of broken promises by successive Liberal and Conservative governments. Last year, the Ministry of Health and Long-Term Care said, "There is no doubt that the previous government left a fractured health care system that doesn't work for people in Ontario. That's why we are focused on building a strong and sustainable health care system that puts the needs of Ontario's patients first." That's what the Ministry of Health and Long-Term Care said last year.

1510

One of the things under Bill 74, the health bill that's a huge transformational bill—we tried to get this government to commit. They kept saying that health care is publicly funded, but we wanted a commitment saying "publicly delivered," because when you don't put that in writing, when you don't put that in black and white in the legislation, it opens the doors up to privatization. We know that privatization has crept into health care, and now home care and long-term care, but we don't want to further exacerbate that, so I hope this government will actually make embedded legislation that there's no intent to continue to further privatize publicly funded home care systems and community services. They need to stay publicly delivered.

When the minister made that comment with respect to that—I fail to see how this bill would do that. It's clear that this government and the government before it share the same vision for health care in this province: Rather than patient-centred, it's privatized-centred. But, Speaker, there is a human cost to unregulated privatization. In 2018, public inspectors found that wound-care instruments were being re-used without sterilization or high-level disinfection between patients in four ParaMed flex clinics in London.

Interjection: Gross! That's terrible.

Ms. Teresa J. Armstrong: Yes, very. As a result, anyone who had been treated in one of those for-profit home care clinics within the last 10 years was told to get tested for hepatitis B, hepatitis C and HIV, and 3,001 individuals received that scary phone call.

Last year, in response to this, my colleague the member from London West introduced Bill 102, the Closing Oversight Loopholes for Home Care Clinics Act. This bill would make the Ministry of Health and Long-Term Care responsible for oversight of home care clinics, including those offering nursing, occupational therapy, social work, speech-language pathology and dietetics. It would mandate local health units to conduct annual inspections of clinics and require that patients be informed of their right to file complaints with their local health unit. So you see what happens: Lack of oversight in a privatization facility can be detrimental to health care of people.

Bill 102 would also do something that Bill 175 does not do: It would hold for-profit clinics responsible to Ontarians by regulating and overseeing the care it provides. What happened in those clinics should never happen again, and should have never really happened in the first place if there was that oversight. Because the Liberals privatized home care and paved the way for for-profit

clinics like these, all while excluding them from government oversight of health facilities and from proactive inspections by health units, it put the lives of 3,001 Ontarians at risk. That's unacceptable. All indications point to this government continuing along the same track.

Brenda Holland and Jennifer Krische were some of the patients told to go for blood testing after receiving treatment at one of the London ParaMed flex clinics. Jennifer was horrified to learn that she might be seriously sick after getting treated at a health care clinic. After the call, she wrote the health minister, Christine Elliott, asking her how her government will ensure Ontarians' safety and hold clinics accountable. This is what Brenda said and what Jennifer said: "The minister passed off my concern, telling me to go back to my local MPP."

Brenda asserted, "This issue should have been rectified years ago, when people first complained to ParaMed about what they suspected were dangerous sterilization practices." She said, "Patient complaints should have been taken seriously."

We know, under this bill, that patient complaints are going to be all subject to regulation. It's being taken out of the legislation piece. That's, again, very concerning. I don't think anyone here can understand how a patient would feel unless they're in that position, but it's our job to put measures in place so that these things don't occur; and when they do occur, that there's accountability and transparency to find out what happened and how to prevent it. But, first of all, it should never have happened in the first place.

Early last year, a panel on health care was held in London, where Paula Henderson underwent open-heart surgery—excuse me; I'll restate that. Early last year, a panel on health care was held in London, where a couple of local folks spoke of their experience with the health care system. According to a London Free Press article covering the event, Paula Henderson underwent open-heart surgery and a corrective procedure due to a genetic heart condition:

"Before her diagnosis, Henderson worked in the health care sector for a provincial agency that coordinates home care for patients"—so she should be one of the people that has knowledge of all this. "She had to become her own advocate and orchestrate her own care when she was discharged from the hospital.

She said, "I was so disheartened that the very agency I worked for missed me in the cracks." That's what she has experienced. The very agency she worked for missed her in the cracks.

Brett Batten, another London local, also spoke at the panel. He said, "I may not look like it, but this province has invested more than $1 million in me." Brett is referring to his lengthy and recurrent hospital stays. He continued, saying, "The issues I have faced with accessing mental health care are both personal and systemic."

According to the London Free Press, Brett is now an outpatient at St. Joseph's Health Care London's Parkwood Institute. He says that "the province should bolster community-based mental health programs and empower family doctors to give rapid referrals to mental health supports so that an issue doesn't spiral out of control." He says, "When individuals fall through the cracks, the costs are enormous."

We've talked about mental health here many times over in this Legislature, and part of the problem, I think, that has happened over successive governments is that when they transform health care, they don't put the money back into the community. They don't put the money back in. So then we're seeing these horrible situations like Brett's, where, like he said, the cost is $1 million, because the system is broken. There are so many gaps in there for him.

So how will this government bolster important community-based services? It is concerning that many of these organizations have told us that they've been having trouble getting a seat at the table with their regional Ontario health teams. It is concerning that there is no legislative definition, let alone requirement, of what Ontario health teams should look like and what services they'll be providing. There is no rubric for a guaranteed, consistent basket of services. Once again, I ask: How will this government ensure that every Ontarian, everywhere, regardless of geographic location, age, gender, race, ability and financial status, will receive the same care when they access our health care system?

This government has already allowed a multinational, for-profit corporation to profit off the welfare system, even when this scheme was proven to be unsuccessful in other jurisdictions. When will this government learn that vulnerable people are not for sale to the highest bidder? That was the example that we've been talking about, the transformation that they want to make to the OW system. There's evidence that that for-profit company is negligent and they shouldn't be in charge of vulnerable people, yet this government won't heed those concerns.

In order to keep their competitive advantage during the contract bidding, for-profits don't share best practices with each other. This is significant. This significantly impacts potential quality of care. It's the only sector in health care that behaves that way. All other sectors work together and share best practices so the system can grow.

Currently, LHINs employ care coordinators who are nurses to assess Ontarians for whether they qualify for publicly funded home care and, if they do, what kind of care they need. That's what the nurses do under the LHINs. They assess patients' needs.

1520

Under Bill 175, a health service provider will assess the needs of a client and coordinate that client's care. This is arguably a conflict of interest that doesn't put patients' needs first, nor does it ensure that medically qualified professionals will be doing that assessment. That, again, is a concern. We have no guarantees that that's not going to happen.

Frequently, constituents call in distress. They call when they are in the hospital with a loved one and they're being rushed out by discharge workers. They're being told incorrect information, often putting their loved one's safety at risk. I think we can all agree that this is not the way to combat hallway medicine.

Once in hospitals, families are often forced to make rushed choices. They're told that if they don't send their loved one to the first available long-term-care bed, they'll be charged for every night they stay in the hospital, they'll be taken off a wait-list or their care will be withdrawn.

Home care and long-term-care assessments don't take place until after the patient is back home, which could leave the patient vulnerable. They could be sent home without proper systems in place to promote their healing, or they could be sent home when they should have gone to a long-term-care-home facility, because their needs are too acute for home care.

That's what happened to one of my constituents, Speaker. They were told that their husband had to be discharged. He couldn't go home, but they wanted him to go home, and if she didn't have him discharged, they wouldn't continue to have him in the hospital. It was pretty scary for them. My constituent said that she was being pressured to return home with a husband who had severe dementia and aggressive tendencies, and she couldn't apply for long-term care while in the hospital.

The hospital suggested that home care would be provided and that she should move out of the house if she felt unsafe. Literally, that's what they suggested: move out at her own cost. So at her own cost, she hired a capacity assessor, who deemed her husband incompetent. The hospital claimed they were unaware that he was aggressive with staff.

The recent Patient Ombudsman report speaks to these complaints. A CBC article about the report reads, "Communication breakdowns in the health" care "sector are a theme, the report says. That includes such things as patients getting inadequate information about their discharge from hospital or getting conflicting information about obtaining a long-term-care" home "spot.

"Another trend in complaints revealed in the report is access to care, such as limited availability of mental health and addictions services and a lack of consistent home care"—no surprise there.

"The report pins some of the blame for the home-care complaints on what it calls 'a system-level shortage of personal support workers,' and says provincial funding is key to a solution."

These are incredibly dangerous situations that are born of a broken system that does not have prescribed guidelines. Bill 175 does not go far enough in setting those guidelines for hospital discharge workers. When the focus is on freeing beds rather than on ensuring quality and reliability of care, these kinds of incidents will increase. Patients and their caregivers need to feel empowered to make the best choices for them. This bill does not guarantee that communication between health care sectors will actually improve. It doesn't guarantee that. There's a lot of hoping about it, but it doesn't guarantee that.

So far, the last few governments don't have a good track record on delivery of service. The last time home and community care got a similar facelift was under the Liberal government that brought us bungled care—oh, sorry; bundled care. To give us a little background on how good of a system that was, I'll share the case of one of my constituents. She underwent knee surgery last December, so December 2019. It was the same surgery she had on one knee—so in December 2018, she had surgery on one of her knees. In 2018, she was happy with the home care services she received post-surgery. She remembers calling the LHIN, and they organized someone to come to remove her stitches. She healed quite well.

It's safe to say that in December 2019—almost to the day—she expected the same level of service when the other knee was operated on. It was a slap in the face to find out that she wouldn't be getting the same kind of services. She was told by the bundled care coordinator that she would have to come to a surgeon's office to get the stitches removed. To do that, she'd have to climb down some stairs of her home and also pay for paratransit—because she was not able to get in a regular vehicle—$280 one way, while she was in pain because there was a reduction in the amount of morphine she was given.

She was given the runaround when she asked why there had been such a drastic change in service from one year to the next, only to find out—she was told that she should have known better since the same surgery happened last year. Apparently, if you had knee surgery a year ago, you should know all the systems and know better the following year what you're supposed to do.

Do you know what she ended up having to do? Because her stitches and her staples were overdue to be taken out, she actually had a friend remove her stitches. True story. I haven't heard from her as to whether there have been complications, but that is incredibly uncalled for.

Ms. Sandy Shaw: A good friend.

Ms. Teresa J. Armstrong: Yes. The experience she had a year before went very smoothly; they sent somebody to her home. Now she had to get in paratransit and pay $280 one way to get to the surgeon so he could take out her staples and stitches. It doesn't make sense. In the meantime, it could subject her to having more injuries. This is winter; everything is slippery. She was going down stairs. I wouldn't want to go down stairs in the winter after knee surgery.

I also have a letter from the member from Algoma–Manitoulin, who wrote the Minister of Health and Long-Term Care on behalf of an elderly couple. This couple, like many folks in northern Ontario, are collateral damage to successive governments' inaction on staffing shortages. The 92-year-old husband has severe dementia and cannot be left alone. His worker was injured on the job and hasn't been back to work since. His 82-year-old wife was left to be his sole caregiver. At 82, I don't know if I could look after someone else, let alone get up every day and do what you're supposed to do to make sure you stay healthy and don't end up in the hospital. Last summer, she broke her leg, which was a direct result of caring for her husband—now you have two elderly people who are at home.

Interjection.

Ms. Teresa J. Armstrong: No. Just as she was healing, her husband had a bad fall, and now they're both in desperate need of home care services. The North East

LHIN has informed them that while they qualify for home care, there is no worker available to help them, even in the neighbouring communities. That is a whole different kettle of fish when you're talking about the north and rural communities' home care and community supports. I don't know how the population manages out there, but it has to be fixed.

The letter was dated October 3, 2019. It's five months later and there's still no response from the ministry office.

Honestly, we need to have the minister reply to these residents, because when you're talking about Ontario—the government says, "Look forward to all the modernizations around home care and community supports," and people are concerned that it's going to get us deeper into different issues.

To move forward and give Ontarians the home care system that they deserve, this government needs to bring home care and community services back into the public health care system, where there's the oversight and accountability, and immediately address the staffing shortages in home care and long-term care, reverse the cuts to the sector and increase base funding. Only then will we be able to stem the tide of the grey tsunami. It's here and it's coming in even bigger numbers.

1530

But this government is not familiar with moving forward because they are constantly walking things back. I'll give you some examples of those. This government walked back its promise to fund the Hamilton LRT and its cuts to legal aid, the children's aid society, autism, public health and child care. It walked back a decision to cut the Transition Child Benefit, the size of their cabinet, greenbelt protection and giving itself more control over judicial appointments. It walked back the number of mandatory e-classes, class sizes and funding for a French university. Most recently it walked back their glowing licence plates.

