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CONTENTS / TABLE DES MATIÈRES

Tuesday 12 April 2022 / Mardi 12 avril 2022

Pandemic and Emergency Preparedness Act, 2022, Bill 106, Mr. Sarkaria / Loi de 2022 sur la préparation aux pandémies et aux situations d'urgence, projet de loi 106, M. Sarkaria

Ms. Peggy Sattler.....	3207
Mr. Sam Oosterhoff.....	3213
Ms. Doly Begum.....	3214
Ms. Donna Skelly	3214
Ms. Jill Andrew	3214
Mr. Sheref Sabawy	3214
Hon. Merrilee Fullerton.....	3215
Third reading debate deemed adjourned.....	3218

PRIVATE MEMBERS' PUBLIC BUSINESS / AFFAIRES D'INTÉRÊT PUBLIC ÉMANANT DES DÉPUTÉES ET DÉPUTÉS

Hospital services

Mr. Jeff Burch.....	3218
Mr. Sam Oosterhoff.....	3219
Mme France Gélinas.....	3220
Mr. Jeff Burch.....	3221
Motion agreed to.....	3222

LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 12 April 2022

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 12 avril 2022

Report continued from volume A.

PANDEMIC AND EMERGENCY
PREPAREDNESS ACT, 2022

LOI DE 2022

SUR LA PRÉPARATION AUX PANDÉMIES
ET AUX SITUATIONS D'URGENCE

Continuation of the debate on the motion for third reading of the following bill:

Bill 106, An Act to enact two Acts and amend various other Acts / Projet de loi 106, Loi visant à édicter deux lois et à modifier diverses autres lois.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Peggy Sattler: As has been mentioned already in this House, today is Equal Pay Day. Equal Pay Day marks how much further into the next year a woman has to work, on average, to earn the same salary her male counterpart earned in the calendar year previously. Basically what that tells us is that women are working three and a half months longer than men to earn the same average salary. In the context of Equal Pay Day, given the size and the pervasiveness of that gender wage gap, which is now around 32%, one would think that this would prompt the government to want to do everything possible to close the gender wage gap.

Instead, today in this Legislature we are debating a bill, the Pandemic and Emergency Preparedness Act, which doesn't sound like it has anything to do with the gender wage gap, but in fact it does. Far from closing the gender wage gap, Speaker, what this bill does is entrench sex discrimination in pay. It undermines the charter rights of health care workers who, as we know, tend to be overwhelmingly female, often racialized, particularly among the lowest-paid health care workers like PSWs. Those workers will face the undermining of their collective bargaining rights, their equality rights under the charter and their pay equity rights, which women in this province have fought so hard for for more than 30 years.

1630

I have to say, Speaker, how shocked I am that this government chose deliberately to call forward this bill, Bill 106, for debate on a very symbolic day. It's also a day when, this evening, we are having a historic leaders' debate in this province specifically on women's issues, and there is one leader who sits across the way, Premier Ford, who has sent his regrets. He's not able to participate in this very, very critical leaders' debate on issues that are so important

to women in Ontario, and instead we are going to be debating this bill.

I want to quote from a press release from the Ontario Nurses' Association about this bill. They say:

"Premier Ford's Bill 106 Further Dismantles Workers' and Women's Equality Rights.

"With Equal Pay Day on April 12, Bill 106 does nothing to close the gender pay gap because it erodes workers' rights and does not address systemic gender discrimination. In fact, the bill is an attack on fundamental pay equity rights and gender equality.... Premier Ford is using this bill to avoid paying out court-won pay equity compensation to ONA members."

That was a press release issued by the Ontario Nurses' Association, and I will have more to share from the Ontario Nurses' Association about this bill.

But I want to focus my remarks on something that the minister said when he appeared before the Standing Committee on Finance and Economic Affairs, which held very limited public hearings on this bill, and he repeated it today in the Legislature in his leadoff remarks. He talks about the three pillars of this Pandemic and Emergency Preparedness Act. The first pillar, he told the committee, is expanding Ontario's health care workforce. A big part of that pillar: the government's plans to deal with the crisis that we are facing in the health care workforce, in health human resources. The government's centrepiece schedule of the bill before us is schedule 7. That is the bill that, as I said, undermines the collective bargaining rights of workers, and it essentially guts the protections, the rights that women workers have under the Pay Equity Act.

I want to very early in my remarks just say straight out that the NDP, the official opposition, believes absolutely that all front-line health care workers deserve to be fairly compensated for the work that they do. In particular, the last two years have shown us how vital our health care workers are, how much we rely on health care workers to keep us all safe. We saw acts of courage and commitment and bravery throughout this pandemic that were unprecedented. I think we all talked to nurses who were crying at the end of the day because they had gone into work and were either asked to reuse a used N95 mask, if they had access to N95 masks. I talked to nurses who told me that the masks were kept in a locked area in the reception area. I talked to nurses who were sleeping in trailers in their driveways so that when they came home from work, they didn't have to risk taking COVID to their families.

Nurses, PSWs, front-line health care workers were there for us every single day, over the last two years and before. They risked their own lives and their family's lives

in the face of an infection that very little was known about when the pandemic was first declared. We saw nurses working double shifts, working 24-hour shifts, working through weekends, forgoing their vacations to stay on the job. We saw health care workers working in the context of this government's emergency orders, Bill 195, which basically overrode collective agreement provisions about location of work, hours of work, schedules—all of these things. The emergency orders permitted employers to call health care workers in whenever they were needed, without regard to what was in the collective agreement. But nurses and all health care workers did this for us throughout the pandemic.

So when we hear the government say that this legislation is needed so they can implement the \$5,000 retention bonus for nurses and it's needed so that PSWs and DSWs can have the pandemic pay increase become permanent—I want to be very clear to any health care worker who is watching this debate today that we absolutely agree that compensation has to be increased for nurses, for PSWs, for DSWs, for all front-line workers across the board, whether they are in health care or in the community sector, the social services sector, transit, public transit, child care, education. These are essential public service workers who provide vital supports for our communities. We are troubled when we hear this government say that nurses, PSWs and DSWs deserve some additional compensation, which they claim this bill will provide, because we know that there is a whole array of other health care workers who are equally deserving of wage increases. There are the auxiliary workers who work behind the scenes as cooks, as dietary aides, as Housekeepers, laundry aides, cleaners. These auxiliary health care workers also perform a vital service and are also undervalued and underpaid. There are allied health professionals: occupational therapists, physical therapists, pharmacy techs, respiratory therapists, radiation technologists. These are also categories of health care workers that we face a shortage of in our health care workforce. Wages are a critical way to attract and retain health care workers and other workers, and these are also categories of health care workers who deserve to have a wage increase. At the same time, as I said, there are also early childhood educators, there are correctional officers, there are transit workers, teachers, educational assistants.

All of these public sector workers deserve to be compensated commensurate with the vital supports that they provide, and they are prohibited from negotiating wage increases since 2019 because this government brought in legislation, Bill 124, that prevents them from negotiating at the bargaining table with their employer for a wage increase beyond 1%. We know that we are looking at inflation of close to 6%. I wouldn't be surprised if it's going to be well over 6%, because the cost of everything is spiralling, and our essential public sector workers have seen their wages capped at a 1% wage increase since 2019.

1640

There are, of course, other factors that have contributed to the health care human resource crisis that we're facing, but wages are a big part of it, and especially as we are

coming out of this pandemic, health care workers are exhausted. They are burnt out. They are leaving the profession in droves. They are going to WSIB for PTSD they have suffered on the front lines of COVID. We heard from the armed forces, the report on the conditions in long-term-care homes. I know my colleague the member from Hamilton Mountain worked with nurses at Grace Villa in her community who talked about literally being on the front lines of a war during COVID-19 as bodies were coming out of the long-term-care home.

Nurses and health care workers are facing escalating rates of violence, higher than ever before, from patients and families in their workplaces, and are not getting the support that they deserve from this government to deal with the violence in the workplace. We're seeing new nursing grads who are coming into the profession and leaving within six months because the stresses of the job are just too much.

I talked to a nurse, a recent nursing grad, who had only been nursing for, I think, a year or so. She actually ended up being asked to supervise other nurses, with less than a year's experience, because so many of the experienced nurses are taking early retirement. And who can blame them, when the demands of the profession are so high and all they get from this government is disrespect and a continued refusal from the government to repeal Bill 124?

We have heard from PSWs. I think many of us recall Unifor's six-minute challenge, which was an attempt to make people understand the kinds of pressures that PSWs face in long-term-care homes. They have six minutes to get residents out of bed, dressed and fed—six minutes because of the shortage of PSWs in long-term-care homes and the number of residents they're expected to care for at a time. No wonder we're seeing rates of PSWs leaving the profession—turnover rates of up to 60% or more, possibly, among PSWs—because, once again, it's a demanding job and it is not compensated anywhere near where it should be.

The solution, Speaker, to this health human resources crisis, to these workforce shortages that we are seeing in health care, is not what this government has proposed in Bill 106. It's not what is set out in schedule 7 of that bill. The solution is to repeal Bill 124. Let health care workers negotiate at the bargaining table for wage increases and working conditions that create a decent work environment, that compensate them fairly for the work that they do. That was the clear message that this government heard repeatedly at the standing committee that was considering this bill. They heard it from ONA, the Ontario Nurses' Association, the voice of 68,000 nurses in this province, plus 18,000 nursing students. They heard it from SEIU Healthcare, which represents 60,000 front-line health care workers in this province. The government heard it from CUPE Ontario, which represents a quarter of a million public sector workers.

