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CONTENTS / TABLE DES MATIÈRES

Tuesday 3 October 2023 / Mardi 3 octobre 2023

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

Improving Dementia Care in Ontario Act, 2023, Bill 121, Ms. Kusendova-Bashta; Ms. Smith / Loi de 2023 sur l'amélioration des soins aux personnes atteintes de démence en Ontario, projet de loi 121, Mme Kusendova-Bashta; Mme Smith

LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 3 October 2023

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 3 octobre 2023

Report continued from volume A.

1800

PRIVATE MEMBERS' PUBLIC BUSINESS

IMPROVING DEMENTIA CARE IN ONTARIO ACT, 2023

LOI DE 2023 SUR L'AMÉLIORATION DES SOINS AUX PERSONNES ATTEINTES DE DÉMENCE EN ONTARIO

Ms. Smith moved second reading of the following bill:

Bill 121, An Act to enact the Improving Dementia Care in Ontario Act, 2023 / Projet de loi 121, Loi édictant la Loi de 2023 sur l'amélioration des soins aux personnes atteintes de démence en Ontario.

The Acting Speaker (M^{me} Lucille Collard): Pursuant to standing order 100, the member has 12 minutes for her presentation.

Ms. Laura Smith: It is an honour to lead off debate in this House today on Bill 121, the Improving Dementia Care in Ontario Act, 2023. I will be sharing my time with the member for Mississauga Centre.

You know, Speaker, life's challenges can be hard at the best of times, especially when it involves the health of a loved one. But when that issue involves Alzheimer's dementia, those who face those challenges, including the family members and care providers, can almost feel like they are slowly drowning, not knowing where to go, where to turn or how to deal with the days ahead. Approximately 250,000 Ontarians presently face the challenges of dementia, with an estimated 400,000 affected by the year 2030.

Not so long ago, I was faced with this complex challenge of Alzheimer's not just once but twice, simultaneously, with two separate close family members. As the care provider, we want to do everything in our power to care for our loved ones, and I know this through a lived experience. Like many, as a member of the sandwich generation, this concern of care was compromised as I dealt with the day-to-day of being a wife, a mother of two young children and a business owner, on top of my role as the sole care provider for two family members.

People in those positions are challenged by this circumstance, and physically, there were many days that I did not believe I could provide an appropriate amount of care for all of my family members as I attempted to carve out my life so that I could ensure each loved one was provided for and had the resources in a way that provided them with dignity and respect. Each day was literally a juggle. Was he going to leave the stove on again? Did he take his medication, or memory pills, as we used to call them? Or—both of the doctors agree that it's time to have the conversation—how will he react when we tell a lifelong driver that he cannot drive? I was the one that took away his car keys. Or how upset will she be if I'm not the one to take care of her when she wakes up? Or can I get her to her therapy appointments and still manage to take my young son to soccer practice? As someone who has lived experience, I understand how one size does not fit all with Alzheimer's, and how important early diagnosis is and how managing these issues needs a complete care network.

The goal of this bill is to raise awareness and foster a discussion on the care for Alzheimer's dementia. The silver wave is upon us, and with the aging population it affects so many people and families. This is a conversation that should happen.

I almost misspoke earlier when I talked about the silver wave. Dementia can actually happen earlier, at any point in time. It's also known as early-onset dementia. This is a reality that so many quietly face. It's not simply something that people are expected to acquire with age, it's something that some of us are predisposed to genetically, possibly, and early detection can make all the difference in the world.

An accurate diagnosis of early-onset Alzheimer's, for example, is crucial. It's important to rule out other potential—possibly treatable—causes of your symptoms and you have to start with an appropriate treatment and you have to start it soon.

1810

Alzheimer's disease can also have slightly different features in younger individuals, which can lead to misdiagnosis and delaying of appropriate treatment, resulting in a negative effect or a failing quality of life. This is why raising awareness and starting that conversation, destigmatizing dementia, makes all the difference.

The symptoms of Alzheimer's can vary from one person to another. Memory problems are typically one of the first signs of the disease. Decline in non-memory aspects of cognition, such as finding the right word, trouble understanding visual images and spatial relationships, and impaired reasoning or judgment—these are all possible signs of early stages of Alzheimer's. As the disease progresses, symptoms become more severe and include increased confusion and behavioural challenges.