It's not without concern that we speak to this bill and express what you really need to make the core of the bill function so that people get the services they need, and that is, I will say again, that it's a publicly funded health care system, but it needs to be publicly delivered. That's when we have oversight and accountability.

Your track record recently, in walking things back—you're in such a hurry, like the House leader today with his statement: "We've got lots of business we want to push through." Nobody is denying that the work of the government has to be done in this Legislature, but it's the pace that you're doing it at. The health care file is so important; we can't mess that one up. It costs people's health and, in worst case scenarios, lives.

There's a lot here left to regulation, which again is that kind of "trust me, we know what we're doing" attitude, but from patterns of behaviour—you've been checked. Nobody faults anyone for being checked; we all want to be checked when we need to make adjustments. But when you keep making those decisions that impact all people, it's difficult for people to believe and to have confidence that what you're saying in this bill is going to deliver the health care that they depend on.

Health care has been a mess for so long. We all have heard those health care stories, long-term-care stories, home care stories, mental health stories: These are not things that are new. I've been an MPP in the Legislature since 2011, with some of you here already, and I've heard those stories from you on this side of the Legislature when we were here on the same side. Like I say, people are hoping that this is the right way forward, but we have our doubts, and I think they're justified.

I have a bill in this Legislature called the Time to Care Act. That is a really important bill that's going to change the way long-term care is delivered. But along with that, in order to deliver any kind of care, be it home care, in the hospital, in long-term care or in the community, where supports are there needs to be the front-line workers. I think a big piece that has been missing out of this bill is addressing that labour issue. Because whether you want to hear it or not, PSWs are leaving the sector because of the workload, the lack of pay, the lack of scheduling—

Ms. Sandy Shaw: Respect.

Ms. Teresa J. Armstrong: —and the lack of respect; exactly. If they can go to work from 9 to 5 or work an eight-hour shift somewhere else and not have it back on their mind that they left their patients or their residents without the care they could provide because they just didn't have the time, that eases their mind. A lot of them have left the sector for those reasons, and we're seeing a lack of enrolment. And the ones that do come in, the ones that are new, they learn real quick that PSW work—front-line work—is a tough job. For us to get this right in order to make sure that we can deliver the services that we're promising, we need to respect that workforce, and there is nothing in this bill to talk about that.

I hope that I have made an impact on some of the people who are here today and listened to what we feel is necessary and needs to happen when it comes to public health care and public delivery. I think that's going to go a long way to improving the health care system, because you've got that oversight and you've got that accountability. If we continually keep privatizing, we're weakening our health care system. Nobody wants that. Any one of us here, if anything should happen to ourselves or our loved ones or people we know, wants to make sure that they have the care that they need when they need it.

I'll end by saying that I look forward to the questions from the other side and my colleagues.

The Deputy Speaker (Mr. Rick Nicholls): It's time for questions.

Hon. Bill Walker: It's a pleasure to speak to Bill 175, the Connecting People to Home and Community Care Act.

The former speaker, from Waterloo, was quoted as saying, "the failed Liberal policies," and this speaker, from London–Fanshawe, whom I admire greatly, just made the quote of, "What needs to happen for public health care in the service." Mr. Speaker, I want to just remind the people listening and watching at home that this NDP government that's in opposition now supported the Liberals in every single budget that I've been here for. The deficit of $13 billion: How much home care could we provide if we

weren't spending interest on $13 billion? They tripled the debt.

At the end of the day, I want to ask a couple of questions. In our policy, we're suggesting that community care will be provided by not-for-profit organizations. Will this opposition party stand with us and support that? Our new model of home care will remove service maximums and ensure that patients are the focus. Will they stand with us there? At the end of the day, what home care service could we provide if they hadn't supported the Liberals for the eight dismal years that I've been here?

Ms. Teresa J. Armstrong: I appreciate that question. I have to say that, under this bill, they want to propose what's called residential congregate care models, but yet, they don't define what that is. They don't know exactly. They talk about that it could be retirement homes; it could be opening up hospitals. We don't know what that is. And so, again, when you're asking people to put faith in a policy that doesn't have the details, that doesn't have the reassurance of the delivery of that care, I have to say that I don't agree with what the member said.

The Deputy Speaker (Mr. Rick Nicholls): Further questions?

Ms. Peggy Sattler: I appreciated my colleague the member for London–Fanshawe referencing my private member's bill, Bill 102, the Closing Oversight Loopholes for Home Care Clinics Act. Certainly, that member, who lives in London, knows as well as I do the kind of anxiety and alarm that was created when 3,000 people in the community got letters from the public health unit advising them to go and get tested for HIV and hep B and hep C because of improperly sterilized instruments. I wonder if the member could comment if she thinks that this bill will actually close those oversight loopholes and help prevent those kinds of incidents happening in home care clinics.

Ms. Teresa J. Armstrong: I concur with the member from London West, because not only have the clinics been part of this lack of oversight, but then we also had London Health Sciences a few years ago with the chemotherapy drugs. So again, it's not a one-off; these things are not one-offs. There is no specific requirement in this legislation that, again, they'll have that accountability and oversight and transparency around these new residential congregate care models. We don't know what those look like and we don't know what kind of oversight this government will have.

We know that right now there are talks about re-activation centres. We don't know what that looks like, where they're going to be and how the government will make sure that they are accountable for their actions.

1540

The Deputy Speaker (Mr. Rick Nicholls): Further questions?

Mr. Will Bouma: It's a pleasure to rise in the House and ask a question again of the member from London–Fanshawe on her speech earlier. I really appreciated the member for Eglinton–Lawrence bringing to our attention a great quote from Miranda Ferrier, who's the president of the OPSWA, talking about how supportive she is of this legislation, which will be breaking down barriers between different health professions so that PSWs will be able to better coordinate care and report on what's going on.

However, in her speech, I noticed that the member said that PSWs would actually be denigrated by this legislation. The new models of care in this legislation are expected to improve the working conditions for the personal support workers and encourage more members to join this profession. Is the member actually willing to support personal support workers by voting to support this legislation with, in fact, the president of OPSWA in Ontario?

Ms. Teresa J. Armstrong: The new model isn't really outlined in here. There's no strategy for that new model. The SEIU was the body that I was quoting, and they said that the front-line workers and unions haven't been consulted. In order to get it right, you need to talk to the people that do the work, and I think this government has had a record of not acknowledging who to speak to. It's a lot of top-down in this bill, and I think you could learn a lot if you actually spoke to the people who did the work and sometimes maybe consult before you come up with this bill.

I gave many examples of how we've had to walk back legislation you've made and decisions in this House. I just hope this is not one of these things where we have to walk back and dig you out of your hole.

The Deputy Speaker (Mr. Rick Nicholls): Further questions?

Ms. Peggy Sattler: The member for London–Fanshawe noted in her remarks an example of a 105-year-old woman who actually lives in London West, who lives in my riding, whose home care was arbitrarily cut back from three times a day to one time a day because she had a friend who was coming in and assisting her with her meals. I wonder if the member for London–Fanshawe could comment on whether this bill would prevent that kind of thing from happening. Would this bill provide the accountability from the Ministry of Health so that people can feel confident that they will get the home care that they deserve?

Ms. Teresa J. Armstrong: Yes, this bill is very vague as to whether or not that would happen. Having someone who's 105 years old—right now the LHINs are the ones who are saying, "You have a caregiver, who is a friend, and now we're going to cut you back."

The assessment process is going to happen with service providers and not nurses under the LHINs right now, so I can't guarantee that this bill will actually put concerns at ease for the 105-year-old resident in the west. Standing here, I honestly can't say that that would improve the quality of service she's going to get. Quite frankly, I have to say that the concern is that there are going to be people put in more precarious situations when they need more at-home care or community supports.

The Deputy Speaker (Mr. Rick Nicholls): Further questions?

Mr. Amarjot Sandhu: Thank you to the member from London–Fanshawe for her remarks. Mr. Speaker, home and community care is a critical part of our government's

plan to end hallway health care and one of the ways that we are supporting rebuilding healthier communities by ensuring that patients can receive the right care in the right place, including their homes. So my question to the member opposite is: Will the member opposite be supporting our efforts to transition home care delivery into our communities, or do they think the current one-size-fits-all approach is still appropriate for Ontario patients?

Ms. Teresa J. Armstrong: First of all, this bill has been presented very quickly, and I suspect it will rush through this House very quickly. In order to make decisions, I don't think knee-jerk reactions are a way to do it. So far, the way this bill has been presented, it's a framework and there are a lot of items subject to regulation, so it's difficult to say you're going to support something when you don't know the details. For instance, the complaint process is going to be moved into regulation. Again, how do you decide if that's okay? When you're talking about health care—if you want to improve health care, complaints are part of making things better. If you're not going to have them in legislation, we worry that it's regulation subject to rules that we won't be able to discuss in this Legislature.

The Deputy Speaker (Mr. Rick Nicholls): Unfortunately, there is not enough time for further questions and comments or for responses. So, therefore, we're going to turn it over for further debate.

Ms. Effie J. Triantafilopoulos: I'm also pleased to join the debate on the Connecting People to Home and Community Care Act. This is an important bill which will help deliver on our government's commitment to ending hallway health care, building a seamless health system that is centred on patients, and allowing home and community care to be offered in a flexible, modern way. Each of these commitments is designed to put patients and families—the people—first. I want to commend the Deputy Premier and Minister of Health for introducing this legislation, and both she and my colleague the member for Eglinton–Lawrence for their informative and compelling remarks about the bill this afternoon.

This bill is an important part of our government's plan to end hallway health care. It's a plan that every PC member of provincial Parliament ran on in the last election and it's a commitment we take seriously. It's a commitment I take seriously. When our government took office, we found a siloed and fragmented health system—a system that patients and families were expected to somehow manage to navigate to find the health care they need at what is already a traumatic and stressful enough time.

I am proud that we are changing this. We are changing the system to put patients at the centre of care; changing, so that doctors and nurses and other health care providers, of which we have among the best in the world, can offer care in a system that is simple and effective for them too. The best system for medical professionals and the best system for patients and families is the same thing: one with teamwork and collaboration, and without bureaucracy and silos.

Our government is not just changing health care to make it more responsive. We have made a solid financial commitment, increasing investment in health care. We are spending $1.9 billion more on health care this year, $17 billion in grants over 10 years to expand hospital infrastructure, and $155 million in additional home care funding in 2019-20. The home care funding increase means that we can provide 1.8 million more hours of personal support services, 490,000 more nursing visits and 100,000 more therapy visits. These are real services for real people.

In my community, the Mississauga Halton LHIN reports that it has the second-fastest-aging population in Ontario. There is no shortage of demand for home care services. As of 2016, 94.7% of patients within this LHIN waited five days to receive nursing services, and 85.7% receiving service for complex personal needs also waited five days. The LHIN that covers Burlington reports 2020 numbers of 95.6% and 88.4%. For both LHINs, it still means that too many people are still having to wait five days or more for service. With increased support from our government, we can improve on these numbers, not just to meet a goal but to provide services for real people.

1550

As parliamentary assistant to the Minister of Long-Term Care, I also know that this bill is intimately connected to the health of our long-term-care system. I will be speaking more to this later, but it is certain that long-term care needs to be part of the continuum of care that our government is building.

We need to build a 21st-century system, both in long-term care and in health care. This bill will contribute to building that system, and it has already received a key endorsement. Sue VanderBent, CEO of Home Care Ontario, has welcomed our move to modernize home and community care, saying, "Today's changes will allow patients to better access the right care, at the right time, and in the right place. These changes will make the system work more efficiently, and ultimately will allow local health teams to better work together to keep people healthier at home."

The minister has spoken about the four pillars of our comprehensive plan to end hallway health care. I think this is a good contrast to the silos that currently dominate our health care system. A silo is something that is used to lock things away, while pillars, like those on a Greek temple such as the Parthenon, are used to open up a space to the people.

Our first pillar is keeping people in Ontario healthy and out of hospital. People would much rather be in their homes than in a hospital setting or in long-term care if they don't need to be.

The second pillar is that people should receive the right care in the right place. Many now go to emergency even if they don't need to because they do not know what other options they have or may have no other option at all.

The third is integrating care to improve patient flow. This means that if someone leaves the hospital, they do so with the support and care they need to get healthy.