Last Thursday, there was an emergency media conference held here at Queen's Park. It was organized by the Equal Pay Coalition. ONA and SEIU Healthcare were both there, but so was the OFL, so was the Ontario

Federation of Labour and its president, Patty Coates—the voice of over a million workers in this province—and all of them are united in calling on this government not to go forward with schedule 7 of Bill 106 and to repeal Bill 124. The government has chosen not to listen to the feedback they received.

I just want to talk a little bit about what we hear from the government about this bill and the reality of what is in this bill. Here's some recent media headlines around the time that this bill was announced and then when it was introduced.

The Toronto Star reported on March 15, "Pandemic Pay Hikes Will Be Permanent for Ontario's Personal Support Workers: Premier Doug Ford confirmed the increases ... will be made permanent in legislation to be introduced soon."

The Canadian Press reported also on March 15, "Ontario to Table Legislation Making PSW Wage Increase Permanent: Ford."

"The Ontario government is planning to soon to make permanent an hourly wage increase for personal support workers that was brought in ... during the pandemic."

CTV News reported, March 29, "Ontario Government Tables Legislation to Make PSW Wage Increase Permanent." They go on to say that, "If passed, the Pandemic and Emergency Preparedness Act ... would see workers in long-term care and community care continue to receive a raise of \$3 per hour while workers in public hospitals will keep their \$2-per-hour bump."

One would have expected, given those media reports, given what we have heard from members on the Conservative side of this House talk about when they talk about this bill, to see PSWs mentioned in the legislation. One would have expected to see the amount of the wage increase that workers are supposed to be able to count on. One would have expected to see in the legislation a commitment that the wage increase will no longer be temporary and that it will be permanent.

It's interesting, Speaker, that when you actually look at this legislation, none of that is in there. There is no mention of PSWs, DSWs, nurses. There's no mention of a \$5,000 retention bonus for nurses or a \$2-an-hour or a \$3-an-hour permanent wage increase for PSWs—nothing. What schedule 7 of this bill does is it creates an empty shell for the government to create a compensation enhancement program.

Now, the first problem with this schedule is that there's no definition of "compensation enhancement program." That is wide open and interpreted however this government decides to interpret it. The legislation states that a minister may provide "funding for employers to enhance the compensation paid to employees...." So this legislation is far from guaranteeing a permanent wage increase for PSWs and the retention bonus for nurses, far from doing that, all it says is that the minister may provide funding. It goes on to state that all of the details about this compensation enhancement program will be determined by regulation.

The Lieutenant Governor in Council is able to make regulations regarding the eligibility for this compensation enhancement program, so who's going to get the program?

How long are they going to get the compensation enhancement? The Lieutenant Governor in Council, through regulation, is able to determine if the compensation enhancement program is temporary or permanent. This bill that is supposed to be making the wage increase permanent actually contemplates that any wage enhancement that is determined behind closed doors by cabinet, through regulation, can actually be temporary.

1650

One of the problems, as we all know, with regulation versus legislation is that legislation has to be debated in public. There is transparency as to what is in legislation. It has to be debated and it has to be voted on by MPPs in this Legislature. Regulation, on the other hand, is not transparent, and regulations can be changed at the stroke of a pen. The Lieutenant Governor in Council, at the direction of cabinet, can change the regulations whenever they want to.

So I think that that should be a big concern for PSWs and DSWs who were counting on the government, who were following the media stories that the government was putting out about how they were going to be making the pandemic pay permanent. But the bigger problem, Speaker, about this bill, aside from the issues that I have already raised, is that it is very clearly unconstitutional. Just like Bill 124, this bill is a direct interference in the collective bargaining rights of workers in this province. Section 5 of schedule 7 states that an agreement for a compensation enhancement program between an employer and a trade union or bargaining agent "is not required for the employer to make payments" under the program.

So this bill excludes the involvement of a trade union or bargaining agent in any decisions about the payments made under the compensation enhancement program, and it allows the government, therefore, to pick and choose which categories of employers are going to get compensation enhancement. As I said, they get to choose how much they're going to get, if they get it, how long they're going to get it. But the government itself, cabinet itself, will be allowed under the terms of this legislation, without any involvement of unions, to decide which groups of employees are going to receive payments under the compensation enhancement program.

It goes on to say, "No employer, tribunal, arbitrator, arbitration board, officer or court" may change the terms of that compensation enhancement program. That means that workers and/or their unions, their bargaining agents, will be prohibited from going to the Pay Equity Hearings Tribunal, the Ontario Human Rights Tribunal, through labour arbitration process. That is explicitly prohibited by this legislation.

Then, finally, it states, "No complaint alleging a contravention of the Labour Relations Act ... or the Crown Employees Collective Bargaining Act ... shall be made," so it prohibits procedural processes through tribunals and arbitration boards, and it also prohibits any claims of unfair labour practices to be taken to the Labour Relations Board.

What we heard from lawyers who appeared before the committee on this bill is that this section of schedule 7 is clearly unconstitutional. It is a violation of workers' charter

rights under section 2(d) of the Charter of Rights and Freedoms, which guarantees the right to freedom of association. That has been determined by the Supreme Court of Canada to mean representation by a union and involvement in a collective bargaining process. So this government can be sure—and we heard from the unions who appeared before the committee—that legal challenges are going to be made to this bill because of its violation of those collective bargaining rights of workers.

As if that's not enough, Speaker, the bill goes on to also say that any increase in payment that is made through a compensation enhancement program is "deemed to be made for the purposes of achieving pay equity." This is a further violation of the charter rights of workers in this province, the predominantly women workers who are represented by public sector unions and health care unions, because it essentially denies them access to the human rights remedies that are ruled through pay equity adjustments. A pay equity adjustment is made for the purposes of correcting sex discrimination in pay. It is a human rights remedy. A wage enhancement cannot just be redefined as a pay equity adjustment. Pay equity adjustments are entirely separate from wage enhancements. Again, there's been jurisprudence that has well established in the courts that wage enhancements cannot be deemed to be part of a pay equity adjustment; a pay equity adjustment is something that is entirely separate.

This attack on the equality rights of women workers to correct historic injustices in wage discrimination in the workplace, this attack on the equality rights of women workers—it's just so shameful for us to be debating that on this day, of all days, on Equal Pay Day, when we should be committing to do whatever we can to close that gender wage gap, instead of entrenching sex discrimination in pay by what this bill proposes to do with the Pay Equity Act.

Then there is section 7 of this bill, Speaker, which deals with Bill 124. As I said at the start, Bill 124 puts a cap on public sector wage increases of 1%. The government realized that if there is a wage enhancement program created—because it's only a "may"; the government "may" create one in this bill—then it may represent an increase greater than 1%, which is legislated under Bill 124. Instead of simply repealing Bill 124, the government had to introduce a work-around to Bill 124, and they did that by saying that any amounts that are received by employees under a compensation enhancement program are "deemed not to be an increase to a salary rate." The problem with that, Speaker, is that when any increases are not embedded in base salary rates, they don't have an impact on pension credits and other benefits that are aligned with base salaries. So the government has introduced this work-around to Bill 124 by deeming any increases not to affect base salaries, instead of doing what they should have done and what so many of the presenters who appeared before the committee asked them to do, which was to repeal Bill 124.

And then the other section of this schedule that I have to highlight is section 8. That states that no cause of action arises against the crown, any ministers, agents etc. as a

result of a compensation enhancement program, and it goes on to bar any proceedings that are related to anything to do with a compensation enhancement program. We've seen the government do this before. They did it with for-profit long-term-care homes. They are indemnifying themselves from legal action as a result of these compensation enhancement programs that may or may not be created.

1700

I did want to just observe the process that brought this bill before us today, because people may be surprised to know that this bill was only introduced two weeks ago. Two weeks ago today, just after 3 o'clock, I guess, the government tabled this bill for first reading. The very next day, March 30, the bill went for second reading, and it reached the threshold of second reading debate to allow a vote on the bill. The vote happened on March 31, so March 29, introduced; March 30, debated at second reading; March 31, a vote on the bill.

The next day, Friday, April 1, it was announced that anybody who wanted to appear before the committee studying this bill—that was the deadline they had to apply to appear. And thank goodness—thank goodness, Speaker—that a number of organizations, unions were able to meet that deadline and put in a request to appear at hearings that happened last week. So April 5 and April 6, we had public input. There were written submissions. There was a deadline for written submissions on April 6, and then we had the debate on clause-by-clause yesterday. It was yesterday, Speaker, that we had the debate on clause-by-clause, and I can tell you that the official opposition strongly recommended—unsuccessfully, unfortunately—that those unconstitutional clauses or sections of this bill be removed from schedule 7 and that it all should be replaced with a commitment to repeal Bill 124 the day that this emergency preparedness act takes effect. So it was a very rushed, rushed process, with little time for people who will be affected by this legislation to review and analyze the bill and to consider the impact.

What we heard at the committee was that there was absolutely zero consultation with unions in the development of this bill. Not a single health care union or other union was consulted as the government was drafting its legislation. There was no consultation with pay equity experts, with some of the legal experts who have litigated pay equity cases in this province for decades. None of that happened. There was no consultation with constitutional lawyers, who understand the Charter of Rights and Freedoms and who understand what governments should not put in their legislation if they don't want to be involved in a lengthy charter challenge.