In my circumstance, my family member did not recognize their grandchildren and did not remember names. Thirty years ago was easily remembered; five minutes ago, not so much.

Our government strives to help families become better connected to local health care and community services through First Link, a program offered via the Alzheimer Society. This unique service does not need a referral or scrip and also allows for one of the important services: a network of families in similar circumstances. It also provides us with the tools to recognize dementia, assists clients to navigate the challenges that come with a diagnosis and provides programming across the province.

This bill is two-fold, with the first part coming from the Minister of Health to develop a provincial framework designed to support improved access to dementia care in hospitals, home care settings, long-term-care homes, hospices and community care facilities. Some of the measures used to facilitate equitable dementia care across Ontario include strategies to increase awareness, such as the First Link program offered through the Alzheimer Society of Ontario. The second part has to do with the Ministry of Colleges and Universities reviewing its personal support worker standard to determine if certain changes should be made, including whether to require in-depth learning about person-centred dementia care.

I therefore encourage all of you to support this bill, because at the end of the day family is what matters most. We have to build on our health-resource-based network and work on destigmatizing the conversation surrounding dementia. This is a conversation that needs to happen.

Ms. Natalia Kusendova-Bashta: It is a true honour to rise in this chamber and present to you and all members the results of over one year's worth of work that my colleague the member for Thornhill and I accomplished together in the form of Bill 121, Improving Dementia Care in Ontario Act.

The truth is, Madam Speaker, when Laura and I started this journey together, we did not fully grasp what we were getting ourselves into. As we took meetings, met with patients, families, caregivers, care providers, researchers, academic institutions and various stakeholders, we started to comprehend the depth and breadth and impact that Alzheimer disease and related dementias have on our people and our communities. With every meeting that we took, we discovered a new yet related topic, issue or challenge to solve, and we began to acknowledge that we are just scratching the surface of this iceberg. There is a whole laundry list of problems that was presented to us. While we acknowledge that we may not solve them all, our bill proposes some of the much-needed and critical solutions to improve dementia care in Ontario.

The most recent statistics tell us that close to 300,000 Ontarians are now living with dementia, and close to 600,000 Canadians. By 2023, we expect the number of Canadians with this diagnosis to be close to one million—one million Canadians that would be diagnosed—and many more that are left undiagnosed, representing countless families that are suffering. This is precisely why we are taking action.

Speaker, as politicians we like to see everything in statistics and numbers, costs, KPIs, charts and graphs. But what we discovered is that people living with dementia do not fall neatly into checkmarked boxes or government-set parameters and criteria. Each person living with dementia is unique, is more than a number or statistic and is more than their diagnosis. Each person's dementia journey is unique, and we are committed to honouring each unique journey by rolling up our sleeves and getting to work to bring forward a framework to ensure that every Ontarian has access to person-centred dementia care and every health care provider receives the appropriate training and tools to provide it.

Speaker, as we sit in this room and contemplate this topic, I think probably every single member in this chamber has a loved one, a friend or an acquaintance who is fighting this battle. In fact, I personally know some of you are on this journey and this battle right now, because we have shared those stories and we have thought of solutions together. It may be your mom, your dad, your brother, your sister, your father-in-law or it may be your spouse. Maybe you or your spouse are the primary caregiver for someone living with dementia right now, and on top of your work responsibilities you're also trying to coordinate home care, PSW schedules, day program drop-offs, meal planning, cleaning, personal hygiene, errands, and ensuring your loved one is always attended to and safe.

Or maybe you're the power of attorney, tasked with making important decisions on behalf of your loved one, fighting with yourself and second-guessing: "Is it time to put mom into long-term care?" I want you to know we hear you and that we see you, and you are not alone. Today, we are hoping to start a meaningful, candid and raw conversation, to rip off the Band-Aid, to discuss important challenges, but, more importantly, to bring forward solutions.

To MPP Smith and me, this issue is above partisan issues, and it is not about what was done or not done, or about pointing fingers or assigning blame, it is about here and now. And, more excitingly, it is about the possibilities and the potential of tomorrow. We want this bill to be the most travelled-bill in the province, getting input from as many people, communities and partners as possible, from every corner of Ontario, as we put forward a provincial framework.

As a starting point, the framework will:

—define and promote person-centred dementia care;

—identify the training and education needs of health care providers and measures to support them;

—identify research and common data elements; and

—identify measures to facilitate equitable access to dementia care across Ontario, taking into consideration the needs of specific populations, such as women, francophones and those diagnosed with early-onset Alzheimer's.