Our final pillar is investment. We will invest $27 billion in hospital infrastructure over 10 years. This builds capacity in our entire health system, hospitals and community-based care.

These are the four pillars of our comprehensive health plan. But to ensure we are holding up our beautiful temple, we need to integrate a lot of other little pillars to support the foundation.

As we know, home and community care is a vital one of these services. Good-quality home care keeps people healthy, it keeps them out of the hospital and it definitely helps keep people in their homes, as we know that people want to remain in their own homes as long as they can. Last year, 700,000 people in Ontario relied on home care and over 60,000 used services such as Meals on Wheels or client transportation.

Home and community care is full of hard-working, caring people who offer medical care in people's homes and make sure they are healthy, get good meals and get to their appointments. I've been privileged to have met many of them, and I respect their dedication to their work and their patients, but the system they work in is out of date and is not meeting people's needs as well as it could.

Home and community care remains siloed in the 14 LHINs and is not integrated with primary and acute care. Its model dates back to the 1990s, more than 25 years ago, and it needs to be updated to meet the growing needs of people today. This is why the government is going to move home care out of the LHIN silos and into the new Ontario health teams that will be established across Ontario. We will do this sensibly and responsibly.

Ontario health teams, as members will know, will offer seamless care in their communities with doctors, nurses, specialists, hospitals and others working together. The government's plan is for the health teams to take on the delivery of home and community care when each community is ready to proceed. They will be able to understand each patient's full medical history, connecting them to doctors, specialists, home care and other types of care. The teams will be able to help patients and their families navigate the health care system every hour of every day.

I was proud to join with my colleague the MPP for Oakville in announcing the Connected Care Halton Ontario Health Team just last December. Along with the Burlington Ontario Health Team, it will help build seamless health services for my constituents in Oakville North–Burlington. This does mean some change, but it doesn't mean you have to change your family doctor. Your doctor will now have the opportunity to be part of a full team of specialists and other medical providers.

Our government is dedicated to health care that puts patients and families at its heart—health care that lets our dedicated doctors, nurses, personal support workers and other providers give compassionate care without being held back by bureaucracy or delays. I am proud that we are spending more on health care this year, including on home and community care.

Home care offers people the services they need and helps keep people in their homes as long as possible. The changes we want to make will only make these services faster and more responsive for the people who need them most.

Now, we know that changes must be put in responsibly. Building a seamless system takes time. We have to work with patients, health care professionals, home and community providers and others to get the changes right. Ontario LHINs will become interim organizations called home and community care support services until services can be transferred to Ontario health teams. Our government is committed to making sure that there are no disruptions to patient care as we build a seamless new system. Home and community care will not be interrupted, and patients and families will still be able to access care with the same contracts.

There are other principles that will remain the same under the new system. The government will continue to pay for a wide range of services in home and community care for those who qualify, and our valued non-profit providers will continue to deliver community services. We will maintain a complaints process and the right to appeal certain decisions. We will keep what works well as we build a new system based on patient needs.

The government and the minister have stated many times that we want to improve the health system to make it patient-centred. Well, what does that mean? To me it means a system where a patient's health is always put first, one in which seeing a specialist or receiving home care is accomplished without delay, without stress and as smoothly as possible. When someone needs medical care, they don't need the stress of being on a waiting list for care. They don't need to be spending hours trying to get through an appointment with a doctor or waiting for home care to arrive.

A seamless health care system will make it easier for our medical personnel to deliver the care they want to provide when the patients need it. People who need surgery or other medical care will not have to wait for home care because their home care provider will be part of their Ontario health team. In fact, the new teams would allow planning for home care needs to begin as soon as someone is admitted to the hospital for surgery, all part of a seamless care system centred on each patient, meeting their needs.

Dr. Samir Sinha, director of geriatrics at the Sinai Health System and University Health Network, knows that our changes, especially in home care, will help keep people healthier, stating, "As a physician works with frail older adults, who often rely on publicly-funded home care to stay at home, the legislative changes being introduced today are long overdue and welcomed. By ensuring that the home care that Ontarians need can be delivered in a more flexible and integrated way, will ensure that the hundreds of thousands of Ontario families who depend on it can be better supported by a more responsive system that puts their needs first."

Patients and medical staff will also have better access to medical information because of our Digital First for Health Strategy. More patients will be able to review their secure health information online to assist them in making choices about their care. Because records are online, patients will not need to tell their medical history to a doctor or nurse again and again and again. Medical professionals will be able to provide advice and treatment

based on full information and in a seamless Ontario health team, and can get extra help or refer someone quickly and easily.

1600

Health teams could also make use of virtual care, allowing them to monitor patients with critical conditions, with a nurse checking in as needed. This, too, will help keep people in their homes.

For those patients who do need long-term care, I can assure this House that the Ministry of Long-Term Care is working hard to help end hallway health care by building 15,000 long-term-care beds in five years. We have already announced more than half.

Long-term care is a linchpin of our health care system, but for 15 years under the previous government, long-term care was neglected and ignored. They built fewer than 800 beds while they were in government—an irresponsibly low number. This government is doing things differently. Long-term care will be an important part of our seamless health care system, and I know that long-term-care homes will work closely with the new Ontario health teams and their staff—doctors, nurses and personal support workers.

I am strongly in favour of improving conditions for personal support workers. At the Ministry of Long-Term Care, I was very proud to join with our minister as she announced a staffing study for long-term-care homes. I was pleased that the minister came to the Village of Tansley Woods in my community to make her announcement. It is a home whose staff provide high-quality and compassionate care to its residents.

I know that improving retention and recruiting more staff are critically important both in long-term care and in the wider health system. We need to make positive changes so that more people see a good career path as a personal support worker, one eligible for advancement. I know that both ministers have consulted widely on staffing and other issues, and this bill is a demonstration that the Minister of Health has listened to patients and staff.

Ontario health teams will also help with recruiting and retaining staff, including PSWs. Eliminating silos means that medical staff, PSWs and health providers will be working together in a supportive team. The Ministry of Health will aim to improve working conditions for providers, such as PSWs, by improving team-based care in this way. Miranda Ferrier, president of the Ontario Personal Support Workers Association, has said, "The proposed changes announced for home and community care in Ontario will provide personal support workers (PSWs), patients and clients a new opportunity to work together to make Ontario health teams a success."

The Minister of Health has been very clear that this bill is based on feedback she has received. People want more care in the community, and without waiting a long time. They want it from a team of medical professionals they know and trust. They don't want to have to repeat their medical history every time they see a physician or a nurse. They do want to have access to their personal medical information.

Health providers want the same things. They want the flexibility to provide their patients care when and where they need it. They don't want to be tied up in unnecessary bureaucracy. They want to spend their time with patients, helping them get better and meeting their needs.

Jo-Anne Poirier, president and CEO of the Victorian Order of Nurses Canada, said, "On behalf of VON Canada, Ontario's longest-serving home and community care provider, I'd like to thank the government of Ontario for recognizing the need to modernize the rules governing this vital component of health care delivery. They have listened to feedback, including the imperative to ensure that gaps in home and community care are addressed."

The experts in the field have told us we need to transform our system in home and community care and across health care. Deborah Simon, the CEO of the Ontario Community Support Association, thanked the government "for their collaborative approach towards modernizing home and community care legislation for all Ontarians.... We believe a system that works to ensure Ontarians can receive the services that they need with fewer barriers will successfully allow more people to live well at home." And we've listened and acted.

These are the experts: medical professionals and providers. They know that our home and community system needs to be reformed, and they support our positive and needed changes.

I know the commitment of the Minister of Health and our government to ending hallway health care. Improving home care and community care and building Ontario health teams will make a tremendous difference in fulfilling this commitment. Together with providers, doctors, nurses, PSWs and, most importantly, patients and families, we are going to build a seamless health care system with patients at its centre. We will do it in a way that ensures that care is not interrupted, and we will provide people in Ontario with connected, compassionate and caring medical care. I urge everyone in the House to support this important bill.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Wayne Gates: I'm pleased to rise and ask a question here. Bill 175 doesn't once mention strategies that will ensure the Conservative government is prioritizing the development and implementation of human health responsibilities, strategies to stabilize the sector and retain PSWs, and make home care a safe environment for PSWs.

You didn't mention anything in this bill about making sure that the hard-earned PSWs are compensated fairly. If there's anything wrong with the PSW sector right now, it's that they're overworked, they're not being paid for overtime and they're not being paid for mileage. Why? Nothing in this bill directly talks about PSWs' compensation.

Ms. Effie J. Triantafilopoulos: Thank you to the member opposite. A key component of moving forward in transforming and modernizing our entire health care system is very much focused on recruitment and retaining our personal support workers. The Minister of Health and the Minister of Long-Term Care have already been working diligently with people in the community, including

with personal support workers, to come up with a plan that's going to be addressing the need in terms of retention, but also in terms of dealing with their working conditions. You will note that the Minister of Long-Term Care just a week ago announced a new plan, a staffing plan, that we're working on in terms of dealing specifically with issues in the long-term-care sector. But beyond that, modernizing the home and community care legislative framework is really a key element of our government's plan to address all of these key issues going forward.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Wayne Gates: The Ontario Health Coalition, along with union stakeholders, have shared the following concerns with the overall impression that the Conservative government is rushing to further privatize the home care section: Bill 175 strips away accountability and transparency by moving provisions into regulations that have yet to be created; Bill 175 enables non-profits to redirect funding to for-profit contracting out. Why? Why would this government decide to do this?

Ms. Effie J. Triantafilopoulos: Thank you for the question from the member opposite. What we're, in fact, trying to do is to move elements that are currently in outdated legislation, legislation that is about 25 years old, into regulation to allow for more flexibility in order to make the changes that we need going forward.

There is no attempt being made to "privatize." I know that the members on the opposite side keep referring to this privatization of health care, which is really a fabrication. That's not, in fact, what we're trying to do.

The Acting Speaker (Mrs. Lisa Gretzky): I'm going to ask the member for Oakville North–Burlington to withdraw the unparliamentary comment.

Ms. Effie J. Triantafilopoulos: Thank you, Speaker. I do withdraw that comment.

The member opposite has referred to privatization. In fact, there's nothing here in this bill going forward that changes the way in which home and community care is going to be provided.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Hon. Bill Walker: Hey, what about our side?

The Acting Speaker (Mrs. Lisa Gretzky): Settle down. People make mistakes.

The member for Flamborough–Glanbrook.

1610

Ms. Donna Skelly: It's wonderful to be able to rise in the House and ask a question, make a statement or actually have an opportunity to speak in the House.

To the member from Oakville North–Burlington: Thank you for your very detailed explanation of what we're presenting in this bill. Being probably one of many people in the House that have aging parents, we've all had to deal with personal support workers and the health care system. One of the biggest issues that I've had to deal with is PSWs not being able to show up for work in the morning.

I know that we've taken a lot of time to address that ongoing problem, and some provisions have been provided in the legislation that you've been talking about this afternoon. Would the member please expand on how this particular piece of legislation will address an ongoing issue that PSWs and families across Ontario must deal with?

Ms. Effie J. Triantafilopoulos: Thank you to the member for that particular question. The purpose of this investment is really to look at ways in which we can work with our health partners. The Ontario health teams, along with home and community care, can actually look at improving scheduling and routing for personal support workers, to allow personal support workers to work more hours throughout the day, reduce travel and stabilize incomes.

We've all heard that personal support workers, in the current environment, do not have a stable income, do not have stable hours. A lot of them are working in a part-time capacity. So we think that part of the change, moving forward, will be to allow the Ontario health teams, in working with community and working with home care providers, to be able to work out schedules that will actually meet not just the client's/patient's needs, but also the personal support workers' needs going forward. So we stabilize their incomes, we stabilize their work schedules—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Out of fairness, I will give another question to the Associate Minister of Energy.

Hon. Bill Walker: It's a pleasure to be able to stand in the House and talk about this bill again today. I just want to make sure we reflect, for the listeners at home, that the opposition actually supported the Liberals every single budget I was here. At the end of the day, they voted for the Liberals, who actually had a huge impact on the PSWs and what's happening in our world, and the LTCs, the long-term-care beds—only 600 beds built under their whole tenure, supported by that party.

So at the end of the day, I want to ask the member if we will give future governments the flexibility to update the framework as needed—if she could expand on that a little bit. We're ensuring that care coordination decisions are made closely with patients. I know we're going to support. She might want to ask the opposition if, when we come to the budget time, they will be supporting this and supporting our PSWs in our home care.