Interestingly enough, one of the lawyers who appeared before the committee, Adrienne Telford, from Cavalluzzo—one of her recommendations was actually that the government consult with the constitutional law branch of the Ministry of the Attorney General and request a legal analysis of the constitutionality of schedule 7 before they proceed. Because you can be absolutely sure, as I may have already mentioned, that this bill is going to end up in court, just like Bill 124 is in court, just like, let's remember, under

the Liberals, Bill 115, the bill that trampled on the collective bargaining rights of teacher unions. That ended up in court, and after a number of years, the Supreme Court released the decision that, yes, this was a violation of the charter rights, the rights to freedom of association, for teacher unions. So you can be sure that this bill is going to be going to court just like those other unconstitutional pieces of legislation.

Now, I just wanted to share some of the comments that were made by some of the deputants who appeared before the committee.

ONA said, "Bill 106 continues the current government's unconstitutional approach to dismantling workers' rights and women's equality rights. This bill is unconstitutional." It "violates ONA's members' right to free collective bargaining." It "undermines ONA members' right to equality and pay equity rights, which ONA just had affirmed by the Supreme Court of Canada in *ONA v. Participating Nursing Homes*."

Yes, that is very true. That just reflects the length to which women workers have to go in order to get their pay equity rights in this province, because ONA and SEIU Healthcare were engaged in a 15-year battle under both the Liberals and then the Conservative government to get pay equity for their members who were working in for-profit nursing homes, and they had to go all the way to the Supreme Court in order to finally get those rights affirmed.

ONA goes on to say, "Bill 106 does not repeal the infamous and unconstitutional wage suppression legislation—Bill 124."

They say, "A disrespected, undervalued, burned out and understaffed nursing workforce will negatively affect care for all Ontarians. The government's failure to address the nursing shortage and redress the systemic inequalities in compensation and working conditions means that our members' patients, residents and clients are not getting the quality care they need and deserve."

So this bill will not only affect those workers who have gone through two or more years of being constantly disrespected by this government; it will also very much affect the quality of care that patients are able to receive because, basically, this bill is not going to solve the workforce crisis that we have before us.

Sharleen Stewart came to talk to the committee. She is the president of SEIU Healthcare. She said, "MPPs are as much in the dark on Bill 106 as PSWs; yet you're being asked to vote on its passage." That comment refers to the fact that, as I said, there's nothing in this bill, in this compensation enhancement program that the government wants to create, that tells us what's in the program, that tells us who's going to get it, how long they are going to get it, how much they are going to get. None of that is in the bill. That is all in regulation, and that can be changed at the stroke of a pen by this government, and cabinet can pick and choose who they're going to reward and who they're not going to reward.

Actually, one of the constitutional lawyers who appeared before the committee, Fay Faraday, who was speaking on behalf of the Equal Pay Coalition, pointed out that this represents classic union-busting activity. The government

is saying to workers that it's not because their union negotiated better wages and working conditions for them, it's because the government decided to bestow a wage increase upon the worker. The government is prohibiting—they're legislating that unions cannot be involved in decisions around these compensation enhancement programs, and then they are giving themselves the absolute authority to implement the programs.

1710

SEIU Healthcare goes on to say, "Furthermore, Bill 106 does absolutely nothing to address the critical shortage of so many other ... members of the health care team." That is something we heard from others who appeared before the committee. When they saw the government's press releases that talked only about PSWs, DSWs and nurses, they said there are many more health care workers who are an essential part of the health care team and those professions are also experiencing the same kinds of shortages.

Sharleen Stewart went on to say, "As a province, we devalue so-called 'women's work' ... we see that in the wages and working conditions of women in the care economy. We saw that in Bill 124. And we see that in the flaws of Bill 106."

I want to now share some comments from Adrienne Telford, the lawyer I mentioned earlier. She is a human rights and labour lawyer located here in Toronto. Her submission states, "On the one hand the bill offers an elusive promise of a wage enhancement for some (but not all) workers (with the details left to cabinet to unilaterally dictate), while on the other hand it purports to circumvent important human rights protections set out in legislation such as the Pay Equity Act and the Labour Relations Act, 1995.

"In short, under the bill, women workers are legislatively forced to give up their fundamental pay equity and labour rights in exchange for a wage enhancement program, the details of which are unknown."

ATU, Amalgamated Transit Union, didn't appear before the committee, but they sent in a submission because they, of course, are part of the public sector workers whom we rely on and who are so important to the functioning of our communities. They called for schedule 7 to be struck from this bill. Their submission states that schedule 7, this proposed compensation enhancement program, "is not a solution to the gross infringement of constitutionally-protected bargaining rights brought about by the Protecting a Sustainable Public Sector for Future Generations Act ('Bill 124')." This bill "exacerbates the situation by also interfering with the right of trade unions to represent their members and negotiate wages with their employers, which may itself violate s. 2(d) of the Charter of Rights and Freedoms."

Speaker, that is some of the testimony that was received by the committee, and it certainly gives you a sense of the concerns that were raised.

Now, I wanted to take a bit of a detour here and just ask people to think about what it will mean to allow government, to allow cabinet to create compensation enhancement programs, because, frankly, the government doesn't have the best track record on compensation enhancement

programs. We saw that with pandemic pay. I think all of us in our ridings recall, when pandemic pay was first announced, the frantic emails and phone calls from so many categories of workers who asked why they were excluded from pandemic pay.

Security guards are one whole class of workers that was completely excluded from pandemic pay. I think all of our staff and ourselves as MPPs had to deal with situations and workplaces where one group of workers that was working side by side another group of workers, doing basically the same work, were in a situation where the first group got pandemic pay and the second group was deemed ineligible, and I just wanted to talk about some of the pandemic pay problems that we dealt with in London West.

We had clerks from the London Health Sciences Centre who are stationed in the hospital who deal directly with face-to-face patients, who, during the pandemic, were at risk as patients were coming into the hospital. They are the first people who patients will talk to. They were deemed ineligible for pandemic pay.

We had DSWs at Parkwood Institute, which is operated by St. Joseph's Health Care. Sixteen development service workers were told by their employer that they would receive pandemic pay, but then the ministry decided that they were actually not going to receive pandemic pay because, apparently, they worked in a hospital rather than a congregate setting.

We had rehabilitation therapists at Parkwood who were redeployed as PSWs and were told that they're not going to get the pandemic pay, even though they're doing the job of eligible pandemic pay workers, because their official title is rehabilitation therapist. After much back and forth with the ministry, I was happy to fight on their behalf and finally get them the pandemic pay that they deserved.

Craigwood Youth Services just outside of London West is a youth justice agency. They have, on the youth justice side, workers who work with young offenders, and then they have workers who work with other youth who are attending programs at Craigwood. One group of those workers is eligible: the child and youth workers who work with the youth who come in for counselling programming, recreation and more. But the Craigwood employees who work in the youth justice side were deemed as not eligible for pandemic pay, even though those child and youth workers moved between the two parts of the agency and do essentially the same work.

There were endless problems with pandemic pay. The government's track record on pandemic pay is not exactly something to be proud of.

Then, of course, we have the nursing retention bonus that was first announced by this government back in February. It was announced, actually, by the Ontario Nursing Association, following a meeting with the Premier. The president of the Ontario Nursing Association at the time said, "The retention bonus negotiated today is for a lump-sum, \$5,000 payment and the Premier indicated that this will go to the Treasury Board as early as next week for approval and further details on implementation."

That is a very interesting press release. I have no reason to believe that the president of the Ontario Nursing Association was not told exactly that by the Premier—that this \$5,000 payment is going to go directly to the Treasury Board and then start rolling out—because what that tells us is that the government didn't need schedule 7 to implement a \$5,000 retention bonus. The government didn't need schedule 7 to implement pandemic pay. The government has the ability to create compensation enhancement programs and implement them. That's part of developing a budget. That's part of what governments have done for years. There are all kinds of wage enhancement programs for different categories of workers.

That really underscores the concerns about schedule 7 as this unconstitutional attack on the collective bargaining rights, the equality rights and the pay equity rights of workers and suggests that perhaps this was the government's end game all along, because they absolutely did not need legislation in order to move forward with those commitments.

1720

I want to share some of the additional comments that were made about the nursing retention bonus, following that announcement in February when the details of the retention bonus were actually released. There was a joint statement from SEIU Healthcare, the Ontario Council of Hospital Unions, CUPE, Unifor and the Ontario Nurses' Association. Collectively, those unions represent 220,000 health care workers across Ontario. When the government announced the details of the \$5,000 retention bonus, it was not greeted with much enthusiasm by the health care workers who it affects.

Sharleen Stewart, again, from SEIU Healthcare, said, "Health care workers don't need more of Premier Ford's bumper sticker election gimmicks. They need a plan that works to fix the real problems that undermine our public health care system, including the immediate repeal of Bill 124." When she mentions "bumper sticker election gimmicks," what she is referring to is the fact that the government's retention bonus, the \$5,000 lump sum payment, is not actually going to be a \$5,000 lump sum payment; it's going to be two payments, one made now and one made after the election. This follows a pattern that we have seen in these last couple of months, with all kinds of promises that are only going to materialize after June 2. I can tell you that nurses and health care workers are not going to be fooled by this government's bumper sticker election gimmicks, like this \$5,000 bonus that comes in two parts.

Michael Hurley, the president of OCHU, the Ontario Council of Hospital Unions, and CUPE, said, "What health care workers want is to be able to bargain wages that reflect their contribution and the significant inflation they are facing. They would like to be able to bargain psychological supports. None of this is possible because of Bill 124. Ad hoc gestures like one-time retention bonuses don't raise the base rates and aren't pensionable."