I challenge the members opposite to use this time that we have today—the here and now—to work on this bill, to come forward with innovative ideas and solutions and join our efforts in the spirit of collaboration and not partisanship. I leave you with a quote from Mother Teresa, Speaker: "It is not how much we do but how much love we put in the doing."

The Acting Speaker (M^{me} Lucille Collard): Further debate?

M^{me} France Gélinas: I am really glad that we are talking about people living with cognitive impairment, dementia and Alzheimer's in the House today. It does not happen very often, but it needs to happen. It needs to happen way more often than it does. Health care is the biggest responsibility of a provincial government, and right now we are failing the people with dementia. We are failing those families. We are failing those communities.

I have nothing but praise for the members who are bringing forward this bill and want a framework done—absolutely. But there are so many steps that could be done right here, right now, while we wait for the consultation and the travelling of this bill and all this—framework—to happen, we already know what needs to be done. The first thing that needs to be done is, you remember the promise that you made to invest $10 million in dementia care? You remember the promise that you made in 2021? You repeated that promise in 2022 for a total of $10 million, and how much has this government spent of that $10 million that has been promised for dementia care? Do you know, Speaker? Zero. Not a penny has gone out—not a penny has gone out—while all of us get family members coming to see us, crying in our office because they are exhausted. They want to keep their mother, they want to keep their husband with dementia at home, but they can't handle it anymore. They're supposed to get two or three hours' respite. None of this ever happened. She hasn't slept in weeks and months. She's 80 years old looking after her husband. She needs to sleep but she cannot get a little bit of respite one weekend so that she could finally sleep eight hours in a row because her husband wakes up three, four, five, six, seven times every night.

1820

We know what needs to be done. You have $10 million. I already checked; it is in the account. It is in your bill. It is right here, right now. Spend that money. You know what, Speaker? We could have had 86,956 client-days of adult day centre. "Adult day centre" means that your loved one with dementia goes to a centre that will support them, that will make them happy, and that gives you a bit of respite. You can go do grocery shopping. You can go to a doctor's appointment during that time. But the money never flowed. We could have had 277,778 hours of respite care. This is 31 years of respite care that is so badly needed for everyone who is looking after a loved one with dementia.

The member from Thornhill talked about how difficult it was and the difference a little bit of respite would do. We have the money. We know that it's needed. Spend it. We could have had 115 new First Links. Those are care navigators supporting 23,000 more people with dementia.

If only the promise that this government made to spend money on dementia was not only words, it would actually be action. You would actually flow that $10 million—that $10 million that sits in the coffers of the government right here, right now that has been promised to people who desperately need those services. But it is empty words—and this is wrong.

We have other bills on the docket right now. My colleague from Hamilton, Bill 74, the Missing Persons Amendment Act: 98,641 people have signed a petition to bring this bill forward because it happens quite often that a person with cognitive decline, a person who is vulnerable, will go missing. It would be so easy for this Legislature to pass this so that next time a vulnerable person goes missing we are able to issue the equivalent of an Amber Alert so that their communities know to look for them, know to go out and help them. The people of Ontario are good people. If we know, we will go out and help, but they cannot know because the bill sits there and the government does nothing.

So do I think that it is important to have a framework? Yes, absolutely. But if the framework is words on paper, I already have a ton of words on paper. That doesn't help a single person.

Why is it that people who don't have a voice, people who need our support and people who deserve our respect are being made false promises, Speaker? How could that be? How could you do this to people who are so vulnerable, to people who try so hard to do the right thing: keep their loved ones at home? Give them the support that they need. Keep them away from long-term care. Keep them at home where they want to be, where they will be respected. And yet, the money doesn't flow.

I could go on and on—I have other members in my caucus who would with like to speak to this—but to everybody who is helping a person facing cognitive decline, facing dementia or facing Alzheimer's, we will help you. We will amplify your voice. We will try really hard to get you the support that you need, but it is not easy with this government. We will need to speak with one voice. We will need to be loud. You need to be heard. Ontario knows what needs to be done. Ontarians want to help people with cognitive decline, with dementia, with Alzheimer's. We will stand up for you. We will be there. We won't let you down. Hang in there. Things will get better.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Mr. John Fraser: It's a pleasure to speak to Bill 121. I want to thank the member from Thornhill and the member from Mississauga Centre for bringing it forward. I know it comes from lived experience.