Ms. Effie J. Triantafilopoulos: I'd like to thank the member and minister for that question. It's important to note that to help home and community care services respond to the needs of patients and families in communities around the province, this proposed legislation will actually remove restrictions on the model of delivery, including care coordination. This will support more flexible home and community care that is connected with hospital care and primary care.

More flexible delivery will be supported by the retention of key oversight and accountability provisions. This will give, in fact, the ministry, Ontario Health and Ontario health teams a foundation to provide high-quality, financially sustainable care. These changes are going to really translate into less bureaucracy, less process and more front-line care, which is so badly needed today.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Wayne Gates: Finally, I get to speak again.

I just want to say very quickly: When my Conservative colleague says that you're not talking about privatization, it says right here that Bill 175 signals a move for for-profit providers to take over more of the home care sector budget. Right in this bill, it's saying that you want more privatization, so I don't know how you don't see that. Bill 175 may strip away—and this is terrible, by the way—collective agreements and bargaining rights in a similar process as was done in Bill 74.

Why does your government support privatizing and sucking more valuable health care dollars out of front-line workers, and attacking unions with successor rights?

Ms. Effie J. Triantafilopoulos: Again, I'd like to reiterate to the honourable member across the aisle that privatization is not, and has never been, part of our transforming and modernizing our health care system. Our priority is, in fact, to strengthen the publicly funded health care system and make it better for patients, families and caregivers.

To be clear, the same home care services that are currently delivered without patient co-payments will continue to be delivered in the future. We are maintaining that health service providers, or Ontario health teams that provide home and community care services, must be not-for-profit. This requirement is clearly set out in the proposed legislation, Connecting People to Home and Community Care Act, 2020. Community services would continue to be directly provided by not-for-profit organizations.

The Acting Speaker (Mrs. Lisa Gretzky): We do not have enough time to do another question and response. Further debate?

M^me^ France Gélinas: It is my pleasure to say a few words about this bill. First of all, let's make it clear: Connecting people to home and community care has to do with our home care system and our community care. It focuses on people like nurses, physiotherapists, occupational therapists, speech language pathologists—who were at Queen's Park today—and mainly on PSWs. They are the people who make up the great majority of the home care workers. But community support also means things like friendly visiting, like Meals on Wheels, like other services that you can get delivered to your home to help you stay home safely and respectfully.

The bill makes major changes to the structure of those elements of our health care system. I will put on the record right away that I don't understand why things like the patient bill of rights, which is in the bill right now, won't be in the bill anymore. The fact that we need a patient bill of rights tells me that it should be in legislation, even if you give yourself the right to add to it, to make modifications to it in the regulations. But at least have the basic framework that people are allowed quality care, that they're allowed to make complaints, that the complaints will be followed up; like your typical patient bill of rights. It is in the legislation right now. It won't be once this bill goes through, which worries me.

One of the big parts of this bill is that it fixes what the government says are gaps in care coordination. Let me tell you something, Speaker: Our home care system is broken. Is the care coordination broken? Yes, but the rest—every single part—of our home care system is broken. To give people this false hope that, by passing this bill, their PSW will be there on time, the level of care that they need will be there, accessible to them, is to give them false hope.

I have nothing against having care coordinators located in hospitals. I have nothing against having care coordinators located in primary care. Primary care knows you the best and is most likely to be able to see what you need at home. Your primary care providers should know your spouses, your siblings. They should know your kids. They should know where you live. If you have a cat, then there's a good chance they know the name of your cat. This is what primary care is all about: They get to know you very well. They are the ones that are very well-positioned to say, "Here's what you need to stay at home safely. Here's what you need to stay at home respectfully."

But then it falls short. Even if you have a very good care coordinator who knows very well that you need somebody to help you get out of your bed and into your wheelchair, you need somebody to help you dress, you need somebody to help feed you, you need somebody to help you with your activities of daily living, and all of this, it doesn't matter that a better coordinator says that you need all of this, because the chances of getting this are zero. Why? Because our home care system is broken, and I will get into this a little bit more.

1620

Now, we will have care coordinators who used to be in community care access centres. We got rid of the community care access centre board of directors, a bunch of volunteers, and moved them under the LHINs, the local health integration networks. We are now supposed to be getting rid of the local health integration networks, but really, all this government is doing is giving them a new name and adding layers and layers of bureaucracy, from Ontario Health to Ontario health teams to local health integration networks, and nothing else really changes.

Care coordinators may be located in a hospital also. In a hospital, there's a good chance that those people don't know you very much. They're not going to know you any better than the care coordinators who were located into the LHINs, who apparently could not do a good job because they were in a LHIN. I don't know how they're going to do a better job once they're in the hospitals, because frankly, most hospital workers don't know you either, but that's beside the point. We will have care coordinators placed in hospitals, in primary care.

We'll even have care coordinators placed within for-profit home care delivery. Do the people who provide the care know the care you need? Yes, absolutely. They will be there, and they realize that you haven't been fed, you haven't been washed, you haven't been transferred, you haven't been going to the bathroom properly because you're relying on your neighbour or on your friends. Hopefully, your grandkids come around every now and

again to help you. That's not home care. That's not quality care. That's barely living at home, and it's certainly not respectful. None of this will change.

We will have home care workers who will go in, who see that your needs are that big and know that they have 40 minutes to deal with you. They will do whatever they can in that 40 minutes to help you. The rest of your needs will stay there for, hopefully, your grandkids, your neighbours or your husband to be able to pick up. That's not quality care.

Add to this that, depending on when in the budget cycle you get assessed—it doesn't matter that if they do the assessment and you score an 18—if you score an 18 in Nickel Belt, you get no care. If you score an 18 in Ottawa, you will get care. Depending on where you are, the resources are not equally accessible in different parts of our province. Why doesn't the bill say that we will have a standard assessment? Why doesn't the bill talk about how we will have a standard of care that will apply throughout the province no matter where you live? If you score whatever on your activities of daily living, on your mobility, on your cognitive—whatever—this is the care that you will need, and this is the care that you will get: Why won't we report on that? Why don't we have standards? None of that is in the bill. This would actually fix our home care system, but none of that is in the bill. Why not?

We know that we are failing people. We know that people's needs are not being met. We know that we are not providing quality care in our home care system. Why don't we measure it? Why don't we report on it? Why isn't it in the bill that we're going to look at it and report on it? The first thing in changing is knowing what you have so that you know where you need to go. None of that is in the bill.

We will have care coordinators who used to be in CCACs, who were moved to the LHINs, who will now be in our hospitals, in our primary care and maybe in some home care providers, but that's it. They will do their assessments, and they still will say this: "You need that much care, and this is how much care you're going to get, because there are no more resources." There's nothing different there.

There is nothing in the bill, like some of the questions that my colleague was talking about, to deal with the shortage of PSWs. The shortage of PSWs is not only a northern issue; it's throughout Ontario. Every home care agency has faced or is facing a shortage of PSWs. The personal support workers are the ones who do the bulk of the work in our home and community care. There is nothing in this bill. Is there a human resources strategy? Absolutely not. Are we looking at making sure that we will have the human resources to provide that care? Absolutely not. None of that is in the bill, but it should be.

I can speak for my community. When the hospital puts out a full-time job for a PSW, they average hundreds of PSWs who apply for that one full-time job. When a home care company puts out that they need more PSWs, PSWs don't stay. Why? Because it doesn't matter how hard you work in home care; you're not going to make a living wage. It is really hard to get full-time hours in home care. You travel long distances, but you don't get paid for that time. Name another worker who has to travel for work but who doesn't get paid for the time that they spend at work. PSWs don't. They get their 32 cents a kilometre, if they're lucky, and that's all.

How do you fix the PSW shortage? Quite easily: Make PSW jobs good jobs. Give them full-time work. Give them—

Interjections.

M^me^ France Gélinas: Yes, it's as easy as that.

Give them full-time hours. Give them a living wage. Give them a little bit of benefits and pension.

And give them a safe place to work. You have to realize that a single PSW is alone and going into all sorts of homes that she—because most of them are women—doesn't know. A home that might have been very safe yesterday—Mrs. West was there, and she's a very nice woman. But today her estranged husband is there, or today one of her long-lost relatives who has issues is there, and then the home is not safe. Give them a safe place to work. Make sure that you support them so that if they are offering care to somebody they don't feel secure with anymore, there is a way to provide that care safely.

We don't have a PSW shortage. We have thousands of people trained to do PSW work. They are knowledgeable. They are skilled. They want to do that work, but they can't, because it doesn't matter how hard they work; they will not make a living wage.

We can fix this. We are legislators. We have a bill in front of us that deals with home care. Why don't we fix it here and now? None of that is in the bill.

In the bill, though, they talk about how the ministry will be allowed to recover some costs. I'm all good with this. They'll be allowed to have agreements with First Nations, Indigenous organizations. I'm all good with this.

And they will be allowed to collect personal information. I have to put this on the record: I'm always a little bit wary. Health care happens between two people. It happens between somebody who provides the care and somebody who needs the care, and you need to have a relationship of trust. People have to feel confident that if they say something to their care provider, it's going to stay there and that nobody else will know. Whenever you make little peepholes into that system, it makes people nervous. The day that we have a data breach is the day that, for whatever number of people whose data is breached, it will be really hard to have confidence in our health care system. Once they've lost confidence in the health care system—once they are not truthful—and don't feel very confident with whoever they share information with, they will never be able to have quality care again. You need to share with your care providers things that you will not say to anybody else. You're able to do this because you are in confidence. But this opens up a little peephole, and I'm always worried.

The bill has three schedules. In the first schedule, we see some of this. We will also see an expansion of self-directed care. Self-directed care is when, rather than

sending somebody to you to help you, we give you a set amount of money and you hire somebody of your choosing. You become an employer in all of this. You hire somebody of your choosing to come and help you. For some people, this is something that they can handle and this is something that works. But you have to realize that most of the time, the money we give you is very tiny compared to the needs that you have.

1630

So here you have workers who often work for themselves, or if they work for a company, there's very little supervision. You go into a home where the person that you care for, you care about them. You want them to have a good life. You want them to be supported. You want them to have the care they need, but they only pay you for two hours a day or they only pay you for three hours a day. Yet you know full well that in order for that person to have the care they need, it would take you five hours. You would need to come three hours in the morning and three hours at night to make sure that you get it all done, that you get them transferred, you get them dressed, you get the bathroom routines done, you get them fed, you get them washed and clothed, you make the beds and do all of this. So what do you do? Oftentimes, they will continue the work on their own time. They will be paid for an hour in the morning; really they will stay for two, but only be paid for one.

The opportunity to, I would say, abuse the goodness of those workers is always there in self-directed care. You hire somebody, somebody who cares about you, and they want to help you. But it's really hard to make good jobs out of this, because they very seldom give you the amount of hours of care that you really need to be supported respectfully in your own home.

Then, the bill repeals the entire home care legislation that we used to have. That means that Ontario will be, frankly, one of the few provinces that will not have legislation dedicated to home and community care. Bill 175 will now be part of what they started with Bill 74. It sort of feels a bit weird that we won't have this separate legislation that we can refer to.

Then there's this entire part of the bill that deals with complaints. The way complaints are handled: First, you will go to your care provider, and they will be left to themselves to decide how they want to handle complaints. Then, the right of appeal: Here again, there's nothing in the bill that is clear as to how this will work. We all know, Speaker, that if we want our system to improve, if we want our system to get better, then we have to be clear as to how complaints will be handled and how we keep stats about complaints, because this is how you learn. If a lot of people complain about the same thing, then it's probably because it needs to change and it needs to improve. None of that is in the bill. Why not? Why say that we want change but put nothing in the bill so that we would know what this would look like?

I see that time is going by.

The legislation talks about private hospitals. There's only one thing I want to see when it deals with private hospitals: that Ontario won't have any more. But the bill goes in the exact opposite direction. The bill opens the door to more private hospitals. I see no need for this. We don't need private hospitals; we need public hospitals. We have a set of 142 public hospitals. We have six private hospitals that are from before Tommy Douglas, before medicare. They existed; we continue to have them. There are very stringent laws that limit what they can do, because our hospital system is a public system. It is at the core of medicare, where care is based on need, not on ability to pay.

But now we're opening up the door. We're changing the legal definition of "private hospital," and I don't like this at all. I don't like private hospitals. I want public hospitals. I want public health care. I don't want anything to do with private care. I'm just putting it on the record, if you had any doubts.