Unifor said, "Almost every health care worker in the province continues to work under emergency orders that supersede their rights under their collective agreement,

with no end in sight ... Bill 124 and temporary bonuses for some do nothing for the morale of these dedicated workers who make up a significant part of the team that provides great health care every single day.”

Cathryn Hoy, president of the Ontario Nurses' Association, said, “Nurses across the province are angry at once again being thrown crumbs by this government, instead of meaningful solutions to the health staffing crisis. Premier Ford's exclusionary bonus doesn't begin to address the issues fuelling Ontario's health workforce crisis and hurting patient care. If the Premier is serious about bolstering our health workforce, he needs to repeal Bill 124 immediately.”

I just wanted to share a couple of emails that I recently received from nurses in my riding. Susan Tasker sent me an email yesterday. She's a nurse at the Amethyst Demonstration School and the Robarts School for the Deaf in London. As a nurse who is employed by a board of education, she is deemed not eligible for this \$5,000 retention bonus that the government has dreamed up. She said, “We are providing similar care to most other health care settings. However ... we have been overlooked and excluded from the rest of our nursing counterparts! ... we are frustrated and feel defeated that our care and our commitment to our patients has not been recognized in the same way! ... We too have felt the burden of keeping our communities safe and healthy during this trying time.” So again, just like with the pandemic pay, we see these arbitrary categories of workers: Some of them get the pay and some of them don't. It's the same thing with the retention bonus.

I got an email from a care coordinator who works for Home and Community Care Support Services here in London. This is from a Selene Grasby: “I am an occupational therapist ... and despite the fact that my colleagues who do the exact same job I do (nurses and allied health are both hired as care coordinators) will receive a bonus, I will not. The Ford government has been ignoring the important role that allied health (OTs, PTs, social workers etc.) play in the health care system. It has been very disappointing not to receive the same retention bonus as nurses. OTs also have burnout ... and have struggled through the pandemic and yet we are neglected from any appreciation.”

So that does not inspire a lot of confidence in cabinet's ability to devise a compensation enhancement program that is going to fairly reflect the work that these workers do, especially when the unions are expressly prohibited from participating in any decisions around the compensation program and from following any procedural recourses that have been established, like the Ontario Labour Relations Board. They are expressly prohibited from challenging any decisions around the compensation program.

I can't believe that my time is running out so quickly, Speaker. I did want to just make some very brief points at the end. If this government was serious about enabling women workers to have dignity and respect in the workplace, they would stop taking women to court to fight for their pay equity protections. They would stop taking midwives to court to appeal Human Rights Tribunal rulings. They would raise the minimum wage. We know that the

majority of minimum wage workers are women, and if this government had not cancelled the planned minimum wage increase almost immediately after they were elected, minimum wage workers would be earning \$15.75 an hour today, but this government cancelled that minimum wage increase and took almost \$6,000 out of the pockets of minimum wage workers, the majority of whom, as I said, are women.

They would introduce 10 paid sick days. That has been a constant recommendation from health care experts throughout this pandemic, who have pointed out that when you are sick is not an option, because it means that you may not be able to put food on the table and you may not be able to pay the rent at the end of the month.

They would start spending the money that the FAO has revealed has been sitting unspent. Ontario spends less than any other province in Canada on health care, for decades, since 2008. They would stop sitting on funding that is provided by the federal government.

The Acting Speaker (Mr. Percy Hatfield): We have time for questions.

Mr. Sam Oosterhoff: I appreciate the opportunity to respond to the presentation this afternoon by the member for London West, and I appreciate her extensive commentary on the legislation before us today as a chamber. I appreciate all of the words that she brought forward, of course representing the concerns that she has been hearing.

I want to ask a little bit about some of the legislative amendments to the Regulated Health Professions Act which will address barriers for individuals seeking to be registered with the health regulatory colleges, including internationally trained professionals. We know that removing undue barriers will help to address human health resource challenges, while continuing to ensure proper standards are in place to support high-quality patient care, and I know that these amendments in the legislation will eliminate Canadian work experience requirements to reflect Ontario's multicultural makeup, and also ensure that Ontario health care workers are reflective of the patients they see. I'm wondering if the member opposite could speak a little bit to some of these amendments.

1730

Ms. Peggy Sattler: Thank you to the member across the way for his question about the Regulated Health Professions Act changes that are included in this bill. I do want to say that the official opposition advocated strongly for the inclusion of health care workers when Bill 27, this government's first Working for Workers Act, was being debated in this Legislature. There are thousands of health care workers who are newcomers, immigrants to Ontario, who are unable to practise their skills and expertise and who were actually excluded from the processes that this government set up to try to engage those health care workers in the efforts during the pandemic.

We support the efforts of our colleague here, the member for Scarborough Southwest, and her private member's bill, Fairness for Ontario's Internationally Trained Workers Act—

The Acting Speaker (Mr. Percy Hatfield): Thank you. The next question.

Ms. Doly Begum: I want to thank the member from London West for her beautiful presentation. I think you can give her five hours, and she can still expand on the needs of workers, of health care workers and how Bill 106 could have gone further to help health care workers, help workers across this province instead of actually hurting a lot of the workers who are women. And we have heard her talk about what the SEIU talked about, what the OFL has deputed, what many of the workers across the province are worried about, seeing what's in the schedule of this bill.

At the end, she didn't have enough time to talk about the funding of the health care system. Me, being from Scarborough—something that we deal with all the time is lack of investment in our health care system. So I want to ask if the member from London West wanted to elaborate a little bit more on the funding issue that we're facing.

Ms. Peggy Sattler: I really appreciate that question, because I did want to highlight something that was included in the FAO's recent report last week, an interprovincial comparison of Ontario's health care spending versus other provinces. The FAO found that health spending per capita in Ontario was \$4,800 in 2020, the lowest in Canada, and \$536, or 10%, below the average of other provinces. And since 2008, since data has started to be collected, Ontario's health spending per capita has consistently ranked at or near the lowest in Canada. So, certainly, if this government had the interest in investing in health care, the ability is there.

The Acting Speaker (Mr. Percy Hatfield): The member for Flamborough–Glanbrook.

Ms. Donna Skelly: The members opposite claim that they will invest in hospitals, but under their previous leader Bob Rae, they closed 9,600 hospital beds.

Interjections.

Ms. Donna Skelly: They laugh about how they destroyed health care. Speaker, 24% of acute care beds across the province were closed under this party under the leadership of Bob Rae.

Today, this group of people from the NDP, members of the official opposition, voted against \$175 million in investments to mental health and addictions. They voted against \$18 billion in capital grants to build new and expanded hospitals. They voted no to \$5 billion creating 3,100 additional beds.

They cut beds; we build hospitals.

Will the member opposite, the member from London West, please explain why you continue to vote against critical investments in health care?

Ms. Peggy Sattler: Look, a hospital bed without a nurse or a health care worker to staff it is just a bed. That is why the NDP is so committed to dealing with the crisis that we are facing in our health care worker workforce.

I want to highlight some of the measures that the NDP has committed to deal with the nursing shortage:

(1) Repeal Bill 124.

(2) Make more nursing positions full-time instead of part-time or temporary.

(3) Keep existing nurses and health care workers by improving their working conditions; have the proper skill mix.

(4) Create new jobs for late-career and recently retired nurses to mentor and support—

The Acting Speaker (Mr. Percy Hatfield): Ten seconds.

Ms. Peggy Sattler: (5) Provide free mental health supports for all front-line health care workers; 10 permanent paid sick days, plus 14 during a pandemic; access to PPE—

The Acting Speaker (Mr. Percy Hatfield): Thank you very much. The next question goes to—nobody wants it? The member for Toronto–St. Paul's.

Ms. Jill Andrew: Thank you very, very much for our member's one-hour lead on Bill 106. She did a fantastic job in illustrating how this is not only a wage-suppressing piece of legislation, but something that gets us nowhere near equal pay for women in health care professions and otherwise.

I guess I'm wondering—we've seen the Liberals slash almost—what was it?—2,000 nurses in their time. We've seen this government continue the privatization of health care. We've seen Mike Harris, the former Premier of Ontario who was the architect of privatizing health care—

Interjections.

Ms. Jill Andrew: Well, if you can do it, we can do it too.

I guess what I'm wondering is, why do you think, member, this government is so hellbent on hurting workers in not putting forth legislation that actually empowers women and brings them closer to equity—

The Acting Speaker (Mr. Percy Hatfield): Thank you very much. Back to the member for London West.

Ms. Peggy Sattler: Under this government, we have seen the rollback of protections for workers from almost the day they were elected. They rolled back the planned increase in the minimum wage. They took midwives and nurses who were fighting for pay equity to court. They forced nurses—a largely female workforce—to go to court in order to get access to the PPE and safety protections that needed to be in place. They have shown themselves repeatedly to be much more interested in what their buddies and political insiders are calling for than what Ontario workers need and deserve.

The Acting Speaker (Mr. Percy Hatfield): The member for Mississauga–Erin Mills.

Mr. Sheref Sabawy: For the member opposite, I'm very glad today to ask about this bill, Bill 106, because this is along the same line as Bill 27, which removed the Canadian experience as a qualifier, and Bill 88, which is allowing domestic movement of the skilled trades. Bill 106 will allow foreign-credentialed health workers to begin practising sooner in Ontario by reducing the barriers to register and being recognized by health regulatory colleges. This bill also requires regulatory colleges to certify potential applicants in a timely manner, so this is putting the time schedule on them.