I think when we're in private members' business, especially when we're discussing bills that are very personal in nature, coming out of people's experience, on all sides, we have to try to listen to each other. I was having a hard time hearing the member from Thornhill—I'm not going to say where it was coming from, but it shouldn't have been coming from where it was coming from. I heckle, but we're here. Private members' bills are important to all of us, so we need to listen to each other.

As I said, I know the member from Thornhill is sharing her own very personal experience. That's not always easy to do in front of a lot of people. When you're caring for someone with dementia or Alzheimer's, it's a rough go. I've done that twice myself. The good thing is that I had a lot of help. I have three siblings and some other really good people around me.

To the member's point, First Link is critical. I understand health care. I've worked in health care. I've been thinking about health care most of my working life in government. It wasn't always easy to navigate the way for my dad. My dad was diagnosed with vascular dementia. The way I figured that out is he went to my niece's graduation in Kingston, and he forgot to bring his pants; he only had his jogging pants on—he had pants, but it was jogging pants. He didn't want to wear the jogging pants because it was a graduation from Queen's. So he called me from E.R. Fisher, and I was trying to help him buy a pair of pants on the phone. I can remember the feeling which was like, "Something is really wrong, and I'm not there. I'm not there."

Like I say, it was hard for all of us, but I was lucky, not everybody has three siblings and kids to help out. It is really important in this bill that we talk about First Link and navigation and developing a strategy.

I agree with the member from Nickel Belt and that she says that it should be a question that, as members of this Legislature, you need to ask the person who sits in the front row. Because I don't think you're good with that—I know you're not. You don't have to say it. I've been in the position where I've found the government has moved slowly on things they should be moving more quickly on. They're going to move more quickly when you ask questions than when I ask a question, because they need to respond to you. I'm glad that the member brought this up. She brought it up a couple of times. I'm sure you have as well. The government has got to move on it. There's a lot of work in this bill to be done, but there are some things that can help right now because we know what they are.

I want to tell you—it's not a funny story; it's an interesting story. My mother-in-law had dementia as well. My wife's an only, so it sort of fell on us and a lot on me to help her through. It was great. My mother-in-law and I didn't start out the best. But, by the end, I always tell Linda that I made it to the top of the list because I worked my way up.

But I used to drive her to her hair appointments at the salon on Saturday mornings. We'd be driving down the road, and she'd ask me five or six or seven times, "How come people are driving with their lights on during the day?" She would ask it again and again, so I started giving her exactly the same answer. I said exactly the same thing each time. I did it one week, and by the middle of the next weekend when I was doing it, I would start the answer and she would finish the answer for me. What that meant is there is hope. There's a connection, and it's all about trying to make the connections that you can make. There is a way in. Our job is to help facilitate people who know how to find that way in, to be able to help caregivers.

I don't have much time left—but I remember the toll that it took on my mum and my father-in-law when we didn't really realize what was happening with my dad and my mother-in-law. It was really hard on them. It was exhausting. My mom's a registered nurse. It exhausted her to the point where—so we need to recognize it earlier, to protect caregivers, because a lot of them are older.

1830

I'm going to go back to what the member for Nickel Belt said. I hope that, out of this debate, members will be able to go back, maybe next Tuesday afternoon, and say, "How come you haven't figured this out?"

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Mr. Graham McGregor: It's a privilege to have the opportunity to speak to this bill today, Bill 121, An Act to enact the Improving Dementia Care in Ontario Act. I want to thank my colleagues the member for Thornhill and the member for Mississauga Centre for co-sponsoring this important bill, which I know will help achieve good outcomes for the people we serve.

Fundamentally, it was put forward coming from a place of lived experiences that both of them have shared. I think that's important to note because Alzheimer's is an awful, awful disease. It doesn't just affect the people who have it. In many ways the biggest victims of Alzheimer's can actually be the family, the caregivers, who have to see their loved one go through that experience.

I think we all understand that caring for anyone can be stressful, particularly when they're going through these times: 45% of care partners exhibit symptoms of distress and 21% of caregivers feel unable to continue their caregiving activities.

Like for so many in Ontario, this disease has affected my own family. My grandfather James McGregor, who gave me my middle name—my middle name is James; I don't think I'm allowed to say my name in the House—went through this disease. The impact that it had on my granny Cathy was the biggest thing, and seeing the impact it had on my father, on my uncles, trying to balance life and trying to balance their own kids and their own lives and their own work with also making sure that my granddad had the care that he needed.

I remember visiting my grandfather closer to the end of his life in a long-term-care home over in the UK. He thought we were brothers; he forgot that I was his grandson. I faced that struggle that I think a lot of people who have a loved one who has Alzheimer's face, where you wonder, "Do I tell you?" We were in the common room and we had to get back to his room because mom was going to get us in trouble. I think he thought I was his brother at the time. You wonder if you say it or not or if you play along with it. In this case, I played along with it. We kind of scurried back to his room to make sure we didn't get in trouble.

I think about another time earlier in when he had the disease where we were on a trip as a family. My grandfather loved World War II history. He lived through it as a kid. We were away for two weeks, and he must have read this one book on World War II history a million times. We joked at the time—because sometimes joking and humour is the only way to cope—that we really saved on the Waterstones bill, the bookstore bill, because he just kept reading the same book. I have fond memories of my grandfather, but I have painful memories when I think about the cost that it had on my granny.

I realize I have limited time, but I want to make sure that anyone watching knows that they're not alone. There are resources in Peel. We have the Alzheimer Society of Peel; they do tremendous work. You can reach out to them whether you are diagnosed or not. I know one of the struggles we have in Ontario is getting diagnoses for the disease. Whether you're diagnosed or not, the Alzheimer Society of Peel will help you out and look after you.

All I can say, as a local member and a Peel member of the government, we're going to keep working to get this done. Putting in a dementia strategy is something that should have happened a long time ago. The best time to plant a tree was years ago; the second-best time is now. I hope all members vote for this bill.

The Acting Speaker (M^me^ Lucille Collard): Further debate?

Mr. Nolan Quinn: It's with great pleasure that I rise today to speak on behalf of the people of Stormont–Dundas–South Glengarry.

I'd like to thank the member from Thornhill and the member from Mississauga Centre for bringing this important piece of legislation forward. Bill 121, also known as the Improving Dementia Care in Ontario Act, is a significant step towards ensuring all Ontarians have access to quality health care. Access to health care is something that should be accessible to everyone in Ontario, especially those affected by serious and complex medical conditions such as dementia.

As we all know, dementia is an umbrella term that encompasses a broad range of diseases that result in impaired cognitive functioning. Alzheimer's disease is one of the most common causes of dementia. People experiencing dementia can experience a broad range of symptoms, including memory loss, disorientation, sudden shifts in mood or behaviour, difficulty performing everyday tasks, impaired judgment, forgetting or misusing certain words and even changes in personality. The needs of those suffering from dementia are extremely wide-ranging, which is why this piece of legislation is so important.

The focus of Bill 121 will be on the promotion of person-centred dementia care. Through a person-centred approach, dementia care can be tailored to fit the specific needs of a diverse patient population. The proposed framework will improve access to dementia care provided through hospitals, home care, long-term-care homes, hospices, as well as community care services. This bill will also include person-centred dementia care training and education for both health care providers as well as caregivers and support workers. As previously highlighted, dementia is extremely complex and carries a wide range of symptoms. Making sure that health care providers and other caregivers are adequately trained and equipped is a tremendous step forward towards improving the quality of care for all Ontarians.

People are living longer, Speaker, and with the older generation becoming a larger demographic in an aging Canadian society, the need for training and education will grow significantly in the years to come. I applaud my colleagues from Thornhill and Mississauga Centre for bringing this important piece of legislation forward.

I am a numbers person, Speaker, but we are speaking of parents, siblings, grandparents and our own children, and the numbers speak for themselves. In 2020, 597,000 Canadians were living with dementia. Almost 62% of people living with dementia are women. In the year 2020 alone, 124,000 Canadians were diagnosed with dementia. By 2030, over 955,000 Canadians are projected to have dementia, and 87% of caregivers wish that more people understood the realities of caring for somebody with dementia, Speaker. Through Bill 121, we can get extensive care to those who need it, when they need it.

Dementia lies at the severe end of the cognitive disorder spectrum. The further down the spectrum, the higher the level of disability and the need for care. This is why it's crucial for Ontario to have quality dementia care that provides adequate health care for those who need it most.

The Acting Speaker (M^me^ Lucille Collard): Further debate?

MPP Lise Vaugeois: I want to thank the members from Thornhill and Mississauga Centre for bringing this bill forward; it's very important. But I also want to thank the member from Nickel Belt for pointing out at least one of the things that should be being done right now, and that is having that money flow that was dedicated to this.

I also want to note something in the bill: Section 2(j) needs to be amended. You say, "specific patient populations, including women, francophone"—I would think it needs to also say, "Black, Indigenous and racialized peoples"—an important thing to add there.

I also want to note that it does address, in part, the petition that was presented by the member from Waterloo last week, but there is one thing in this petition that I think needs to be noted: "Whereas a PET scan test approved in Ontario in 2017, which can be key to detecting Alzheimer's early is still not covered under OHIP"—so I think that's another very important piece that needs to be addressed.

Early detection is crucial. I can tell you I have met, actually, musicians who had early detection, and they are still functioning in spite of also saying, "Hi, I've got Alzheimer's, but, yes, I'm still able to carry on." And they have been able to get the support they need.

I do also want to note the member from Hamilton Mountain—the importance of the vulnerable persons alert. It's sitting in committee. It needs to be made into law now. It's a very important thing.

1840

I'm going to read from an article, "Care hasn't improved after Ontario's 2021 PSW changes"—this is a piece of the bill that's about giving PSWs more education, but there are things that should be happening now:

"Personal support workers and people who rely on them say 2021 legislation in Ontario meant to create regulations and consistency in training has had no effect on the care they receive."

The new legislation established the Health and Supportive Care Providers Oversight Authority, which was tasked with creating structure for Ontario's personal support workers. In the nearly two years since it became law, those who provide and receive supportive care say nothing has changed and an overhaul is desperately needed.

There's a person who's being described in the article, and he's in a housing unit in downtown Ottawa where there are 17 residents who require continuing care. However, there's usually only one PSW to look after the entire floor. Consistent training and certification of attendants would let support agencies hire and retain qualified staff.

The problem is—and this is brought out by the RTOERO group, who are here today, an amazing organization. They're retired people associated with education, but they take up so many other issues of importance to people. They're talking about geriatric training and the need to build that into the training of doctors. Also, in this bill, we're looking at training all the health care professionals who are needed.

RTOERO said, "How do you propose to resolve the fact that many staff working with the elderly cannot find full-time positions, are underpaid and overworked, and have no benefits?...

"Would you want to work toward a position that can rarely find full-time work with benefits, respect or a fair salary?"

So the bill suggests building in more education for those workers, but we need to also be building in proper working conditions.

I have also received a paper from a person getting a master's degree, and they're looking at the key to elder abuse prevention. Of course, if a person has dementia, they are vulnerable to abuse. She's saying that, basically, the pay scale is so uneven between different types of PSWs and the job is so insecure that it's difficult to—and then, if they're to get upgrading, there are no resources, there's no support for getting that upgrading, so it winds up just being a cycle that never gets better.

So I support this bill. I think it's an important conversation. But I think there are also things that we could be doing right now to improve conditions for people with dementia.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Mr. Will Bouma: It's an honour to support my friends the member from Mississauga Centre and the member from Thornhill in their private members' bill. I remember when they came past Brantford–Brant and were doing research on this little piece of legislation and some innovative things that we were doing that I didn't even know about in the community, and I want to thank them for that.

It's easy to get critical. So much of these days that we spend here, we spend in putting on our masks and playing our roles. I think one of the reasons that I love private members' business so much is that we get to take those masks off in here and just be ourselves. This is why, when people say, "You guys are all in it for yourselves," or, "They're all in it for themselves"—no, this is where we get to see what's really going on in our hearts, and it's so good to hear from around the room.

We can talk about spending money and those things, but we all know that we can't spend money in private members' bills.

One of the things that so excites me about this is—it's easy to throw money at a problem, but it's a whole lot better to be able to throw money at a problem when you know exactly what the best way to spend that money is—

Interjections.

Mr. Will Bouma: Heckle me if you want. That's fine. We're not here for that in private members' business.

I thought the member from Ottawa South said it really, really well. Because at the end of the day, this touches all of us. We've all said goodbye to family members and friends, and it's so hard to say goodbye. My dad in a sense was easy. He was 62 and he rolled a tractor over on himself and he was gone. But to see patients, to see friends, to see family members, to see my mom, who's now catatonic in a wheelchair in a long-term-care home in Strathroy, Ontario—and she's well taken care of; the staff at Sprucedale are really, really good. This is a shout-out to those folks: Thank you for taking care of my mom. My grandfather, who I don't remember, died when I was very young; my aunt right now in the Netherlands—this touches all of us.

I know patients right now, Speaker, who have their MAID appointment booked because they don't know how to face life, slowly seeing their mind and their memory go away. Dementia is the second-greatest fear of people as they grow older, the first being losing their vision. I know of both of those things intimately.

So when the member from Thornhill called me a couple of weeks ago and said, "Hey, would you stand up and speak to this?" I said yes. Thank you to staff for preparing some notes, although it's all been said here already, which is why I'm staying away from that tonight. But it's nice to have the security blanket, so thank you for preparing that for me.

To have a comprehensive plan for the best way to move forward is just such a good thing. We've seen efforts like that from all sides of the House here and I celebrate that. I think tonight, despite some of the heckling and everything else, that we'll all be voting in favour of this legislation. It was good to hear ideas for amendments that could be made to make the legislation better. I really trust that this is something that we will be able to get through committee, see those changes happen and see good things happen for the province of Ontario—those commitments that the government has made. Because we're not here as government tonight. We're not here as opposition tonight. We're not here as independent members tonight. We're here together to do the right thing for the people of Ontario.

It's really good to see this come forward. Again, I salute everyone that's spoken to this tonight, even the people that I disagree with ideologically, because we're all here for the same reasons. This is one of those really good things that we can do this evening, that we can vote in favour of. We can move this forward and then we can start making those shameless plugs to the ministers who sit in the front row about how we can move forward on this. This is a good thing. I think we can all vote in favour. Let get this done tonight.

The Acting Speaker (M^{me} Lucille Collard): We go back to the member, who has two minutes to reply.

Ms. Laura Smith: I have to thank the House and the people for speaking on this matter. This is the first dementia-related bill to be introduced into the Legislature in over a decade, and I'm proud to stand here today to speak to it.

To sum up: Caring for individuals with complex behavioural issues such as dementia requires specialized care and support. This bill is not only one that works to support care, but promotes the awareness of this neurodegenerative disease and continuously strives to improve the health care system through a review, as well as training for the future PSWs of tomorrow.

Over the summer, the member from Mississauga Centre and I travelled throughout the province, providing a lunch and learn to discuss the subject of destigmatizing dementia. We partnered with a variety of organizations to share discussions and research. These included partners of ORCA, which is the Ontario Retirement Communities Association; Baycrest; RetiSpec; the Ontario Brain Institute; and the Alzheimer Society.

First Link was a resource I wish I was aware of when I was caring for my own family member while navigating the health care system. First Link, once again, acts as a referral. It's designed to help newly diagnosed individuals with dementia to get the help they need. You do not need a scrip. You do not need a referral. It connects people to the right support throughout their dementia journey and can make a big difference in the quality of life for both the person diagnosed and the care partners.

I want to thank the members for listening to my journey and the important conversation that should happen on Alzheimer's dementia. Thank you so much.

The Acting Speaker (M^{me} Lucille Collard): The time provide for private members' public business has expired.

Ms. Smith, Thornhill, has moved second reading of Bill 121, An Act to enact the Improving Dementia Care in Ontario Act, 2023. Is it the pleasure of the House that the motion carry? Carried.

Second reading agreed to.

The Acting Speaker (M^{me} Lucille Collard): Pursuant to standing order 100(h), the bill is referred to the Committee of the Whole House, unless the member would like something different.

Ms. Laura Smith: I believe—

Ms. Natalia Kusendova-Bashta: Social policy.

Ms. Laura Smith: Social policy.

The Acting Speaker (M^{me} Lucille Collard): Is the majority in favour of the bill being referred to the Standing Committee on Social Policy? Agreed. The bill is referred to the Standing Committee on Social Policy.

All matters relating to private members' public business have been completed. This House stands adjourned until 9 a.m. on Wednesday, October 4, 2023.

The House adjourned at 1851.

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Hazell, Andrea (LIB)	Scarborough—Guildwood	
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Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
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Smith, Laura (PC)	Thornhill	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
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