I see that I have one minute left and lots left to talk about.

We have a bill that talks about a part of our health care system that is broken. Our home care system fails more people than it helps every single day. We have an opportunity to fix it. We know how to fix it. But none of the big fixes are in that bill. Yet that bill opens up all sorts of doors that make me very worried: opening doors regarding private hospitals; opening doors regarding how the complaint mechanism will be handled; opening doors that says the patient bill of rights won't be in the bill anymore—it will be in regulations; and opening doors for huge parts of decision-making about home and community care to be in regulations. None of this makes me feel good.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Lorne Coe: Thank you to the member from Nickel Belt for that presentation. This legislation, Speaker, as you know, has several new care models as part of it, underpinning the legislation, one of which is congregate care. I know the member from Nickel Belt will understand that, because it's a new model directed particularly to seniors. We each have, in our ridings, a growing seniors' population that's going to peak in 2031. I would hope that the member here this afternoon would stand in her place and support the new congregate care centres and the innovative approach that they're going to be providing in home care and community service to our growing population of seniors.

M^me^ France Gélinas: I would say a partial yes—but a big, partial yes to your question. Do we need other models of care to help our aging populations? Absolutely. Most other jurisdictions in western Europe, actually, don't even have those big warehouses of long-term care. They don't exist anymore.

Ask anybody in their eighties and nineties, "Are you looking forward to going to a long-term-care home?" Nobody wants to go there. So should we have other models of care? Yes, absolutely. Do other models of care exist that make sense? Yes, absolutely. Should Ontario be open to this? Yes, and it includes congregate living. I have no problem with this.

But I would like to see, in legislation, layers of accountability and protection to make sure that those vulnerable

seniors are protected by the government. This is not in the bill. And the looming privatization is always—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Questions?

Ms. Jennifer K. French: I'm glad to pose a quick question to my colleague from Nickel Belt in response to her remarks.

This is a government that talks a lot about hallway health care. I would say that it uses it as a buzzword and assures folks that they are addressing it. This bill that we have in front of us: Do you see that it is indeed a tool or anything positive to alleviating the pressures in the broader community? And in what way do you see it addressing hallway health care?

M^me^ France Gélinas: In theory, if you fix our home care system, you will address hallway health care. The way that the bill is structured, it only looks at one part of it. It looks at people who are already sick enough to be admitted into a hospital, and then you look at how you connect them to the home care system. But home care and community care can be so much bigger than this. It could be the part of care that keeps you healthy at home so that you never end up falling, hurting yourself, in the hospital and in need of being transferred out.

Home care, if it was more robust than what we have now, if it was fixed, would prevent a lot of people from ever going into our hospitals, ever being designated ALC—alternate level of care—and it will help fix hallway health care. But right now, the bill only focuses on one part, and that is, you're already sick enough. We're missing everybody we could keep safely at home.

1640

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Lindsey Park: I just would like to clarify something that a few members on the opposition benches have mentioned. There seems to be this illusion that we tabled a bill and we didn't talk anything about what's in the regulations. Meanwhile, the health minister and her team were very intentional about posting detailed regulations on the same day the bill was tabled. You highlighted the complaints process, and you're not sure what's in the complaints process. It's very detailed and set out in the proposed regulations and, in fact, adds more categories of things you can complain about than under the current bill.

I just want to know what you see that needs to be added to this complaints process. We welcome the comments.

M^me^ France Gélinas: What I would like to see added to the complaints process: I would like to see a robust system that mandates that every single one of the care providers, at a minimum, will have to collect this and this and this data, right off the bat: race data, age data, geographical data, sex data as in male and female—I should say have said "gender"—so that we know and we learn from those complaints.

I would like that not only do we do this, but we have a mechanism in place—the same thing—when it comes to a second look at it, that we know who will be the people looking at the appeals. How will the appeals be done? How will the summary of the appeals be available to all? How will we learn from those so that we can continue to improve? None of that is in regulation. This is what makes—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Questions?

Mr. Faisal Hassan: I would like to mention that the member from Nickel Belt talked about the important role that personal support workers play, and this bill, Bill 175, does not fix home care. I would like to ask the member from Nickel Belt: When a PSW gets sick or they take a vacation, what happens to those patients? It is very difficult and it goes into the impact on the family. This bill does not articulate or solve that. Would you be able to talk about the importance of having personal support workers and also the support of the family?

M^me^ France Gélinas: When Mike Harris was in power, they decided to put a cap on the number of hours you can receive. They made it really clear that our home care system was not there to meet your needs; our home care system was there to support your family in keeping you at home. That did not make any sense to me back in 1990, and it still doesn't make any sense in 2020. It makes no sense.

The main workers in our home care system are the PSWs, the personal support workers. I've already said that our home care system is broken. How do you fix it? You make PSW jobs good jobs. It's as simple as that. Full-time, decent pay, a little bit of benefits, a little bit of a pension and make them safe, and the problem is solved. There are thousands of people who will take those jobs, who are good at those jobs and who want to do those jobs, but none of this is in the bill.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member from Nickel Belt for her comments. There was a lot of discussion about many subjects, frankly, including the for-profit versus not-for-profit privatization, which is not in this bill at all—privatization. Our priority is to strengthen our publicly funded health care system and make it better for patients and families and their caregivers. To be clear, the same home care services that are currently delivered without copayments will continue to be delivered without copayments in the future. We're maintaining that health service providers and Ontario health teams must provide it as not-for-profit.

But among the most surprising things that the member from Nickel Belt said was that it was a bad thing that we're moving home care legislation into the Connecting Care Act, that we need a separate home care act—which I don't understand, because as the member knows, integration of care, integration of those PSWs you profess to care so much about into the care team, is what this is all about and what will improve our home care.

M^me^ France Gélinas: I will start with the first part: the privatization. When I see that they will change the definition of "private hospital," and when we know that this is directly linked to congregate living, it's pretty easy to make the link that people who do not need hospital

services—labelled ALC or whatever else—will have opportunities to go live in other settings, but those other settings will be for-profit.

We have plenty of retirement homes where I am from—they are all over—but they are very expensive. They work very well for seniors who are wealthy. For other seniors, they don't work. And now we are changing the law. We are changing the Private Hospitals Act to make sure that it will capture more. I am worried about this because not every senior is wealthy.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. John Fraser: It's a pleasure to speak to Bill 175, the Connecting People to Home and Community Care Act, 2020. As I said when the minister made a statement last week, I do want the government to succeed with what they're doing, because that's going to mean that people get care.

I also want to say, because it just struck me—it wasn't in my notes, but when the member from Durham was talking about regulation, the concern about regulation is not necessarily the regulation that you've written right now; it's the fact that that regulation can be changed by successive governments without the deliberation of this House. So when there's a right for something like an appeal—and I know that's in your profession—how firmly we plant that in the ground here is really important, because otherwise, successive governments that we may or may not like or agree with could change those rules, which will be a disadvantage to the people who we serve.

So we've got to get the right balance with regulation. I think it's a bit out of whack here, to be honest. When I take a look at this, it's leaving a lot to regulation. I understand that the reason for that may be that there's an imperative to get it done right now, because the change that's being proposed is significant and the longer that it's delayed, the more risk there is going to be to people.

For things like congregate living, we needed to change the act. We have to get that right. Hundreds of different jurisdictions across the world have figured this out. There's a space that exists between home and long-term care, and we don't do a great job of filling that here. We have challenges around home care. I know personally, myself, in our family—with my father, currently my mother, and my mother-in-law and father-in-law—we're spending a lot of time around home care, organizing care through the CCAC and then the LHIN, and the challenges that exist in ensuring that people have access to the care they need.

I know that this move to bundled care and health teams could be a good movement, a good change. The challenge is going to be how we govern that here, how we make sure that those services are delivered. I have concerns around the act in terms of the super board, and the powers of that board and the minister to make any changes they want in communities. So one of the challenges is that you're trying to build these community teams and you're taking the power away from communities. Literally, the minister can say—and I've said this to my colleagues across the way. I'll give an example of a hospital right now, or let's say a local home care organization in Brockville. What they can say is, "Look, no longer are you going to perform this—because you're a health service provider—as yourself. You're going to get amalgamated with this other group that's from down the road." Or to the Brockville hospital: "No longer are you going to do obstetrics. They're going to do it out of KGH." There's no right for the local community to voice their opinion on that. It's 30 days; no appeal.

When we're talking about appeal processes, that's why they're critical. I'm not saying that the intent of the government is bad. What I'm saying is, there is an opportunity there for things not to work. It may not be with this government; it could be with successive governments. Those are the risks that are there. Those are the risks that are putting too many things into legislation.

1650

I want to talk a little bit about the concerns that the member from Nickel Belt raised about information, about the risks around privatization. Those things are there. There's no question about it; she's right. She has been doing this for a long time, and we have to watch those things. But at the end of the day, none of this is going to work unless we get one thing right, and that one thing is PSWs. PSWs in this province are undervalued. We have a problem with recruitment and retention. We have no relativity with how we pay other health care providers and PSWs, no relativity to what their value is in the system.

I can tell you, without a doubt, that when you have a frail elderly person at home and you're depending on a PSW to get there, and they don't get there because there are none, that's a challenge. It's a challenge for a family. But you know who it's a real challenge for? It's a challenge for that senior who doesn't have family there.

So we can get this legislation right, and we're all going to debate this, but it doesn't matter what we do in this legislation. If we don't elevate that profession, if we don't make sure people have a decent wage, that they don't have precarious work, that they get some benefits, some hope for the future and a recognition of the fact that they're the people who are there all the time—that they're the people who are caring for the people we care for most, that they're the people that we depend on because we can't provide the care that they're providing. A friend of mine said, "It's amazing how important that 40-year-old woman is who's taking care of your mom because you can't."

Actually, I'll tell you a little bit about a few PSWs that I know—two that served my dad through the last three or four months of his life, Hibret and Judith. They were always there. We could always count on them and depend on them. They made the last three or four months of my father's life great. He was able to stay at home. He didn't like it when Hibret washed his hair and he would express that very clearly, but he developed a bond with them—a very close bond. We're forever indebted to them. They actually became part of our family. I know that both of these women were in jobs where they came and helped my dad for four hours. They might have had to get on a bus

and travel an hour to get to the next client, and they didn't always know necessarily if they were going to get work on one day or not. That's a hard way to raise a family. That's a hard way to sustain yourself.

But that work is so important. That's why people aren't going into home care as a PSW: because they can't sustain themselves. They can't raise their families. They can't pay the rent. We've raised the wage from $15 to $19 an hour; that's not enough. That's not wagging a finger at anybody; that's just saying that it ain't going to happen unless we fix that. It ain't going to happen unless they get decent benefits. It's not going to happen until we fully value the work that they do. That's because they won't be there, and if they're not there, it doesn't matter how you change home care. If you don't have people by the bed to deliver it, it won't work. So, collectively, we need to get our heads around this and ensure that we can have the people there who are going to be able to deliver care.

Right now, my mom has two caregivers: Gidey and Kim. One of them a little while ago wasn't able to be at work for about a week. We're helping my mom stay at home, so my three sisters and I, or either Gidey or Kim—one of us has got to be there. And it was a real challenge. It was a real challenge for us to find somebody. We didn't; we just went ahead, because there's just not enough. I can't say enough about the work that they do to help us help our mom stay in her home.

I know that many people in this Legislature have had this experience, because they have elderly family members, or family members that need care. We have to get this bill right—make sure things like appeals processes, protecting peoples' information, and ensuring the public delivery of health care are right. Get the bill right. But once we get the bill right, we've got to solve that other problem. Because if we don't solve that problem, it will not matter what legislation we write or what things we construct.

PSWs need to be valued. It doesn't need to be precarious work. We have to look at the public delivery of health care, because that's the way for us to drive the best value. I'm not saying exclusively, but I'm saying we need to make sure that that component is robust, because that's the way we'll be able to ensure that people have good jobs, that they can raise their family, that they can be there for the people whom we care for when we need them.

I want to thank the Speaker for my time, and I look forward to the questions of my colleagues.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Roman Baber: One of the things I was surprised by in the lead-up to the last provincial election is a specific statistic that I heard, which is that in the province of Ontario, we had more health care administrators than family physicians. I found that outrageous. The previous Liberal government put in place a system that believed that we should have more white-collar middle managers than physicians. Here's what it resulted in: It resulted in the fact that, when you're trying to get home care for a loved one, you barely know who to talk to.