Does the member have people in her riding who are health care workers? What would their opinion be about

that bill which will allow them the opportunity to work in Ontario?

The Acting Speaker (Mr. Percy Hatfield): Well, let's find out in 20 seconds.

Ms. Peggy Sattler: Yes, of course. We all have health care workers in our ridings who are foreign-trained physicians or nurses or other health care workers who are not able to practise their skills and expertise here in Ontario. That's why we have been pushing so hard. Our member for Scarborough Southwest has introduced a private member's bill. It's something we are strongly committed to.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Hon. Merrilee Fullerton: I'm rising today to speak to the Pandemic and Emergency Preparedness Act package. For more than the last two years, our province has faced unprecedented challenges brought on by the COVID-19 pandemic. Throughout this time, the health and well-being of all Ontarians has always been the government's top priority. We have continued to use every resource at our disposal to fight COVID-19 and keep Ontarians safe.

Our government has worked in close partnership with our health partners across the province to stop the spread of COVID-19, and our health partners have been instrumental in implementing the province's comprehensive vaccination rollout plan, which has been a tremendous success, achieving one of the highest vaccination rates in the world. More than 90% of Ontarians aged 12 and over have received at least two doses of the COVID-19 vaccine.

1740

And the province has made significant strides in fighting this terrible virus. The data has shown that key health and public health indicators continue to remain stable or have been improving. Based on the advice of the Chief Medical Officer of Health and public health experts, we have been able to move forward, steady and cautiously reopening Ontario.

The critical role of health care workers in our province has never been more evident than during the COVID-19 pandemic. Ontario's incredible health care workers have been the backbone of the province's response to COVID-19. Day in and day out, health care workers across the province have been on the front lines and have faced this deadly virus head-on. They have faced significant challenges, shown tremendous resiliency and worked tirelessly to provide exceptional care to Ontarians.

Our dedicated health care workers have often sacrificed precious time with their families and loved ones to serve Ontarians when we needed them the most. We are all extremely grateful for their heroic efforts to protect the health and well-being of Ontarians.

Mr. Speaker, the measures discussed are intended to help bolster health human resources and build a stronger and more resilient health care system that is better prepared to respond to crisis as Ontario begins its post-pandemic recovery. That is why the government is introducing the Supporting Retention in Public Services Act. If passed, the

act would allow the government to make temporary or permanent compensation enhancements where needed to address emerging issues impacting the delivery of public services as Ontario recovers from the pandemic. The act allows the government to introduce compensation enhancement programs that bolster the delivery of public services where emerging issues made worse by the pandemic are placing significant burden on groups of employees.

Through this act, the government can act where it is most needed to support public services that have been ill-affected by the pandemic and that will need ongoing supports while Ontario recovers from the pandemic. They are on the front lines, offering care and comfort to people across this province. They are guided by a compassionate sense of duty and service that is a shining example of the very best qualities of the Ontario spirit.

Mr. Speaker, before addressing the specifics of the proposed act, it would be valuable to outline a little background on the government's efforts to support our health care workers, the beating heart of our health care system. Since October 1, 2020, Ontario has invested more than \$1.3 billion to temporarily enhance wages for personal support workers and direct support workers. This funding affected 158,000 PSWs and DSWs providing publicly funded support services in hospitals, long-term care, home and community care, and social services, who have been receiving a wage enhancement. This investment was made to help stabilize, attract and retain the workforce needed to provide high-quality patient care during the COVID-19 pandemic. This care, Mr. Speaker, was critical before and during the COVID-19 pandemic, and will continue to be after.

I'd like to take a moment to extend my gratitude to all those who are working in the developmental services sector across the province of Ontario. Your commitment to serving individuals with a developmental disability is remarkable, and you have navigated the pandemic with grace and an incredible display of professionalism and kindness. We will continue to work with you to ensure that you have the tools needed to protect you and those you care for. On behalf of Premier Ford and our government, we thank you for all that you do and for your tireless work to serve our loved ones with care and compassion. Thank you.

The new proposed wage enhancement would support more than 150,000 personal support workers and direct support workers. Those workers would continue to receive a wage enhancement of \$2 or \$3 per hour. This enhancement goes directly into the pockets of the PSWs and DSWs who play such an important role in providing the people of Ontario with the care they deserve as we all emerge from the pandemic.

Mr. Speaker, I have said many times that the government is committed to keeping Ontario safe and healthy, and that holds true with the proposed act. The proposed new legislation would enable a permanent PSW/DSW wage enhancement to address recruitment, retention and workforce stability for publicly funded PSWs and DSWs.

When the government says that health and safety is a top priority, it means it. The temporary program for PSWs and DSWs that has been in effect since March 2020 has helped stabilization across sectors during the very dark days of the COVID-19 pandemic, and this work continues, coming out of the pandemic. Through this legislation and subsequent legislation, if passed, the government is fulfilling the commitment to make the previous temporary wage increase for personal support and direct support workers permanent. The intent of this proposal is simple. As well, it supports the overall purpose of the proposed Pandemic and Emergency Preparedness Act to help build a stronger, more resilient health care system—a health system that will be better prepared to respond a potential crisis.

As Ontario begins its safe and gradual reopening, the government must take this opportunity to plan to stay open, to make the adjustments now that will pay dividends for the future, to at long last take the long view and prepare for expected pressures in our health care system rather than just reacting to them. One of these pressures is the recruitment and retention of our invaluable PSWs and DSWs. Ontario is committed to having enough PSWs and DSWs, and after consultations and discussions with stakeholders as well as our colleagues at the Ministry of Health, I'm happy today to speak to the House of an act that, if passed, will enable the situation to be addressed. This is an example of how the proposed legislation will help bolster health human resources and build a stronger and more resilient health care system that is better prepared to respond to crisis as Ontario begins its pandemic recovery. The act, if passed, will enable the government to provide timely compensation enhancements to PSWs and DSWs and help us build and stabilize the valuable care services that they provide to Ontarians. These enhancements are designed to answer emerging needs that have the potential to impact specific sectors where government intervention is absolutely necessary to support public services.

The overall Pandemic and Emergency Preparedness Bill, if passed, addresses health care in several different ways, including increasing the number of doctors, nurses and personal support workers in Ontario. As Ontario recovers from the COVID-19 pandemic, this requires recruitment and retention of the health care workers, who in so many different ways sustain our system.

In addition to the proposed PSW/DSW permanent wage enhancement, it was announced earlier this month that the Ontario government is investing \$763 million to provide Ontario nurses with a lump sum retention incentive of up to \$5,000 per person. This investment will support Ontario's hard-working nurses at this critical time so that Ontarians continue to have access to the care that they need during the COVID-19 pandemic and into the future. As this proposed act will enable regulations, a proposed regulation could enable these payments and help with retention. The end goal of this investment is to stabilize the current nursing workforce during this critical time to ensure patients continue to access the health care they need and deserve.

Our government is committed to safeguarding the health of communities across Ontario not only by responding to service delivery in our recovery from the pandemic but also by getting shovels into the ground. We are building and expanding our ailing hospital system. This includes the compensation earmarked for our PSWs and DSWs as well as for our cherished nurses. But this does not end there. To safeguard communities across Ontario by providing the best health care possible, there is much more that must be done. That is why the government of Ontario is also getting shovels in the ground to build and expand our ailing hospital system—hospitals, where our front-line workers ply their trade, working day in and day out to keep the most vulnerable amongst us healthy and safe. That is why the government is investing in new hospital-building projects and the ongoing improvement of facilities that will benefit entire communities in every corner of this province, from the new Windsor-Essex acute care hospital to building a new in-patient care tower at the Queensway site in Etobicoke, working with Trillium Health Partners, and planning for a new, modern hospital facility for the Oak Valley Health Uxbridge Hospital.

1750

Speaker, we have already built unprecedented hospital capacity, including investing \$5.1 billion to add 3,100 beds across the province, for a total of approximately 17,000 medical and surgical beds. Through additional investments, the province now has more than 2,400 adult and paediatric ICU beds. These are necessary spaces for our most vulnerable, and spaces that will alleviate the pressure on the hospital staff. These are beds and spaces that simply did not exist before the government spent the dollars to create them.

I mentioned how the government has always promised to support the health and safety of Ontarians. Now, Speaker, that is exactly what we've done. The proposed permanent wage enhancement is a part of that promise, and the act, if passed, shows that our government continues to do the hard work to provide our loved ones with the quality of health care that they deserve—care that is provided by the best health care professionals in the world. These are professionals so many of us rely upon.

We know that as Ontario recovers from the COVID-19 pandemic, we will need to strengthen our health care system. This government learns, listens and acts, and that is why the list of the government's investments in health care is long, but each one is vital to the health and well-being of Ontario in the future. It has never been more important to make these investments. These investments go hand-in-hand with the proposed act, allowing government to act where it is most needed to support public services that have been ill affected by the pandemic, and that will need ongoing supports while Ontario recovers from the pandemic.

The government has also earmarked \$723 million over three years to increase enforcement capacity in long-term-care homes, including hiring 156 additional inspectors to double the number of inspectors across the province by 2022-23. More inspectors will give the province the eyes

on the ground to ensure that our seniors are receiving the best possible care.