I recently went through an experience with a loved one, between the LHIN, the CCAC, a separate physician—we didn't know who to call. So I'm wondering: What has the previous government been doing for the previous 15 years that resulted in this—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Back to the member for Ottawa South.

Mr. John Fraser: Look, I've been through that experience where it's really hard to know who to call, and I've had somebody pick up the phone for my sister and say, "Well, I know your dad's going to palliative, but I'm retiring. You'll have somebody new in January."

We do have to realize that it does take people to direct care. And I'm not happy with that. I'm saying that. I've said that before. I said that when I was here before. It didn't work. What I'm saying right now is, we can do all the work we want to do here to get it right—someone has got to make sure we administer that care, and we administer the delivery of that care—but it's not going to work if we don't have the people to do it. That's my point.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Jennifer K. French: I am pleased to ask a question of the member from Ottawa South after his comments. Just a little bit of history that we're all aware of: Back in the Harris years, the Central East LHIN, which is our neck of the woods, funding was first cut and then frozen at a point in time. Unfortunately, since that time, our region and broader area has increased needs and pressures, and the funding hasn't changed.

1700

The member was a part of the government that was perfectly fine with that, because in the full time that they were there, they didn't input any more funding. We never closed that gap. We didn't get up to what would be fair in comparison with the rest of the province, or certainly with what we needed.

When we look at this bill, I don't see how a region like mine, or various regions across the province, can get the care they need. Could he speak to that?

Mr. John Fraser: Well, here's the rub with home care funding: As you elevated it by 5% a year, those historic inequities—and it happened in my own community, too, of Ottawa—didn't get fixed. I think what the government is trying to do is localize and deliver bundled care in smaller community teams, and then make the people all the way along the line responsible for that, so it's a continuum of care instead of a handing off to an organization.

To the point the member just made, we're handing it off to another organization that has to learn about that patient, and then someone is doing the rise three times. I think that's the point of it. Whether that will work that way or not remains to be seen. I hope that satisfies the member's question.

The Acting Speaker (Mrs. Lisa Gretzky): Questions? The member for—

Mr. Deepak Anand: Mississauga–Malton.

The Acting Speaker (Mrs. Lisa Gretzky): —Mississauga–Malton. Thank you.

Hon. Bill Walker: That's kind of leading the witness there.

Mr. Deepak Anand: I mean, I know that it's Mississauga–Malton.

Thank you, Madam Speaker. I was listening to the member, and I really felt the way he was saying that his family members are in pain—especially when you have somebody in the family who is having pain, and the caregiver who is giving the care is in pain as well.

I heard the member saying, "I'm not happy with the status quo." I want to ask the member what exactly went wrong. What are you not happy with, with the status quo, so that we can incorporate it into our bill?

Mr. John Fraser: I believe in bundled care. I think bundled care, which was something that we had progressed to—we also inherited a home care system that had managed competition.

Interjection.

Mr. John Fraser: We all inherit things. You say to me, "We inherited this from you." I would say, "I inherited this from you." The reality is, it didn't work. It didn't work for people. I'm just interested in things working for people.

My point is, I want to work with you and make sure the legislation works. I'm not wagging my finger at you. The point I am making is, there is a piece in this puzzle that we're not talking about and we've stopped talking about.

I see the minister across, and I know that she cares about it. I know that she's going to take some action in that regard—I hope it's the action that's needed—but we all have to address that in here, because it's not just the challenge for that minister.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Wayne Gates: On our discussion, can we agree that the Liberals and now the Conservatives, for 17 years, never supported the PSWs in the form of wages, in the form of hours of work, benefits, pensions or safety? And can we now agree that home care is in desperate need of a fix?

Do we agree that this has caused a crisis in health care, by not supporting PSWs?

Mr. John Fraser: I'm actually quite surprised at the level of blame that's being thrown around the Legislature today. We could go back to Bob Rae but I'm not gonna, okay? I'm not gonna, because I don't even know if we actually organized it then.

Here's the reality: There is more work that we need to do. We did some work. Was it enough? No. Anybody who is arguing that there was no work done—it's just not true. It's simply not true. The point of the matter is, we have more work to do. We all have to realize that and we all have to put on pressure for that to get done.

It's not just a question of what we do in here, but how the health care system organizes itself; what everybody expects out of that. Why are there wide gaps between practitioners? Why are there even wide gaps between practitioners inside their own profession—the issue of relativity inside the OMA? Well, there's an issue of relativity inside all health care professions.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Gila Martow: I'm very pleased to rise to say a few words and to ask a question to the member from Ottawa South. That's our new system here: We get to ask questions to people who have been speaking in debate. We're talking, of course, about personal support workers and home care. The member has been here for quite a few terms—and if he has thought about better use of technology to help provide better home care for all of our residents at home. I had to call multiple times to arrange home care for my dad when he had surgery. It involved phone calls and messages and phone calls back. Why can't we address the fact that we need better use of technology for appointments—and using online? We know that most of our personal support workers, of course, have smart phones. I wonder if he could make some suggestions.

Mr. John Fraser: I appreciate the question.

When we were doing the strategy around palliative and end-of-life care, it was very evident inside home care that the ability to communicate the case was hampered in many different jurisdictions. We were sending a person in to do the same assessment on the same person. Why are people not talking to each other? The ability to communicate is the critical piece to get this right.

We have this tool that we use—we don't use it very effectively. We still fax. I asked staff in my office to fax something for me once and they didn't know what I meant. You know—the member is in the profession. We have to use that technology.

I'm going to say this a last time: Technology is not going to work if we don't have the people.

The Acting Speaker (Mrs. Lisa Gretzky): There's not enough time left for another question or answer. Further debate?

Ms. Lindsey Park: I'm pleased to rise and join the debate on Bill 175, the Connecting People to Home and Community Care Act.

When our government first took office, we made a commitment to the people of Ontario that we would be working for the people of Ontario to get the province back on track by restoring financial accountability, removing unnecessary and duplicative red tape and inefficiencies, making Ontario open for business again—and, of course, the important promise of ending hallway health care.

When we say "ending hallway health care," what we're really talking about is—in the lead-up to the election, years before that, there were many examples in Durham region and across the province of patients waiting overnight in hallways or even on stretchers in the emergency department. Of course, this is not unrelated to the other big problem with the system we've seen, which is that it's disconnected, administrative- and back-end heavy and, quite frankly, outdated.

We can also talk, of course, about the shortage of long-term-care homes or the lack of affordable and comfortable housing and care options for our senior population. Or we can talk about the deficit of hospice beds, or our currently siloed home and community care services.

Pick your sector within the health care sector and it's clear that our province is facing a major health care challenge.

As a government, we promised the people of Ontario that we would work to face these challenges head-on and

reinvest in front-line health care services again. However, the solution to a systemic problem like this requires a multi-pronged, holistic approach, not just a one-time band-aid solution. Throwing more health care dollars at one sector or program or service might slow the leak, but it doesn't go to the source of the problem and stop it completely.

Ontario was once the envy of the world when it came to health care, but the problems and challenges we've been seeing in our system have shown that our health care system has been underperforming and letting patients and their families down for some time.

1710

With this legislation that our Minister of Health and her team have put forward in the House and the comprehensive regulations that she posted on the same day, I'm confident that this is another step in the right direction. Just like the other areas of our society, whether it's our legal system or our education system or our economic system, our government is committed to bringing Ontario into the 21st century through the modernization of services, programs, systems and, yes, regulations.

The delivery model for home and community care services has not been updated since 1994. I'm not sure what year the current pages were born in, but it may be in and around 1994—am I getting that close, so I get some head nods?

Mrs. Robin Martin: No, they're younger.

Ms. Lindsey Park: They're younger, okay; there you go. They have been born since this legislation and system was created.

Since that time, we've really seen a ballooning aging population. We've seen patient expectations increase for different options and types of care to match the different world that we're in. We've seen a growth in opportunities for care to be provided at home. Of course, the world is a different place now, with new technology that has opened up a whole realm of new possibilities for health care and its delivery.

I think I heard in the health care minister's remarks earlier, she used the words that the current regulations and the current system are really "stifling innovation." I'm really excited that we've got a bill before the House that creates a framework and creates that flexibility now, through regulation, to really adapt to some of these 21st-century innovations we have before us in the health care sector.

Of course, the approach our government has taken has been to introduce the Ontario health team model, an integrated health care model that is centred around the patient. It focuses public dollars on front-line services to improve the experience for patients, giving them seamless and connected care wherever they live in the province and whatever their health care needs are.

Our goal as a government is to give patients and their families faster, better and more connected care. It is change we desperately need as a province, and our government has been working non-stop to create a modern and efficient public health care system that supports our most vulnerable.

Before I speak to the specific changes that this piece of legislation, Bill 175, is proposing, let me emphasize that our government has heard from the experts, the care providers, the patients and families across the province, as well as the Premier's Council on Improving Healthcare and Ending Hallway Medicine. We heard from all of them that the current framework we inherited is not functioning well. The system we inherited was very good at putting up barriers and creating silos. This legislation will take steps to bring those barriers down.

When it comes to home and community care, Ontarians deserve much better than what we have under the current framework, which is rigid care coordination. To access home and community care, intake, assessing and determining eligibility, care planning, service allocation and case management all have to be performed by an approved agency, independent and away from the front-line care that the patient initially receives from their family doctor or in a hospital.

Under the proposed legislation, there will be adaptable care coordination functions to remedy that. This part of the system will be embedded in front-line care within Ontario health teams. I hear that, in the discussion this afternoon, there's been some speculation that it's always bad to leave things to regulations; that it's better that it's right in the bill and creates a structure. I would disagree. I think that one of the real goals we have in this bill is to increase flexibility. We've seen an overly rigid system, and the answer to an overly rigid system is not to bring in more laws to create a more rigid system.

As I mentioned, the foundational purpose of the Ontario health team is to integrate care across the system, to reduce duplication and create a flexible system that's more responsive to patient needs. It's wonderful in theory that we want to have everything in the bill, but we can't have a debate in the Legislature every time a patient's needs change in a hospital. We need that flexibility in regulations and we need for regulations to be able to adapt to the everyday experiences in hospitals.

It doesn't make sense that a hospital doctor or a patient's family doctor is restricted. They should be empowered to directly refer their patient to a home care provider the moment they determine that home and community care is the right option, instead of referring them to a completely separate organization where that patient will then have to provide all their health information over again. With this legislation, we're removing that in-between step and integrating the process so that it will be easier and quicker for patients to access home and community care services.

As we know, the state of our health care and the health of our loved ones, or their circumstances, can change in a matter of days—or hours, in some cases. We see this a lot, for example, with things like dementia: Someone's state from day to day can change very quickly. We need a system that's flexible enough to adapt the care plans that are in place when circumstances and needs change.

Under the current framework, there are restrictions placed on changing home care plans, meaning that patients

have to go through the formal assessment process once again to have their care plan changed. This creates unnecessary delays and limitations when a patient requires a different level of care. If passed, this legislation will provide the needed flexibility in care planning requirements so that when the patient needs change, the plan can change and be responsive.

The current framework is also an hour-based and visit-based care approach. In-person care does not need to be the only option for delivery of care. Under the proposed new and modernized framework, patients can receive care virtually, and the emphasis will be placed on virtual care as opposed to visit-based care so that more flexibility is achieved.

Specifically, again for those who take the time to look up the regulations that were posted on the same day the bill was announced, there is a whole section in the regulations that says, "The ministry is proposing to continue the current methods of delivering care outlined in Ontario regulation 386/99. This is consistent with a regulatory amendment that already came into force on January 1, 2020 to clarify that services may be delivered virtually using electronic means."

I think we all do so much on our cellphones or mobile devices every day. We order our food on it. Probably many people are making child care plans on it. Our schedules—we really can't live without these devices. So I think it makes sense that people are expecting now that some of their health care services—obviously not all of them, but those ones that are just things like check-ins and updates—can happen by electronic means. That's exactly what we're doing with our plan.

Video conferencing is a modern tool that saves costs and time, and can be just as effective as some in-person visits. We can make use of video conferencing in greater ways in our health care system, including promoting the use of remote monitoring devices so that people with chronic conditions can be monitored at home but still have a nurse check in as needed.

And when we say "home," it doesn't necessarily mean a physical home. This also means we can better coordinate care between physicians who are working in a hospital and seniors who are in our retirement homes. They could have a mobile check-in without having to be transported to the hospital for the check-in and back. I think this is just common sense that our seniors expect.