Speaker, the pandemic has taken a toll on all of us, but perhaps more so on the front-line workers who are this province's first line of defence. For front-line health and long-term workers, the anguish and fatigue experienced was at times overwhelming. The government understands, and the response was swift. Over the next two years, the government is investing \$12.4 million to expand mental health and addictions support for these heroes. These are crucial programs and a clear sign of our ongoing support of those who helped the province down the road to recovery: health care workers, who will not be forgotten.

One of the key aspects of the proposed legislation which will boost our human health resources capacity is proposed legislative amendments to address registration barriers for regulated health professionals. If passed, a schedule of the bill would amend the Regulated Health Professions Act, 1991, in a number of important ways. It would prohibit regulatory health colleges from having Canadian experience as a registration requirement, subject to any regulations that permit exemptions. There would be streamlined requirements for the demonstration of language proficiency for the purpose of registration with a health regulatory college. This is intended to set a standard acceptable language proficiency test, to reduce duplicative testing requirements and the resulting financial burden on applicants.

Many internationally trained health care professionals call Ontario their home and are ready and waiting to use their skills to care for the people of our province, but they can face barriers related to language and Canadian experience. We are committed to finding ways to better utilize these professionals who have the skills, knowledge and experience to be valuable members of our health care system, and the proposed amendments related to Canadian experience and language proficiency are an important step forward. Better utilizing internationally educated professionals, who often have diverse cultural backgrounds, can also contribute to supporting the unique needs of Ontario's diverse and multicultural patients and communities.

Another aspect of the proposed legislation is that timely registration decisions for all applicants would be required. Instead of the existing regulation requiring that decisions related to registration be made in a reasonable time, the proposed legislation would enable the Minister of Health to prescribe in regulations the amount of time in which colleges must make registration decisions. Health regulatory colleges would also be required to create a regulation establishing emergency classes of registration to expedite registration in exceptional circumstances. This requirement would help to address health human resource challenges in emergencies and unforeseen circumstances in which the usual paths to registration are not available: for example, in the case of a major disruption in registration exams.

Another aspect of the proposed legislation is that timely registration decisions for all applicants would be required.

Instead of the existing regulation requiring that decisions related to registration be made in a reasonable time, the proposed legislation would enable the Ministry of Health, as I said, to carry on. If passed, these proposed legislative amendments would reduce barriers faced by applicants and would support colleges to make more efficient and effective registration decisions.

The proposed legislation would enable the Ministry of Health to work with Ontario's health regulatory colleges to bring forward the necessary regulations to bring colleges into compliance with the new legislative requirements. These proposed amendments to the Regulated Health Professions Act, 1991, align with recent changes to the Fair Access to Regulated Professions and Compulsory Trades Act, 2006, which were made by the Working for Workers Act, 2021.

Speaker, removing undue barriers to registration under the proposed legislation would support the recruitment of health professionals seeking to be registered with the health regulatory colleges while maintaining the need to ensure proper standards to protect patients, supporting the competent and safe provision of high-quality care. The proposed amendments would not impact the health regulatory colleges' responsibility for regulating their professions in the public interest and for ensuring that members provide health services in a safe, professional and ethical manner. By addressing barriers to registration with health regulatory colleges and helping to facilitate the timely registration of applicants, the proposed legislative amendments would support our government's broader goal of increasing health human resource capacities to help Ontario respond and recover from the pandemic and address long-standing health human resource supply challenges.

Ontario's plan for health human resources supports the health system capacity in many areas and supports our ongoing work to build a stronger, integrated health care system that is centred on the needs of patients. It will help address the more urgent pressures on our health care system created by the COVID-19 pandemic and support acute care recovery. It supports our government's critical investments in Ontario's hospital, including accelerated efforts to add hospital beds and ensure hospitals have the staffing and resources they need to care for patients, while working to end hallway health care.

We are addressing long-standing challenges around hospital bed shortages in the hospital sector. Recent investments will increase capacity in hospitals, build new health care facilities and renew existing hospitals and community health centres. These investments are focused on communities with high-growth needs based on data where demand for new services will occur.

Speaker, our world-class health care workers are the foundation of our health care system. A strong health workforce is vital to the health and well-being of people in Ontario.

I appreciate the opportunity to speak to this legislation, and I encourage all of the members of this Legislature to

support the proposed pandemic preparedness act. Thank you very much, Speaker, for your time today.

The Acting Speaker (Mr. Percy Hatfield): I want to thank the minister for her presentation this afternoon, but, dear colleagues, there will be no time for questions as the clock is such that we move into private members' public business.

Third reading debate deemed adjourned.

PRIVATE MEMBERS' PUBLIC BUSINESS

HOSPITAL SERVICES

Mr. Jeff Burch: I move that, in the opinion of this House, the government of Ontario should ensure equitable hospital services throughout Niagara region by maintaining full emergency department services and acute care services at the Welland hospital and the Welland hospital long-term care facility, and provide a firm funding commitment and clear timeline for capital and operational support of the Niagara Health system as part of an overall effort to serve the growing population of the region, increase hospital capacity, create jobs and offer the important, high-level front-line services to people of Niagara in need.
1800

The Acting Speaker (Mr. Percy Hatfield): Mr. Burch has introduced his private member's motion number 47. The member will have 12 minutes for his presentation. We return to the member from Niagara Centre.

Mr. Jeff Burch: Thank you, Speaker. It's a pleasure to rise today and speak to an issue that is so important to the citizens of my riding and across Niagara. It will come as a shock to some in and around the city of Welland and throughout Niagara that plans are currently to remove emergency services from the Welland hospital.

This motion is about two things: It's about equitable hospital services throughout the Niagara region and building hospital services for the future.

When preparing my comments for today, I was reflecting on my own history in politics and the decades I've spent fighting for better health care in Niagara—actually, three decades. I fought against cuts to hospitals and nurses throughout the 1990s, and in 2000 I went to work with the Service Employees union, representing front-line workers in hospitals, long-term care and home care, both here in Toronto and in Niagara. Actually, when I first started there in the year 2000, for several years I worked just down the street, representing most of the hospital workers on hospital row here in Toronto.

I can also remember standing in front of the Port Colborne hospital as a federal election candidate, back in 2005, almost 20 years ago, with Shirley Douglas—the daughter of Tommy Douglas, the father of medicare—who came to join activists at a rally in Niagara who were warning about the dangers of declining hospital services, closing hospitals and the privatization of hospital services,

and what it could mean for the people of Niagara and the people of Ontario. Shirley warned us to never take our health care system for granted, that we need to be ready to fight for it, that cuts to hospital services and critical infrastructure and the failure to plan not only have consequences in the present, but far into the future.

Over the following 20 years, I watched hospitals in Niagara close. I saw hospital care decline, along with home care and long-term care services. I watched hospital services like cleaning services be privatized and contracted out to save money. As Shirley Douglas warned, folks suffered. Some even died. We had a C. difficile outbreak in Niagara. Many Niagarans passed away, and it was a direct result of the privatization of cleaning services and a hospital that wasn't cleaned properly. As a result, I watched our entire hospital system, the NHS, put under provincial supervision for years afterward. The system, to this day, suffers from the chronic underfunding that occurred all those years ago.

I also watched a desperately needed new hospital be built in St. Catharines. Of course, we all eagerly await a new hospital to be built in Niagara Falls.

But there have been more recent struggles, Speaker, including the one I'm addressing today with this motion. The status of the Welland hospital has been a key issue since 2012, when a report delivered by NHS supervisor Kevin Smith on the restructuring of the Niagara Health system recommended closing the Welland hospital completely. The report resulted in a campaign called Save the Welland Hospital, and my predecessor, MPP Cindy Forster, along with our then MP Malcolm Allen, Welland Mayor Frank Campion and the Niagara Health Coalition, joined together to save the hospital, fighting the closure with petitions, with letters, and in meetings with the then Liberal government. The petitions garnered over 14,000 signatures. In April 2015, the NDP leader joined front-line health care staff, Mayor Campion and MPP Cindy Forster to urge the Liberal government to reconsider the closure and condemn the cuts.

International health policy expert Dr. John Lister clearly showed that the plan to close Niagara hospitals lacked any rational justification and will put patients at risk. Dr. Lister's report also highlighted elements of the plan which would lead to even greater health care privatization.

Speaker, preserving the Welland hospital was also a commitment made by this Premier in the 2018 election. A May 29, 2018 press release issued by the Premier said, "Keeping access to local high-quality health care in Welland is key for seniors and the 100,000 people who rely on the hospital. Our PC candidate ... and our team realize that getting local high-quality health care will keep the people of Welland safe and healthy with the highest level of service they deserve."

Thankfully, due to the efforts of the citizens of Welland and representatives of all political stripes at all levels of government, the hospital was saved. But here we are again, Speaker. With a new hospital slated to open in Niagara Falls in 2027, the NHS has said that while they do not have plans to close the Welland hospital, ambulances

will no longer be going there and emergency surgery will not be a service that is provided. Services will be rationalized and consolidated. We all know what that means, Speaker.

Niagara is experiencing a crisis in EMS services, where we are experiencing an offload delay and unmanageable EMS 911 response times due to the lack of available ambulance services. I questioned the minister in November and told her, “In the last seven months, nearly 350 patients in Niagara were left stranded for four to six hours due to offload delays; 63 people spent more than six hours on EMS stretchers because there simply are not enough hospital beds.” EMS workers and services are stretched to the limit.