1720

Another way this can work is for the nurse or therapist to videoconference the client and work with a personal care worker in the home to provide more specialized care. Perhaps this is something that is common sense and that we think should already be taking place, but there were some of these barriers in regulation preventing it from happening.

Under the current framework, there are also undue restrictions on the amount of service that can be provided to certain clients, and we've heard some reference to this in the debate. That means that there's actually a cap on the number of hours or visits with service maximums that have been built into the regulations. The new framework would eliminate that and provide for no service maximums. If patients still need care and resources, they'll get it. It just makes sense.

Again, for those who haven't had a chance to look up the detailed regulations, the whole section on service maximums and describing how that's changing is in there. Again, it's referring to Ontario regulation 386/99, which is under the Home Care and Community Services Act, 1994. That's where it prescribes the maximum number of services that can be provided, except in extraordinary circumstances, and the ministry is proposing not to include service maximums in that regulation. It's now going to move under the new Connecting Care Act, 2019.

Finally, the other change that this legislation would create is an oversight model for residential congregate services, which would support patients with needs too high to be met at home alone, where they're in a situation where maybe it's too much for that setting, but they don't require the intensive level of care provided by a hospital or a long-term-care home. They're somewhere in the middle. Many seniors find themselves in this circumstance, where they're really having trouble meeting health care needs at home, but they don't need to live in a hospital or move into a long-term-care home. This is really creating another option for a whole category of seniors who are finding their needs not met by the current system.

This plan is really about providing more choice, because these are clients who have greater care needs, and this legislation will provide the flexibility to get care in a community or transitional care setting until they gain enough strength to return home. This legislation is ultimately about keeping people healthier through home care and better enabling front-line care workers to connect patients with home and community care as needed.

Speaker, let me say that we've all seen lots of evidence to show the benefits for aging adults of staying at home for as long as possible, and government should be encouraging solutions at different stages to enable seniors to do so.

In my own riding, in Port Perry, I've seen the power of one innovative idea to create a solution that benefits everyone. As some of my colleagues in this House will know, my first private member's bill was called the Golden Girls Act. It was named after the Golden Girls of Port Perry, four very smart, savvy older ladies who, a few years ago, decided that instead of all living alone in their own homes, they would move in together and share a home. By sharing a home, they really believed they could all live more affordably and in a home where they could safely age in place.

They bought this house and, after overcoming some hurdles, it was renovated to match their unique living arrangement. Everyone has their own space, but they share some common areas. They were really forward-thinking, talking about this challenge we have in the home care sector, and they built two caregiver suites in their basement, should the need arise for home care later. The moment when one or more of them needs a nurse or a

personal support worker—they've created a place in their home so they can receive the care they need without needing to leave the warm and comfortable home they've created, or if they do have to go to a hospital, they'll now be able to return home sooner with more supports in place. Of course, it will now be a care coordinator right in the hospital, to make sure they're connected to those home care services immediately and enabling that safe transition home.

Seniors are the fastest-growing demographic both in Durham region, the area I represent, and province-wide, so I'm really pleased that we are addressing a major issue that seniors face that is so important to their well-being.

I'll close by highlighting some of the support we've garnered already for this bill from many home care and community care stakeholder organizations and associations, really affirming the direction our government is taking. Sue VanderBent, who is CEO of Home Care Ontario, said, "Home Care Ontario welcomes the government's move to modernize home and community care. Today's changes will allow patients to better access the right care, at the right time, and in the right place. These changes will make the system work more efficiently, and ultimately will allow local health teams to better work together to keep people healthier at home."

Miranda Ferrier, who's president of the Ontario Personal Support Workers Association—lots of people raised the topic of how important our personal support workers are. She said, "The proposed changes announced for home and community care in Ontario will provide personal support workers ... patients and clients a new opportunity to work together to make Ontario health teams a success. Streamlining and modernizing the scheduling and funding process will offer Ontarians greater access to supports while also promoting continuity of care. The OPSWA hopes that these changes will work to stabilize and modernize the PSW profession."

I want to commend the Minister of Health for the courage and leadership she has shown to bring our province a long way towards a better health care system in Ontario. This legislation is truly centred around the patient, and that is the way it should be. Ontarians expect a high-performing system that they can rely on, and they deserve no less.

It really is a privilege to speak to this bill. I'm proud to support it and to support enabling a framework for better-connected home and community care. I hope everyone will support this.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Jamie West: I want to thank the member from Durham for her comments and statements.

One of the things you said early on was that Ontario deserves better from home and community care. What I find lacking in the bill is, really, a focus on personal support workers. I know that in my riding of Sudbury, members of USW 2020, who represent PSW schedulers, were on strike for several months without help from the government. SEIU had labour conflict—that had to do with PSWs there as well. There seem to be examples of a crisis for PSWs—they say a shortage; I say a crisis. We have many, many people who are PSWs who are qualified, but the good jobs don't exist.

On our side, we believe the way to solve the crisis is decent wages, decent hours, decent benefits and some way to get a pension. I'm just wondering, to the member opposite: In the bill, I don't see anything. How do you solve this PSW crisis?

Ms. Lindsey Park: I'd like to thank the member from Sudbury for joining the debate. He's obviously eager to support personal support workers, as we are. I referenced near the end of my speech the endorsement from Miranda Ferrier, who is the president of the Ontario Personal Support Workers Association. I think she supports this bill because she recognizes that it's one important piece, along with the work our Minister of Long-Term Care is doing, to ensure a long-term strategy that will ensure these jobs are there and that personal support workers feel like they want to get into this sector.

We know we're at a crisis. We need more personal support workers to see themselves in these jobs and young people to choose to go to school to be in these jobs, and we really need a long-term strategy—and I hope the opposition will work with us on that.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Donna Skelly: I'd like to thank the member for her thorough presentation on what we're doing with personal support workers and home care in the province of Ontario under this government.

One of the problems or challenges that we are hoping to address with this legislation that we're putting forward is the inability to have that assurance that PSWs will be there when people across Ontario need them. As a person, like many of us in this Legislature, who has elderly parents, we often require some home care service. It's very frustrating for men and women who need those services not to have them on a regular basis.

Can you share with us what this piece of legislation will do to ensure that Ontarians who need the support get the support?

1730

Ms. Lindsey Park: I'd like to thank the member from Flamborough–Glanbrook, who highlights one of the reasons for this important work and this bill being before the Legislature. Modernizing home and community care with this legislative framework is really a key element of our government's plan to improve home and community care. We've launched Ontario health teams, making targeted financial investments, modernizing procurement and tackling workforce shortages.

If passed, this home and community care legislation, together with a shift to local integrated models led by Ontario health teams, will help us make better use of the resources we have and enable us to create the conditions that may attract more people to the field. The member referenced recruiting and retaining personal support workers; I know that's important to all of us, and this bill is a really important piece to ensuring that happens.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Wayne Gates: I kind of like this new format a bit. It's like question period in the morning; nobody answers the questions. So I thought what I'd do—it's getting late in the day—is that I'd come up with something I would consider a fair and reasonable question that will not take a lot of time. I think that's kind of where I thought I'd go.

So I'm going to ask the member from Durham: Do you believe that unions should have successor rights?

Ms. Lindsey Park: I'm going to focus on the contents of this bill; that's what we're here to debate. I'm really proud of this piece of legislation that has been put forward by the Minister of Health and her team.

But it's not only this piece of legislation. She understands that we need to make sure we support the upgrades to hospital infrastructure and we invest in long-term care. In Durham region, we just announced that the first-ever hospice will be opening in Durham region. Can you believe that for 15 years that just was missed? We're also advocating, of course, for the redevelopment of the Bowmanville hospital, and that's well on its way.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jane McKenna: I just wanted to say that my daughter is a nurse, and we've had many conversations with PSWs. Obviously everybody in this has had the same conversations with their constituents, with people who are exhausted with a very antiquated, very old legislation that needs to be updated.

I'm thrilled, because we talk about the personal support workers, but I was just talking to Shelley the other day, and she said that because she is on the front line with people who are in there, she was thrilled to be part of a team, because we have all been in our silos, which you've spoken about. It has been spoken about numerous times today. Can you just elaborate a bit more?

She's actually watching right now, and she is thrilled that she has been part of a team. She is thrilled that she has been brought in, with this government, to be successful. When she is successful, so are the people that she is trying to help. So can you please talk about what our government is doing to make the success of what we're doing just the best it can be?

Ms. Lindsey Park: I'd like to thank the member for Burlington for really highlighting an important aspect of our overall health care strategy, at the centre of which are these Ontario health teams.

I played hockey. I played a team sport, and I really saw that when you work together, when you row in the same direction and when you're talking to each other, you get more done. At this point, on this topic, you're getting more done for the patients of Ontario and you're ensuring a patient-centred health care system. That's what we're debating in this House. That's why we're in here every day putting these types of legislation forward: because we want to ensure a patient-centred health care system.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

M^me^ France Gélinas: I'm always very cautious, when I talk about the health care system, to not give people false hope. Right now, the way that the member has talked about the changes, it is as if everybody who needs home care will get it, and everybody who has different needs will get care based on their needs, everybody whose PSW has not shown up every Sunday will have a PSW show up in time.

Where in the bill do you see those promises that you are making to very vulnerable Ontarians—Ontarians who depend on our home care system, who are being failed by our home care system. Who will be listening to what you say? Aren't you afraid you're giving them false hope?

Ms. Lindsey Park: I think it's really important that we don't just talk about the problem, but that we propose tangible solutions and steps toward solving some of these long-standing problems we've all seen, we've all heard about from our constituents for the last 15 years.

There are very detailed proposals in the regulations about who will be eligible for these services, about the method of delivery of the services and about who the eligible providers are. I really encourage the member opposite—if you have feedback to provide about the regulations, we welcome it. They need to be detailed to ensure that there's accountability when someone's trying to access home care in this province. We're proud to put these detailed proposals forward.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: Thank you to the member from Durham for her great presentation. It was very informative. I thought she did a great job.

One of the things you talked about was the new possibilities that come with the digital age and virtual care. I think that's something that will enable a lot of health care to be delivered and will also help us keep our health care teams more connected.

I wondered if the member could just elaborate on her thoughts about how virtual care might help provide better home care for our citizens.

Ms. Lindsey Park: I think of the riding of the member for Nickel Belt, which is a huge area to cover. Often, people will live a very great distance from the closest hospital. So enabling virtual care will really enable more frequent visits and check-ins with their health care providers than otherwise would be possible when you live in more rural and remote communities. It will also ensure a better use of the taxpayer dollars that we have to support our health care system.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Ms. Jennifer K. French: I am glad to be able to weigh in on behalf of the folks in Oshawa and broadly across Durham region on Bill 175, which is entitled the Connecting People to Home and Community Care Act, 2020.

This is an issue that, as we've heard around this room, is very close to home, and is indeed in the home, across all of our communities. Whether you're in Oshawa or up north, in Sudbury or anywhere, everyone should be able to access the care they need in the way they deserve and the way that is best for them. Certainly, if it's our elderly community members and keeping them in their homes, if that's a viable option instead of long-term care, all of these things should fit. We all recognize that.

Unfortunately, in this bill—it's an enabling piece of legislation and it leaves out much of the substance. We don't see in statute, we don't see in this legislation, what we would want to see. In fact, we're facing the, "Just trust us, it will be in regulations." There were some comments earlier about, "But the government has put out their intention and their statements." Everything will be left to regulation, and again, we have to cross our fingers. That should not be the basis of good home care and health care.

We've heard repeatedly that our home care system is broken. I worry that this is a case of rearranging the deck chairs instead of actually looking at what could be and how we fix it for all of the people that I know matter to all of us across our communities.

I remember early on, when I was first elected so many moons ago, I met with a few PSWs who were very passionate. There was one gentleman—not a home care PSW, but in long-term care. He talked about how the system had changed from when he first entered the field as a care professional wanting to make that difference and really make those connections with people to ensure they had the best care that they deserved, and then watching the erosion of the system over the years. That was specifically long-term care. Again, this is the voice of a PSW who knew that he did not have the tools or the time to provide the care that was deserved by his residents.

1740

I remember meeting with a PSW, early on, from out in the community. She worked for one of these private contract companies, and she was concerned about some of the safety protocols and going from an outbreak situation in a retirement residence to a private home to meet with an elderly senior. She was not getting the support that she—

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): I apologize to the member from Oshawa.

There are a few side conversations going on on the government side. It's very difficult for me to hear the member from the official opposition, so I'm going to ask that if you're going to have the conversations, either bring your volume down or step outside to the lounge to continue your conversations. Thank you.

Back to the member for Oshawa.

Ms. Jennifer K. French: Thank you very much, Speaker. I'll do my best to engage the members opposite a little bit better. I happen to have some letters and some stories, so maybe I can capture their attention and their imagination, to make the province a better place.

What I was saying is, this particular PSW, a community PSW who was going out and providing home care, was very concerned about the resources that she didn't have and the safety protocols that she wasn't getting from her private employer—and in the province of Ontario, she absolutely should have been. The law is the law is the law; the problem is, the oversight is not the oversight is not the oversight. The law can be whatever, but if we don't have that public accountability layer, if we don't have eyes-on, then we're again in that situation of crossing our fingers and trusting that people will do the right thing or that employers will not cut corners or that they will not just do whatever it takes to ensure that they keep that contract. I think that's an important piece of this, as well.

Yesterday was kind of a challenging day. My grandmother is almost 99. She'll be 99 in three weeks. She's telling everyone she's 99. It was a bit of a rough day: unfortunately, she had quite a fall. She lives in a retirement home and had a fall, took a header. The poor thing split her face open. She had wonderful paramedics who were trying to reassure her that she did indeed need to go to the hospital, but she couldn't see how banged up she was. Anyway, she ended up going to the hospital and had quite an adventure there, from 8:30 in the morning, when it started, to when we could leave the hospital at 8 o'clock. I would like to say to the paramedics, to Matt and his team, who were wonderful with her and then came back and checked on her—they were fantastic. Grandma was very pleased that they remembered her and that they came over to see her.

Grandma had super care, and we were glad to have that, but the whole process was very interesting to be a part of—certainly, the off-load delays in the hospital, the waiting and the waiting and the waiting. Grandma said that all of her care was great, but it was just so boring because of the hours in between.

Speaker, while I was there, I had the opportunity to take a look around and to see all of the hallway beds, the signs on the wall that said "Hallway 1," "Hallway 2," "Hallway 3," "Hallway 4"—they kept going. Hallway 6 was in front of a desk. One of the hallway spaces, instead of a room, was a little chair in between shelves. My grandmother was off-load number one—so it looked like, "Off-load No. 1." I assured Grandma it wasn't actually "off-load no one," that she was not a no one; she was number 1. She wasn't buying it.

It was very interesting to see the police officers and the paramedics who have to wait while we have these overcrowding pressures and the off-load pressures and the hallway medicine—that they're not out in the community able to do what is needed there, that they are also part of this waiting game—to see the stresses and the pressures. I want to commend everyone I saw yesterday.

The reason I'm bringing this up is, when we look to our health care system, we have to see that it all should fit together. If we're going to create strong and supported home care to keep people safe and well in their homes, to keep them from long-term care, all of this has to fit. Because yesterday at the hospital, with all of the pressures, a big part of that is because there aren't the beds we need in the hospital, because those beds are taken up by—and I say this with affection; this is not a comment on the folks who are in those beds, but there isn't a place for them to go. The alternate-level-of-care beds are at, I would say, crisis levels, and I'll get more into that. But they're taking up those beds because there isn't the right place for them. And if that right place is at home, we need to ensure that it's strong care, not just reorganized admin, that we have the PSWs, that it's not just 1-800-I'M-UNHAPPY. What happens with those complaints? How do we strengthen the system?

Back to the hospital and the hallway yesterday: Speaker, I overheard things I had no business overhearing, because that's part of the challenge. I know we all recognize that hallway health care and hallway medicine is a problem, but I overheard things—private conversations with doctors and with nurses and details that are none of anyone's business but the health care provider. But because we were all on top of each other in this hallway, you become privy and you become involved or you become aware, and that's embarrassing for folks, and it's very challenging.

The beeping and the alarms, the sounds, the lights, the colours, the noise: Where Grandma was, she was in the hallway right across from the pantry, and I will tell you, that little kitchen was a busy spot. Everybody needed a glass of water and was coming and going constantly. Seeing it first-hand—I know we all talk about it and we hear from folks about the indignities and the challenges, but to really watch it unfold—we do have to address it, and this bill is not sufficient. We have to piece this all together.

I got to see the reality and feel the pain of being sick in public, but Grandma had me to help her with the washroom and to pull up her blankets and to explain why we were waiting and waiting. I helped other people pull up their blankets because they were partly exposed in the hallway and they were cold and things were coming and going. While they were doing Grandma's stitches, we had to tuck in because there was a stretcher, and the cart that did the bloodwork had to tuck in when there was a stretcher. It was just so—I'll say chaotic, and I don't mean to be rude to the folks at the hospital because, man, were they doing an awesome job under the conditions.

I want to thank Brad, who was Grandma's nurse, and I want to personally thank Gabrielle, who is a physician's assistant. She took as long as it needed to take to stitch up my grandma's mouth after her horrible fall so she will still have her little wicked grandma grin. Even all banged up and the worse for wear, she gave a wink and a repaired grin to one of the paramedics who apologized that she couldn't have a room, and she said, "It isn't your fault; it's the Premier's. He's cutting health care, so here we are." She didn't get that from me.

Interjection.

Ms. Jennifer K. French: Oh, yes. Grandma is 99 and Grandma has seen a lot of things and she believes that everyone has access to health care and should have access to health care. But Grandma also lives in a building with a number of seniors who do have home care. They have care coordinators who send in the care that they need, and they all have opinions on what they deserve and need. It's a challenge. It's a challenge to have that continuity of care, and someone new every time to come and bathe you and build that trust with. We ask a lot of our community members who do rely on home care when we don't provide that continuity, when we don't give them access to that dignity, when they can't depend on the scheduling and everything.

When we're looking at this bill, again, as we have heard, this bill paints a picture of making everything better but we don't see the how. So those regulations—I learned from the last government and I'm learning from this one that I don't trust that those regulations are going to be what they need. Start putting things into legislation. Put things in statute so that we can take it to the bank, frankly.

Speaker, something else in the Lakeridge Health family and in our neck of the woods—I know we see it across the province—is alternate levels of care, the ALC beds. The Lakeridge Health ALC rates are shocking. That is when patients are using acute care beds that are hospital beds because there isn't the right place for them to go, whether it's rehab, whether it's long-term care. Most are long-term care. Across the province, my understanding is that between 50% and 60% are waiting for long-term care. It's at about 50 beds that it's getting into dangerous territory, or so I've been told, but in Lakeridge, we're at about 250 ALC beds. I've been told that we can safely cover 100; anything above 50 is dangerous. Scarborough, for example, has 100 ALC beds; Lakeridge Health has 250.

1750

What that means is that there isn't the space for others, that we don't have the long-term care. We have to get home care right. We have to get long-term care right. We have to get that started, for crying out loud. We really have to build that system that supports people so they can get the care they deserve.

One of the strategies that Lakeridge Health is working on to take some of the pressure off is transitional care beds in the community. They are seeking to have about 100 transitional care beds in the community, and those are the ALC and long-term-care transitional beds that would be operating in private retirement residences across Durham region.

This is an interesting concept, Speaker. I'm, again, familiar with it because—you know, my grandma helps me learn a lot. Where she is living, it's one of the pilot projects, basically, for these transitional care beds. A whole floor in the private retirement residence is being rented, for lack of a better word, or bought—rented by the hospital at a reduced rate in the private retirement home. The hospitals are getting these big blocks of rooms to do the screening and then the folks who are—whatever the criteria are—may be independent enough to be able to move from the hospital ALC beds into these transitional care beds. The hospital is paying room and board, and then the hospital is also paying for the care from these private care companies. They go in with their PSWs and hopefully provide a level of care that you would want for your loved one.

This is not a permanent solution. This is a creative option because Lakeridge, as I said, is desperate to provide the care to our community that they're qualified and capable of doing. But with all of those beds filled, they're trying to get creative. This is one situation, and I have major concerns over this, but I also recognize the need to have people somewhere getting a level of care.

But my office has been inundated with concerns from those in the transitional care beds as they're transitioning because they haven't worked out all the kinks yet. So as

we are trying to figure out who to call for complaints, who's actually responsible, who's on the hook and who regulates it, this is new, uncharted territory. We have been working that out with the hospitals, but what is it going to look like across the province when there's one phone line that is the complaint line? I don't have faith in them generally.

This bill amends the Private Hospitals Act and changes the definition of "private hospital" to "provide prescribed home and community care services that include residential accommodation." Are these transitional care floors in private residences? Are they now going to be considered private hospitals? I don't know; that is a legit question. They're residential, but by no means is it a hospital at all. There's not a medical—

Interjection.

Ms. Jennifer K. French: No. They have PSWs coming in. There might be a doctor on call. I had heard that when they press their buttons, they're not getting the care they need; hopefully that has been worked out. So you're creating something without really backing it up, frankly.

We've heard a lot about robust accountability, but we've got countless PSWs who are sharing stories about the challenges of their job, that they are leaving the field. We're not retaining good workers. They don't have safe workplaces. They don't have the tools they need. We're just crossing our fingers and trusting some of these private contract companies without having that public oversight, and that is beyond worrisome. We should be erring on the side of health and on caution, not just giving free rein and saying, "We know you'll be fine. Go."

We know that PSWs don't have the respect or the support, often, of their employers. They certainly didn't seem to have the support and the respect of the last government, Lord knows. We watched them turn their backs on them constantly, and we're seeing that now. The government talks about the importance of PSWs, and yet isn't willing to compensate them fairly, isn't putting anything into this bill that would ensure that their workplaces are what they're asking for to be able to provide the appropriate level of care.

Back to those complaint phone lines: In the conversation before this, the member from Nickel Belt was asking how those complaints will be handled. We know, because this is health care, that this is a massive—anything to do with health care, you're going to have complaints; you're going to have concerns. So what will you do with them? Because if you're not keeping track or you're not learning from that, how on earth do we strengthen and improve, or catch a problem and nip it in the bud and be able to address it? You should invite more information to be able to do more with it.

Certainly, the question of who will handle the appeals: If this is an internal process where complaints end up with the private companies then disciplining their own quietly behind closed doors—no, that is not okay. That is not what the PSWs and care workers deserve, and is certainly not, in my estimation, going to address those problems that could become systemic very quickly.

If this government is so intent on privatizing health care—it's disappointing to the average Ontarian who doesn't know yet how bad this could be. They're going to reach for that health care, and it won't be there. We're already seeing it, but it is coming. For them to say, "No, no, no, we're not going to privatize"—because they know that that is a word that sets people vibrating. People do not want a privatized health care system. They look around the world and know what we have—excuse me; what we had—was something that they could trust, that their families could be well, that they could be safe and kept in good health. So the fact that this government has their quiet eye on privatizing it and making sure that more fingers get their grubby little paws into the private money bucket—that is not what health care should look like.

Our home care is broken. We hear heartbreaking stories on a regular basis. That will not stop. Those complaint lines have to be more than a complaint line. We have to invite input. We have to learn from it. We have to strengthen our health care system, our home care system. This bill is just the top line. This is an announcement. This is not substantial legislation, and that is what we deserve in Ontario.

The Acting Speaker (Mrs. Lisa Gretzky): We don't have time for questions or responses today, but there will be an opportunity next time the bill is called.

Second reading debate deemed adjourned.

The Acting Speaker (Mrs. Lisa Gretzky): Seeing the time on the clock, this House stands adjourned until tomorrow morning at 9 a.m.

The House adjourned at 1758.

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Barrett, Toby (PC)	Haldimand—Norfolk	
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Cho, Stan (PC)	Willowdale	
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
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Coteau, Michael (LIB)	Don Valley East / Don Valley-Est	
Crawford, Stephen (PC)	Oakville	
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Fraser, John (LIB)	Ottawa South / Ottawa-Sud	

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Gélinas, France (NDP)	Nickel Belt	
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Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay–Supérieur-Nord	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
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Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud–Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
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Hogarth, Christine (PC)	Etobicoke—Lakeshore	
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Karahalios, Belinda C. (PC)	Cambridge	
Karpoche, Bhutila (NDP)	Parkdale—High Park	
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Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
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Kusendova, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
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Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est–Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough-Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président

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Pang, Billy (PC)	Markham—Unionville	
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Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of Finance / Ministre des Finances
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est–Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest–Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
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Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
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Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	

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Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Vacant	Orléans	
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