From 2018 through 2020, the Welland hospital ran at well over 100% capacity, as did all of the Niagara hospital sites. In addition, Niagara has the second-largest aging population in the province, third-largest in Canada. As a region, Niagara surpassed both national and provincial average growth rates. The city of Thorold alone, the city that I’m from, right next door to Welland, had a population increase of 26.7%, the eighth-fastest growing community in all of Canada.

The Port Colborne hospital, where I stood with Shirley Douglas all those years ago, which is in the catchment area of the Welland hospital, is now reduced to urgent care, with declining services. The population of Niagara is aging and growing at the same time, Speaker. We cannot afford to reduce hospital services in any area of the Niagara region.

Frank Champion, the mayor of Welland, who worked tirelessly with MPP Cindy Forster to save the Welland hospital 10 years ago, asked that I make the following statement on his behalf. He says, “I am grateful we were able to retain the Welland hospital site through many discussions over many years with the Ministry of Health and the NHS. As construction of a new site in Niagara Falls is nearing reality, I must emphasize the need for the Welland site to be redeveloped. And as the catchment area of the site is virtually exploding it is critical the Welland site maintains full 24/7 emergency service along with beds and support staff to provide these services. This population growth creates a need for critical care, complex care and medical surgical beds at the Welland site. This” must “be included in plans for the site.”

I would also like to thank Natalie Mehra from the Ontario Health Coalition, who provided the following statement: “MPP Burch’s motion is critically important and must be supported by the Ontario Legislature. The evidence is indisputable. Niagara needs more hospital services, not less. We adamantly oppose the closure of the emergency department and the acute care beds in Welland. Any attempt to cover the closure of these vital services with euphemisms puts people at risk and should never be allowed in Ontario’s health policy. We will be following this closely and will do everything in our power to fight to retain a full-service hospital in Welland. Good for MPP Burch” for standing “up for Welland and indeed all of Niagara.”

I’d like to thank Natalie Mehra and the Ontario Health Coalition—I’ve worked with her for decades—for the

incredible job that they do fighting for the people of Ontario and their rights to equitable health care across the province.

Speaker, it’s critical that citizens in Niagara, regardless of where they live, have equitable access to quality hospital and emergency services. It is also critical, as our local municipal leaders point out, that we must build for the future and not repeat the mistakes of the past. We must ensure that those operating our health care system have the funding and guidance to accomplish these things on behalf of the citizens who trust us with the lives and the health of their families and neighbours.

I ask for the support of my colleagues on both sides of the aisle today, Speaker. It’s critically important for the people of Niagara.

1810

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Sam Oosterhoff: I am pleased to rise in this House on behalf of the good people of Niagara West to speak in support of this motion and to reaffirm our government’s commitment to the health of the people of Niagara and the Welland hospital.

Our government is continuing to support Niagara Health’s master plan for the development of a new state-of-the-art hospital for patients and families in the Niagara region as part of its comprehensive plan to end hallway health care and protect our progress by building a better-connected health care system for all Ontarians.

But this is not the only new hospital coming to Niagara. Indeed, a new Hotel Dieu Shaver hospital rehabilitation site and a new West Lincoln Memorial site are also being planned and built. These are three new hospitals in Niagara, a tremendous testament to the Premier and our government’s commitment to health care in the region.

Since 2018, we have invested over \$19.5 million towards planning our new state-of-the-art hospital in Niagara Falls. Currently, Niagara Health operates five separate campuses that serve approximately 450,000 residents across the Niagara region, a number which is, of course, growing. Once completed, the new hospital will expand acute care services, replacing outdated infrastructure with high-tech facilities and supporting better-connected care in our region.

In addition to the emergency, critical care and surgical services, the South Niagara hospital will feature several centres of excellence specializing in stroke, complex care, geriatrics and geriatric psychiatry, as well as wellness and aging.

To meet growing demand, this new hospital is planned to have 469 beds, which is 156 more beds than the combined total current number of beds at Niagara Health’s Port Colborne, Fort Erie and Niagara Falls campuses, a tremendous investment in additional beds for our region.

Niagara Health will also continue to operate the existing facility in St. Catharines, which was opened in 2013, along with the important Welland campus. Once the new hospital is completed, we will see that the Welland campus will retain important services and will continue to offer vital diagnostic services, like X-ray, ultrasound, CT

lab and diagnostic cardiac ultrasound, as well as critical care beds and 24/7 emergency services.

Niagara Health currently operates 115 long-term-care beds at the Welland site: 75 beds in their extended care unit and 40 beds in an adjacent interim unit. In March, our government announced that the 40 additional interim beds will actually become permanent, and there will be an expansion of an additional 13 beds, bringing the total to 128 permanent beds, a tremendous investment in additional capacity for our local health care system.

Additionally, the site will continue to offer outpatient programs like dialysis and complex care, mental health and addictions programs. Even more importantly, we're going to see that Niagara Health's proposal for the Welland campus will feature a centre of excellence in eye care.

In the fall of 2021, I was proud to support the release of the RFP for our new South Niagara hospital. This was a key milestone in the commitment towards a connected care system for the region, including all of our local health care sites.

To further support high-quality health care in the Niagara region, we've seen that the government has increased Niagara Health's operating budget and funding for the third straight year in a row. This year, Niagara Health will receive an additional \$8.4 million in operating funding, which represents an increase of well over 2%. Additionally, the hospital will receive over \$1.4 million through the Health Infrastructure Renewal Fund, which will address urgent infrastructure renewal needs—things that are important, although perhaps not always talked about, such as upgrades and replacements of roofs, windows, security systems, fire alarms and back-up generators.

Since the start of the COVID-19 pandemic, Ontario has added over 3,100 acute and post-acute care hospital beds to the system. This has created temporary additional capacity, but we're building onto this with the addition of the equivalent of building six large community hospitals—truly historic investments in our health care system.

In support of our government's mandate to end hallway health care, Ontario has committed to making these new beds permanent, representing the single largest increase in Ontario hospital bed capacity since the 1990s. This doesn't just include our local hospital in South Niagara, which I know the member opposite has spoken about the importance of. Again, it includes a Hotel Dieu Shaver rehabilitation project—an important expansion of the existing capacity in that crucial site—and a new West Lincoln Memorial Hospital in my riding of Niagara West. Three new hospitals and expanded services coming to health care in the Niagara region mean more and better care for constituents across the entire region.

Speaker, I'm pleased to be able to speak in support of this motion on behalf of the people of Niagara. I thank all members for hearing the debate this evening and voting in favour of this motion.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

M^{me} France Gélinas: I would like to start by thanking the member from Niagara Centre for bringing this motion forward.

I can't help but feeling like déjà vu all over again. I remember, way back when Peter Kormos was the member for Welland, him talking in this House about the importance of keeping the hospital in Welland. I remember when my good friend and colleague Cindy Forster stood in this House and urged the government at the time, the Liberal government, to make sure that you maintain hospital services in Welland, that you build upon—I mean, the hospital in Welland is nothing new. It was built in 1908. It has been there for 114 years, serving the people of Welland. It has seen many, many changes.

One of the big changes is that we now have one hospital corporation called the Niagara Health system. The one hospital corporation is in charge of five different hospitals in that area. They are in charge of Niagara Falls. The member from Niagara West talked about the renovations that are taking place right now at the Niagara Falls site of this hospital corporation. They're also in charge of the hospital in St. Catharines. You will remember, Speaker, that the site in St. Catharines is where, I think it's called—the Hamilton Niagara Haldimand Brant cancer treatment centre is located at this particular site, but it serves the entire area. They're also responsible for the hospital site in Port Colborne, the hospital site in Fort Erie and the hospital site in Welland.

Sure, the hospital in Welland has seen many, many changes. The fact that they are now one hospital site in this huge hospital corporation called the Niagara Health system—they are responsible for providing hospital care to 450,000 Ontarians who live in 12 different municipalities in that area of our province. All of this to say that this is an issue that keeps coming back.

When I listen to the member from Niagara West, I'm happy for his support, but then he puts forward a plan, a plan—I'm all happy with the specialized program and regional ophthalmology programs to go to Welland. I'm happy with some of the diagnostic imaging. But all of this is part of a plan that—right now, anybody can go on their website and see: It excludes emergency departments, excludes having acute care beds at the Welland hospital. So it is hard to—for me, I call it a red flag. When I hear MPPs talk about a plan that is there for everybody to see, that is there and says clearly in writing for anybody who wants to read it that there will not be an emergency department in Welland anymore, that there will not be acute care beds in Welland anymore, then I look to the member from Niagara Centre and say, "Keep up the good fight. The people before you were able to keep it going. The people of Welland depend on you to keep this hospital open."

1820

Everybody knows that medicare is a program that defines us as Canadians, but when you drill down, what does medicare really mean? It means that if you go to a hospital, you will receive care for free, and if you go see a physician, you will receive care for free. That's it; that's all. That's all that medicare says. It doesn't talk about

health promotion or disease prevention. It doesn't talk about community mental health or long-term care or home care or anything like this. It talks about hospital care and it talks about physicians.

So what the member is really fighting for is to make sure that it keeps its "H" on the hospital. That means that they will continue to have an emergency department that—I don't wish harm upon anyone, but if you dial 911 and the ambulance comes to your house and you need to be transported, they will transport you to the closest hospital. If that closest hospital is Welland, then this is where they will bring you—not to St. Catharines, not to Niagara Falls, but to Welland, because in an emergency, every second counts.

Once you get to the hospital, the hospital has to be staffed in a way that allows them to look after you. Sure, there is third-level emergency and that kind of stuff. There are inter-hospital transfers. But the emergency has to be there. The ambulance, the EMS, has to be able to bring you to Welland. Welland has to have a big "H" that says that they are a hospital, that they have an emergency department and that they have a staff to look after you. This is what the member from Welland is trying to do.

Absolutely, Welland right now has an emergency department. They have critical care. They have surgical services. They have a medical unit. They have complex care. They have ambulatory care. They have diagnostics and imaging. They have a lab. They have a diagnostic education centre. They have outpatient mental health and addictions treatment. They have a regional ophthalmology program. They have an Ontario breast screening clinic, as well as long-term care.

The member from Niagara West talked about the expansion of beds. The long-term care was at 75; they got some temporary long-term-care beds that have now been announced and will become permanent, and it will bring them to 128; 128 is pretty standard throughout. There are lots of regulations that regulate a long-term-care home, and you will see units of 32, 64 or 128, just so that they have the right amount of one nurse per shift per unit etc.

So that's good news for the people of Welland who want to age in place, who want to be able to stay in Welland, where they grew up, where their family is located, where their friends are located, where they lived all of their lives. They want to be able to access long-term care in Welland, and this is also something that the member from Niagara Centre is pushing for. Not only do we want the emergency department, the acute care, to continue to be available to the people of Welland at the Welland hospital; they also want to make sure that the funding is there for the long-term-care beds, which looks a whole lot more secure right now than the rest of the ask.

What the member is bringing forward is what everybody wants who has a hospital in their community: They want the hospital to be there for them, to be there in their time of need; to be there if an accident happens, if they have to call 911; to be there if they have to have a general surgery done. They want to be able to go to their community hospital. They don't want to have to travel a long distance

to go to another city that they maybe don't get to drive to very often, where they don't know anybody. And then it's a longer ride to bring you back home once you've had your surgery, your procedures, or whatever other reasons brought you there.

But it also means that if the hospital continues to be there in Welland, then the people of Welland can go and visit their loved ones when they're admitted into a hospital, so they can be there to support them, to help them, to bring them back to health and bring them back home. All of this matters, and it matters that the Niagara Health system be funded in a way that allows them to keep those five different sites open. There's already one of the sites that does not offer acute care anymore; we don't want Welland to end up going down the same path.

The Welland hospital is important. The people have rallied. I want to thank the members of the Ontario Health Coalition—Natalie, certainly. I'll do a little parenthesis here to mention that they have this big campaign going on to stop privatization, so I encourage everybody to take part with the Ontario Health Coalition to stop privatization of our health care system. They are very active and have been active since the beginning. They know that Welland is one of those hospitals—when Kevin Smith was there, he had identified it as one of the hospitals that they wanted to close, that there would no longer be a hospital. People locally had to work really hard to bring data and evidence that showed that, no, that decision was wrong. This hospital needs to continue to be there, and it needs to be funded in a way that allows it to continue to have emergency care, to have acute care, to be able to receive EMS and other ambulance.

We have talked about the off-load delays of ambulances; people that come from Welland end up being brought to another hospital and wait for hours and hours on the stretchers because the other hospitals are full.

I could go on, but I want to congratulate the member from Niagara Centre, Jeff Burch, and my old colleague Cindy Forster, who made us aware of what was going on. I hope you succeed. You deserve to succeed. The people of Welland deserve a hospital.

The Acting Speaker (Mr. Percy Hatfield): Further debate? Further debate?

We return to the member from Niagara Centre, who will have as much as two minutes to reply.

Mr. Jeff Burch: First of all, I want to thank my friend from Niagara West for that update on future plans for funding for the NHS. I do want to point out that the mayor of Welland and I recently met with the NHS, and currently, on the books, the plan for the NHS is to remove those emergency services from the Welland site. So I thank the member and the government for their support, but what needs to happen is that whoever wins the election, if they are to follow this motion, will need to direct the Niagara Health system to change their current plans, which are to remove emergency services from that site.

Just to be clear, what we need is full 24/7 emergency service, along with the beds and support staff that provide these services, and that means critical care, it means complex

care and it means that medical/surgical beds remain at that site, along with the reinvestment. So I'm very happy that the bill is being supported; I just want to be clear that until the NHS changes their plans, we are losing emergency services.

And so, as my colleague from Nickel Belt pointed out, the fight will continue and we will keep up the pressure. I thank her for her comments. I remember, in the 2018 election, her coming to Welland and speaking at a town hall, and meeting with a lot of our citizens who have always been and still are very much concerned about hospital services in Welland, so thank you for that and for being our health care critic.

Thank you to all the members of the House for their support of this motion. It means a lot to myself and to the people of Welland.

The Acting Speaker (Mr. Percy Hatfield): Thank you. The time for private members' public business has expired.

Mr. Burch has moved private member's motion number 47. Is it the pleasure of the House that the motion carry? Carried. Congratulations.

Motion agreed to.

The Acting Speaker (Mr. Percy Hatfield): There being no further business to discuss this afternoon, this House stands adjourned until 9 a.m. tomorrow, April 13.

The House adjourned at 1831.

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Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
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Mantha, Michael (NDP)	Algoma—Manitoulin	
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Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
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Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
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Stiles, Marit (NDP)	Davenport	
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Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	

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Walker, Bill (PC)	Bruce—Grey—Owen Sound	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
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Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Vacant	Ajax / Ajax	
Vacant	Don Valley East / Don Valley-Est	
Vacant	Elgin—Middlesex—London	

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Randy Pettapiece
Teresa J. Armstrong, Toby Barrett
Lorne Coe, Rudy Cuzzetto
Goldie Ghamari, Randy Hillier
Christina Maria Mitas, Judith Monteith-Farrell
Michael Parsa, Randy Pettapiece
Peter Tabuns
Committee Clerk / Greffière: Thushitha Kobikrishna

Standing Committee on Finance and Economic Affairs / Comité permanent des finances et des affaires économiques

Chair / Président: Ernie Hardeman
Vice-Chair / Vice-président: Ian Arthur
Ian Arthur, Will Bouma
Stephen Crawford, Catherine Fife
Ernie Hardeman, Mitzie Hunter
Logan Kanapathi, Sol Mamakwa
Jeremy Roberts, Dave Smith
Vijay Thanigasalam
Committee Clerk / Greffier: Michael Bushara

Standing Committee on General Government / Comité permanent des affaires gouvernementales

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Vice-Chair / Vice-président: Mike Schreiner
Jill Andrew, Robert Bailey
Will Bouma, Guy Bourgouin
Chris Glover, Mike Harris
Logan Kanapathi, Sheref Sabawy
Amarjot Sandhu, Mike Schreiner
Daisy Wai
Committee Clerk / Greffier: Isaiah Thorning

Standing Committee on Government Agencies / Comité permanent des organismes gouvernementaux

Chair / Président: Gilles Bisson
Vice-Chair / Vice-président: Aris Babikian
Deepak Anand, Aris Babikian
Gilles Bisson, Lorne Coe
Wayne Gates, Robin Martin
Norman Miller, Billy Pang
Amanda Simard, Marit Stiles
John Yakabuski
Committee Clerk / Greffière: Tanzima Khan

Standing Committee on Justice Policy / Comité permanent de la justice

Chair / Président: Daryl Kramp
Vice-Chair / Vice-présidente: Lucille Collard
Lucille Collard, Christine Hogarth
Daryl Kramp, Natalia Kusendova
Jim McDonell, Suze Morrison
Randy Pettapiece, Gurratan Singh
Donna Skelly, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

Standing Committee on the Legislative Assembly / Comité permanent de l'Assemblée législative

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Vice-Chair / Vice-présidente: France Gélinas
Rima Berns-McGown, France Gélinas
Goldie Ghamari, Mike Harris
Faisal Hassan, Jim McDonell
Sam Oosterhoff, Laurie Scott
Vijay Thanigasalam
Committee Clerk / Greffière: Tanzima Khan

Standing Committee on Public Accounts / Comité permanent des comptes publics

Chair / Président: Taras Natyshak
Vice-Chair / Vice-présidente: Christine Hogarth
Deepak Anand, Toby Barrett
Jessica Bell, Stephen Blais
Stephen Crawford, Rudy Cuzzetto
Christine Hogarth, Michael Mantha
Taras Natyshak, Michael Parsa
Amarjot Sandhu
Committee Clerk / Greffier: Christopher Tyrell

Standing Committee on Regulations and Private Bills / Comité permanent des règlements et des projets de loi d'intérêt privé

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Vice-Chair / Vice-président: John Fraser
Aris Babikian, Lorne Coe
John Fraser, Vincent Ke
Laura Mae Lindo, Paul Miller
Billy Pang, Jeremy Roberts
Dave Smith, Daisy Wai
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

Standing Committee on Social Policy / Comité permanent de la politique sociale

Chair / Présidente: Natalia Kusendova
Vice-Chair / Vice-présidente: Bhutila Karpoche
Aris Babikian, Jeff Burch
Amy Fee, Michael Gravelle
Joel Harden, Mike Harris
Bhutila Karpoche, Natalia Kusendova
Robin Martin, Jim McDonell
Effie J. Triantafilopoulos
Committee Clerk / Greffière: Vanessa Kattar

Select Committee on Emergency Management Oversight / Comité spécial de la surveillance de la gestion des situations d'urgence

Chair / Président: Daryl Kramp
Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Tom Rakocevic
Sara Singh, Donna Skelly
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell