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Mardi
13 mai 2025

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 13 May 2025

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 13 mai 2025

The House met at 0900.

The Speaker (Hon. Donna Skelly): Let's take a moment for silence, inner thought and personal reflection.

Prayers.

ORDERS OF THE DAY

PRIMARY CARE ACT, 2025

LOI DE 2025 SUR LES SOINS PRIMAIRES

Resuming the debate adjourned on May 12, 2025, on the motion for second reading of the following bill:

Bill 13, An Act respecting primary care / Projet de loi 13, Loi concernant les soins primaires.

The Speaker (Hon. Donna Skelly): Further debate?

MPP Robin Lennox: It's my pleasure to speak on the Primary Care Act. As a family doctor, any time I hear of an initiative to try to expand access to team-based primary care, it's incredibly exciting. We know that in Ontario, we have a crisis in terms of the availability of family doctors and so any effort to try to address that is very laudable, and I appreciate seeing this bill.

As an NDP caucus, we believe that everyone in Canada should have access to an interdisciplinary primary care team and expanding access to this model of care will ensure that patients receive the right care at the right time from the right health care professional. We know that primary care is the foundation of a high-functioning health system, and data from around the world shows that team-based models of primary care have lower costs, improve access to the most appropriate types of services and reduce inequities in a population's overall health status, including making sure that populations such as First Nations and rural populations have access to exceptional qualities of care.

We also know that having more family doctors in the community has been proven to actually increase life expectancy by ensuring that people have access to preventative care and earlier intervention for disease, and all Ontarians deserve to be able to experience that benefit. And yet 1.7 million people across Ontario lack a family doctor, and we know that there are significant disparities in access to primary care based on geography and income status in our province.

While approximately 12% of the highest-income residents are without a family doctor, that number actually increases to 20% when we look at our lowest-income residents. So ensuring that when we talk about expanding team-based primary care we are doing it intentionally to

try to meet the needs of our less-resourced people in our province is extraordinarily important.

We also know that health human resource challenges are a key part of the problem that we face today. We know that family doctors have been retiring or burning out at high rates, with many choosing to leave primary care clinics for other forms of practice.

Despite these challenges, Ontario has some examples of high-quality, comprehensive, team-based primary care that we can learn from. For example, family health teams in Ontario provide patients not only with a regular family doctor but also access to other primary care experts like nurses, social workers, pharmacists and physiotherapists, who work together to improve health outcomes. Unfortunately, as it stands, only 20% of people in Ontario have access to such a model of care, leading many to turn to emergency departments or walk-in clinics when their needs are high.

We know that integrated, team-based care is the way forward, and it's laudable to see team-based primary care proposed as the vision for this province moving forward. We support the expansion of comprehensive team-based primary care. We believe that everyone in Ontario should have access to an interdisciplinary team of health professionals who are working to the top of their scope of practice with team members reflecting the needs of the patient population served in each individual community.

We know that family doctors, in partnership with health care professionals like nurses, nurse practitioners, social workers and others, will constitute essential members of such a team. And we know that such a model has been shown to increase the number of patients that a primary care practitioner can take on, including family doctors and nurse practitioners, which improves patient outcomes, increases the joy at work for providers and optimizes the scarce health human resources that we have. With this model, patients can receive the right care at the right time from the right health care professional.

To enhance access and delivery of team-based primary care, we need to think geographically, similar to public schools—rather than relying on chance or personal connections to find a family doctor, relying on people's postal codes and neighbourhoods, ensuring that everyone knows that no matter where they go, they are going to be automatically connected to high-quality care. This gives patients the same reassurance and convenience of primary care close to home, similar to how children attend their neighbourhood public school. Imagine how much comfort this would give to patients.

I would also say that I am going to be sharing my time with the member from Nickel Belt today.

Instead of the geographic system that I would propose, right now and in recent months, we've seen that with every new opening of a primary care practice, we see hundreds of people forming a line, desperate to try to access care, and people still unable to access care in their communities. We need to be able to deliver better care than that.

A universal, accessible and comprehensive approach is in keeping with the initial vision for medicare in Canada. As Tommy Douglas envisioned universal health care, its first phase was the removal of financial barriers for those receiving care, a stage that was achieved for physician and hospital services already.

However, this first phase of medicare was meant only to be a prelude to a more comprehensive second phase that still remains to be realized. It encompassed a fundamental restructuring of health care delivery, with a greater focus on illness prevention, health promotion and the policies related to addressing the social determinants of health. Expanding access to comprehensive, team-based primary care located in patients' communities is an important step to achieving that vision.

The Primary Care Act, as proposed, sets out six clear objectives for Ontario's publicly funded primary care system to ensure that people know what they can expect when connecting to primary care. As I've said, there are many things in this proposal that are a commendable vision, and certainly Dr. Jane Philpott is a visionary in primary care.

The six clear objectives are to ensure that primary care is province-wide, that it's connected, that it's convenient, that it's inclusive, that it's empowered and that it is responsive. Again, each of these six objectives on their own are good things that we should be working towards. But we need to ensure that this plan doesn't just include a broad vision or a dream, but also includes a road map as to how we get there and how we deliver on this promise for Ontarians. I would hope that as we see this move towards implementation, we see that road map, and rather than big ideas and promises, we ensure that this doesn't remain an empty promise and we actually work to fulfill it.

The act also talks about providing accountability by ensuring an annual report is produced to demonstrate how many patients have been attached to team-based primary care and how many are still left unattached. With any method of reporting and data collection, we must ensure that we are using the right data to measure the outcomes for our problem.

What concerns me about this is that in its recent primary care funding call to expand team-based primary care, our province identified postal codes at highest need based on Health Care Connect data. For those who might not know, Health Care Connect is quite an old system, used to register patients who are unattached and attempt to connect them to care. What's happened in recent years is that because it became such an obsolete, cumbersome system, many regions are not actually using the Health

Care Connect system to register unattached patients. So what we saw in feedback from this recent funding call was that if we're relying on old, outdated data, many unattached patients are going to be missed—we're going to think that we're doing better than we are and we're going to lose the opportunity to actually direct resources to places in greatest need.

I think we should respond to that community feedback by ensuring that as we work towards this accountability in these annual reports, we are also working towards garnering data that is going to better reflect the scope of the unattached patients in our province so that we can better direct the resources where they need them. This is something that I would like to see addressed in the next iteration of funding calls for expanded care, including the one we expect this fall, as per the Minister of Health.

0910

We can't talk about expanding province-wide primary care and ensuring more connected, convenient and responsive care without talking about the health care professionals who will be delivering that care, particularly family doctors, nurse practitioners and interprofessional health disciplines working in a team-based model.

Family doctors practise one of the most complex specialties with the most enormous scope. We are trained to see anyone for any concern and be able to appropriately assess, diagnose, treat and identify any necessary investigations or referrals to specialist care. I'd like to walk you through what a day of an average family doctor looks like in practice so we can better understand how we might actually support them in expanding their care for their communities.

As a family doctor in a fairly standard community clinic, you might start your day with 24 or more patients booked, with room for a few more to be squeezed in who have urgent issues that require same-day attention. In the first room that you walk into, you might be seeing a newborn just home from the hospital. You'll complete a thorough newborn exam, provide counselling to the parents on safe sleeping, on feeding and reassure them that they're doing a good job and that their baby is going to be just fine.

Fifteen minutes later, you'll enter your next patient room. It's a 58-year-old man who was squeezed in your schedule today because he's been having a pressure sensation in his chest since last night that just seems to be getting worse. As you examine him, the most likely diagnosis becomes a myocardial infarction or a heart attack. So you and your team quickly work to stabilize him, administer aspirin and nitroglycerin spray and call emergency services to transfer him to the emergency department. And because you know this patient better than anyone else, you'll call the emergency physician ahead of time to make sure that they know your patient is coming, that they know his history and that they know how to best meet his needs.

But because you've done all that, now you're 20 minutes behind. Your next patient is a 28-year-old construction worker who was injured on the job and needs a

WSIB form filled. You take time to ensure the forms are filled correctly because you understand how burdensome it is for claims to be rejected on the basis of bad paperwork.

You move on to the next room. It's a parent and their 14-year-old child who has been struggling with depression and anxiety. They booked the appointment today because of worsening self-harm and suicidal thoughts. They're out of school now, and the whole family is struggling. The parents are terrified to leave the child at home. You do everything you can, treating their symptoms with medication, offering take-home strategies and cognitive behavioural therapy workbooks and connecting them with counselling and social work. You'll call them in a couple of days to see how things are going and make sure everyone is feeling okay. You promise to check on that referral for child psychiatry again, but you know all too well that the wait-list is 18 months and you'll have to see this patient for many more visits to try to carry this family through the next few months before they actually get there.

Then you'll see a pregnant patient for prenatal care, then a diabetes checkup, then a skin biopsy for potential cancer, then strep throat and then maybe a few others for chronic pain.

Your final patient of the morning is an elderly couple, an 88-year-old man with cognitive impairment and his wife. His wife tells you that his dementia is getting worse. He's starting to leave the house and got lost last week. He's looking for the car keys even though he's not allowed to drive. And more and more, his memory changes are giving way to an increased mood lability and outbursts. They haven't noticed much change with the medication and it's becoming increasingly difficult to cope at home.

Your patient's wife is now struggling. She's not sleeping. She's not eating. She's trying to be a nurse, a PSW and a wife all in one while waiting on the long-term-care wait-list that we know can be two or more years long.

Over lunch, you catch up on phone calls that have come in, patients who want to speak with you, pharmacists that need med clarification, a request for a home visit for your palliative care patient trying to live out their final days in the comfort of their home. You've also accumulated, by this time, about 50 pieces of admin work, X-ray results to review, blood work, specialist reports, forms, med checks—you try to chip away at those too.

And then the afternoon starts and another round of a dozen or more patients with any number of concerns and areas of attention, and each one needs your 100% care and attention in that moment.

By the end of the day, after you've seen all of your patients and you've done what you can, you're left with, on average, three to four hours of charting and documentation, forms, medication renewals and administrative work that needs doing. Luckily, it's a day that you're not on call, so you're able to stay late and get it done into the evening.

On top of all this, many family doctors are also responsible for billing each and every patient visit and ensuring that from those OHIP billings, they're able to pay their

staff, pay their rent, pay their supplies and their other business costs. Most family doctors don't want to have to do all that. They don't want to be small business owners. They just want to be clinical experts. They want to provide care. Trying to do both is just not sustainable and it's not what they're trained for.

That's what we're seeing with most family doctors entering practice today. They don't want to be small business owners; they just want to be clinicians providing the care that they can to their patients. They're asking for alternative funding models to support them in delivering that care to the communities that need it. We know that family doctors provide an incredible service to their patients, and as I've demonstrated, when practising at full scope, they can provide a vast array of essential services to their patients. We can't take that for granted.

In addition to the office-based clinical care, many family doctors also provide obstetrical care, cover emergency department shifts, hospital shifts, do surgical assist work or take on any number of other tasks in the community, like caring for people in long-term care. Our family doctors are holding up our health care system, but we need to take care of them just like they're taking care of the people of Ontario. To do that, we need to commit to making a few, very substantial improvements to our primary care system. Because I care about this so much, I'm going to offer to you some advice from the many conversations I've had with family doctors about what would actually make a career in family medicine sustainable for them, and what would help you realize the dream of this Primary Care Act that you've put forward.

First and foremost, we need to move away from business entrepreneurship models and fee-for-service practices and transition every doctor to capitation alternative funding models or salaried positions that provide more reliable compensation without the additional stress and workload of running a small business. These positions already exist in family health teams and community health centres, but we need to expand them and bring all family doctors into those funding models so that we end a system of haves and have-nots within primary care.

We also need to compensate family doctors for indirect primary care. Right now, indirect primary care, for those who might not know, is basically anything that you do to care for your patient that doesn't include you sitting in front of them. Right now, family doctors are only compensated for the exact amount of time that they are sitting with their patients, but we know that providing care includes much more than that. Indirect patient care includes the time it takes to send specialist referrals, to review blood work and test results, to complete forms, to arrange home care, to send prescriptions and much more. As it stands now, almost all of that work is unpaid labour. It also takes a huge amount of time. The average family doctor reports that administrative work takes up to 20 hours a week. That's like adding a part-time job onto your full-time job and it contributes to burnout. That's why, in a recent Ontario Medical Association survey, administrative burden was one of the main reasons why physicians

were choosing to retire or transition out of full-scope primary care.

In other provinces, there are models that we can learn from: We don't have to reinvent the wheel. In British Columbia, the longitudinal family physician payment model was launched in 2023. This model compensates family physicians with an hourly rate for indirect patient care services. It recognizes that the work they are doing, even when they're not sitting with a patient, is still work in service of their patients and has value. It recognizes the value of the work that family physicians are putting in every day and also makes the work more financially sustainable for doctors considering their career choices. This is something that we could work to implement to model after our colleagues in BC, who have already seen the benefits. But I haven't seen this mentioned in any of the primary care funding models that our government had put out this far. I hope that this is something we can expect in the incoming funding as it comes along later this year.

While providing compensation for essential indirect patient care, we also need to do what we can to actually reduce the administrative burden on family doctors, not just pay them for that extra part-time job. One thing that we could do is create a streamlined, centralized referral process for specialist referrals. Our current system for specialist referrals is completely obsolete. Right now, if you wanted to refer your patient to a cardiologist in Hamilton, for example, you have to manually refer to an individual cardiologist in your region, and usually that happens by fax. Then you wait an average of two to six weeks to hear back from that cardiologist about whether they can accept the referral or whether that referral is rejected. And then you have to send it to a different cardiologist in your region and wait another two to six weeks to hear if that one's going to take on your patient. And so on and so on it goes. Usually, you have to refer to several specialists before you find one that's actually accepting referrals.

0920

Every time this happens, it increases the burden back on the family physician, who's basically tossed the hot potato once again. Patients, in the meantime, are left waiting, getting increasingly frustrated, sometimes getting increasingly ill and waiting for an answer as to when they're actually going to see their concern seen. By moving towards a centralized referral system, we could eliminate the administrative burden on each individual family doctor's office trying to navigate this referral system.

By making a centralized or regional referral system, we could provide real-time updates on referral status, ensure that wait-lists can be tracked regionally so we understand where the gaps are and where we need to direct specialist resources and we could actually ensure that patients are seen in a more timely manner with expectations that can be met. This is what family doctors have been calling for, and it's something that we could easily implement that would off-load administrative burden, streamline specialist access to care and improve patient care outcomes.

The other thing that we could do to eliminate administrative burden is to eliminate unnecessary paperwork. For example, we can start with sick notes. We need to clamp down on employers asking for sick notes from a health care provider. Most people who take a sick day don't need to be rushing in to see their doctor or trying to book a last-minute appointment; they just need a day of rest. When we see patients trying to book in with their doctor to get a sick note that's unnecessary, that takes away an appointment spot from someone else who could really need it, or it means that our family doctors are trying to squeeze in additional patients in their day just to write a note that wasn't necessary in the first place. This is something that we could legislate that would have both enormous benefit for workers while also reducing the burden on family doctors.

When we talk about eliminating unnecessary administrative burden, we also need to talk about MedsCheck forms. We heard this week that Shoppers Drug Mart alone has billed \$62 million in MedsCheck forms over a 14-month period. For those who don't know what a meds check is, it's meant to be a pharmacist review of medications to identify any contraindications, any need for medication monitoring and any medication flags that a family doctor should know about. Medication reviews were already standard practice for any good pharmacist, but what changed was that pharmacists are now able to bill for MedsCheck even if it's just a five-minute phone call.

When private companies like Shoppers got a hold of this tool, they became an avenue for profiteering. So we've now seen numerous pharmacists who have come out and said that Shoppers Drug Mart imposed corporate quotas on MedsCheck, forcing pharmacists and staff to cold-call patients, fraudulently asking non-pharmacist staff to call patients to complete these meds checks and bill them, and doing meds checks over the phone and billing \$75 for five minutes of unnecessary work. It's a tremendous waste of money.

But what happens to those meds checks after Shoppers has made that \$75 is that they get faxed to family doctors. In my family practice, I would get dozens of meds checks in my inbox every single day, each taking several minutes to review to make sure that there wasn't information there that I actually needed to know. Those minutes add up throughout the day, and it adds to the hours of admin work that you are already doing.

Do you know how many meds checks \$62 million can buy? It's 827,000. That's 827,000 pieces of administrative work that family doctors have had to review so that Shoppers Drug Mart can make a profit. By the way, family doctors don't make a single dime for reviewing those meds checks. Their labour is free. But because Shoppers Drug Mart wanted to exploit our system, we've increased the workload for our doctors.

The Minister of Health said months ago that the MedsCheck Program would be investigated for any signs of corporate abuse, but we've heard nothing since then. And yesterday, when it was asked about in questioning, we also had no updates as to what the investigation into

MedsCheck has actually yielded. This would be a very concrete step the Ministry of Health could take to eliminate unnecessary administrative burden on family doctors, while also sending a message that corporate profiteering in our health system will not be tolerated.

Lastly, to reduce administrative burden, we need to expand access to digital tools that can reduce the amount of time spent on administrative tasks. This can include transcription tools, open-access electronic medical records and working towards integrated electronic health systems that are province-wide and connect community care providers to hospital care providers more seamlessly.

Digital tools could also ensure that all family health teams are supported with the technology to facilitate online appointment bookings and patient-centred communication tools. But we must improve access to these digital health technologies without imposing onerous reporting requirements that actually increase the administrative burden for family health teams.

Lastly, we need to ensure that all family doctors are able to join team-based primary care. We need to ensure that the team-based primary care model is an open invitation for any practising family doctor to be able to join, and that is something in this bill that I find very commendable. The commitment to moving towards team-based primary care province-wide is a very important one. And as I've said, Dr. Philpott is certainly an extraordinary leader, and I'm glad to see that her advice is being listened to.

But in order to realize the vision of province-wide team-based primary care, we also need to pay attention to the details and ensure that we get the implementation right. In addition to addressing compensation for family doctors, we must also ensure that the wages of community-based allied health care, including nursing, are fair and commensurate with the value of the work they are delivering in our communities every day.

One of the main criticisms of the province's primary care funding call that just went out was that while it offers to fund more interprofessional health team members, it does not address the issue of low wages and low retention rates of those same allied health team members. As it is, many family health teams are struggling to retain their staff because of the low wage levels set by the ministry. Community nurses are already paid markedly less than nurses in hospital, and we see more and more nurses leaving the public sector to work in private agency nursing, and then those private agencies gouge our health system by charging a premium.

If we want to expand team-based primary care, we need to ensure that our teams are well compensated, including nurses, physiotherapists, system navigators, social workers, mental health counsellors, administrators and others. We won't be able to realize the dream of expanded team-based primary care without investing in our actual teams.

The other thing that this Primary Care Act is missing is a province-wide, coordinated physician recruitment strategy. Despite the challenges in recruiting and retaining family doctors in nearly every municipality across Ontario, our province has yet to put forward a comprehensive

physician recruitment strategy to actually off-load the burden from our municipalities. As a result, we see municipalities trying to cobble together financial incentives and other benefits to try to recruit family doctors to their region. In some cases, this means some municipalities are able to offer hundreds of thousands of dollars from municipal budgets direct to family doctors as recruitment bonuses or to off-load start-up costs. For many new graduates leaving family medicine residency with hundreds of thousands of school debt, this is a major factor in determining where to set down roots and start their career. But the result is that some municipalities are disadvantaged compared to others.

For example, in some municipalities like London, there are no financial incentives to recruit family doctors to the region, and as a result there is a tremendous deficit and a high number of unattached patients in London compared to other regions. In other municipalities, physicians might be offered \$200,000 or rent-free office space to set up a practice. With this kind of discrepancy across the province, we can see how the absence of a province-directed strategy is creating have and have-not municipalities across Ontario. It also means that municipal funds are being used to supplement what should be a provincial responsibility of ensuring that we have an equitable distribution of health professionals across Ontario.

We could address this with a comprehensive province-wide strategy for physician recruitment. A good strategy would include the province setting a standard and footing the bill for financial incentives and debt repayment for new family doctors setting up a full-scope family practice in Ontario.

As part of this strategy, the province could identify areas across Ontario that are underserved, that have the highest number of unattached patients and adjust financial incentives to support targeted recruitment to those areas in greatest need. It would be a win-win, because municipalities would be able to use their budgets for items that are actually within their mandate and our province would be able to fulfill the promise of equitable access to primary care across Ontario. Without a province-wide strategy, we will continue to see what the OMA has described as a rat race in physician recruitment. We need to be strategic, and in this bill we have an opportunity to think about how we could implement a comprehensive recruitment plan province-wide now.

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We also know that as it is we have a dire shortage of family doctors, with 2.5 million Ontarians lacking a family physician. We know that, with anticipated retirements, the number of Ontarians without a family doctor is projected to increase to 4.4 million in 2026. For context, that would be about one in four Ontarians lacking a family doctor. While this bill does not address physician recruitment or retention, we know that in order to realize the vision of team-based primary care, we need to have enough family doctors to staff them.

We've heard a lot about potential strategies to increase the number of family doctors that we have, including

reducing barriers for international medical graduates and licensed physicians from other countries who are new to Canada. I agree that these are important areas to examine and that we could do much more to recertify internationally trained health professionals in our province.

But the lowest-barrier, low-cost strategy that we have is ensuring that every physician that we train in Ontario actually chooses to stay in full-scope family medicine in Ontario. And even further, we need to ensure that we create sustainable work conditions so that all family doctors we currently have practising are able to continue practising for the full duration of their career. If we could only accomplish those two things, we would be able to enhance our family medicine workforce substantially without spending a single dollar on advertisement or recruitment campaigns in other provinces or in other countries. It would be a great place for us to start.

Last year, we saw 246 family medicine residency spots go unmatched in the first round. That number was reduced to 94 spots by the second round, indicating that we were able to fill some spots largely by opening up to international medical graduates. But 94 spots is still far too many, and if we invest in expanding the number of primary care teaching sites and residency spots, we need to ensure that we're actually able to fill them.

Each year, I supervise dozens of family medicine residents and medical students, and we talk about where they see themselves going in their careers. Many of them entered into medical school with a dream of becoming a family doctor and serving their communities. But that dream has become eroded over time by the hidden curriculum that tells students and trainees that family doctors have become a dumping ground in an overburdened medical system. They look to their family supervisors as models, and they're inspired by the incredible clinicians that they see taking on family medicine education as well as providing exceptional care to their patients. They see the great impact that a family doctor can have on their patients, their communities, and they want to emulate that.

But they also see those same supervising doctors staying hours late, catching up on paperwork. In the teaching practice where I worked, it was common for all of us supervising physicians to still be in the clinic at 9 p.m. at night, sitting alongside each other, catching up on paperwork and on calls. Our residents and our medical students were watching us and they were asking whether or not this was the career that they wanted for themselves.

Recruiting Ontario-trained family doctors into full-scope family medicine should be our top priority. We've already paid for their training; they are already certified. So it's a low-cost, high-yield intervention to enhance our family medicine workforce.

Expanding team-based care is a great place to start but we need to ensure that the working conditions for the family doctors in those teams are actually sustainable, and many of the system changes I've already described would help achieve this.

As I've said, there are many laudable components of the Primary Care Act, but there's one word that is repeated over and over and over throughout the legislation. That

word is "insured." It's mentioned over and over again that the promise of equitable access to convenient, patient-centred primary care is a promise only offered to those who are insured in our province. But we know that there are hundreds of thousands of people in Ontario who are uninsured and have no access to primary care or other health services. Many of those who are uninsured are newcomers or migrants to Canada who we know face additional barriers to accessing care when they need it.

When we don't provide health coverage, we know what happens. People are unable to access early preventative or interventional care and we end up seeing them in hospital only when they're critically ill and needing much more expensive services. Or, our health care providers and our hospitals are put in the terrible position of handing a sick person a bill and seeing if they can get it paid. Often those bills aren't able to be paid, leaving our health care providers and our hospitals losing money for services rendered.

In 2020, our province implemented the temporary Physician and Hospital Services for Uninsured Persons Program. I'll give a compliment when a compliment is due: I think that was a very good program and that was a great step.

This was part of our pandemic response and allowed physicians and hospitals to directly bill the government for uninsured services offered to people who lacked coverage. The temporary funding for uninsured persons was in place until March 2023, and over those three years, 7,000 physicians billed 400,000 services under the program, costing only \$15 million. For \$5 million a year, we were able to address a gap in uninsured services that we have been struggling with for decades. It was so cost-effective. And \$5 million a year is just 8% of what Shoppers Drug Mart billed us for MedsCheck last year, and somehow, we're able to find that money. It's staggering to think that our government would consider that a more worthy investment than ensuring health for all and offering access to health care for every single person in our province.

We need a true universal health system and reinstating funding for the Physician and Hospital Services for Uninsured Persons Program would be a substantial and commendable step in realizing that promise.

On that note, while the Primary Care Act sets out very laudable goals and a vision for province-wide primary care that is publicly funded, it stops short of affirming whether or not that care will be publicly delivered. We have seen time and time again how opening up our public health care dollars to private corporations has led to abuse and exploitation. We cannot continue to bleed money into the private sector while our hospitals and community clinics see cuts and budget freezes.

We need to ensure that all public health care dollars are invested in publicly delivered services that improve care for all Ontarians. I would hope that our government would commit that every dollar of taxpayers' money spent on expanding team-based primary care will be invested in publicly funded, publicly delivered health care.

As I've said, there are many good things to work with in this Primary Care Act. There is a good vision for team-based primary care. But if we don't pay attention to the

details and implementation, we are at risk of failing to meet that promise, of losing money to the private sector and of leaving people behind.

The Acting Speaker (MPP Andrea Hazell): I recognize the member from Nickel Belt.

Interjections.

M^{me} France Gélinas: Thank you, Speaker. I was very proud of the member for Hamilton Centre, so I thought I would clap a little bit. Thank you for recognizing me.

The bill, An Act respecting primary care, basically sets out the hope for what the primary care sector would look like, but I want to talk to you about what exists right here, right now in Ontario and what we could build upon. Did you know that there are 299 interdisciplinary primary health care teams that exist in Ontario right now? There are 75 community health centres, there are 27 nurse practitioner-led clinics, there are 10 Aboriginal health access centres, Indigenous health care teams and there are 187 family health teams. If you add those all up, that's 299 organizations. They serve over 3.5 million Ontarians. That's almost one in four Ontarians that has access to an interdisciplinary primary health care team, where most of the new graduates want to practise.

Those organizations got together. They were at Queen's Park in December 2024, just before the House rose—on December 5, to be exact. They told us that all of them have long wait-lists of people who want to gain access. I mean, over 2.5 million Ontarians don't have access to primary care. Many people will put their names at the community health centre, the family health team, the nurse practitioner-led clinic, the Indigenous primary health care centres in their community. All of them know that they would be able to take on way, way more patients if only they would get the funding.

They shared statistics with us that I will share in the House. Did you know that, right now, 82% of those organizations currently have staffing vacancies? Why? Because they cannot recruit and retain a stable workforce because they haven't seen base budget increases in about seven years, and they haven't been able to keep up. And 18% of them had recently laid off staff due to funding shortfalls; of this, 50% could have retained this staff if they had received funding for a modest wage increase. Did you know that 80% have not received retroactive Bill 124 payments?

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Some 73% of staff who left their role said they are taking a job in a hospital setting; 83% are seeing challenging staff workloads and longer wait times for patient/clients because of staffing challenges; over 50% anticipated having to make service cuts or staff layoffs in the next two years in order to continue paying their staff a living wage; 80% identified funding and financial constraints as the biggest organizational challenge they are facing; and 72% identified difficulty in recruiting and retaining staff.

This is the situation right here, right now in Ontario. We can have a bill that talks about respecting primary care all we want. We have 299 interdisciplinary primary care organizations. How about we start with respecting the ones

that are already there, the ones that look after 3.5 million Ontarians right here, right now, and help them to expand? But none of that is in the bill, of course.

I want to talk more specifically about community health centres. I'm proud to say that it was Elizabeth Witmer, a Conservative health minister, who funded the community health centre in Sudbury where I worked for over 12 years. As the executive director of the centre, I was able to expand. We were in Sudbury. We opened a site in Chelmsford, a site in Hanmer, then we opened a site in Gogama and in Foleyet, then we opened a site in Noëlville and in St. Charles. Then we opened the homeless clinic downtown, because even back then there were a lot of people who were homeless. We opened many, many centres for the elderly to keep them connected, to keep them active throughout the huge region that the community health centres serve.

All of this was possible, as I said, under a Conservative government. It was Elizabeth Witmer who funded this. She understood the importance of interdisciplinary care way back then. And it hasn't changed; it has been proven to be a very, very successful model that needs to continue.

But, again, community health centres came to Queen's Park. They told us that they haven't been paid for Bill 124. They are having a recruitment issue. But even through this, in northern Ontario, often if a physician leaves—we are short 350 physicians as it is—your chart stays with the team. It stays with the community health centre, with the family health team, with Indigenous primary health care or with the nurse practitioner-led clinic. The members who are still there, they still know you. They continue to care for you while recruitment is going on for either a new physician or a new family health team.

Why don't we give them a base budget increase? They are asking, as a group, for close to a \$500-million increase to stabilize the system and to be able to keep the staff that they have and bring in more people who are waiting on their wait-list. All of this is feasible right here, right now.

We don't have to wait. We have a budget coming on Thursday. I hope that the budget will show an investment in the 299 integrated primary health care teams that exist in Ontario right here, right now.

As I said, the 75 community health centres, there are 75 sites, most of them have a satellite office so that they are as convenient as possible, which is one of the purposes of the six purposes of the act—"Convenient: Insured persons should have access to timely primary care" province-wide. "Insured persons" across Ontario "should have the opportunity to have a documented and ongoing relationship with a primary care clinician or team." All of this is feasible with the 299 organizations that we have now.

Don't get me wrong, there are parts of northern and rural Ontario that are not served and could benefit from having a new interdisciplinary team or a satellite of an existing team, but we don't have to wait for years to do this. They are ready right here, right now to move on.

The nurse practitioner-led clinic also came to Queen's Park. They left a little leaflet behind. I will share some of that with you. There are 5,156 nurse practitioners working

in Ontario, and they work in every part of our health care system.

Did you know that in nurse practitioner-led clinics, they score above the Ontario average on all standard quality indicators? The nurse practitioner-led clinic average is 97.3% for patient involvement in care versus the Ontario average at 86.4%.

We have seen a growth, year over year, in the number of nurse practitioners. In 2010, there were 1,592 nurse practitioners in Ontario. In 2024, we now have 5,156 nurse practitioners in Ontario.

In Ontario, we had 25 nurse practitioner-led clinics for the longest time. It was George Smitherman who actually funded the first one. The very first nurse practitioner-led clinic was funded in Sudbury. Let me tell you, we worked really hard to bring this to Ontario and to convince, at the time, a Liberal minister to fund this, but it grew to have 25 nurse practitioner-led clinics. The present Conservative government has funded two more, so we're now at 27.

Nurse practitioners are part of 299 interprofessional primary health care teams that help over five million clients—so we're now at five million.

The nurse practitioners are found in every single interdisciplinary team that exists in Ontario. Of the 5,156 nurse practitioners we have in Ontario, over 4,000 of them work in primary care, mainly interdisciplinary team-based: 783 specialize in adults, 284 specialize in pediatrics and 28 others have multiple specialties.

For those who don't know, a nurse practitioner can diagnose illness, they can order and interpret diagnostic tests, they can refer clients to other health care professionals and specialists, they can provide counselling and education, they can provide treatment, they can prescribe all medication and they can manage chronic disease. If you have a team where you have a family physician working with a nurse practitioner, add a dietitian, a social worker, somebody working in mental health, a bit of health promotion, and I guarantee you, you will change that community within months. Within years, people will be healthier.

It's always the same: The demand for more expensive care—that is, care in emergency rooms—goes way down. Why? Because people have access to health promotion. They have access to disease prevention. They have access to primary care. They have access to the continuum of care from mental health to palliative care to end-of-life primary care. Interdisciplinary primary care teams can do it all. But at the centre of many of those teams are the challenges of recruiting family physicians.

I want to talk a little bit about the Northern Ontario School of Medicine. The Northern Ontario School of Medicine is celebrating their 20th anniversary today—yay.

Interjections.

M^{me} France Gélinas: Absolutely, absolutely.

They have changed health care in northern Ontario. Did you know that for half of the people who live in northern Ontario, their primary care physician comes from the Northern Ontario School of Medicine? Half of the people

in northern Ontario would not have a family physician if it was not that we had the Northern Ontario School of Medicine. They have been announced to be able to increase the number of new students they admit every year to 100, but in order for that to happen, they will need our support.

I'm very happy to say that 90% of the learners at the Northern Ontario School of Medicine University come from northern Ontario. Half of the physician graduates stay in northern Ontario to practise, and that number goes up to 90% if they are able to do their residency training in the north.

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How do we fix the 350 vacant physician positions in northern Ontario? Let's make sure that the students who go to the Northern Ontario School of Medicine to become family physicians have an opportunity to do their residency in northern Ontario, and then—the stats are there—90% of them will stay in the north.

NOSM University-trained physicians have enrolled over 400,000 patients. That is half of the population of our region. On average, 57% of Northern Ontario School of Medicine University graduates have pursued family medicine training, which is way higher than what exists in all other faculties of medicine.

One of the reasons for their success is that they have an innovative distributed learning model that is specific to the Northern Ontario School of Medicine. They place most of their 450 undergraduate and postgraduate learners into over 90 communities all across the north throughout the year, exposing their learners to life and practice in the region and increasing the likelihood that they will stay in the north.

To give you a bit of context, in northern Ontario, we have an unprecedented number of physicians who are retiring due to their age. We are, as I mentioned, short 350 family doctors and specialists, and that does not include the anticipated retirements. In order to correct this trend, the province has increased both the undergraduate and postgraduate physician seats in all medical schools—that's residency.

In order for NOSM University to almost double its overall learner numbers, which will start to yield a positive impact by 2029, they need money. They say that 85% of the money that goes to NOSM comes from the government. They have very limited revenue growth options. They need one-time funding to support the expansion that the government has announced so that more doctors can be trained in northern Ontario. They say very clearly that without an increase in government funding, Northern Ontario School of Medicine University will not be able to expand its teaching capacity, and they require updated, long-term, sustained funding to support its core operations as an independent medical university.

You will remember, Speaker, that the Northern Ontario School of Medicine is the only independent faculty of medicine—they are a university of their own. Every other faculty of medicine is part of a big university that has opportunities that the Northern Ontario School of Medi-

cine does not have. They want to place learners in many of its northern rural teaching sites—therefore creating more challenges with physician recruitment and retention in many underserved communities, if they don't get the monetary support that they need.

We all agree that the Northern Ontario School of Medicine is a gem. It has changed access to health care in northern Ontario in a very positive way. It has been identified as one of the faculties of medicine that will be getting more students, but they also need the funds to accept those students.

They mentioned that their funding has not changed since they were first—“our ongoing challenges is securing sufficient, sustained provincial funding to continue our work, and to facilitate the extensive but critical expansion of” their residency programs.

They mentioned that their per-learner funding from the province has not increased since 2009. This is 2025—this is 16 years. Speaker, what you could buy with a dollar 16 years ago versus what you can buy with a dollar in 2025 has changed dramatically, but the funding for the Northern Ontario School of Medicine has not.

So the act respecting primary care basically is there to recognize that “primary care is the foundation of Ontario’s publicly funded health care system and that primary care should be the first point of contact and the ongoing point of contact for insured persons seeking health care within Ontario.” We fully agree with this. They will repeat through the bill “publicly funded” health care, but they never say “publicly delivered.” I can tell you that when this bill comes up for clause-by-clause, we will make sure that we add into the bill “publicly delivered,” because we see what this government is doing, whether it be with staffing agencies, where \$9.2 billion of hospital budgets have gone to for-profit staffing agencies—who tell us that if they are able to recruit 500 nurses they can easily secure a \$5-million profit. Not-for-profit, not only publicly funded but publicly delivered, has to be in that bill.

The bill also talks about recognizing that “team-based primary care can increase system capacity and improve health outcomes for patients while also enhancing the satisfaction of team members.” We fully agree. Solo fee-for-service physicians—don’t get me wrong, there are some really good physicians out there who do that, but the model as a whole is a thing of the past. The way to provide high-quality primary health care is through interdisciplinary teams where every team member—family physicians, nurse practitioners, nurses, social workers, dietitians, health promoters, physiotherapists, mental health workers, all get to work to their full scope, share a medical chart and work as part of a team to support a patient, their family, their community as best as they can.

The bill says they envision a “primary care system that is based on a set of objectives based in evidence and best practice.” They talk about the belief that “empowering individuals with the knowledge and information to support their well-being is an essential component of health promotion and an effective health care system.” I wanted to read this because this government has been in power for close to eight years and it’s the first time that they men-

tioned “health promotion.” So I’m really happy that health promotion is in there, but we could do a whole lot more than just mention it on a one-page bill.

Next is the purpose. The objective: “The government of Ontario shall have the following objectives in its design, implementation and maintenance of the publicly funded”—I would add “publicly delivered” but it’s not in there—health care “system within Ontario....”

First, that it be province-wide: That is, “Insured persons across the province should have the opportunity to have a documented and ongoing relationship with a primary care clinician or team.” I fully agree. As I said before, even if a physician leaves or a nurse practitioner, your charts stay there. You continue to be a patient of the interdisciplinary team and will continue to receive care, although one of the care providers may be gone and recruitment is going on.

Second, “Connected: Insured persons should have the opportunity to receive primary care services that are coordinated with existing health and social services.” This is something that interdisciplinary teams do very well. If you happen to have a social worker on your team, even better; they will connect you to all of the social determinants of health—helping them get on ODSP if they have a disability, on Ontario Works if they don’t have it, helping them with housing. So, income, housing, top social determinants of health—as well as all of the other community-based agencies, whether we talk about mental health agencies, long-term care or home care. They are very good at that.

“Convenient: Insured persons should have access to timely primary care services.” We all know—because if you call and get an appointment three weeks from now for your child who’s been crying all night, you will go to the emergency room. But if you call and you’re able to get a same-day appointment, it changes everything. A same-day appointment or next-day appointment is the standard that most of the 299 organizations that exist in Ontario right now for interdisciplinary care already have as a standard.

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“Inclusive: Insured persons should have the opportunity to receive primary care services that are free from barriers and free from discrimination prohibited by the Human Rights Code or the Canadian Charter of Rights and Freedoms.” Not everybody feels welcome in all settings. That’s why, as I said, when I was the executive director of the community health centre in Sudbury, we opened the corner clinic. The corner clinic was a welcoming place for people who were unhoused, was a welcoming place for the homeless population, was a welcoming place for persons who had severe mental health and addictions, who did not feel comfortable going to another site but because of the location, because we had made it as it was, it did very, very good work. The people that were there were a very good team.

The fifth is, “Empowered: Insured persons should have the opportunity to access their personal health information”—absolutely. We should be able to book our appointment online. We should be able to have access to our health records.

“Responsive: The primary care system should respond to the needs of the communities it serves, and insured persons should have access to information about how the system is performing”—I agree with that. The insured person—my colleague talked about this—there are some uninsured people in Ontario. They do get sick. We need to have a system where they can gain access, but the idea that responsive—the needs of the community change. The interdisciplinary care model is usually able to change to meet that need.

The Acting Speaker (MPP Andrea Hazell): Questions?

Ms. Lee Fairclough: I really want to commend both of the members for your very data-driven approach to your response to this bill. I really enjoyed listening and learning some more.

My question is for the member for Hamilton Centre. You gave some good examples of the administrative burden. I heard a lot about that as I met with doctors for OMA’s doctors’ day and also OMSA, the students. They had also given some other examples, such as can we streamline referrals to physio? Do we really need to be giving referrals for massage—these areas where we’ve got registered professionals. I just wondered if you might speak a little bit more to ways that we could streamline things that would be better for patients and better for doctors.

MPP Robin Lennox: Thank you so much. I think you brought up some really great points that often—even for people who have benefits, for example, for allied health services like physio or massage or foot care—they require a physician’s note in order to access those services. Certainly, those are other very well-trained health care professionals who can do an assessment to determine whether someone would benefit from those services. It would be fantastic to reduce that burden on family physicians, so I think that’s a great point to highlight, and also improving the care and access for people who have benefits for those services, as they don’t have to wait to get a note.

The Acting Speaker (MPP Andrea Hazell): Questions?

Mr. Matthew Rae: My question is to the member from Hamilton Centre. I appreciate her remarks this morning. I have six family health teams in Perth–Wellington, which is probably one of the higher amounts of our individuals here. So I’m obviously a big supporter of that sort of care locally and seeing the benefits of that. My own family physician is obviously part of a family health team.

I know this member is new to this place, but we do have a provincial budget later this week and looking forward to seeing some of those investments in there. I was wondering if the member will be supporting our continued investments in primary care. The expansion she alluded to—\$120 million in a previous provincial budget. Minister Jones has alluded to further investment in that, and I was wondering if the member for Hamilton Centre will be supporting those investments in that provincial budget.

MPP Robin Lennox: Of course, I’m very curious to be seeing the budget and seeing what our government has

decided would be worth investment. I think any investment in our public health care system certainly is very welcome. I think, as we’ve said many times before, the devil is in the details, and so I would want to ensure that the money is responsibly going to team-based primary care and that we aren’t seeing any loopholes left open or intentional pathways left open for privatization and the drift of public funds into private sector coffers.

So, yes, I’m very excited to see the budget.

The Acting Speaker (MPP Andrea Hazell): Questions?

Mr. Chris Glover: I want to thank the members from Nickel Belt and Hamilton Centre. It’s wonderful to have your expertise.

I hope the government is actually listening, because the solutions to our family health care crisis were given by our members here today.

One of the solutions you talked about, the member from Hamilton Centre—you said that during the pandemic, the government had a program to make sure that doctors or hospitals who treated people who were uninsured would get compensated, and it cost \$5 million a year. It meant that people would get care on time, before their conditions got worse and became more expensive and more complicated. And you said that this is 8% of the cost of the Shoppers Drug Mart MedsCheck billing that is bogus and just creates paperwork for doctors. So can you speak a little bit more to how it would benefit the government if they were to invest that \$5 million a year to make sure everyone who’s uninsured in Ontario can get cared for at a hospital or with a doctor?

MPP Robin Lennox: Thank you very much for the question.

We always look at the old adage, “An ounce of prevention is worth a pound of cure.” Similarly, when we talk about funding for uninsured persons across Ontario, we have to recognize that while we currently don’t fund preventative care or routine care, what we do fund is emergency or critical care. We’re not investing in the ability to actually intervene early, which is much, much cheaper for our system. We’re letting things languish until someone is in critical condition and then saying, “Okay, we will care for you.” So it would save us a tremendous amount of money.

A good example, and this is a common one, is if a migrant woman is in Ontario and she’s pregnant, we will not pay for any routine prenatal care. We will not pay for her to have her blood pressure checked. We will not pay for any assessments. But if she ends up in hospital with pre-eclampsia and needs a Caesarean section and it’s a life-threatening condition, we will pay for that. It’s not good for that person, and it’s not good for our health system.

The Acting Speaker (MPP Andrea Hazell): Questions?

M. Anthony Leardi: La députée de Nickel Belt a parlé du modèle de rémunération à l’acte, ou les frais de service. Il existe encore de nombreux cabinets médicaux qui fonctionnent selon ce modèle et peut-être souhaiteraient-

ils continuer à fonctionner selon ce modèle. Est-ce que la députée voit un rôle à jouer dans l'avenir pour que ce modèle se poursuive?

M^{me} France Gélinas: Comme j'ai mentionné, il y a des médecins qui travaillent dans des cliniques par eux-mêmes et facturent le système de la RAMO et offrent des soins de très haute qualité. Souvent, c'est des médecins qui ont 10, 15, 20, 25 ans d'expérience. Ils ont toujours travaillé comme ça. Elles prennent soin de milliers de personnes et offrent de très bons soins primaires. Je ne veux surtout pas qu'ils s'en aillent et je ne veux pas qu'ils prennent leur retraite tôt non plus, parce qu'on a besoin d'eux. On a besoin qu'ils demeurent dans le système aussi longtemps que possible.

Mais lorsque l'on se tourne vers l'avenir—je parlais de l'université du nord de l'Ontario—les médecins de soins primaires sont formés pour travailler en équipe interdisciplinaire, donc les nouveaux médecins qui graduent préfèrent une équipe multidisciplinaire. Ceux qui sont là, je veux les garder et je ne veux pas qu'ils prennent leur retraite.

The Acting Speaker (MPP Andrea Hazell): Questions?

Mr. Terence Kernaghan: I'd like to thank my colleagues for an excellent presentation on this bill.

I'd like to direct my question to the member from Nickel Belt.

Around the time of the election, I had the opportunity to once again visit a great nurse practitioner-led clinic in my riding, Health Zone, and visit with Heather Osborne and a former student of mine, Melani Popovic, who is now a nurse practitioner herself.

I wonder if the member could please speak to the quality of care that is provided at nurse practitioner-led clinics.

1010

M^{me} France Gélinas: This is something that the Nurse Practitioners' Association of Ontario and many other associations will brag about, that if you do analysis of the quality of care and if you get the patient's view of the quality of care that they receive, they always rate nurse practitioner-led clinics the highest—because of the model of care, because of who they are, because of the way that they look at primary care. It's something that people appreciate. It's something that people like. The data is there to show that they have a positive impact on the health of the people that they serve, as well as their families and their community, and they always rate very high.

Don't get me wrong, community health centres as well as Indigenous primary health care teams and family health teams do very well, but nurse practitioners always manage to be a few points higher than the rest of them.

The Acting Speaker (MPP Andrea Hazell): One more quick question?

Ms. Lee Fairclough: My quick question is for the member for Nickel Belt. You've highlighted a lot of the existing team-based models that we have in Ontario. It's something for us to build off. We've got to make sure we

fill in some of the deserts that we have in access to primary care.

What are your thoughts on how we should be able to measure whether we're achieving any impact through this bill and this big effort to ensure people are getting access to primary care and team-based models?

M^{me} France Gélinas: In the 20 seconds that I have, the first thing I would look at is the wait-list. Why is it that all 299 interdisciplinary primary health care teams that exist in Ontario all have long wait-lists? That's number one. I have no problem with having a look at people who registered with Health Care Connect, but I can tell you that in my neck of the woods, most people don't bother because it serves nothing.

The Acting Speaker (MPP Andrea Hazell): It's now time for members' statements.

Second reading debate deemed adjourned.

MEMBERS' STATEMENTS

TAXATION

Mr. Anthony Leardi: I routinely keep in touch with the constituents in my riding, and I get feedback from my constituents on a regular basis. I sent a flyer out to all of the constituents in my riding, asking them to rank the number of government initiatives that they appreciated in accordance with personal importance to themselves. I had hundreds of and hundreds of responses coming back from the constituents across the county of Essex.

Speaker, the responses were overwhelming. The people of the county of Essex overwhelmingly chose the freezing of taxes and no new taxes as their number one most-appreciated initiative of this government.

Now, I understand that the government is going to be tabling a budget on Thursday. I have a message for the Premier of Ontario and I have a message for the Minister of Finance from the taxpayers of the riding of Essex: The feeling is overwhelming. The taxpayers of the riding of Essex, in the Thursday budget, want no new taxes.

FIESTA WEEK

Ms. Jennifer K. French: The weather is warming up, and in Oshawa, that means it is almost time for Fiesta Week. For 51 years, Oshawa has been host to our annual multicultural Fiesta Week, one of the longest-running cultural festivals in the country.

This year, there will be 11 cultural pavilions across our community open to neighbours to come and enjoy food, music, culture and each other. I attended the Queen's Court Ball, where ambassadors from cultural pavilions who have been crowned the queens of their culture clubs spend a week engaging with community and showcasing their home pavilions.

Each year, a Miss Fiesta is crowned. Miss Fiesta is always a tremendous representative and an impressive

young woman who is a leader in her cultural community, and the broader community of Oshawa.

Congratulations to Victoria Kay, Miss Italia, who is this year's Miss Fiesta 2025.

I want to acknowledge the remarkable work that goes into Fiesta every year and thank the Oshawa Folk Arts Council for their dedication, heart and work. Everyone is invited to Oshawa for the Fiesta street festival and concert on Father's Day, Sunday, June 15, followed by Fiesta Week from June 16 through the 21.

Buy your Fiesta passport and get it stamped at all of our pavilions. Enjoy pierogies, pasta, pretzels, potatoes, Portuguese tarts and many other delicious favourites while you enjoy music and dancing and vibrant performances.

Thank you to the folk arts council and the many volunteers who make Fiesta such a success in Oshawa. Happy Fiesta Week.

NATIONAL NURSING WEEK

JOB CREATION

Mr. Adil Shamji: This nurses' week, we celebrate the heart of our health care system: our nurses. For Ontarians, our nurses are a vital lifeline, a source of support and care in so many settings, not just in hospitals but in our primary care clinics, our homes and our communities. For me, nurses are also friends, colleagues and, very literally, family—nurses like my sister, a poison specialist and ER nurse who serves with expertise and compassion. To all nurses in Ontario, we see you, not just this week but throughout the year. For as long as I am a member in this Legislature, you will have a champion.

Next, I would like to rise on behalf of my constituents regarding a major issue. Ever since becoming elected, I've watched the number of people struggling with unemployment rise dramatically in my community. On a near daily basis, we are inundated with people asking for help seeking new jobs, better jobs or ones more closely aligned with their skills and training.

This front-line feedback from our office directly mirrors this government's unacceptable track record of employment—or, more accurately, unemployment. Just last month, Ontario shed nearly 35,000 jobs, even as almost every other province gained them.

Between the rising cost of rent and home buying, and the growing number of people resorting to food banks, one thing is clear: The one-time \$200 cheques that cost us \$3 billion before an election have failed to address their affordability crisis. It's time for this government to take real action.

PATHWAYS HEALTH CENTRE FOR CHILDREN

Mr. Robert Bailey: On May 14, Pathways Health Centre for Children in Sarnia will be hosting an open house to celebrate 50 years of service to families in Sarnia-Lambton. Since opening its doors in 1975, Pathways has always been a cornerstone in our community,

serving children and their families in Lambton with physical, developmental and communication needs. Today, Pathways' staff support nearly 5,000 children and youth at the centre and in local schools and First Nations communities.

To commemorate its half century of service, Pathways has organized a series of special events and initiatives throughout the year. These celebrations aim to honour the organization's rich history, recognize the contributions of its dedicated staff, volunteers and partners and highlight the many ways Pathways has made a positive impact on the lives of children and families in the region.

The celebrations will also serve as an opportunity to raise awareness about the vital work that Pathways continues to do and to generate support for its ongoing mission. As Pathways looks back on 50 years of service, it also looks forward to a future of growth and innovation, ensuring that it can continue to meet the evolving needs of the community for many years to come.

I encourage everyone to join me in congratulating the Pathways Health Centre for Children and all current and former staff, volunteers and supporters on this significant milestone.

Congratulations, Pathways. May your next 50 years be even more successful, fulfilling and joyous than the last.

RIDING OF WINDSOR WEST

MPP Lisa Gretzky: I am honoured to rise in this House again after recently being re-elected for the fourth time with a stronger mandate from my constituents, despite the Premier's extensive efforts to the otherwise. Thank you to my team for a job well done and the voters for trusting me to be their voice in Windsor West and at Queen's Park.

Families in Windsor West are worried, now more than ever, about their jobs, the cost of living, as well as their ability to put food on the table and keep a roof over their head. According to StatsCan, the unemployment rate in Windsor is 10.7%, the second highest in the country. The number of unemployed people in Windsor is now approximately 28,600, up nearly 47% from this time last year, when the number stood at 17,100.

Yet the Premier and his government are focused on out-of-touch legacy projects that no one asked for, charging Windsorites nearly \$65 million to pay for a foreign-owned luxury spa in downtown Toronto and the Toronto area fantasy tunnel underneath the 401, costing upwards of nearly \$100 billion. They are wasting hundreds of billions of taxpayer dollars, instead of making the necessary investments to save jobs and provide workers and families with the stability they need right now.

Shifts are being cancelled at the Windsor Assembly Plant and feeder plants. Local businesses are feeling the impact too. The economic uncertainty is being felt in every sector of my city. The people of Windsor West deserve better from this government, and I am here to continue fighting for them.

1020

HOMER TIEN

DUTCH LIBERATION ANNIVERSARY

Mr. Will Bouma: Speaker, I rise today in recognition of Dutch Liberation Day. On May 5, 1945, 80 years ago, Allied forces led by the First Canadian Army accepted the surrender of the remaining German troops in the Netherlands. Speaker, this victory came at great cost—more than 7,600 Canadians gave their lives for it.

Liberation of the entire Netherlands was not strategically important, and yet Canadians fought and died for months to win back every town and every field. The Canadians brought the locals critical supplies, support and, crucially, they brought peace and freedom after five years of brutal occupation. Dutch people across Canada and the Netherlands remember these soldiers' sacrifices and what they brought with them. To this day, the graves of thousands of Canadian soldiers are venerated each year and tended with great care.

No event defines the bond between two countries like the Canadian army's liberation of the Netherlands, and few others better define what it means to be Canadian. During times like ours with tariffs and a trade war threatening our country, let the legacy of the men of the First Canadian Army be our example. Canadians are brave. Canadians are kind. Canadians love peace, and Canadians will always stand up for freedom and resist oppression.

SERVICES GOUVERNEMENTAUX

GOVERNMENT SERVICES

M. Guy Bourgouin: Aujourd'hui, je me lève pour dénoncer le manque de services essentiels de ServiceOntario dans le Nord. Dans des communautés éloignées le long de la côte de la baie James, il n'y a pas de bureaux de ServiceOntario. Les résidents doivent parcourir des centaines de kilomètres pour accéder à des services gouvernementaux de base comme recevoir le renouvellement de leur permis de conduire, la carte de santé et les certificats de naissances.

Even along Highway 11 there are huge gaps in service between Thunder Bay and Sudbury. There are no offices where residents can complete their functional assessment to renew their licences. That means travelling hundreds of kilometres and staying in hotels, on top of paying private fees for service. There are residents in my community who have gone years without their licence because they just can't get to the office to renew it.

Ce n'est pas une nouveauté pour nous, dans le Nord. Nous manquons souvent d'accès aux services essentiels. Je me lève aujourd'hui pour vous sensibiliser à ce manque d'accès, car c'est un problème que nous pouvons résoudre ensemble. J'invite le gouvernement à assumer pleinement ses responsabilités en répondant concrètement aux besoins du Nord et en assurant un accès équitable aux services pour tous les Ontariens, peu importe où ils vivent. Merci, madame la Présidente.

Mrs. Michelle Cooper: Madam Speaker, I rise today to recognize an extraordinary Ontarian, Dr. Homer Tien, who will be awarded the King's coronation medal this Friday at Sunnybrook Health Sciences Centre. Dr. Tien has led a life defined by service to his country and to the health and well-being of others. He is a former colonel in the Canadian Forces, having served as a staff general surgeon and medical officer in Afghanistan, Bosnia and Herzegovina, Croatia and Myanmar. His work on the front lines of conflict zones saved countless lives and exemplified courage and compassion.

After his military service, Dr. Tien continued his leadership here at home as medical director of the Tory Regional Trauma Centre at Sunnybrook, Canada's largest trauma centre, and now as president and CEO of Ornge. He has ensured Ontarians receive world-class emergency care no matter where they live.

He is also a mentor, a researcher in trauma medicine and an educator at the University of Toronto. His career has been marked by excellence, earning him the Order of Military Merit, awarded to members of the Canadian Forces who go above and beyond the call of duty.

Madam Speaker, this Friday we will honour Dr. Tien on the very helipad where so many lives have been saved. I invite this House to join me in thanking him for a lifetime of selfless service to Ontario and to Canada.

GOVERNMENT INVESTMENTS

Mr. Matthew Rae: It's a pleasure to rise in this House today to highlight several important investments in my riding of Perth-Wellington. Recently, I had the honour of announcing over \$300,000 in support for local festivals and events through the Experience Ontario program, an investment that celebrates our vibrant rural communities and boosts local tourism. Our government is also investing more than \$800,000 to support rural public transit in our region through the gas tax program, ensuring our residents remain connected to the services that they rely on.

In addition, we're investing over \$1.8 million to create 31 new emergency shelter spaces and 35 new affordable housing units across Perth and Wellington county, helping to address the urgent housing needs in our rural communities.

Before the last provincial election, I was proud to share that the Listowel Memorial Hospital was approved for a planning grant to support this much-needed expansion and modernization. This is a significant step forward for rural health care in our area.

Later this week, the Minister of Finance will table the 2025-26 provincial budget. I look forward to seeing how our government will continue to support rural Ontario and protect the people of this province during these challenging economic times. I remain committed to working with my colleagues to ensure that Perth-Wellington receives its fair share of provincial support and continues to thrive.

KARI WILLIAMS

Ms. Aislinn Clancy: This past week, my community mourned the loss of an amazing community leader. Kari Williams, a regional councillor for the city of Kitchener, passed away on April 29 at the age of 40, after a long battle with cancer.

Kari was a sharp, loving and determined leader. She was a dedicated mother to Piper and Bennett and a loving wife to Nathan, and she was a role model for all of those in our community. I was grateful to have known her and admired her focus on reducing poverty, addressing climate change and being a voice for her community.

Thank you to the Williams family for sharing Kari with us. Kari, you are loved, and you will be missed.

INTRODUCTION OF VISITORS

Hon. Michael Parsa: Madam Speaker, I'd like to take this opportunity to not only welcome some guests that are here, but on behalf of the Minister of Tourism, Culture and Gaming, I'd like to wish the Minister of Education a happy 29th birthday. Also, as a special gift, the minister and I have asked the Toronto Maple Leafs to deliver the Stanley Cup for him as a birthday gift.

MPP Lisa Gretzky: It is my honour and privilege to welcome Ryan Donally and Matthew Dumouchel from the Windsor Essex Chamber of Commerce. Their office is just down the street from my office in Windsor West, and I am thrilled to have them here at Queen's Park today. Welcome to Queen's Park.

Ms. Mary-Margaret McMahon: Good morning, everyone. I have some good news and sad news. The good news is, Neil Pakey is in the House. The sad news is, the CEO of Nieuport Aviation is retiring, heading back to England. But the other good news is, he's doing so with his partner, Helen Downes, a force in her own right. Welcome to the chamber.

Mr. Ernie Hardeman: I'd like to introduce Shane Curtis and Ashley Edwards, from the Tillsonburg District Chamber of Commerce; Andrew Malcolm and Rocio Salinas, from the Township of Norwich Chamber of Commerce; and Karen Sample and Kim Whitehead, from the Woodstock Chamber of Commerce. Welcome to Queen's Park.

Mr. Steve Clark: I have two representatives from the united counties of Leeds and Grenville: first, Warden Corinna Smith-Gatcke, who's also the mayor of the township of Leeds and the Thousand Islands, but I also want to introduce the CAO, Alison Tutak, who is retiring after 33 years. I want to thank Alison for the great work that she's done for the people of Leeds-Grenville.

MPP Jamie West: I'd like to welcome Marie Litalien, the president and CEO of the Sudbury chamber of commerce. Welcome to Queen's Park.

Mr. Mike Schreiner: I'd like to welcome Andy Veilleux, the president and CEO of the Guelph Chamber of Commerce. Welcome to Queen's Park.

Hon. Nina Tangri: I want to welcome Dan Tisch and the entire contingency here from the Ontario Chamber of Commerce, and a special welcome to Trevor McPherson and Brett McDermott from the Mississauga Board of Trade. Welcome.

1030

Hon. David Piccini: I want to welcome, from the Eastern Ontario Wardens' Caucus, Bonnie Clark and Steve Ferguson, the vice-chair of the wardens' caucus. I look forward to meeting with you later today. Thank you for the wonderful reception.

And also Brenda Whitehead, who's here with the Port Hope chamber of commerce, with the team of chambers here today. Welcome to Queen's Park.

MPP Lise Vaugeois: I would like to welcome Harry Goslin, president of CUPE 1750—this is a union representing front-line workers at the WSIB—and David Peddle, also from CUPE 1750.

I would also like to welcome Fred Hahn, president of CUPE Ontario; William Chalupiak, CUPE Ontario; Faiz Ahmed, CUPE Ontario; and Corey Nageleisen, CUPE national. Thank you for the work you do.

Hon. Nolan Quinn: I would also like to welcome, from the Eastern Ontario Wardens' Caucus, Martin Lang, the warden from Stormont, Dundas and Glengarry, as well as Maureen Adams, the CAO. Welcome to Queen's Park.

Hon. Sylvia Jones: I would be remiss if I did not welcome, from the Dufferin Board of Trade, Diane Morris. It is great to see you.

Ms. Jennifer K. French: I'd like to welcome Isabelle Foley of the Greater Oshawa Chamber of Commerce to Queen's Park today. She, of course, is here as part of the Ontario Chamber of Commerce's 10th annual advocacy day. Welcome to Queen's Park.

MPP Alexa Gilmour: I'd like to welcome an exceptionally good geologist by the name of Theron Finley, who is in the gallery. He was also my favourite cousin to babysit when we were younger, so welcome to the House.

Ms. Laurie Scott: I'd like to welcome Terry Guiel from the Lindsay and District Chamber of Commerce; East Ontario Wardens' Caucus, Mayor Doug Elmslie; and CAOs Gary Dyke, from Haliburton county, and Ron Taylor, from Kawartha Lakes.

Hon. Graydon Smith: I'd like to welcome Norah Fountain, the executive director of the Muskoka Lakes Chamber of Commerce here today, and all our riding members here from the chambers of commerce from my riding. I can't see all of them, so I'm sorry.

Hon. Rob Flack: I would like to welcome Paul Jenkins, the president of the St. Thomas chamber of commerce, and his team. They're doing a great job.

Hon. Sam Oosterhoff: We have three constituents here from Niagara West today: Rebecca Shelley, from the Grimsby chamber of commerce; Alejandra Wichartz, from the Grimsby chamber of commerce; and Rodney Bierhuizen, who's here today with the Ontario Greenhouse Alliance.

Hon. George Pirie: [*Inaudible*] Robson—she's the CEO of the Timmins Chamber of Commerce—along with Tom Faught, who is the president of the Timmins

Chamber of Commerce, and Kristin Murray, who's also in the House with us today. Welcome.

The Speaker (Hon. Donna Skelly): We've run out of time for the introduction of visitors. You can introduce your visitors once again at 1 o'clock.

I would, however, like to draw your attention to the Speaker's gallery and introduce Steve Peters, who is from Elgin–Middlesex–London. He represented that riding in the 37th, 38th and 39th Parliaments. Of course, he was also the Speaker in the 39th Parliament. Welcome.

QUESTION PERIOD

AUTOMOTIVE INDUSTRY

Ms. Marit Stiles: It's a tough morning for a lot of folks in Ontario. We just learned that Honda is postponing their electrical vehicle project in Alliston. They have said this isn't going to result in job losses, but that's really a bit hard to believe given the circumstances. Just last month, they said there was going to be no change in their Canadian auto production, but here we are with production stalled for at least two years.

So my question to the Premier is, what is the Premier going to do to make sure that Honda stays true to their word and prevents any job losses?

The Speaker (Hon. Donna Skelly): Response? The member for Bay of Quinte.

Mr. Tyler Allsopp: Thank you to the member opposite for the question.

In the face of global economic uncertainty, our government has been clear: We will do whatever it takes to protect Ontario's world-class workers, businesses and industries. We are in close contact with Honda, who have reaffirmed their commitment to their operations and planned expansion here in Ontario. They have assured us that their announcement will have no impact on their current employment levels and their production at their manufacturing plant in Alliston.

Ontario's auto sector has been revitalized over the last four years, with \$46 billion in new jobs and new investment. We are going to fight every single day to protect the progress that we have made in our auto sector and right across our province.

The Speaker (Hon. Donna Skelly): Supplementary?

Ms. Marit Stiles: I appreciate the parliamentary assistant's response. I'd like to hear from the Premier, maybe the Deputy Premier—I don't know, maybe the Minister of Finance.

You just can't take a company at their word, not in a situation like this. This was a company that also said there would be no change in production, and yet here we are.

The best way for us to protect against a chaotic US President and tariffs is to strengthen our own domestic market. Honda says it's not about the trade war, but it's about the slowdown in the EV market. So let's try something, right? The government could take a bit of responsibility here. They made it more and more difficult for

Ontarians to switch to EVs: They eliminated rebates, removed requirements for buildings to have chargers and the bill that they tabled just yesterday gets rid of green standards for new buildings.

To the Premier: Will the Premier bring back EV rebates and commit to accessible charging infrastructure?

Mr. Tyler Allsopp: Thank you to the member opposite for the question. I'm glad that the member wants to talk about EVs.

Let's talk about the report that came out in 2019 saying that globally companies are going to spend \$300 billion on the EV supply chain. Zero of those dollars were slated to come to Ontario or to Canada. This government sprang into action. We brought in \$46 billion of EV investment, securing hundreds of thousands of jobs and creating tens of thousands of new jobs in the automotive sector. We have saved that sector, we have continued to invest in it and we believe that the future of the Ontario vehicle-production sector is going to be bright.

We're going to continue to bring in high-quality investments that lead to good-paying jobs, making great products right here in Ontario. That's how you protect Ontario.

Interjections.

The Speaker (Hon. Donna Skelly): Supplementary?

Ms. Marit Stiles: I mean, you can keep praying for something to come, but the reality is that today Honda is stopping production; this is all halted. I don't know if you got the memo.

Look, it was Ontarians—Ontario taxpayers—who invested \$2.5 billion into this EV project so we could create good jobs in the sector. Honda promised 1,000 more jobs for people in Alliston. Ontarians also invested in Brampton, in Windsor, in Oakville, where production has also stalled and put jobs at risk.

The Premier likes to talk about attracting investment to Ontario with tax breaks and subsidies, but when those companies break their promise to workers and to communities, he just throws up his hands in the air. The Premier allowed the market to dry up with his reckless decisions.

Back to the Premier: If you won't bring them back, what is the Premier prepared to do to shore up the EV sector?

Mr. Tyler Allsopp: I've already stated that we continue to work with Honda, who has reaffirmed their commitment not only to this new investment but also to the current production and the current employees at their plant in Alliston.

And just to correct the member opposite, no funds have flowed yet from the Ontario government or the federal government to support this project. We very much look forward to this investment continuing. It will continue to bring in good jobs, keep people employed, putting food on the table and paying their bills because that's what matters to the people of Ontario, and they know that this government will always stand up and prioritize their needs and their livelihoods.

We are going to protect Ontario. That's what we were elected to do, and that is exactly what we're going to deliver for the people of Ontario.

AUTOMOTIVE INDUSTRY

Ms. Marit Stiles: I've got to say, Speaker, I often feel like I'm living in the twilight zone here. This government hasn't woken up to the reality of what we are facing today.

Now, I want to be clear—and I want to go back to the Premier on this question. When you made these deals with these companies, we said, “Where are the strings that are attached?” We warned you that if there were no strings attached, this was what was going to happen. You need to attach some strings to the investments if you're going to take \$2.5 billion of Ontarians' hard-earned taxpayer dollars and invest it. It is not your money. There needed to be strings attached. People are worried, and all we get from this government over and over again are platitudes.

I want to go back to the Premier again: You said this morning that you would hold these companies accountable, what is the Premier's plan to do that?

The Speaker (Hon. Donna Skelly): Response? The member for the Bay of Quinte.

Mr. Tyler Allsopp: Thank you very much for the question, and thank you, Speaker, for recognizing me.

We know that under the previous Liberal government that was supported by the NDP, absolutely nothing was going to happen in the EV sector. We were going to sit back and let the future of automobile manufacturing pass us by. This government said, “Not a chance.” We sprang into action, securing \$46 billion in EV investment, shoring up those 100,000 jobs and creating tens of thousands of more jobs.

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Look at what we've done in life sciences: \$6 billion of investment, generated over 4,800 jobs, and in phase 2, we're looking to bring in 13,000 more jobs.

We've also brought in tens of billions of dollars in tech investments, in ridings all over the province—

Interjection.

The Speaker (Hon. Donna Skelly): The member for Don Valley West.

Mr. Tyler Allsopp: —including Hitachi Rail in your riding—as you heckle me right now; including building Ottawa into the number one tech hub, with the highest concentration of tech jobs anywhere in North America. And Toronto has brought in more tech investment over the last five years than any other major North American jurisdiction. We will continue—

Interjections.

The Speaker (Hon. Donna Skelly): Supplementary?

Ms. Marit Stiles: Back to the Premier—but I got news for you: You are the previous government.

Interjections.

The Speaker (Hon. Donna Skelly): The government side will come to order.

Interjections.

The Speaker (Hon. Donna Skelly): Stop the clock. The government side will come to order.

I apologize to the Leader of the Opposition. You may continue.

Ms. Marit Stiles: As I was saying, Speaker: You are the previous government and you're the government before that too, right? There is anxiety and uncertainty in the province of Ontario and that is on you.

We have the highest unemployment rate in the country right now: 33,000 manufacturing jobs lost in April—in April alone. That is more than half the job losses in the entire economy. What planet are you living on if you don't think we have a problem here?

My question to the Premier is: How long will this government continue to wait and see more people lose their jobs without a plan?

Mr. Tyler Allsopp: I had a business teacher back in college named Bill Crowe, who used to say, “What interests the customer should fascinate you.” You want to talk about jobs? Let's talk about jobs. Let's talk about the over one million jobs that we have created in this economy since 2018. Let's talk about the 140,000 jobs that we created just last year.

In the first two months of this year, 55,000 more jobs were created in the province of Ontario because of the economic conditions that we have put in place, not because of the work of the previous Liberal government, supported by the NDP. Your credit rating was downgraded twice; our credit rating has been upgraded twice.

We are building a stronger economy that works better for everyone in Ontario, everywhere in Ontario, and we are not about to apologize for doing that.

The Speaker (Hon. Donna Skelly): Supplementary?
Interjections.

The Speaker (Hon. Donna Skelly): The government side will come to order.

Ms. Marit Stiles: I will say, Speaker, that I would not have given that a standing ovation, if I were you. The highest unemployment rate in the country: 33,000 jobs lost in April. This is on your government. Every one of those jobs that are lost is on your government. The anxiety that people are feeling right now: That is on your government.

We have been asking every single day since this House returned about those job losses. Every single day, this government has had no real answer, no plan at all. We warned you over and over again to attach strings to those investments, those Ontario dollars that were attached to companies like Honda. You shrugged it off. You trusted them implicitly.

Well, you know what? People of Ontario are tired of your platitudes. They need action. Will the Premier actually take action and be accountable? What is the Premier's plan, I ask again, to address these job losses?

Mr. Tyler Allsopp: Thank you to the Leader of the Opposition for the question. Perhaps I didn't project enough last time; maybe you didn't hear me. The funds have not flowed. You're talking about strings on investment that has not flowed yet. This is the problem with having scripted questions, I suppose.

Back onto the subject matter: We have sprung into action immediately. We put forward \$11 billion in supports to keep businesses operating, to keep them profitable and to keep people employed. We put over \$1.3 billion

more for the manufacturers' made-in-Ontario tax credit. We put forward \$1 billion through the Skills Development Fund to retrain hundreds of thousands of new workers. We put forward tens of millions of dollars for trade-impacted communities.

We asked the people of Ontario an important question a few months ago: Who do you want to guide you through this economic crisis? And they were unequivocal that it was this party and this Premier that was going to deliver for this province, and that is exactly what we are going—*Interjections.*

The Speaker (Hon. Donna Skelly): Stop the clock. The government side will come to order or I will start naming people.

I apologize. Start the clock. I recognize the leader of the third party.

HEALTH CARE

Mr. John Fraser: My question is for the Premier. But before I get started, the folks from Dresden are down in the media studio right now. I'm sure if the Premier or the Deputy Premier could happen on downstairs, they would like an explanation as to why this government turned its back on them and their MPP.

So my question is for the Premier. Does the Premier think that spending more than a billion dollars every year on private nursing agencies is the right way to spend our health care dollars?

The Speaker (Hon. Donna Skelly): I recognize the Minister of Health.

Hon. Sylvia Jones: Of course, as we continue to invest in our health care system, we are going to make sure that those investments are targeted—things like insuring, through the colleges and universities, to expand the Learn and Stay program that allows more nurses to actually train and ultimately practise in the province of Ontario. We've licensed over 100,000 nurses since 2018, 30,000 who are currently in our post-secondary institutions. Those are the impacts that we are making.

As we expand the opportunities for nurses, for other allied health professionals, we will see that those opportunities to live, earn and practise in the province of Ontario expand under the Ford government.

The Speaker (Hon. Donna Skelly): Back to the leader of the third party.

Mr. John Fraser: The government has known about this problem for about three years and they've done nothing about it. While Quebec actually has moved to sanction some of those agencies that weren't good operators, this government has done nothing about that, and the only thing they have right now is a weak measure in Bill 11 that asks them to report to the minister.

These agencies have increased dramatically. Hospitals have only increased their employment by about 6%. These agencies have almost doubled, and all this government has is a weak, "Send us a note"—no action, no enforcement, no penalties, no real action.

I guess the question isn't any different, because I didn't hear the answer in your response. Does the government think that spending all this money, more than a billion dollars every year, on private nursing agencies—shareholder-driven corporations—is the right way to spend our health care dollars?

Hon. Sylvia Jones: If memory serves me correctly, the member opposite actually was the parliamentary assistant to the Minister of Health under the previous Liberal administration and would know full well that temporary staffing agencies have been in operation in the province of Ontario for decades. They are a very important tool to make sure that we have qualified clinicians working in our hospitals, in our long-term-care homes, in our community care systems. So is the member opposite suggesting that we should cut out that pathway and that opportunity for hospitals and long-term-care homes to actually regulate when they need additional staff and bring them in when appropriate?

There is no doubt that this is an important tool for our health care professionals, and I'm frankly shocked that a previous parliamentary assistant to the Minister of Health needs that explained to him.

The Speaker (Hon. Donna Skelly): Supplementary?

Mr. John Fraser: I knew I had something to look forward to this morning: getting schooled by the Minister of Health.

The reality is these agencies are a reality. The problem is that you basically just let them run amok. You're spending more than a billion dollars. I guess the minister's answer to that is, "Spending a billion dollars—well, that's appropriate." We don't think it's appropriate.

We should be investing in Ontario's hospitals, in our people. That's what we should be doing here. And every year you're sending a billion dollars—a billion dollars—to shareholder-driven private corporations, and that's not making our health care system any better.

I guess my question is, will we see anything in the budget to actually put an end to this, to reverse the trend and make sure that we have some sort of balance or normalcy in how these agencies are used?

1050

Hon. Sylvia Jones: As you know, we have legislation on the books currently, that we are debating, that is actually going to give us more additional data to ensure that the appropriate use of temporary staffing agencies is happening.

But, Speaker, let's talk about what we expect to see in Thursday's budget. What we expect to see is more investments in health care. We have \$50-billion worth of capital that is going into our hospitals and our health care system. Why? Because it was neglected for too long.

Whether you live in Mississauga, Windsor, Sault Ste. Marie or Ottawa, or indeed, south Niagara, you are seeing investments that our government is making to ensure that our world-class primary care providers and allied health professionals have the appropriate services and equipment and capital that they need to do the job in Ontario.

HEALTH CARE

Mr. John Fraser: The minister would know that the problem is not in building hospitals, it's actually what happens inside them. Wait-lists are longer, we're using private nursing agencies and now, while the Premier sends billions of dollars every year to private, shareholder-driven corporations, Ontarians are being asked every day to use their credit card instead of their OHIP card to get the basic services that they need.

So I guess my question back to the minister is, in this budget, will there be measures to stop the trend of more and more people every day being asked to use their credit card instead of their OHIP card?

Hon. Sylvia Jones: As we expand access across Ontario, we will absolutely have more good news to share on Thursday.

But just a question, I guess: Bonnie Crombie is still your leader, right? So when she was in the leadership, she was actually talking, Speaker, about how the Liberal government of the day was spending too much money on health care—quite the opposite under Premier Ford. We have a government who is investing in its people, investing in its capital and ensuring that the people of Ontario continue to have world-class health care, unlike the previous Liberal government who decided that they had been spending too much money, when we obviously have seen gaps in the system that we are now repairing and replacing.

The Speaker (Hon. Donna Skelly): Supplementary?

Mr. John Fraser: Now that the minister is just okay with people having to use their credit card—doesn't seem to be a problem over there—I didn't hear anything about that in the response. The reality is that every day, people are being asked to do that. The Premier loves to say that: "You only have to use your OHIP card, not your credit card." Just like everything else the Premier says, it's a lot of empty words.

So in Ottawa, if you need an MRI, the doctor—the first thing out of their mouth is: "You've got two choices. You can pay a hundred bucks across the river, or you can wait in line for three or four months." This happens with cataracts. It happens with appointments for optometrists. Every day, people are being asked for their credit card to get an earlier appointment.

Now, I don't think that that's the right thing to do—that people are asked to spend their own hard-earned money while they send you money to get basic health care services.

So my question again is, are you going to stop this practice, do something about it, or are you just going to throw back what you gave me in the last response?

Hon. Sylvia Jones: We had wait-lists that were out of control when our government came in.

Because the member opposite highlighted cataracts, I'm going to talk about cataracts. We had cataract waits that were out of control. What did we do? We invested in cataract community centres in Windsor, in Kitchener-Waterloo, in Ottawa.

As a result, I have spoken to a mother who received her cataract surgery in a community surgical diagnostic centre. Guess what? She talked to me about how she could drive again, how she could read to her grandchild again, how she could volunteer back in her community. The member opposite, in opposition, does not believe that there is a role for community diagnostic and surgical centres in the province. I diametrically oppose that because I've seen what the impact is to people in Ontario.

The Speaker (Hon. Donna Skelly): Final supplementary?

Mr. John Fraser: What I asked the minister was—I want people to get care. We all want people to get care. They just shouldn't have to use their credit card, and they're having to do that more and more.

In the case in Ottawa, I know of a constituent who needed cataract surgery—not urgent. Here's what the optometrist said to her: "You can go to these private clinics and get it done soon," even though it wasn't a rush. "But you don't want to be on the wait-list." And to be fair, the wait-list is not that bad for cataracts.

Hon. Sylvia Jones: Because we fixed it.

Mr. John Fraser: The problem I have—and you don't seem to understand, because you're out of touch over there—is that people are being asked to spend their hard-earned money while they're sending you tax dollars for something they can reasonably expect to get: basic health care, primary care. It's ridiculous. The minister doesn't get it.

Are they actually going to do something about this practice, or is it just going to be the Wild West in Ontario for health care and people can ask for a credit card any time they like?

Hon. Sylvia Jones: I'm pleased that the member opposite actually highlighted the fact that because of our investments in community cataract surgeries, we were actually able to decrease the wait-list for cataract surgeries. And I hope when we make expansions in other community diagnostic and surgical centres, like for orthopedics, that the member opposite will understand that when you expand community and surgical centres across Ontario you will actually see a corresponding decrease in wait times. It happened in cataracts, and it will happen in a number of other surgeries because we see the need. People want that convenience in their community, and they have a government, under Premier Ford, that will give it to them.

SCHOOL BOARDS

Ms. Jessica Bell: My question is to the Minister of Education. In 2024, the Minister of Education brought in Deloitte to investigate the Toronto Catholic District School Board to find efficiencies, and the report is now complete.

The Toronto Catholic District School Board has to submit a school budget by June and has asked to see the Deloitte report numerous times so that they could look at the recommendations, yet the government refuses to give it to them. Instead, they're launching another investiga-

tion, paid for by taxpayers, into the school board's financial position.

Minister, my question is simple: Before you launch a new investigation, can you release the first report by Deloitte to the Toronto Catholic District School Board?

Hon. Paul Calandra: I thank the member for the question.

As a matter of fact, I have been speaking with the Toronto Catholic District School Board, and they are actually very anxious and encouraged to work with the investigators in the weeks ahead, so we're going to continue to do that. I will have the basis of the initial report that we've already done. As you know, they have a significant deficit of—I believe it's over \$70 million in that. By the end of the month not only will we have the benefit of the investigator's report, that will be based on some of the work that was done by the team that had already gone in there.

So the member will have to wait until the end of the month, but, as I said, we're working very closely with the Toronto Catholic District School Board. They're excited for the opportunity to work with us, and I'm encouraged by their openness to get to the bottom of their overspending.

The Speaker (Hon. Donna Skelly): Back to the member for the supplementary.

Ms. Jessica Bell: Minister, I think they'd be excited to see the first report.

It's not just the Toronto Catholic District School Board that has already been audited; the Toronto District School Board has also been audited by Deloitte and the Auditor General. These audits have found, time and time again, that there's no fat left to cut in our school boards. They're cutting into muscle.

If Ontario wants to see improvements in schools—the repair of school buildings, pools to remain open and smaller class sizes—the only solution, the only long-term solution, is to secure more provincial investment.

My question is to the minister: Can this government commit to properly funding our schools so that our kids can succeed in the classroom?

Hon. Paul Calandra: Therein lies the difference between the opposition and this government. Every single year that we have been in office we have increased funding for classroom education across the province of Ontario. We're continuing to do that.

The boards that she's talking about have significant multi-year deficits. We have sent an investigator in to ascertain why these deficits continue. We expected to get multi-year recovery plans from these two boards. They did not provide us with that in a satisfactory fashion, and we're sending an investigation team to tell us whether we should assume greater responsibility—whether the ministry should assume responsibility.

But as I've said in this House time and time again—and I'm not going to stray from this—I expect the money that we send for classroom education to be spent on classroom education, full stop. I'm not here to fund programs that aren't part of classroom education.

1100

What I want is teachers to have all the resources that they need to properly educate our kids for the jobs of tomorrow. If teachers don't have those resources, then we will not graduate the best students that we can, so I'll make sure that teachers get the resources and boards don't stand in the way.

YOUTH UNEMPLOYMENT

MPP Andrea Hazell: My question is for the Premier. The youth unemployment rate in Ontario has reached a staggering 15.2%. This summer alone, thousands of students are on their summer break and already feeling the wrath of this government's lack of support for young people living in Ontario. There's no income, no productivity, no hope, no future, and poverty continues to be an ugly reality for our young people.

My question to the Premier: Will the Premier commit to taking this youth unemployment crisis seriously, and can he assure the young people of Ontario that Thursday's budget will include meaningful investments to support them?

The Speaker (Hon. Donna Skelly): I recognize the Minister of Labour.

Hon. David Piccini: I appreciate the member opposite and her passion for youth across the province of Ontario.

The Premier already announced at Skills Ontario, one of the largest gatherings of youth across Ontario and the largest skilled trades fair in this country, that he committed another billion dollars in the Skills Development Fund.

In that member's own riding—and I encourage her to join me next time—we visited A Women's Work. Natasha Ferguson is empowering a next generation of women entering apprenticeships.

What has the net result of programs like that been? A 30% increase in women registration in apprenticeships in Ontario. That's going to support building a stronger province, and we're going to get the job done under Premier Ford's leadership.

The Speaker (Hon. Donna Skelly): Supplementary?

MPP Andrea Hazell: What this government fails to realize is that while they're investing and while they're planning, the youth of Ontario are suffering now. Where is the bailout for the young people of Ontario now?

This government continues to sound like a broken record for years to come, and the people of Ontario are tired of all the broken promises.

Through you, Madam Speaker, what is this government going to do to take Ontario from one of the highest youth unemployment rates in the country now to the lowest, and why did last year's budget fail to deliver on that goal? That is why we are here today.

Hon. David Piccini: You saw right there a fundamental difference: The member opposite asked for a bailout for youth. There are no youth I'm talking to that are asking for a bailout. They want meaningful skills to achieve a job. They want better skills training. They want better school

boards and schools that deliver for their priorities. That's what the—

Ms. Mary-Margaret McMahon: Since when is a job a bailout?

The Speaker (Hon. Donna Skelly): I apologize to the minister.

Would the member for Beaches–East York please come to order.

Back to the minister.

Hon. David Piccini: Thank you, Speaker.

They want skills training; they're going to get that in our K-to-12 schools. They want better colleges and universities—thanks to the largest investment in post-secondary education under that minister. They want a Skills Development Fund that's employer-driven to match them to jobs of tomorrow.

We'll continue making those investments to support our next generation. We've seen a historic increase in apprenticeships because we're actually building again in this great province.

PUBLIC TRANSIT

Mr. Sheref Sabawy: My question is to the Minister of Transportation. For years, the Liberals talked about transit, but they never built it. They let our roads, bridges and transit systems fall behind while Ontario kept growing.

But our government is building. We are building projects like the Ontario Line, which will cut congestion and make it easier to get across the GTA. We are building the Eglinton West extension to give people faster, more reliable commutes. We are building the Yonge North subway extension to connect more communities to rapid transit.

These projects will cut gridlock and connect people to jobs. They will help businesses grow and keep our economy growing and strong.

Can the minister share more about how these projects will support Ontario's growing population?

The Speaker (Hon. Donna Skelly): I recognize the member for Brampton East.

Mr. Hardeep Singh Grewal: Thank you to the member for that great question. For 15 years, the Liberals did nothing but make empty promises on public transit. Under this Premier's leadership, we're not just talking, we're building.

The Ontario Line will cut congestion and connect major destinations across the GTA, providing relief to Line 1 and Line 2. The Eglinton West extension will take thousands of commuters off overcrowded buses, onto a new rapid transit line, seamlessly linking GO Transit and the TTC. The Yonge North subway extension, eight kilometres of rapid transit, will connect Vaughan, Richmond Hill and Markham to our broader transit network.

These projects aren't just about getting people from point A to point B, they're about creating jobs, reducing commute times and building the infrastructure Ontario needs to thrive. The Liberals had 15 years to act and did

nothing. Our government is building for today and for generations to come.

The Speaker (Hon. Donna Skelly): Back to the member for a supplementary.

Mr. Sheref Sabawy: Our government knows that building transit is about more than just moving people; it is about creating jobs, supporting businesses and building strong communities. Projects like the Ontario Line will unlock new housing and commercial space, helping more families find a place to live close to work. The Hazel McCallion LRT will connect businesses in Brampton and Mississauga, bringing more customers to local shops and restaurants. The Scarborough subway extension will put tens of thousands of jobs within easy reach of public transit, making our economy stronger.

Speaker, can the parliamentary assistant share more about how this project will support jobs, local businesses and economic growth for the long term?

Mr. Hardeep Singh Grewal: Thank you again to the member from Mississauga–Erin Mills. He's absolutely right, Speaker: Our government understands that investing in public transit isn't just about moving people, it's about fuelling economic growth and creating economic opportunity.

The Ontario Line will open up new corridors for housing and commercial development, attracting businesses and bringing jobs closer to where people live. The Hazel McCallion LRT will connect Brampton and Mississauga, driving foot traffic to local businesses and revitalizing our downtown cores. The subway extension in Scarborough will be bringing 34,000 jobs within walking distance of public transit, and it will be a game-changer for workers and businesses alike.

Speaker, while the NDP and the Liberals voted against these vital projects, Ontarians voted for progress. That's why they chose our government to deliver these historic investments. We're committed to building the infrastructure in Ontario and we're going to get it done for the people of Ontario.

LABOUR DISPUTE

MPP Lise Vaugeois: While giving billions of dollars away to employers, WSIB president Jeffery Lang stated, "We're in the strongest financial position in our history," and yet management has forced WSIB workers into a strike position and is demanding concessions.

Will the Minister of Labour instruct WSIB management to stop their anti-worker tactics, get back to the bargaining table and negotiate a fair deal for WSIB workers?

Hon. David Piccini: I appreciate the question from the member opposite. I want to first off start by thanking the workers at WSIB: 97% of claims receive a decision in 10 days or less; 88% of workers have returned to work within the three-month window, which is key to giving people a return to work, the dignity of a job. It's the best performance in a decade.

We know that the best deals are done at the table, and that's based off of a system of neutrality, where good-faith

negotiations are underscored by a shared commitment to outcomes. As I've said in the past in this place, 98% of deals are done at the table. I'm pleased to say that the WSIB and union are at the table with the support of the Ontario Labour Relations Board, and I look forward to them landing a deal.

The Speaker (Hon. Donna Skelly): I recognize the member for Thunder Bay–Superior North.

MPP Lise Vaugeois: I believe they are not at the table. The government claims to have workers back, yet they stand by as management takes big raises and bonuses, while demanding concessions from WSIB's front-line workers. The WSIB needs to hire more staff to make workloads manageable. Workers need wages and benefits that match their responsibilities and keep up with the rising cost of living.

Will the Minister of Labour demand that the WSIB use their so-called surplus to support fair wages and working conditions and get back to the bargaining table with the Ontario Compensation Employees Union?

Hon. David Piccini: You know, Speaker, real progress is made at the table, and both sides are in mediation, supported by the Ontario Labour Relations Board. That's a fact, Speaker.

1110

Since 2023, the WSIB has hired 100 new staff. Their case management team has increased by 5%. The onboarding program and retention is 22 weeks, which really helps with the retention piece.

They're actually at the table today. That's a key fact, and the members opposite should be underscoring the importance of landing a deal at the table—they are at the table—and not the sort of theatre we're seeing. It's completely unhelpful.

JOB CREATION

Mrs. Karen McCrimmon: In 2017, unemployment in Ontario was 5.8%. After six years of this Conservative government, in 2024, it was 6.8%. And now, in 2025, it is 7.8%.

Ontario is tied with Nunavut for having the second-highest unemployment rate in Canada. Young people that would love to be employed in Ontario are beginning to look elsewhere because employment opportunities are elsewhere.

We have young people who can't afford a house, can't get health care and can't find a job, and yet we expect them to build the Ontario of tomorrow.

My question to the Premier is, why is he comfortable failing Ontario's young people?

The Speaker (Hon. Donna Skelly): I recognize the Minister of Labour, Immigration, Training and Skills Development.

Hon. David Piccini: Under the leadership of this Premier, we took the mandate to the people just a few months ago about who they trust to navigate these tariffs that are having a devastating impact on the world economy. We've then come back to invest in tools and

machinery to continue supporting our manufacturing sector. We invested \$1 billion in the Skills Development Fund, which has led to a record number of youth signed up in apprenticeships today—which is a far cry from the 300,000 manufacturing jobs we lost under their watch, where we created an economy that had the highest taxes, the highest regulatory burden, where businesses were fleeing and where there was no hope and no opportunity in this province.

The Premier has decided to dress players, to actually attract investment, to get on the world stage, and we've seen a result of over \$46 billion in foreign direct investment since.

The Speaker (Hon. Donna Skelly): The member for Kanata–Carleton.

Mrs. Karen McCrimmon: In the past year, Quebec and Alberta have improved their employment rates, while Ontario has lost ground. Just last month alone, Alberta created 15,000 new construction jobs, while Ontario lost 33,000 construction jobs. While job numbers might have increased by a million, the workforce was increased by 1.3 million people. Effectively, that means that 300,000 more people are actively looking for work. That's why the unemployment rate is so high.

This is not just a tariff problem. This is not just a USA problem. Time and time again, we see Ontario losing out under this government.

Ontario Liberals have proposed both a small business tax cut and an income tax cut. Why is the government ignoring Ontario's workers and—

The Speaker (Hon. Donna Skelly): Back to the Minister of Labour for a response.

Hon. David Piccini: The facts are, under that previous government, manufacturing jobs fled. Since 2020, we've seen an increase of over 10% in manufacturing jobs in Ontario.

Speaker, nobody—nobody—in the province of Ontario believes that party when they claim they'll reduce taxes. The band of merry misfits that went up to Ottawa, that led with the carbon tax, that had one hand in your left pocket and one hand in your right, punished Ontarians—misery and no growth under their record.

In contrast, we're investing in skilled trades. We've got training centres under construction all over Ontario. We're bringing back a plan to build in Ontario subways, hospitals, long-term care and schools in rural Ontario that they shut down.

We'll take no lessons on building a stronger economy from that party. That's why they were reduced to third party and no-party status.

LAND USE PLANNING

Mr. Mike Schreiner: My question is for the Premier. The food and farming sector contributes \$50 billion to Ontario's economy, employing over 875,000 people in this province. In order to tariff-proof Ontario and to defend our food sovereignty, we need to protect farmland. The province simply can't afford to continue losing 319 acres

per day. There are many concerns about the government's China-inspired special economic zones, including the fact that they could be used in agricultural areas, giving hand-picked companies the ability to pave over farmland while ignoring local and provincial planning laws.

Will the Premier commit today to not use special economic zones in agricultural areas on farmland?

The Speaker (Hon. Donna Skelly): I recognize the Minister of Agriculture, Food and Agribusiness.

Hon. Trevor Jones: Good morning. I thank my friend for the question. I know he's also passionate about our primary producers, our processors, and I think this comes from a good place.

This government is proud. We have a history, and we're proud to listen to, work with and take action on behalf of our primary processors, our producers and our farming families. Like the member said, over 871,000 people wake up every day and work for that trusted global brand of excellence that has grown in Ontario. That's 30,000 more people who are working in that sector since 2018.

Our provincial planning statement represents a balanced approach to ensure a thriving, sustainable and long-living agri-food sector, while supporting growth in Ontario's industrial, residential and commercial sectors. It's that balanced approach this government is working for, and it's informed by the very people who grow Ontario.

The Speaker (Hon. Donna Skelly): Supplementary?

Mr. Mike Schreiner: Respectfully, to the Minister, Ontario is losing 319 acres of farmland each and every day. One in 10 Ontarians is employed in the food and farming sector. We will not defend our food sovereignty and win this trade war if we don't defend those workers, if we don't defend our farmland, if we don't defend our farmers. If there is no farmland, there are no farmers, there is no food, there is no future. That's exactly why the MPP from Haldimand-Norfolk and I will be introducing legislation later today to create a food belt to defend and protect our farmland.

I want to give the Premier or the minister an opportunity right now: Will the government commit to saying yes to protecting farmland and no to special economic zones?

Hon. Trevor Jones: There has never been a government that has supported our primary producers and processors more. Our farming families from across the province got up and voted in the dead of winter, voted for this government for a new and clear mandate to advance all things grown in Ontario. We're advancing agriculture. Specifically, our provincial planning statement expands the use of agriculture impact assessments. That's a province-wide direction on how land is used, informing municipalities, informing our partners when changes are made and proposed.

Specifically, let's look at power use. We're looking at protecting specialty crops on lands that are protected for agriculture only and not use those for energy production. So we've listened, we've acted, and we'll ensure that energy is supported, our farming and producing families are supported and Ontario's land use is supported and protected to grow Ontario.

PUBLIC SAFETY

Mr. Rudy Cuzzetto: My question is for the associate minister of auto theft and bail reform. Every day, police officers across Ontario work hard to keep us safe, but the threat of car thefts is a major concern and our families are worried. Criminals are targeting vehicles and making our streets less secure. Under the Premier's leadership, our government is acting to stop this. We are investing \$18 million in the Preventing Auto Thefts Grant to support police in stopping auto theft. This funding backs 21 projects focused on prevention, detection and enforcement, giving officers the tools they need to fight crime. Together, these efforts support our police, protect families and make our communities safer.

Can the associate minister share more about how these efforts are keeping our communities safer and our criminals off the streets?

1120

Hon. Zee Hamid: I'd like to thank the member from Mississauga-Lakeshore for his tireless advocacy and work.

Every day, the brave men and women in our police services put their lives on the line to keep our communities safe. Their dedication and courage are unmatched, and our government, led by Premier Ford, will support them every step of the way.

We're supporting initiatives such as the Preventing Auto Thefts Grant, an \$18-million investment that funds 21 projects with enhanced, new crime-fighting measures focused on prevention, detection, analysis and enforcement; the OPP-led provincial auto theft and towing team—a team that collaborates with other police services to disrupt and dismantle criminal networks focused on auto theft, particularly within the towing industry; and the major auto theft prosecution response team, which provides dedicated legal and prosecutorial support to the OPP, to prepare and prosecute complex cases.

Our government will continue fighting to protect Ontario every step of the way, and we will not stop.

The Speaker (Hon. Donna Skelly): I recognize the member for Mississauga-Lakeshore.

Mr. Rudy Cuzzetto: Thank you to the associate minister.

Preventing auto theft means giving police the tools they need to protect our streets. That's why our government is taking action. Every stolen car is more than just a number, it is a threat to community safety and a major cost to families. That's why we're investing in new tools, new technology and new laws to give the police the upper hand in this fight. We're standing with law enforcement, helping them to disrupt criminal networks, crack down on car thieves and protect our streets. We're making sure that criminals know there's no place for them to hide.

Speaker, can the associate minister please share more about how these steps are helping to reduce crime on our streets?

Hon. Zee Hamid: Speaker, Ontarians deserve safer streets, and our government is delivering.

We're proposing legislation through the Ministry of Transportation that, if passed, will grant police new search

and seizure powers and ban the possession of illegal keyless entry devices—fob reprogramming devices—and software, making it easier to stop criminals and thieves in their tracks.

These measures will build upon past efforts, such as our joint air support unit initiative—a \$134-million investment, to purchase five new police helicopters to support the greater Toronto and Ottawa regions.

And we're seeing great results. In 2024, Ontario auto thefts went down by over 17%. This year, Peel alone has seen a decline of 13% and Brampton has seen a decline of 45%, year to date, when compared to last year.

I'm proud to tell my esteemed colleague that our government, under the leadership of Premier Ford and the Solicitor General, will continue to do all we can to end auto theft and protect Ontario.

PUBLIC SERVICE DELIVERY

Mr. Tom Rakocevic: My question is for the Premier. The US tariffs have been bad news for Ontario businesses and truckers, but this government has made things even worse for them. Commercial trucks require an IRP plate to cross the US and provincial borders. This government made unwanted changes to the IRP program in March, turning renewals into a complete slog. A renewal that used to take days to complete now takes months. Thousands of trucks are parked, truckers have lost work and Ontario businesses have lost tens of thousands of dollars and counting. They call it modernization. We call it a mess.

Why did this government make these disastrous changes to the IRP program, and what are they doing to fix it?

The Speaker (Hon. Donna Skelly): I recognize the Minister of Public and Business Service Delivery and Procurement.

Hon. Stephen Crawford: Thank you to the member opposite for the question.

I find this question ironic coming from the opposition. This is a government that has supported truckers and people in that industry from day one. We have supported them by fighting against the federal carbon tax. We've supported them by eliminating driver's licence fee renewals. And we've supported them with the gas tax cut. Where was the opposition when we put forward these proposals and supported them in the House? You voted against these measures to help truckers every single time.

Having said that, we recognize that truck drivers and carriers have faced challenges in processing applications, in processing with the new IRP plates. That's why our government is taking real, practical steps to improve service delivery and reduce delays. We've already implemented several key measures to support carriers. We've launched a dedicated IRP contact centre to handle inquiries.

I'll have more to say in the supplementary.

The Speaker (Hon. Donna Skelly): The member for Humber River–Black Creek.

Mr. Tom Rakocevic: This government has failed truckers, and they're calling you in numbers—businesses are calling this government in numbers, and they know it.

Speaker, you can add this IRP mess to the growing list of bad mistakes this government has made.

To deal with their backlog, they've extended the renewal deadline to the end of next month. But guess what? There are 10,000 plates waiting for renewal right now, and the number grows daily. Will they admit that this is yet another one of their mistakes and explain how they can possibly renew all these plates by the end of next month when the situation is only getting worse by the day?

Hon. Stephen Crawford: Just following up: I did want to touch on some of the things that we are doing to help in this situation.

We've onboarded additional staff to speed up backlogs and application processing. Carriers can now book appointments online, choosing the time and location that works best for them, cutting down on wait times and improving convenience. With the support from MTO, we've extended the deadline for IRP plates between March 31 and May 30 to June 30.

Speaker, our government will continue to support truckers and put policies in place that create an environment for economic activity to grow and truckers to do their business.

AUTISM TREATMENT

Mr. Rob Cerjanec: Speaker, my question is to the Premier. Right now in Ontario, over 60,000 children are waiting for critical services through the Ontario Autism Program. I'm hearing directly from families and service providers that many are waiting two to four years or even more just to access basic supports.

These are critical therapies during the most crucial stages of a child's development, but children are aging out of the program. Will the Premier commit today to increase funding for the Ontario Autism Program in Thursday's budget so that children can access the services they need without having to be on a years-long wait-list?

The Speaker (Hon. Donna Skelly): I recognize the Minister of Children, Community and Social Services.

Hon. Michael Parsa: I thank my honourable colleague for the important question.

Madam Speaker, I would just like to remind my honourable colleague: We have been increasing supports in the Ontario Autism Program. When the member's party was in power they provided supports to only 8,000 families across the province, and that was it.

Today, more than 45,000 families are receiving multiple services and supports. That's done because our government has prioritized families. We listened to families. We listened to service providers, our partners, those with lived experience—listened to them and increased the program funding to more than \$720 million, in comparison to the previous government with \$300 million, Madam Speaker. As a result, as I said, more than 45,000 have and continue to receive supports and services.

Unlike the previous government, where the families had access to one program, today they have access to programs immediately when they sign, with access to OAP—and I'll have more to say in the supplementary.

The Speaker (Hon. Donna Skelly): Supplementary?

Mr. Rob Cerjanec: This government took a program that was starting to work for families and blew it up and put families in chaos. Since 2019, that wait-list has tripled.

This government promised to deliver support to every child with autism, but, frankly, the reality is different. I've heard directly from parents who have had to leave their jobs to help their children while they wait in the dark, year after year, with no timeline, no clarity and no hope, Speaker.

Will the Premier admit that the current funding envelope is insufficient, and will he commit today to expand the budget and improve the Ontario Autism Program so children can finally get the help they need when they need it?

Hon. Michael Parsa: Let me make it very clear to all my colleagues in this House—we've said it many, many times: Children and youth are maybe a portion of today's population; they're 100% of our future. We will continue to support them.

Madam Speaker, the Ontario Autism Program—the member talks about a program that was working. Let me remind the member: 75% of families had zero access to supports and services. Why? Because they weren't listening to families. They weren't listening to service providers. They weren't listening to partners.

What did we do? We came in. We immediately doubled the funding of the program. We listened to families. We listened to providers. The program that we have in place today that the member doesn't agree with was developed by the autism community. It's the community that put this program together. That's why we are proud of it: because we know parents, families and service providers know best—better than anybody, Madam Speaker.

So we'll continue to work with families, and we'll make sure every single child and youth in this province has the opportunity and the supports to succeed and thrive.

1130

UNIVERSITY AND COLLEGE FUNDING

M^{me} Dawn Gallagher Murphy: My question is for the Minister of Colleges, Universities, Research Excellence and Security. Ontario's colleges and universities are a cornerstone of our economy. They train the next generation of workers, innovators and leaders. In a time of global economic uncertainty, we need to take measures to protect this vital sector.

That is why our government has a plan to act. We are investing \$750 million in STEM programs. This funding will give students the skills they need to thrive in high-demand fields. It will help build the workforce of tomorrow—one that drives our economy forward.

Can the minister share how these investments are making our post-secondary institutions stronger and en-

suring our students have the skills to compete and succeed—

The Speaker (Hon. Donna Skelly): I recognize the Minister of Colleges, Universities, Research Excellence and Security.

Hon. Nolan Quinn: Thank you to my colleague from Newmarket–Aurora for that important question.

Under the leadership of Premier Ford, our government has been continuously working to strengthen the links between post-secondary education and the evolving needs of Ontario's labour market, because we know that at our colleges and universities, we are building the labour force of tomorrow—a workforce that is cutting-edge, dynamic and ready to drive our economy forward no matter what.

Which is why, as part of our plan to protect Ontario and continue growing our skilled workforce of tomorrow, we're investing \$750 million to support STEM programs at colleges and universities across the province. Through this investment, we are equipping graduates with the skills to thrive in high-demand fields so that when they graduate, they can quickly contribute to the province's economic growth.

Through active collaboration efforts between our government, post-secondary partners and industry, we are providing Ontario students access to critical programs that lead to rewarding, in-demand careers, today and for decades to come.

The Speaker (Hon. Donna Skelly): Supplementary?

M^{me} Dawn Gallagher Murphy: Thank you to the minister for that response. Ontario's colleges and universities are at the heart of our plan to build a skilled workforce. They train our workers, innovators and leaders we need to keep our economy strong. That's why our government is showing leadership and making historic investments in this sector.

These investments are helping to support cutting-edge and in-demand programs. This includes AI, vehicle manufacturing, medicine and skilled trades.

These programs are building a skilled workforce that can compete globally. They are helping protect Ontario against foreign economic pressures. This will ensure that our students have the right skills for good jobs of the future.

Speaker, can the minister share how this funding will help colleges and universities prepare students for the careers of tomorrow and drive Ontario's economy forward?

Hon. Nolan Quinn: Our government's strategic investment of \$750 million will not only support our world-class post-secondary system and workforce, but it will also function as a catalyst to drive Ontario's economy forward for years to come. This critical investment will get students into rewarding careers that address the province's current and future labour market needs, such as AI, vehicle manufacturing, medicine and so much more.

Speaker, we know that we need doctors, we need engineers and we need skilled manufacturers. This investment will fund up to 20,500 seats in those programs in Ontario every single year. This is on top of the \$100

million invested in 2023-24 to support STEM programs at our publicly assisted colleges and universities.

Our government will do whatever it takes to protect Ontario's future, and that work is happening right now in Ontario's colleges and universities across the province as they build the workforce of tomorrow. We will continue to work closely with our post-secondary institutions to ensure that students receive the high-calibre education and training they need to drive our critical industries and economy forward.

LEGISLATIVE PAGE

The Speaker (Hon. Donna Skelly): I recognize the member from Thornhill on a point of order.

Ms. Laura Smith: Thank you, Madam Speaker, and a very happy point of order it is: Happy birthday to page Sarah Mao.

Applause.

The Speaker (Hon. Donna Skelly): Happy birthday, page Sarah.

REQUEST TO THE INTEGRITY COMMISSIONER

The Speaker (Hon. Donna Skelly): I beg to inform the House that I have today laid upon the table a request by the member for Kingston and the Islands, Ted Hsu, to Cathryn Motherwell, Integrity Commissioner, for an opinion pursuant to section 30 of the Members' Integrity Act, 1994, on whether the member for Etobicoke North, Doug Ford; the member for Barrie-Innisfil, Andrea Khanjin; the member for Durham, Todd McCarthy; and the member for King-Vaughan, Stephen Lecce, have contravened the act or Ontario parliamentary convention.

This House stands in recess until 3 p.m.

The House recessed from 1135 to 1500.

NOTICE OF DISSATISFACTION

The Speaker (Hon. Donna Skelly): I beg to inform the House that the late show scheduled for this evening, standing in the name of the member for Orléans, is cancelled.

GÉRALD LACOMBE

The Speaker (Hon. Donna Skelly): I recognize the member from Orléans on a point of order.

M. Stephen Blais: Je demande le consentement unanime de la Chambre pour qu'on respecte un moment de silence pour M. Gérald Lacombe, un fier Franco-Ontarien et un cher membre de notre communauté à Orléans. M. Lacombe est décédé le 9 mai. Il a toujours lutté pour les droits de la communauté franco-ontarienne—particulièrement avec le MIFO—avec passion, respect et beaucoup d'amour.

Merci, monsieur Lacombe, pour tout ce que vous avez fait pour notre communauté.

Je voudrais aussi exprimer mes plus sincères condoléances à sa famille, à ses amis et à toute la communauté franco-ontarienne pour cette grande perte.

The Speaker (Hon. Donna Skelly): M. Blais—

Interjections: Dispense.

The Speaker (Hon. Donna Skelly): Dispense? Agreed.

The House observed a moment's silence.

INTRODUCTION OF VISITORS

Hon. Paul Calandra: I'd like to acknowledge a former education minister of Manitoba and a former interim leader of the PC Party in Manitoba. Wayne Ewasko joins us in the gallery today.

Ms. Natalie Pierre: I'm pleased to introduce page captain Henry from the city of Burlington. Henry and I had the opportunity to connect last week, and I couldn't be prouder to see someone from my community excelling in this role.

INTRODUCTION OF GOVERNMENT BILLS

SUPPLY ACT, 2025

LOI DE CRÉDITS DE 2025

Ms. Mulroney moved first reading of the following bill:
Bill 18, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2025 / Projet de loi 18, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2025.

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

First reading agreed to.

The Speaker (Hon. Donna Skelly): Does the minister wish to briefly explain the bill?

Hon. Caroline Mulroney: Thank you, Speaker. The Supply Act is one of the key acts in the Ontario Legislature. If passed, it would give the Ontario government the legal spending authority to finance its programs and honour its commitments for the fiscal year that closed at the end of March.

INTRODUCTION OF BILLS

PATIENT-TO-NURSE RATIOS FOR HOSPITALS ACT, 2025

LOI DE 2025 SUR LES RATIOS PATIENTS-PERSONNEL INFIRMIER DANS LES HÔPITAUX

Madame Gélinas moved first reading of the following bill:

Bill 19, An Act to amend the Health Protection and Promotion Act with respect to maximum patient-to-nurse

ratios / Projet de loi 19, Loi modifiant la Loi sur la protection et la promotion de la santé en ce qui concerne les ratios patients-personnel infirmier maximaux.

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

First reading agreed to.

The Speaker (Hon. Donna Skelly): Does the member wish to briefly explain the bill?

M^{me} France Gélinas: Absolutely. We have a lot of nurses who come on shift and realize that she or he will have to care for way more patients than they are able to care for. It leads to a lot of burnout, to a lot of nurses leaving the profession because they can't cope.

The bill is quite simple. It sets a maximum number of patients for a nurse—a ratio—that the Ministry of Health shall ensure is not exceeded: a patient-to-nurse ratio of one to one for critical care patients on ventilators, or a patient-to-nurse ratio of four patients to one nurse for in-patient and palliative care. The list goes on. It would help a lot of nurses.

TAXATION AMENDMENT ACT (PROMOTING LEISURE ACTIVITIES FOR YOUTH), 2025

LOI DE 2025 MODIFIANT LA LOI SUR LES IMPÔTS (PROMOTION DES ACTIVITÉS DE LOISIR POUR LES JEUNES)

Mr. Blais moved first reading of the following bill:

Bill 20, An Act to amend the Taxation Act, 2007 to provide for a non-refundable tax credit to encourage children's extra-curricular activities / Projet de loi 20, Loi modifiant la Loi de 2007 sur les impôts pour prévoir un crédit d'impôt non remboursable afin d'encourager les activités parascolaires des enfants.

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

First reading agreed to.

The Speaker (Hon. Donna Skelly): Does the member wish to explain the bill?

Mr. Stephen Blais: As we continue to come out of the experience with COVID—where children lacked physical activity—and we're dealing with the affordability crisis and challenge to parents being able to put their kids in extracurricular activities and sports, the bill amends the Taxation Act, 2007, to provide for a non-refundable tax credit of up to \$1,000 for residents of Ontario for their children's activities.

GILDA INVESTMENTS LIMITED ACT, 2025

Mrs. Cooper moved first reading of the following bill:
Bill Pr3, An Act to revive Gilda Investments Limited.

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

First reading agreed to.

PROTECT OUR FOOD ACT, 2025 LOI DE 2025 VISANT À PROTÉGER NOS ALIMENTS

Mr. Schreiner moved first reading of the following bill:

Bill 21, An Act to establish the Foodbelt Protection Plan Advisory Committee and amend the Planning Act to protect agricultural land / Projet de loi 21, Loi créant le Comité consultatif sur le plan de protection de la ceinture alimentaire et modifiant la Loi sur l'aménagement du territoire afin de protéger les terres agricoles.

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

First reading agreed to.

The Speaker (Hon. Donna Skelly): Does the member wish to explain the bill?

1510

Mr. Mike Schreiner: This bill is co-sponsored by me with the member from Haldimand-Norfolk. The bill enacts the Protect Our Food Act, 2025. It rises out of concern about the ongoing loss of farmland in the province. The bill establishes the food belt protection plan advisory committee, and the committee's function is to make recommendations for a food belt protection plan that would ensure the preservation and enhancement of a geographically continuous land base.

The bill also amends the Planning Act with respect to land that is zoned for prescribed agricultural uses. The bill provides that the land cannot be rezoned and the uses permitted on the land cannot be changed unless an agricultural impact assessment has been carried out.

PETITIONS

EMERGENCY SERVICES

M^{me} France Gélinas: I would like to thank Dawn and Jim McLaughlin from Worthington in my riding for these petitions. The long weekend is upon us. A lot of people will be coming to northern Ontario to go camping. Walleye opening is on Saturday. So the name of the petition is called "911 Everywhere in Ontario."

As you know, Speaker, when an emergency happens, we know to dial 911. Unfortunately, in many parts of Ontario, including in my riding, 911 is not available. So I thought that I would share with the House the numbers that people have to keep in their car if they come to northern Ontario.

If you're just coming out of Sudbury going north on Highway 144, you need to dial 705-673-1117 for an ambulance, you need to call 705-673-1542 for fire and you need to call 1-888-310-1122 for police.

If you go a little bit farther—and a lot of people will be going to beautiful Halfway Lake, a beautiful provincial park—in the watershed Gogama area, if you need an ambulance, you need to call 1-877-351-2345. If it's a fire emergency, you need to dial 1-888-571-3473, and if you need police, it's 1-888-310-1122.

If you continue a little bit farther north into my riding, going towards beautiful Ivanhoe park—same thing; Ivanhoe is packed for the weekend; tourists are coming—next to Foleyet, then the number to remember if you need an ambulance will be 1-877-351-2345. If you need fire, 1-800-247-6603. And if you need police service, then it's 1-888-310-1122.

I have those in my car. If you're coming to northeastern Ontario, make note of those. I don't wish harm upon anybody, but sometimes you do need to dial 911. Something happens; 911 does not work in my riding. Ontario is the only province that hasn't got 911 everywhere. You need to memorize a whole bunch of 1-800, 1-888, 1-877 numbers. I've shared them, but if you go in many other ridings, the numbers will change. Those are the numbers for my riding.

Thank you, Speaker. I will affix my name and ask page Sarah to bring it to the Clerk.

ENDANGERED SPECIES

Mr. Ted Hsu: I have a petition regarding Bill 5. It calls on the government to withdraw Bill 5 and to preserve the Endangered Species Act, 2007, because the Endangered Species Act has protected Ontario's biodiversity and ecological integrity.

HEALTH CARE

M^{me} France Gélinas: I would like to thank Mary Ann Potvin from Hanmer in my riding for these petitions. They're called "Health Care: Not for Sale."

We are very fortunate that here in Ontario, in Canada, we get care based on our needs, not on our ability to pay. Unfortunately, the Ford government is actively privatizing big parts of our health care system. Privatization bleeds nurses, doctors and many other health care professionals out of our public hospitals and downloads costs onto patients.

They want an immediate stop to the privatization of our health care system, and to fix the crisis in health care by presenting a serious plan to recruit, retain, return and respect health care workers with better pay and better working conditions; licensing of thousands of internationally educated nurses, physicians and other health care professionals; incentivizing health care professionals to choose to live and work in northern Ontario; and guaranteeing access to primary care to all Ontarians.

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

UNIVERSITY FUNDING

Mr. Ted Hsu: This petition is from my constituents in Kingston and the Islands. One of the things it does in the petition is remind this Legislature that universities are integral to society because they generate social, scientific and technological innovations. Tomorrow is Science Meets Parliament day here in the Legislature, so I'm sure that many colleagues here will be receptive to this message.

The petition calls on the government to invest in Ontario's future by increasing universities' base operating funds to the level recommended by the government's own blue-ribbon panel.

SCHOOL FACILITIES

Mr. Mike Schreiner: I'd like to thank Matt Richter for collecting these petition signatures. I've been told over 400 were collected just this past weekend. It's a petition to stop the K-to-12 mega-school in Parry Sound.

Residents of West Parry Sound have expressed concerns that their preferred model of addressing education is not being implemented. They're worried that a K-to-12 mega-school is being imposed on their community that's already overcrowded, so they're going to have to use portables.

They're calling on the Legislature to instruct the Ontario government to pause the K-to-12 mega-school model in West Parry Sound and, instead, support the community's preferred plan to maintain the McDougall Public School, which is for kindergarten to grade 6, and have the new Parry Sound high school be for grades 7 to 12.

I support this petition, will sign it and ask page Stephaney to bring it to the table.

LABOUR LEGISLATION

M^{me} France Gélinas: I would like to thank Cindy Evans from Coniston in my riding for these petitions. They're called "Enact Anti-Scab Labour Law."

Strikes and lockouts are rare in Ontario; about 97% of all collective agreements are negotiated without work disruption.

"Whereas anti-replacement workers laws have existed in Quebec since 1978, in British Columbia since 1993, and in Ontario under the NDP government"—but it was repealed by the Harris government.

Anti-scab legislation reduced the length and divisiveness of labour disputes. I can tell you that when the steel workers at the mine—at the time, it was Inco going to Vale—went on strike, there was a lot of divisiveness within my community. That was in 2009-10. You're talking 15 years later and there are still families who don't talk to one another because they used replacement workers, they used scabs during the strikes. It's very damaging to the social fabric of a community.

So the people have signed the petition so that we enact an anti-scab labour law, like the federal government did recently.

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

1520

CANCER TREATMENT

M^{me} France Gélinas: I would like to thank Roger—forgive me for the pronunciation of his last name—Jankiewicz, who's from Hanmer in my riding, for this

petition. It's called "Coverage for Take-Home Cancer Drugs."

As you know, Speaker, if a cancer drug is administered in a hospital or a similar setting, it is all covered and people don't have to worry about it. Coverage for cancer drugs taken at home is a mix of private insurance, out-of-pocket and some government programs. But in British Columbia, in Alberta, in Saskatchewan, in Manitoba and in Quebec, all cancer drugs taken at home are covered. The Canadian Cancer Society has called on the Ontario government to cover take-home cancer drugs as their data shows clearly that it saves lives. The people that have signed the petition are asking the government to prioritize access to cancer treatment by developing a provincial program that provides full coverage for eligible cancer drugs taken at home.

We have a budget coming. I sure hope that we're going to see this in the budget, but, in the meantime, I support this petition, will affix my name to it and ask page Henry to bring it to the Clerk.

SOINS DE LA VUE

M^{me} France Gélinas: J'aimerais remercier Jeannine Chartrand de Chelmsford dans mon comté pour cette pétition. La pétition s'appelle « Assurer une vision claire pour toutes les personnes âgées ».

La vision est fondamentale pour notre qualité de vie. Une bonne vision est essentielle pour les personnes âgées pour maintenir leur indépendance, leur santé et leur sécurité. Un nombre élevé de personnes âgées, en particulier celles à faible revenu, ne peuvent se permettre le coût d'acheter de nouvelles lunettes qui sont vraiment essentielles à leur bien-être. La plupart des personnes de plus de 65 ans nécessite des lunettes correctrices pour maintenir une bonne qualité de vie, prévenir les blessures et d'autres complications de santé.

Le système de santé de l'Ontario ne fournit actuellement aucun aide aux gens à faible revenu qui ne sont pas capable de payer pour de nouvelles lunettes, donc ils demandent à l'Assemblée législative de l'Ontario d'établir un programme de remboursement ou de rabais gouvernemental pour permettre aux aînés de plus de 65 ans à faible revenu d'être capables de s'acheter des lunettes de prescription.

Je crois que c'est une très bonne idée. J'appuie cette pétition, je vais la signer et je demande à Henry, qui est très patient, de l'amener à la table des greffiers.

HEALTH CARE FUNDING

M^{me} France Gélinas: I would like to thank Nicole Cameron from Wahnapiatae in my riding for this petition. It's called "Neurological Movement Disorder Clinic in Sudbury."

Northern Ontario has some of the highest rates of neurological movement disorders in all of our province

and, I would say, in all of our country. Specialized neurological movement disorder clinics provide essential health care services to those who live with Parkinson's disease or Huntington's, dystonia or Tourette's and many others.

The city of Greater Sudbury is recognized as a hub for health care for northeastern Ontario. They ask the Legislative Assembly to set up a neurological movement disorder clinic in Sudbury that would be staffed by, at the minimum, a neurologist who specializes in the treatment of movement disorders, a physiotherapist and a social worker.

This is an ask that is very reasonable. It would help people gain access to services where they live rather than having to travel all the way to—the closest clinic to Sudbury, right now, is in Barrie. For many people who have advanced neurological problems, whether it be Parkinson's or dystonia, it's just too hard for them to drive to Barrie, so they would like to have the clinic in Sudbury. I fully support this petition, will affix my name to it and ask page Henry to bring it to the Clerk.

SUBVENTIONS AUX RÉSIDENTS DU NORD POUR FRAIS DE TRANSPORT À DES FINS MÉDICALES

M^{me} France Gélinas: J'aimerais remercier Muguette Bouffard de Chelmsford dans mon comté pour cette pétition. La pétition s'appelle « Réparons les subventions aux résident(e)s du nord de l'Ontario pour frais de transport à des fins médicales ».

Ce que la pétition fait, c'est que—les gens du Nord, nous n'avons pas le même accès aux soins de santé en raison du coût élevé des déplacements et de l'hébergement. Plusieurs services spécialisés ne sont offerts que dans le sud de l'Ontario ou parfois dans l'Est, dans le bout d'Ottawa. Lorsque les taux pour le programme du Nord pour les frais de transport à des fins médicales ne couvrent pas toutes les dépenses, les gens à faible revenu prennent souvent la décision de ne pas faire un suivi pour leur santé, de ne pas aller voir les cliniques spécialisées dans le sud de l'Ontario parce qu'ils n'ont tout simplement pas les moyens.

Le gouvernement a fait des changements. On paye maintenant un peu plus du kilomètre-heure. On donnait avant 100 \$ par nuit; maintenant on donne 150 \$ par nuit, mais c'est encore impossible de trouver une chambre d'hôtel à Toronto pour 150 \$ par nuit.

Donc, ils demandent au gouvernement de mettre en place un comité qui prendrait des gens du Nord, des gens qui ont besoin des services, des gens du ministère de la Santé pour s'assurer que le taux de remboursement permet à toutes les personnes d'avoir un accès équitable aux soins de santé, incluant les gens du Nord, qui doivent voyager de longues distances pour avoir accès aux services.

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

ORDERS OF THE DAY**SAFER MUNICIPALITIES ACT, 2025
LOI DE 2025 POUR DES MUNICIPALITÉS
PLUS SÛRES**

Resuming the debate adjourned on May 7, 2025, on the motion for second reading of the following bill:

Bill 6, An Act to enact the Restricting Public Consumption of Illegal Substances Act, 2025 and to amend the Trespass to Property Act respecting sentencing / Projet de loi 6, Loi édictant la Loi de 2025 visant à restreindre la consommation en public de substances illégales et modifiant la Loi sur l'entrée sans autorisation en ce qui concerne le prononcé des peines.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Further debate?

Ms. Peggy Sattler: It is an honour to rise today in this place and speak on behalf of the people I represent in London West. Today we are looking at Bill 6, the Safer Municipalities Act.

This is a bill that addresses two issues in our province that everybody in this place and pretty much everybody in this province would agree are issues that need to be addressed urgently by the government. We all agree that we should have safe, accessible parks that families can enjoy without worrying about the presence of encampments or discarded needles on the ground. We all agree that people who use drugs should not feel that they have to do so in public. We want safe communities. We want public places where families, children and citizens can safely go and enjoy their time.

However, the solutions that are proposed in this bill fall far short of dealing with those two issues in the way that they have to be dealt with. Any expert will tell you, people who work with those who use drugs or people who work with people who are experiencing chronic homelessness will tell you that levying a \$10,000 fine or putting people in jail is not going to achieve the solution that we all want in this province, which is safer communities.

Let's look at the scale of this crisis right now in Ontario. Over 81,000 Ontarians are currently homeless. Half of those are chronically homeless. The 81,000 number: That was data collected by the Association of Municipalities of Ontario. That represents a 25% increase in the rate of homelessness since 2022, so just less than three years. The 41,000 Ontarians who are chronically homeless is three times as many as were in this province in 2022. This is a serious problem, Speaker, that any action that the government has taken is completely ineffective in addressing.

1530

I want to talk about the scale of the problem in my community in London. In London, we have almost 2,000 people, individuals and families, who are on the by-name homeless list. That is an increase just in the last three months. It has increased by almost 100 people who are identified as being chronically homeless. Of those individuals, almost half are identified as having high acuity.

Another 41% are identified as having moderate acuity. Only 13% have low acuity. So we know that the people who are experiencing homelessness in our community, the people who are living in encampments, are often those with the highest level of need, of vulnerability and of medical complexity.

Encampments is the legacy of this government, let's be honest. We have seen encampments balloon across this province. AMO projects that there are almost 1,400 encampments across the province. In London, we have 59 active encampments as of March 31, 2025, and that number continues to grow.

The problem is, however, that the most vulnerable, the people who are living in encampments, the people who are chronically homeless can't get into housing. You're not going to move somebody from homelessness into housing unless you're able to offer the kind of wraparound supports that they need to remain permanently housed, and we have a dire shortage of supportive housing in this province. Addictions and Mental Health Ontario recently reported more than 36,000 people awaiting for mental health and addictions supportive housing in Ontario, and of those, about a thousand make it into supportive housing each year. Going back to AMO, they have estimated that as many as 90,000 supportive housing units are needed across this province.

This government's legislation was accompanied by an announcement that they are going to be expanding the number of HART hubs, the mental health and addictions hubs that they had announced before the election. They are now going to be expanded. We're going to see 27 of them, with an accompanying 540 supportive housing units. So, in terms of the scale of the problem, when we need 36,000 mental health and addictions supportive housing units and we need as many as 90,000 supportive housing units in total, this government is offering 540 supportive housing units.

London has identified a minimum number of 600 supportive housing units that are needed in my city alone. In the face of this government's failure to work with municipalities to come to the table with a plan to get that supportive housing in place that's so desperately needed, private donors are stepping up. I want to give a shout-out to an anonymous donor in London who just last week announced \$5 million to fund 115 badly needed supportive housing units. Those new units are going to be run by the Canadian Mental Health Association, CMHA Thames Valley, which is going to use those units to provide the wraparound supports that people who are experiencing mental health and addictions crises need.

Unfortunately, Speaker, this bill does not take an evidence-based approach to addressing the problem of substance use in public and encampments increasing in our park. More police powers is not the answer. We won't make our public spaces safer unless we can actually connect people who use drugs to the supports that they need. Maybe that's treatment, maybe it's harm reduction, but we have to be able to expand those services to make sure that they can access the supports that they need to not feel

forced to have to use drugs in public. We won't be able to move the most vulnerable among us into permanent housing unless we can provide the supportive housing units that people need to be successful to remain permanently housed.

What we will see as a result of this legislation is more people in jail, because ultimately, that's what this legislation does. It says to the police that they can fine people using drugs in public, they can fine people in encampments up to \$10,000 or they can impose a jail sentence.

So, Speaker, what will work? I've talked about some of the broader strategies that would be important to address these issues, but I want to give two specific examples from my community of London. On April 9, London Police Service Chief Thai Truong announced a new plan to address public drug use. He calls the plan Project Pathways. In announcing that plan over a month ago, he said very clearly that we can't arrest our way out of this problem.

The London Police Service plan teams police foot patrols with mental health workers from CMHA and London Cares. LHSC nurses are also going to be part of those teams, and the focus of these teams is, as the police chief calls it, "engagement, intervention, and outreach." He says very clearly that it is "about policing with kindness and compassion.... We have to ask, 'What does that person need?'"

So they are building on these partnerships with community agencies that are stretched to the bone in terms of the resources that they have available. We know that CMHA in London and agencies like CMHA across the province are all experiencing significant underfunding from the government, a decline in donor dollars at a time when demand is increasing significantly.

What's even more important to addressing these problems is supportive housing. Going back to my community of London, I want to share some results from the House of Hope, which is a highly supportive housing development that I had the privilege of touring last week along with my colleague the member for London-Fanshawe and the member for London North Centre. It is run by London Cares, and it includes 57 units to house people with the highest acuity who have been chronically homeless.

I want to share some of the results just within the first year of operation of the House of Hope. Almost 90% of the residents remained housed one year later; 98% of residents stayed in their unit each night and did not return to camping or sleeping rough; four residents no longer require intensive, 24/7 supports, and they are able to move into independent housing with a lower level of case management support; almost half of residents who were using drugs decreased or stopped their substance use; 93% of residents have not experienced an overdose since moving in, and before they moved in, some of those residents required weekly overdose intervention within the community; 57% of residents reconnected with family; 10 residents who were involved in survival sex work at the time that they moved in have either stopped completely or

decreased their involvement in survival sex work; 83% of residents have visited the emergency department fewer times; and 61% spent fewer days in the hospital. There were 57% fewer instances of being—

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Thank you. Questions?

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Mr. Brian Saunderson: I want to thank the member opposite for her comments. This legislation deals with specific issues dealing with law enforcement to deal with the encampments we have, but this has been our government's focus in terms of wraparound services.

The member opposite knows about the \$75.5 million of funding that is going into directly creating facilities, transition housing, to help individuals who are living in the encampments get into transition housing and eventually, hopefully, into long-term, permanent, stable housing. So I would ask the member opposite to comment on the \$75.5-million investment as well as the over \$1.75 billion that the government has put into mental health generally.

Ms. Peggy Sattler: As I mentioned in my comments, the government has expanded the number of HART hubs to 27. They've committed to 540 transitional housing units connected to those hubs.

However, we have—I think it was—36,000 mental health and addictions beds that are needed in this province to accommodate those who want support with mental health and addictions. The funding that the government has provided is nowhere near what is necessary to deal with the scale of the problem.

The measures that are proposed in this bill are actually going to cost us more. It costs \$134,000 a year to incarcerate a homeless person versus the money that could be spent on getting them into permanent housing.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

M^{me} France Gélinas: I was really interested by some of the statistics that the member shared with us after her visit with our colleague from London to a new site. You started giving us some of the statistics. I was wondering if it's too much to ask that you take us through the changes that they have been able to quantify by the new program that has been put in place in London.

Ms. Peggy Sattler: The evaluation of this House of Hope has been described as astonishing. The results were demonstrated when you provide those 24/7 wraparound supports that people who have been chronically homeless for years need when they go into permanent housing in order to keep them permanently housed.

But some of the biggest costs associated with chronic homelessness are with regard to our health care system, especially our emergency rooms, which is the most expensive way of delivering health care in Ontario. The evaluation showed a significant reduction in emergency room visits. They had residents in that building who had been visiting emergency rooms sometimes twice a day, two different emergency rooms in this city, and there was an 83% decrease in visits to emergency rooms. So clearly the residents feel healthier. They feel they have other

options than relying on the emergency rooms, and the system is saving a lot of money.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Ms. Jennifer K. French: I am grateful for the remarks given by my colleague, but I want to ask her some questions because in Oshawa, as in many of the communities across the province, we have encampments, and we have a lot of folks who have found themselves homeless for a number of reasons.

I was struck by some of your remarks when you had spoken to law enforcement. I remember a conversation with leadership in my community a while back. They said—I'm misquoting here—"I can move their shopping cart. I can move them, but I cannot house them." So shuffling the problem without providing housing is obviously not a solution, and criminalizing homelessness is not a plan.

I want to ask the member: For people who are struggling with homelessness and are trying to find hope for themselves, for their next chapter, is there anything in this bill that would be a positive for homeless people today?

Ms. Peggy Sattler: I appreciate that question from my colleague. One of the things that was an important reminder to me that my colleague from Hamilton Centre, who is a family physician who worked with homeless populations—she said very clearly that people who use drugs are not always homeless, and people who are homeless are not always using drugs. So we have to acknowledge that.

Now, this legislation came along with a funding commitment from this government for those 540 support or transitional beds associated to those HART hubs. That will make a tiny dent in terms of the level of need from people who are using drugs who want to seek treatment. But the bill does nothing for people who are homeless except offering them the prospect of a \$10,000 fine or a jail term.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

M^{me} Lucille Collard: Thank you for your comments. I really feel the same way you do about the effect that bill will have on those vulnerable people. It's like they're not suffering enough already; we just need to add to their burden.

It looks like the police are going to be really busy. There will be granted, if the bill passes, additional powers to displace those people. I really feel for their job too, because it's not easy. They're human beings. I know how they feel about going to those people and having to ask them to move.

So what do you think is going to be the main challenge for those poor police officers that are going to have to go to those people and displace them?

Ms. Peggy Sattler: Thank you for the question. I know that in London, London Police Service is really committed to this new approach that will pair foot patrol officers with mental health workers from CMHA, with street workers from London Cares and with nurses from LHSC. Those

officers will have additional training. What those officers want is to know that there are those partner agencies that they can work with to engage with people, to intervene, to do the kind of outreach that is going to help the people that they see.

Agencies like CMHA are experiencing huge financial pressures right now. They are reporting deficits. Agencies like London Cares are also experiencing huge financial pressures. We need to make sure that those community supports are there so that they can work alongside the police to deal with people who are experiencing these issues in a positive and constructive way.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

M^{me} France Gélinas: In follow-up to the question that was just asked: The bill gives police forces new powers—new powers to arrest, new powers to fine, new powers to dismantle encampments etc. Would you say that this is something that police services throughout Ontario have been asking for? Is this what the police see as the solutions to people who are unhoused or homeless, or are there other solutions out there that the police would like to see funded by this government?

Ms. Peggy Sattler: To my knowledge, expanded police powers was not something that the police were advocating for. In fact, the Criminal Code already provides police with all of the authority that they need to intervene with illegal drug use. So that was already in the Criminal Code. In many ways, what's in this bill is really performative, because it doesn't actually give the police new powers, and it doesn't address the supports that police really want.

I talked about the example in London. London Police Service wants to pair with agencies that are engaged with people who are homeless, that are engaged with people who are using drugs in public. They want to be able to intervene with kindness and compassion and direct that person to the agency, the community service, that is best prepared to support them.

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The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Further debate?

M^{me} Lucille Collard: It's a real pleasure to rise today on behalf of the residents of Ottawa–Vanier, who I represent with great pride, to talk about this bill with which I have many concerns, Bill 6. That is an act to enact the Restricting Public Consumption of Illegal Substances Act, 2025, and to amend the Trespass to Property Act. I do rise today with deep concern, not just for the implications of this legislation, but especially for the people that will be directly affected by it.

At its core, Bill 6 suggests a simple solution to a very complex issue: that increased enforcement, tougher penalties and criminalization can somehow resolve the crisis of public drug use and visible homelessness. But public policy must be rooted in evidence, not optics, and there is no evidence that this approach will make our communities healthier or safer—quite the opposite, in fact.

I want to be clear that we all agree that no one wants to see people using drugs in public parks or near schools.

That's kind of an obvious fact. But what this bill fails to recognize is why people use drugs in public in the first place. It's not because they choose the visibility; they're not there to make a show. It's because they have nowhere else to go. That's the reality.

Ce que propose le projet de loi 6, véritablement, est une solution simple à un problème complexe. Il suppose que le renforcement des mesures punitives, des peines plus sévères et la criminalisation pourront régler les crises liées à la consommation de drogues en public et à l'itinérance visible. Cependant, les politiques publiques doivent s'appuyer sur des faits et non sur des impressions. Rien ne démontre que cette approche rendra nos communautés plus saines ou plus sécuritaires, bien au contraire.

Soyons clairs : personne ne souhaite voir des gens consommer des drogues dans les parcs publics ou près des écoles. Mais ce que ce projet de loi ne reconnaît pas c'est pourquoi ces personnes consomment en public. Ce n'est pas par choix. Ils ne sont pas là pour faire un spectacle. C'est parce qu'ils n'ont nulle part ailleurs où aller.

For people living in encampments, many of whom struggle with addiction, trauma and mental health, this bill does not offer support; it offers displacement. It does not provide housing or care or recovery; it provides fines and jail time. It treats poverty as a nuisance and addiction as a criminal matter, rather than the public health crisis that it is.

The language and structure of this bill implies an assumption: that people who are homeless are also using illegal substances, and that by removing them we solve both problems. But we cannot police our way out of homelessness—we've heard that expression many times—and we cannot arrest our way out of the toxic drug crisis.

I know these issues first-hand. My riding of Ottawa–Vanier has borne the brunt of the homelessness and addictions crisis in Ottawa. As other, wealthier neighbourhoods have refused to accept shelters and services for the marginalized in their area, everything related to homelessness has been pushed into the small area of the ByWard Market, Lowertown and Vanier. Those are all communities I represent, and they make their concerns known to me on a daily basis.

The vast majority of the shelters and the homeless people are roaming the streets in this part of Ottawa, and it's scaring tourists, frankly. The concentration of marginalization has created legitimate problems related to public safety and cleanliness in the area. I don't think it's fair that parents in my riding are afraid to have their kids go outside alone while other, wealthier communities exist far away from this problem.

This problem is severe, and people deserve action from their government to ensure that criminality is addressed and the addictions crisis is taken on. However, this bill is not the serious, action-oriented approach that people suffering from the crisis of addictions and homelessness deserve.

We must ask ourselves, what happens after the tent is cleared? What happens after someone is ticketed or

detained? Are they offered housing, treatment, stability, or are they simply pushed to another sidewalk, another encampment, another crisis?

This bill does not answer those questions because it was not designed to. It was designed to move suffering out of sight, but suffering moved out of sight is still suffering. And if we fail to respond with compassion, we risk entrenching cycles of trauma and poverty that will cost us far more in the long run, socially, economically and morally—in fact, it already does, and we see it.

Speaker, the alternative is not theoretical. We know what works. Housing works. Supervised consumption sites work. Trauma-informed outreach works. Community-based mental health and addictions services work. And when these are paired with supportive housing, they help people stabilize, recover and reclaim their lives. That is the foundation of harm reduction. That is what keeps communities safe not just from crime, but from despair.

And this approach would save the government a ton of money. I truly don't understand why the government is not interested in doing good and saving money at the same time. Instead of investing in that approach, this government has chosen to legislate displacement.

And make no mistake, Bill 6 will disproportionately affect the most vulnerable. Racialized communities, Indigenous people, and those living with complex mental health needs are already overrepresented in both the criminal justice system and in our encampments. This bill will deepen that inequity. We are being asked to vote on legislation that may look tough on paper, but which, in practice, will push people further into the margins, away from care, away from stability and away from hope.

To understand the intent behind Bill 6 and, more importantly, its consequences, we must begin by looking at the reality it declares to address. Ottawa, like many cities across Ontario, is in the midst of overlapping crises. Homelessness is at a record level, addiction is taking lives every single day, and yet the provincial response has too often focused on symptoms, rather than causes.

Let's start by looking at homelessness in Ottawa. In the years following the Second World War—and I know some people like to talk about history here, so there's a bit of history—Canada, like much of the world, faced a housing crisis. Rapid population growth, returning veterans and economic expansion created urgent pressure on our urban centres, but our response, especially here in Ontario, was not one of resignation; it was one of resolve. Governments at all levels came together to make major investments in affordable housing.

In Ottawa–Vanier, those investments laid the groundwork for the neighbourhoods we know today—communities like Overbrook, Vanier and Sandy Hill. These areas benefited from the federal-provincial-municipal partnerships that led to the creation of purpose-built social housing, co-ops and mixed-income developments. These weren't just buildings; they were homes. They allowed working-class families, new immigrants, seniors and people living on modest incomes to put down roots. And when people have stable housing, something

remarkable happens: Children thrive in school, local businesses flourish, and community ties strengthen.

One example close to home is the development of affordable housing along Montreal Road. That's actually down where I live. These homes not only provided shelter but created vibrant communities anchored by schools, parks and transit. They helped keep families together, reduced pressure on emergency services, and contributed to the diversity and cultural richness that defines Vanier today.

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And we must not forget the co-operative housing movement, which took off in the 1970s and 1980s with strong government support. Those models of community-led housing are still with us today in Ottawa–Vanier—stable, affordable and inclusive. They are a testament to what we can achieve when we put people before profit.

These post-war investments paid dividends far beyond their original intent. They lifted people out of poverty, they created jobs in construction and urban planning, and they instilled in us the belief that good government can and should make life better.

But, Speaker, this is not just a story of the past. It is a call to action. Today, we face a new housing crisis, and the success of our past shows us that we have the tools and the know-how; we only lack the political will.

As the representative for Ottawa–Vanier, I see the legacy of post-war investments in affordable housing every day, but I also see the urgency of unmet needs: the waiting lists, the encampments, the rising rents. If we want to build communities that are inclusive and resilient, we must return to that same spirit of bold investment. We need to treat housing as essential infrastructure, just like roads and schools. We must reinvest in non-profit and co-op housing, and we must support municipalities that are ready to act but need provincial leadership to do so.

Ottawa–Vanier has shown us what's possible when we invest in housing not just as shelter but as a pillar of social and economic progress. Let us honour that legacy by committing to build again, boldly and together.

The roots of the homelessness crisis are not new; they stretch back decades, before the early 1990s, when the federal government withdrew almost entirely from building new social housing. This responsibility was off-loaded onto provinces, which in turn pushed it down onto municipalities, but the resources never followed. Here in Ontario, particularly under the Harris government in the late 1990s, thousands of planned affordable housing units were cancelled, the social assistance system was sharply reduced and income supports for those most in need were slashed. These choices, made over decades, laid the foundation for what we see on our streets today.

In Ottawa, the results have been devastating—nothing less. The number of deeply affordable housing units—that is, units accessible to people on Ontario Works or on ODSP—has consistently fallen short of what is needed. Meanwhile, demand has continued to rise. The city's centralized waiting list for social housing now includes over 12,000 households. Some wait a decade or more.

For many, the private rental market is simply out of reach. According to the Canada Mortgage and Housing Corp., the average rent for a one-bedroom apartment in Ottawa rose from approximately \$950 in 2012 to over \$1,650 in 2023. That's a staggering increase of more than 70%. That is well beyond what a person on fixed income can afford.

And so, more and more people are pushed into precarious housing, couch surfing, living in motels or relying on emergency shelters. But shelters were never meant to be a long-term solution. They are overburdened and underfunded. The Ottawa Mission, Cornerstone and Shepherds of Good Hope all do very charitable work, but they are at capacity nearly every night. Some individuals remain in shelters for months or even years because there is nowhere else for them to go. Those who do get a spot are still left in a cycle, without stability. Being put back on the street every morning does not help someone get back on their feet and get their life in order. Others avoid shelters altogether due to past trauma, safety concerns—that's a reality—or lack of culturally appropriate services. These are often the people who end up living in encampments: clusters of tents tucked into city parks, ravines and riverbanks. There is a false narrative that people in encampments are choosing the streets, that they want to live in tents, but the truth is far more tragic: The system has simply run out of alternatives.

And then there is the crisis of addiction, which has grown exponentially, often right alongside homelessness. Speaker, the city of Ottawa is facing a public health emergency. The opioid crisis is not an abstract trend. It is a daily reality, a relentless wave of grief, and it is hitting the most vulnerable the hardest.

Let's look at the numbers for a moment: In 2016, Ottawa recorded 48 confirmed opioid-related deaths. By 2020, that number had climbed to 123. And in 2023, we passed 200 confirmed deaths, a record high. That is more than one person dying of a preventable overdose every other day in our city.

And behind those numbers are human stories: people who overdose in alleyways behind grocery stores, in portapotties near encampments, in stairwells, parks and bathrooms. I have spoken to outreach workers and paramedics who say they are attending multiple overdoses per shift. Some report reviving the same person more than once in a week.

The primary culprit? A poisoned drug supply. Fentanyl has become pervasive. Even more concerning, newer substances are contaminating the street supply—drugs that are powerful, unpredictable and resistant to standard overdose reversal treatments like naloxone.

At the same time, stimulant use is rising. Crack cocaine, methamphetamine and designer synthetics are increasingly used alongside opioids. This combination complicates treatment, increases the risk of psychosis and cardiovascular events and overwhelms emergency response systems.

And yet, despite all this, the infrastructure to respond remains grossly insufficient. There are simply not enough

detox beds in Ottawa. Wait times can stretch for days or even weeks. There is a lack of culturally competent and trauma-informed care, especially for Indigenous people, racialized communities and members of the 2SLGBTQ+ community. And although we know harm reduction saves lives, these services are constantly under threat politically, financially and logistically.

Supervised consumption sites, also known as safer consumption services, are essential in the fight against overdoses. The one in Sandy Hill has reversed thousands of overdoses. But these sites remain stigmatized, underfunded and subject to shifting provincial policies.

I hope we can all agree that addiction is not a moral failing; it is a medical condition. It is rooted in trauma, poverty, displacement and chronic stress. Without access to care, recovery remains out of reach.

What happens when someone struggling with addiction is also homeless? They are more likely to be criminalized, more likely to experience violence and more likely to die. When we pass legislation like Bill 6, which proposes to give more authority to forcibly remove people from encampments and increase penalties for public drug use, we are not helping. We are compounding the trauma. We are displacing people from the few places they feel safe. We are pushing them further from the services that might actually help them survive.

I guess I'm chatting a lot more than I initially intended.

In addressing addictions and homelessness, we must hold two truths at the same time: that people who use drugs and live in encampments deserve compassion and support, and that neighbours, families and small businesses living near these services also deserve to feel safe, respected and heard. I want to say that I've heard from residents in Sandy Hill and Lower Town, those who are most affected by this crisis, and they're really waiting and hoping for a solution. I want to tell them, I hear you. You're not being unreasonable. You are asking for balance, and that is fair.

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This is what we need to ask the government. This is what everybody needs to expect from their government.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Ms. Aislinn Clancy: I wonder if you can speak a little bit to what is the solution. What kind of wraparound supports are you seeing that work? We know that there is nowhere to go, but there are drips and drabs of the right thing. What are you hearing are those solutions for the folks facing this complex mental health and addiction struggle?

M^{me} Lucille Collard: Thank you for the question. I think we've heard it many times: We need supportive housing, because supportive housing is more cost-effective than emergency services like shelters, hospitals or the justice system. The fact is, there is not enough of that being built, being provided.

I know we've heard the government—and I'm sure they're going to stand up and say they're investing historical amounts of money to develop, like HART hubs—but compared to the number of homeless people

that need support, this is not enough. With the shy policy that the government is putting forward, we can expect to see suffering continue for a long time. We need bold actions, not shy policies.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Mr. Lorne Coe: I thank the member from Ottawa–Vanier for her presentation. But what I thought was missing was a broader discussion about the impact of illegal encampments on public property and ignoring the impact of that on law-abiding families who live nearby. Can you imagine that? In some neighbourhoods, playgrounds are being closed, fire crews are overwhelmed and small businesses are suffering.

I think part of this conversation has to be a reminder to those watching and listening that the member and the members of her party voted against the very housing funds that would reduce these encampments.

So I ask the member from Ottawa–Vanier, will you stand with communities who are asking for safety and order, or will you continue to stand in the way?

M^{me} Lucille Collard: I appreciate where the member is trying to bring me there. But the reality is that tearing down encampments and displacing those people will not resolve the crisis, will not address the root cause. There are not enough places in our jails to put those people in. What are you going to do? Where are they going to go? Because there's not enough supportive services to welcome them and offer them the treatment that they need. This is not sufficient.

I'm really, really concerned and worried as to what's going to happen to those people when we tell them to take their tent somewhere else or to tear it down and if they don't comply, we're going to fine them and we're going to jail them. It's not going to resolve anything. We're putting the horses before the cart here. We need to provide and build the supportive services before we ask people to leave those encampments.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

M^{me} France Gélinas: J'aimerais remercier la députée d'Ottawa–Vanier pour ses commentaires avec beaucoup d'empathie. J'aimerais lui demander : si on regarde les deux annexes dans le projet de loi, je dirais qu'on est tous d'accord avec le but. Le but, c'est que les gens aient accès aux parcs. Le but, c'est que les gens aient accès aux endroits publics en toute sécurité.

Mais est-ce que vous croyez vraiment que de donner plus de pouvoirs aux policiers pour arrêter les personnes qui consomment ou pour les mettre en prison ou pour leur donner 10 000 \$ de—que ça va changer quoi que ce soit? Est-ce que vous croyez que le fait qu'on a fermé les sites de consommation supervisée va aider le nombre de personnes qui consomment en public ou si ça va vraiment nuire au but ultime qu'on essaye d'obtenir?

M^{me} Lucille Collard: J'apprécie la question de la députée pour Nickel Belt. Je travaille très proche, en fait, avec nos services de police. Je vais régulièrement avec eux dans des « ride-along »—je ne sais pas comment on dit en

français, mais c'est très éducatif. Alors, moi j'embarque avec le policier puis on part pour une couple d'heures, et on se promène. On va voir, justement, ces campements-là. On voit ce qui se passe dans la rue. On voit aussi les interventions que les policiers doivent faire. Ce qu'ils me disent c'est qu'ils ont déjà les pouvoirs dont ils ont besoin pour arrêter les gens qui font des choses qui sont interdites—qui sont dans des parcs où ils ne devraient pas être ou qui consomment en pleine rue. Sauf que, ce qui arrive c'est qu'on prend ces gens-là et on peut les amener quelque part, si on est chanceux on trouve peut-être un centre d'accueil pour les mettre, mais le lendemain, ils sont de retour à la même place avec le même problème.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Ms. Natalie Pierre: Thank you to the members opposite for their remarks this afternoon.

Parents across Ontario are finding needles, broken glass, pipes and other dangerous drug paraphernalia around school grounds, daycares, playgrounds and schools, and parks are often overtaken with encampments. These are normally, or supposed to be, places for children and for families and for community.

My question, I guess, for the member is, in the past, the opposition has voted against the \$75.5 million that we've invested to try and make these areas safe again for family members and for young children so that they can enjoy the parks and the community setting. So I ask the opposition member, going forward, will you support these investments to put children's safety first and keep that top of mind?

Mme Lucille Collard: I want to explain that I'm fully aware that they're problematic, and I think we're doing something very wrong with this bill, which is pitting a group of people against another: the residents versus the vulnerable people that need help.

I've heard it from residents themselves during this last election campaign, where residents told me, "I'm done. I'm fed up. I've had enough. I can't let my kids go outside. I don't trust that they're safe. Nobody's doing anything about it, and the only solution for us is to move out of the area or stay in our house and feel unsafe," and that's not acceptable either way.

What we need is for the government to step up and provide the supportive services that they need. Right now, there's just not enough services for the number of people that need them. That's the bottom line.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Mr. Tom Rakocevic: I want to thank the member for her thoughtful presentation.

One of the things the government doesn't want to talk about is the sheer amount of homelessness that has been created under the seven years of their watch. This is something they don't want to talk about. Rents in places like Toronto have skyrocketed to over \$3,000. I remember speaking to a PSW who had dedicated her life to helping others and, six months after retirement, she was being evicted because she couldn't afford rent.

Tens of thousands of people are on waiting lists for affordable housing, and when pushed and encouraged to build more affordable housing, this government refers to it as communism. Communism—imagine. Past Conservative governments built forms of housing, but to this current form of Conservative government, it's communism.

So they are creating homelessness. They're not building any affordable housing. My question to you is, why don't they seem to care at all about this?

Mme Lucille Collard: Well, obviously, they care about building houses that will profit rich people, and those who can't afford it—well, it's like, "Too bad, so sad."

This crisis, like you've said, is not new. It wasn't born yesterday. It didn't start happening, you know, a couple of years ago. Sure, COVID made everything worse, but that was even before that. Why didn't we do anything then? We have so much to catch up in terms of affordability that the result cannot be surprising today, to see that so many people are being evicted, so many people end up on the street, and so many young people cannot afford to move out of their home. I'm going to say that because I have four kids and they can't leave home. I know my cooking is good, but, really, I think that it's just too expensive for them to leave home.

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So affordable housing needs to be a priority, and that's not what we've seen under this government.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Further debate?

Ms. Aislinn Clancy: I do appreciate the investment in HART hubs.

I also thank our municipalities. They've been carrying the bulk of this work. They've been doing the data collection, investing in AMO, who produced a really incredible support document. So if we are looking for the answers, it's literally in a document from our 444 municipalities, published in January. That's very current data with a really amazing path forward. I hope to see, in this budget, those solutions.

I want to thank our encampment coalition that has banded together to push back against this bill that will cost lives and cause harm.

And I want to thank our front-line workers. Too many not-for-profits in my community are facing a moral injury, and we're about to put this moral injury on our police officers. We already are facing a moral injury with our ambulance and EMS, our emergency rooms. Those front-line workers face moral injuries every day as they face this drug addiction crisis and homelessness crisis.

I live blocks from an encampment that we cleared properly. We put people into transitional housing. It is full again today, and now we're looking at a bylaw and jail as a solution. These places will be filled again. I live close to the most famous encampment in all of Canada, and we need housing as a solution. Housing is the answer. But on March 31, in my riding, blocks from my house, we closed the place where you could do drugs inside, and we closed a shelter of a hundred beds that had low barriers. Now it's illegal to do drugs outside and it's illegal to live outside.

But we closed the places people could do drugs inside and live inside. Now people are turned away from shelters and they're greeted with a tent. That is the solution for these front-line workers who have nothing to give.

But I think we have the solutions in front of us. Wab Kinew in Manitoba is doing the right thing. Our Premier likes Wab Kinew. Look at what they're doing. They're emptying encampments one person at a time by giving culturally sensitive supportive housing. The other thing they're doing is rent supplements. This is so cheap—a couple of hundred bucks a month per person, and somebody can stay housed. Tenant protections and rental supplements are the cheapest, quickest way we could deal with this. It is fiscally responsible. Jails cost \$133,000 a year to house someone; supportive housing costs \$40,000. And I don't know the number, but I bet you it's much cheaper to fund rent supplements.

So let's measure what we value and change what we measure. If we value people moving out of encampments to become housed, let's measure that and let's change what we measure. I don't think jails are the solution. Maplehurst is overcrowded. That is not the solution.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Mr. Lorne Coe: Well, here we are. I haven't yet heard from the opposition any credible alternative on how to put an end to these encampments. We're about an hour and a half into the debate. In fact, they voted against every measure we brought forward to increase supportive housing and expand emergency beds; their record shows it. If they oppose both enforcement and housing investments, what exactly is their plan? We haven't heard anything about it.

Will they continue to vote against supports for vulnerable Ontario residents?

Ms. Aislinn Clancy: Thank you to the member from Whitby. AMO, the Association of Municipalities of Ontario, is one of our biggest partners in the work that we're doing. A whole tier of government—they have a report, it maps it out—and the rent supplements.

It's \$390 if you're on Ontario Works—that's what your shelter allowance is. I challenge anybody in this place to find even a room—that you share a kitchen, you share a bathroom. See if you can find a room for \$390. So we need to supplement people's rent, and that is the answer. And culturally sensitive supportive housing is the answer.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

MPP Jamie West: Thank you to my friend from Kitchener Centre. The Conservative government all through debate now has been talking about the bills and the proposals that we have voted against. They remain silent on the fact that these things have passed. However, we still see encampments growing and addictions growing in numbers higher than ever.

During your debate, you said that you helped clear an area and house people, and it's full again, and if you clear it again, it would be full again. If their solutions were working, these bills and proposals that we voted against that were still passed, are failing, shouldn't they be more

successful, or should they stop bragging about their failed policies?

Ms. Aislinn Clancy: I think when we talk about 1.5 million homes, we aren't talking about any affordable housing. In my riding, for every affordable house we build, we lose 39. That's not a great ratio. Because rent evictions are rampant, above-guideline increases are rampant, every PSW, senior person on OAS, person on ODSP, they're losing their housing because it's being commodified and all the investments in housing and creation of new housing have zero affordable written in. In fact, the other bill that's to come even makes it impossible for municipalities to work toward that.

We talk about supply and demand, but we don't go to a variety store and only buy one kind of chip. Same thing with housing: Supply and demand means there's different kinds of housing and we need supply for the demand of the various kinds of housing that we need in this province.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions? I recognize the member from Haliburton—Kawartha Lakes—Brock.

Ms. Laurie Scott: Thank you, Madam Speaker. I'm happy that you're in the chair. Congratulations to you.

I know the member opposite is very passionate; we've sat in committee together for a while. Housing is a big problem, and we have brought many bills in, and we're trying to build all kinds of housing.

Ms. Jennifer K. French: When?

Ms. Laurie Scott: And we have brought more bills in—I think this week you heard from the Minister of Municipal Affairs and Housing, right? How to get more homes built faster. And the Ministry of Health has worked for supports for people that are in need of the HART hubs. You've heard the HART hubs have been introduced by the Ministry of Health. So it takes everyone, and we have many ministers working on this.

I know you're quite passionate about the issues and the areas you represent. So are you against everything that we are bringing in through the HART hubs, through different modes of trying to speed up housing together? And again, it would all build safer communities.

Ms. Aislinn Clancy: I mentioned at the beginning of my speech I'm grateful for the HART hubs.

Ninety-five per cent of our affordable housing was built before 1993. If we look to Finland, they have a housing-first model, and they're the happiest country in the world.

Please look at the AMO document. It maps out the kind of investment we need. We can't chip around the edges; we have a housing recommendation task force document. We need to implement all of these things. We need to look at the AMO report and do evidence-based, data-driven solutions.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Further debate?

Mr. Brian Saunderson: It's my first opportunity to rise in the House in this session, so I want to first start off by thanking the constituents of Simcoe—Grey for their support. I'm humbled and have every intention of continuing to work hard for them.

I want to congratulate the other members of the House on their election, whether it be a first time or a re-election.

And it's great to see you in the Speaker's chair, Madam Speaker, and also to be part of history—having the Honourable Donna Skelly as the first female Speaker in Ontario's history.

I rise today as the PA for municipal affairs and housing in support of the Safer Municipalities Act, a bill that speaks not only to the law but also to the values that underpin a functioning and compassionate society—because before we can talk about policy, law and enforcement, we need to start with a principle, and the principle in this instance is a very simple one: A park is not a home. Public parks, sidewalks and shared green spaces were never meant to be places of shelter.

1630

And yet across Ontario, more and more communities are grappling with the devastating and complex reality of people living in tents, under tarps and in makeshift structures, in the very spaces that we designed to bring our neighbourhoods together—community spaces to draw young families, to draw seniors, to draw the public to enjoy the outdoors. We certainly saw during the pandemic how people valued the outdoors and the green spaces for their mental health and for their recreation.

These encampments are not the solution, and they are not part of the solution. They are, in fact, symptoms. And while they reflect deep social and economic challenges, they also bring real safety risks to our communities and our residents, and these risks, Madam Speaker, are impossible to ignore. They are not just issues in our major cities; they are everywhere, and they are in all of our ridings across this beautiful province.

We've certainly heard from many mayors' organizations. The big city mayors' organization wrote to this government in the last session asking that we take action. That has started a number of bills, as referred to by my colleague in the question. It's an all-of-government approach, and this is one aspect. This bill brings forward additional tools to help ensure that our parks are available for the residents and not just the few.

Speaker, during my time in municipal politics and as the mayor of Collingwood, I saw first-hand the impacts of homelessness in my own community and across Simcoe county. While this is not a new problem, it is a problem that has increased dramatically since the pandemic.

In Simcoe county, starting in 2014, we had a 10-year affordable housing strategy. By 2024, we had not just met the target, we had exceeded it. But, unfortunately, during that same period of time, the housing crisis had grown more dramatic.

During my time as mayor, we implemented an Out of the Cold program during the course of the winter of 2019. During that winter, in its first year, it housed over 300 individuals during the course of the winter, and those numbers continue to grow.

Madam Speaker, we need to act to protect the rights of all Ontarians, and this government believes it's time to act now. The Canadian Charter of Rights and Freedoms

indicates that there is a balancing of rights across the spectrum, and we must acknowledge the rights of all Ontarians and all Canadians as we move forward in this House to do what's best for our province.

I want to be clear: This legislation is not about turning our backs on our vulnerable people—quite the opposite. It's about restoring balance, because when our public spaces become sites of entrenched disorder, it is not only those without homes and with mental health and addictions issues who suffer. Parents avoid playgrounds, seniors avoid walking paths, neighbours express fear instead of pride, and families are left asking, "Why does no one seem to take charge and change the situation?"

We have heard that. We acknowledge the balancing of interests, we acknowledge the situation, but we need to move forward. We need to address it, and we need to get those that are experiencing homelessness into the programs they need to support them.

I've heard from my members in Simcoe-Grey—as I'm sure others have indicated today that they've heard from their own residents—that this is an ongoing problem that is taking its toll on our communities. We are here to serve our communities. It is really the communities that make this great province such a wonderful place to live.

I've heard from outreach workers. As a former member of the police services board in Collingwood, we were one of the first municipalities to advance the mental health program. Now, six days a week, two of our police officers travel the area detachment with two mental health workers to help address those problems. The impacts have been dramatic. We've seen the frequent flyers—those with mental health and addictions issues—getting the support services they need. When they're linked to those support services, the need for police intervention drops dramatically. We need to spread those types of programs across the province. That is what the Safer Municipalities Act is trying to achieve here, Madam Speaker.

This fall, I had a chance to tour a Canada-Ontario Housing Benefit facility run by Simcoe county in the town of Collingwood. It's a 13-bed transition facility, and it's geared to seniors over the age of 60 who are housing-insecure to get them off the streets into stable housing and, hopefully, into permanent housing. That facility had been open for six weeks when I went to visit it. At the time that I was there visiting, I had a number of conversations with the residents and two stories stick out to me.

The first was a story of an elderly woman whose husband had passed away and she could no longer afford to live in the housing that she had. As a result, she was on the streets for three months before she was brought into the program, and had been there for three weeks and was to be their first graduate. She was going to be moving into stable long-term housing with two other women who she had met in the shelter. Together, they would be able to afford an apartment together.

The second story I heard, Madam Speaker, was of a man who had lived in housing insecurity for three years on the streets. He was brought into the program, and during his first week at the shelter, he suffered a heart event. He

was taken down to a hospital where he received appropriate care, resulting in the placement of a stent and putting him on proper medication. When I met with him, he'd been out of the hospital for two weeks, was on medication, had stopped smoking, and was walking up to 45 minutes a day.

These are the types of impacts that we can have when we put programs into place to bring the people off the streets, to get them into the programs they need. They're life-altering, and in this case for this individual, life-preserving, because he told me, quite frankly, had he not been brought into the housing, he was quite convinced he would have died that night.

These programs—and this is part of the \$75.5-million investment to get transition housing, to create 1,000 new spaces, to get people out of the encampments, off the streets and into the transition housing, accessing the programs they need to help them find stable living accommodations.

That day and those conversations, Madam Speaker, reminded me that we cannot solve the problem of homelessness through the status quo. We need action. We need rules, we need compassion, and we need to take steps to help remediate this situation. We need a government that's willing to take action to implement programs, create boundaries, define rules so that we can move it forward, and to do this with compassion.

Across Ontario, from Toronto to Timmins, from London to Lindsay, encampments are growing in both size and complexity. We see tents pitched under overpasses, on school grounds, beside transit stations and in conservation areas. Many of these sites become unsafe—they lack sanitation; they pose fire hazards; they are associated with open drug use and criminal activity. In too many cases, outreach workers face resistance, not just from those living in the encampments, but from those who are protesting and believe any enforcement is an act of cruelty. We cannot turn a blind eye, Madam Speaker. In fact, a blind eye is abandonment.

Our government believes in a better way, a way that supports those in need, while also upholding the rights of all Ontarians to feel safe in their communities and to foster the pride and sense of community that make our areas so wonderful. That is part of the intent of this legislation. It amends the Trespass to Property Act, an important but outdated law that governs how unauthorized entry onto private and public property is addressed. The current act lacks the clarity and strength required to deal with long-term and repeated trespassing, especially in shared public spaces like parks.

What this legislation proposes is not radical. It does not create new offences, it does not criminalize homelessness, and it does not take away judicial discretion. What it does is introduce two statutory aggravating factors that the court may consider during sentencing for trespass, the first being continuing trespass: when someone remains on a property after being lawfully told to leave by a set time. That was not previously available, nor was it an aggravating circumstance that could be brought before the court,

whether it be a justice of the peace or an Ontario court justice, to allow them to weigh that in the sentencing when they're defining a remedy. The second is the likelihood to reoffend: when there's evidence that the individual will continue to trespass again in the future and has an ongoing record. Again, this allows the court to consider the factors in whole when they're deciding on the appropriate remedy. These changes do not mandate higher fines, but they allow courts to respond proportionately, especially in cases of persistent, defiant trespass that drains public resources and undermines public trust.

Part of our legal regime is not just to look at the circumstances of the individual, but to maintain the credibility of the justice system. When we see these types of events going out and the trespassing continue, it deteriorates the trust of the public in our justice system. Speaker, this is about strengthening the rule of law without stripping away humanity. Because when the courts cannot distinguish between a one-time misstep and a repeated and ongoing refusal to comply with lawful orders, the court is not getting a full range or a comprehensive picture. When municipalities are forced to beg for clarity, the province has a duty to act. I'll remind the House, this legislation was developed in response to sustained and sincere calls from many of our local leaders—as I indicated, the large city mayors group—and we've heard reference already this afternoon to AMO.

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I'm going to quote a few of our leaders who contacted the province. The first is Oakville mayor Rob Burton. He said, "The actions in this legislation are what we asked for. It feels great to work with a government that listens." Similarly, Windsor mayor Drew Dilkens called it, "a positive difference for communities across Ontario." Finally, Sudbury mayor Paul Lefebvre said our approach "prioritizes the dignity and well-being of individuals in need while balancing other residents' right to feel safe in public spaces."

These are not partisan comments; they are practical ones. They are from our community leaders that are closest to the ground, and they reflect a growing urgency among Ontario's municipalities and a plea for support from the province to help govern our regions and give them the tools they need so that they can help get rid of the encampments and get the homeless individuals into programs that they need and the supports they need.

Just a few weeks ago, Ontario's Big City Mayors issued a joint letter supporting this bill. They know what's happening on the ground. They see the erosion of public confidence in local government when nothing seems enforceable anymore. As I indicated at the outset, our Canadian Charter of Rights and Freedoms doesn't enshrine a particular right; it is a balancing of rights. When we agree to live in a community, we agree to live in co-operation, and we expect our rights to be respected, but, at the same time, we have to respect the rights of those around us. It's a fluid dynamic. That is why the Safer Municipalities Act matters. It gives municipalities the tools they need, it gives courts the guidance they need and it gives the people of

Ontario the reassurance they deserve: that public spaces will not become a battleground between those most vulnerable and those who pay the taxes and would like to have the use of the area.

We've increased funding to municipal service managers. We've launched the Homelessness Prevention Program, a flexible initiative that allows municipalities to respond to local needs, including encampment outreach. And we've significantly boosted investments in mental health and addiction services because we know that behind every tent is a story and an individual, a person who needs our help.

While we address homelessness through housing, we must also ensure that our justice system has the capacity to fairly enforce the law. That is why this government has appointed 45 new justices of the peace since 2023. This government has also added 25 new provincial court judges, with staff and crown attorneys, and we have plans to add 12 more. We have accelerated the hiring of courthouse staff; we have expanded the use of digital tools in the courts; and we have streamlined our judicial appointments process so that all are working in a concerted effort to increase access to justice across our province. Laws that are not enforced are laws in name only, and a justice system without adequate resources is not the robust justice system that all Ontarians deserve.

This is a whole-of-government approach, bringing together housing, health, justice and municipal policy to address one of the most visible and challenging issues of our time. We intend to do this, as I have said, with compassion.

Let me return to the issue and one of the central questions, I think, of this debate. That is, what is public space for? On this side of the House, we believe that public spaces must be safe and accessible for everyone. They are meant for our communities, young and old. They are meant for children walking to school, for seniors going out for a stroll, for families enjoying the outdoors and, yes, for those who are experiencing homelessness, who deserve to be treated with dignity and given access to the supports they need and not be allowed to languish in a tent, in unsanitary encampments and without the supports they need. There is no dignity in chaos, and there is no compassion in letting people fall through the cracks and standing on the sidelines while that happens.

Encampments that persist despite outreach, despite shelter options and despite lawful notices are not a form of protest. They are a breakdown of the system, and we must take action to remedy those in every way that we can. They expose people to theft, exploitation and violence; they strain local services; and they undermine the faith of our public in public institutions.

Speaker, this legislation does not stigmatize the vulnerable; it is seeking to protect them. It says to municipalities, "We have heard you. We are supporting you. And we are working to give you legal clarity in a way that you need to act to address this issue." It says to the people of Ontario, "Your parks, your sidewalks and your trails still belong to you, and this government recognizes that."

In my municipality of Collingwood and throughout Simcoe-Grey, we have a very robust trail system that was started in the 1990s. In every planning application that comes before town council, there must be a proposal to link that development to the existing trail system, which links all of our public parks.

Very recently, when I was mayor, we undertook the Awen' gathering circle to acknowledge our Indigenous forefathers and foremothers and to make sure that we honoured our Indigenous roots as part of our waterfront master plan, which will probably cost the town of Collingwood \$35 million as it gets implemented. They've gone through the first phase. That park, the Awen' gathering circle, which is a meeting place and has the seven elder teaching wisdoms, is a very critical part of our community and our plan as it goes forward. To make sure that parks like that can remain central so that people can get out and recreate—it's right beside a soccer field on one side and rugby fields on the other. It's a very key component to our municipal activity. It's a hub. We need to protect these municipal assets. We need to protect them so that people can go out there and recreate, enjoy the outdoors, take advantage of the mental health opportunities that it provides, and look out over the water of Georgian Bay. There's a canoe club there and a rowing club that launch from that facility out onto the waters. If you go down there on a Sunday afternoon, you can see all ages recreating in that area—on the water, off the water, on the trails, by foot, by bike, playing soccer. They recently opened a splash pad, which was the second phase. All of these facilities are critical parts of our community that serve our residents in so many valuable and important ways.

To think that those facilities could be compromised and limited so that our residents cannot access them in a safe way to recreate, not only compromises the health of our residents, but it compromises the abilities of our municipalities to maximize the taxpayer dollar; to maximize recreation in the community; to serve their residents; and, in the cases of encampments, to protect their residents and to help those who are in need of supports find those supports and connect them with those supports.

Madam Speaker, the Safer Municipalities Act is a principled, proportional and practical approach to this issue. It is one part of this government's plan to help address these issues.

We've referenced the \$700-million annual funding through our Homelessness Prevention Program and Indigenous Supportive Housing Program. I've talked about the \$75.5 million that is attached—what was passed last session to help with transitional housing. And I've given you an example of one such facility in Simcoe county, that is in the town of Collingwood.

Through our 2024 budget, we're investing a further \$152 million over the next three years in supportive housing programs that target individuals living with mental health and addiction challenges, particularly those facing housing instability, and that is all on top of the HART program.

This is a government that's committed to making our communities safer, and we're willing to do that in a way that provides our municipalities with what they need in a compassionate way.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Ms. Teresa J. Armstrong: Speaker, I find that this is probably one of the most difficult topics and debates that we've had to have. We have jobs. We have homes. Most of us have families. And here we are, deciding—people who don't have homes, who have extreme chronic health issues—who has access to these property rights more than one or the other. We have the answers—but this is not the bill. We need to ensure that when a police officer approaches someone like that, they're going to put them in—critical housing supportive needs—the intense, highly supportive needs housing that they need. That's the solution, not incarcerating them in a jail cell.

1650

So I ask this government: Please, if you want the police involved, make sure they're taking them to highly supportive housing and build those things instead of more jails.

Will the member advocate for that?

Mr. Brian Saunderson: The Ontario Superior Court has already spoken on that. In the ruling on encampments, they said if an individual does not have other housing to go to, then they have a right to be in the park. So the substance of this piece of legislation but also prior pieces of legislation brought before this House by this government is to create that transitional housing so that we can clean up the parks and we can allow the rest of our citizens to get a healthy, enjoyable, safe day in the park.

We also acknowledge that the front-line workers, whether they be paramedics, social workers or police, are putting themselves in danger when they go into many of these community encampments because of the living conditions there. This is trying to address all of those issues and provide at the same time supportive measures for those living in the encampments.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Mr. Will Bouma: Speaker, as we've heard, our government is taking decisive action to address the growing number of encampments across Ontario by helping vulnerable individuals transition into safer and more stable living situations. But given the scale of this challenge, many are wondering whether the funding announced by our government will be enough to truly reduce the number of encampments throughout the province.

Can the member explain how this investment will make a real difference in the lives of those experiencing homelessness and in communities affected by this issue?

Mr. Brian Saunderson: I want to thank the member from my right for that question—and I guess he's taller than our whip.

It's an excellent question, and again, it goes to the whole-of-government policy that we're looking at when

we implement this bill, which, if passed, will give the police some additional powers.

But it comes with other components that were passed in the previous government. That's why we've made a targeted investment of \$75.5 million—funding that will directly help people in transition out of the encampments and into safe accommodations. I spoke about one such accommodation in my comments, Madam Speaker: It's run by the county of Simcoe. It's in Collingwood. In the first three months that I was there, I told you two stories about how it saved two people's lives. This investment will create over 1,200 long-term affordable and supportive housing units, including 815 affordable units that will provide stable, long-term housing options for those people that need it most.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Mr. Guy Bourgouin: Thank you for your allocution, the member from Simcoe-Grey. I've heard you when you talked about how there are some homes or shelters that exist, but there's a reason why they're in parks: because there's not enough. And throwing them in jail? Well, I guess you'll be building more jails, because they're already full. I don't think the solution is to put them in jail. We believe on this side of the House that they need more supportive housing. We heard that you're going to invest. You've been in power now for seven years, and yet there's still an issue of lack of housing and supportive housing. This is right across Ontario. I know, in my riding, we don't have any more housing. People wait three years just to get affordable housing, supportive housing. For supportive housing, it's even longer than that.

So I hear you. I don't think this bill fixes it. All you're going to do is you're going to take them from a park, remove them, send them to jail or send them somewhere else—but they'll be back somewhere else, because there's no supportive housing, shelters available. There's a lack. We all know there's a lack.

And giving power to police officers—they already have that power. So I don't see how this bill is going to fix the problem you're talking about.

Mr. Brian Saunderson: Thank you to the member opposite for the question. I think you have to put this in context: This bill is designed to deal with one aspect of our housing issue.

But let's be very clear: This government, on this side of the House, over the last three years, has invested over \$3 billion in municipal infrastructure. We've raised funding to municipalities by 40% to help them with critical infrastructure to build housing across the board, across the province.

CMHC has said that in Canada, over the last three years—200,000 housing starts in the last two years. That's way above the average—100,000 of those housing starts in Ontario. That's the biggest since the late 1980s.

And yet, if we continue at 200,000, which is a struggle right now, we'll be 3.5 million units underhoused by 2030. That's five years from now. And if you think the housing crisis is significant now, if we stand in the way and don't

take action to clean up these issues and help mental health and build more housing across the province, it's going to get far worse.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): I recognize the member from Kitchener Centre.

Ms. Aislinn Clancy: Maplehurst, which is the jail closest to my riding, is way over capacity right now. We have three inmates in a room, and as a result, people end up with shorter sentences because they're living in really terrible conditions in the jail. So we're facing a reality of overcrowded jails.

And then I have a constituent in my riding whose son has severe mental health—he asks for addiction help. It's not there when he needs it, so he ends up back onto the streets because he can't get the addiction help. He does end up in jail because of his mental health that goes untreated, and she says he gets popped right back out with no help.

She's telling me every day that people are leaving Maplehurst jail without a bus ticket, without a winter jacket in the cold, without a transition plan to be housed and get the help they need to not end up back in jail. So it does feel like a revolving door.

When we know that jail might clean up, might keep that person housed for that period of time, what is your answer for the lack of supports once they leave jail and the overcrowded jail system? This will place a further burden on that system.

Mr. Brian Saunderson: Thank you to the member opposite. I would ask her: How did she vote on the legislation for the HART hubs that are meant to treat medical addictions issues? How did she vote on our \$700-million Homelessness Prevention Program and Indigenous supports programs? These are part of a long-term plan to move this province forward.

Let's just look at what's happened on the west coast. Premier Eby has completely flipped around on the safe injection sites and safe consumption and the decriminalization of illicit drugs. They've completely flip-flopped because the problem has increased.

We have to work with those populations, the populations that are vulnerable and have addictions issues, to encourage them to get into treatment programs and to offer those programs, and this is all part of that continuum.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions? I recognize the member from Perth—Wellington.

Interjections.

Mr. Matthew Rae: Save your applause. I get to speak later, everyone—just so you know. You're in for a treat.

But to my colleague from Simcoe—Grey—for his very good deputation this afternoon—his knowledge, obviously, as a former mayor in this place is very appreciated. I look forward to working with him in the Ministry of Municipal Affairs and Housing.

I was just wondering this afternoon, Speaker, if the member can elaborate on why our government is taking such a serious approach to this encampment issue affecting all of Ontario—it's not just a Toronto challenge at this moment—and what our government is doing to address both the safety concerns and underlining causes and

potential solutions to homelessness and those who may be unhoused in the province of Ontario.

Mr. Brian Saunderson: I want to thank my colleague for the question. It is a very complex and difficult question. Mental health coupled with addictions is a very difficult situation.

I think, Madam Speaker, we have the first government to have an Associate Minister of Mental Health working together with our Ministry of Health. We've brought in the programs that I've indicated before: the \$1.75 billion to address mental health over the next five years, on top of the \$700 million for the Homelessness Prevention Program and the Indigenous supports program; the \$75.5 million to help with the transitional housing, which is coupled directly with this legislation. All of these pieces are trying to turn the boat and help to address these long, complex issues.

But I will go right back to Minister Lecce, who was the Minister of Health. He brought in a \$66-million program to help—

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Thank you.

Further debate?

Ms. Chandra Pasma: It's always an honour to rise on behalf of the people of Ottawa West—Nepean. Today, I am speaking on their behalf about Bill 6, the Safer Municipalities Act. And while it is always an honour to speak in this House, Speaker, today I'm speaking on one of the pieces of legislation that, in my time in this House, I think is one of the most disappointing and upsetting pieces of legislation, particularly as somebody who began my career as an anti-poverty activist. The issues of income security and social inclusion remain very near and dear to my heart, and this is a bill that simply gets it wrong on those issues. This bill allows people who are struggling with addiction, who are experiencing homelessness, to be levied fines of \$10,000 or to be put in jail, and what we're really talking about with these solutions is the criminalization of poverty.

1700

I want to share a story which I think will be familiar to fellow buffs of musical theatre—and I'm not saying this to trivialize the issue, but because this was really a story that I loved when I was a teenager that helped me to understand the pitfalls of criminalizing poverty, and that is of the story *Les Mis*, where, as you know, Jean Valjean is put in jail for having stolen a loaf of bread to feed his sister's starving child. When he's finally released from jail, he is forced to tell everybody that he is a convict on parole and, therefore, nobody will hire him. He has no way of feeding himself; he has no way of finding housing. He is forced by these circumstances to turn back to a life of crime, and it's only by breaking the law once again, by breaking parole and escaping, that he's able to find a way to make a living for himself again.

What we're talking about with a story like Jean Valjean that I was able to grasp as a teenager is that we are not talking about setting someone up to fail and then punishing them for it; we are really talking about offering them no

other avenue but failure and then punishing them for it. That was really the dawning of my awareness, first of all, that there are people who blame the poor for being poor, who see being poor as a moral failure; that it's an issue that we can punish them into escaping, that if we can impose enough penalties, they will just stop being poor—but also the sheer insanity of believing that if we put people in jail, if we take away their only means of finding a home, finding food, making a living, that that's going to solve poverty, that they will just stop being poor.

At the time that I discovered Les Mis, Speaker, it was around the time that we saw a previous Conservative government in Ontario start attacking people for being poor. We saw the Conservative government of former Premier Mike Harris attack people who were panhandling because it was the only way they were able to make a living. These were the so-called “squeegee kids.” The Harris government imposed fines and jail terms on people who were panhandling for a living as well.

We actually have a case study where we can see how that approach works, and we know from that approach that, for the people who were levied fines, that had long-term consequences because they weren't able to pay those fines, so then that impacts their credit score, that impacts their ability to find a place to live, to get a job. Because this fine was levied, it's now more difficult for them to get out of poverty and find a legitimate way to make ends meet, but those fines aren't being collected because they can't afford to pay for them. So it's meaningless theatre to impose a fine.

According to a recent court case, Ontario imposed \$28.9 million in fines that was never collected. That's a lot of tickets written to people who could not pay those tickets.

Ms. Jennifer K. French: Great use of police resources.

Ms. Chandra Pasma: That was a great use of police resources, as my colleague said. It didn't solve the problem, as I've mentioned, because these people now had greater challenges being able to find alternative ways to make a living. So it was nearly \$29 million in political theatre that got thrown out recently by the Ontario courts because it was found to be unconstitutional.

At the time, opponents pointed out that the best way of preventing panhandling is actually through providing housing. If people were safely housed, if they were able to meet their needs, they would not be on the streets begging. Instead of tackling the solutions, the government chose to criminalize people who had no solutions, and that's why that legislation was eventually overturned by the courts.

Now, we see history repeating itself with the government tabling very similar legislation that, really, at the end of the day, is political theatre, because imposing a \$10,000 fine on somebody who is homeless is not going to find them a home. In fact, it's going to make it harder for them to find a home and they're not going to be able to pay that fine. They're never going to be able to pay that fine. They couldn't get \$2,000 for rent. How are they going to find \$10,000 for a fine?

I've shared before, Speaker, this quote from Anatole France: “The law, in its majestic equality, forbids rich and poor alike to sleep under bridges, to beg in the streets, and to steal their bread.” In that sense, this law is equitable, because I am also banned from sleeping in a park and the Premier is forbidden to sleep in a park. But the difference is, Speaker, that I own a home. The Premier owns a multi-million-dollar home and a cottage. We have other places to sleep, so sleeping in a park would truly be a choice. But poor people aren't sleeping in parks in our province because they like camping. They're not in our municipal parks because they prefer them to provincial parks. We don't have 1,400 encampments across the province because people think, “Wow, the park down the street would be a fantastic place to camp.” They're there because they have no alternative, because they cannot afford any alternative in the province of Ontario and because there is literally no place for anybody to go if you cannot afford an alternative.

In Ottawa, our shelters are overflowing. The city is setting up temporary shelters where people are on beds in community centres, where they have to leave first thing in the morning because it's actually supposed to be a community centre and not a shelter. At the mission, people are sleeping in plastic chairs in the chapel overnight because they're so desperate to have a place overhead during the night. We are in a situation where it's not enough to say, why aren't they in a shelter? For so many people, that's not an option.

I've shared before how the Leader of the Opposition and I visited the Cornerstone shelter for women in my riding of Ottawa West–Nepean and we met a woman named Lynne there. Lynne spent eight weeks sleeping in her car before she was able to get a bed in a shelter in Ottawa, and Lynne was fortunate in the sense that Lynne had a car. Many people who hit a patch of bad luck, who do not have a home, who cannot afford a home—they don't have a car. So, if there's not a shelter bed available for them or if they're not ready to go to a shelter bed, there's literally no choice for them but to sleep outdoors, in public.

Nobody is doing it because it's a great lifestyle. Nobody is doing it because they love to be surrounded by kids playing. They're doing it because there's literally no option and they're doing it because homes in Ontario are quite simply unaffordable. The average rent in Ottawa for a one-bedroom apartment is over \$2,000 a month. Again, many of these people can't cobble together \$2,000 for rent; how are they going to find \$10,000 for a fine? How is a \$10,000 fine helping them to come up with the \$2,000 that they need for rent?

We have 10,000 people on a wait-list for affordable housing in Ottawa and that wait-list is so long that there are people waiting a decade or more in order to get affordable housing. In the province of Ontario, there's 200,000 people who are waiting for community housing and we also have 36,000 people on the wait-list for supportive housing. This is housing that allows people who have chronic health conditions, mental health challenges, addic-

tions, who have had difficult experiences to stay housed, with the wraparound supports that they need. But we have so few supportive housing units that of that wait-list of more than 36,000, only 2% to 3% of that list is actually being housed every year. In the city of Ottawa, just for one agency, Salus, there's an over five-year wait-list for supportive housing.

It's ludicrous to say that somebody sleeping outside is doing it because it's a choice because they could go into supportive housing. They can put their name on the list, and they will not have a home there until 2030 in the city of Ottawa. And threatening to put them in jail, Speaker—I guess it's a roof over the head. But it's not a home and it's not a cost-effective solution for the people of Ontario either. The cost of a supportive housing unit per month is \$2,000. The cost of a correctional facility per month is \$11,000. That's \$9,000 more to put somebody in jail rather than providing them with a supportive housing unit, and that's not even to mention all the health-related costs of being in an overcrowded correctional facility where they don't have the wraparound supports, the mental health supports, the addiction supports that people actually need in order to be healthy and in order to stay housed.

1710

We also know that when those supportive housing units aren't available, there are significant costs to that as well. In January, Mark MacAulay, the executive director of Salus, came to the finance committee pre-budget hearing in Ottawa, and he shared what the consequences of that incredibly long wait-list are for people in Ottawa who have asked for supportive housing and there's no bed available. For many of them it means relapse, because the supports that would have helped them to stay sober are not there, so they relapse. The pressures of not having a safe place to live contribute to the likelihood of relapse. When somebody relapses like that, particularly when they have chronic health challenges, they're more likely to end up in the hospital. We're talking about the cost of roughly \$30 a day for supportive housing; we're talking about a cost of over \$700 per day for a hospital bed. So why aren't we investing in the supportive housing units rather than filling our hospital beds with people who could be elsewhere if the supports were just provided to them? And that's not even getting into the cost of emergency service—of police and paramedics and other first responders who are coming to deal with the crisis of mental health challenges and of overdoses from somebody who could have stayed sober or whose addiction could have been managed if they were simply in a supportive housing unit.

When the government closed a number of safe consumption sites, they announced, as part of their HART hub model, that they were going to fund 560 new units of supportive housing across the province. But that's less than 2% of the wait-list. That's not even chipping away at it. If we're going to continue at this pace, it's going to take us 50 years just to house the existing wait-list for supportive housing.

Meanwhile, Salus said if the funding was there, they could start construction on 250 units of supportive housing

today, and they could quickly scale that up to 500 units. So if the funding was there, the supportive housing providers across Ontario could actually ensure that we had the supportive housing units that we needed.

KPMG—noted left-wing audit company KPMG—said in a study that for every dollar invested in supportive housing, there is \$1.60 to \$2 in cost savings to our provincial government. Those were the kinds of cost savings that I mentioned earlier: in health care costs, in corrections costs, in costs for the criminal justice system. So it's incredibly cost-effective. You would think that a government that was concerned about budgets, about fiscal responsibility, would actually want to invest in the most cost-effective form, which also provides these people with the dignity of having a home, of having a long-term solution instead of the indignity of being punished and criminalized for the simple act of being poor in Ontario.

Another big challenge that we have is that the government is failing to protect people's incomes. So they can't get \$2,000 together for rent, and it's not just a problem that rent is too high; the problem is that the income that they're receiving just doesn't come anywhere near the cost of rent. A significant portion of this is directly on this government because Ontario Works and ODSP are so far below the cost of housing that it is an incredible struggle for anybody who is on Ontario Works or ODSP in this province to actually be able to afford a place to live. If you're living on ODSP and your income is far below the rate of rent and then you also have costs that are associated with your disability, of course there's a greater likelihood that you're going to end up homeless; of course you're going to have chronic health conditions that are only ever going to be worsened by the scenario that you're living in. We need to actually provide people with the income for a dignified life that actually allows them to be housed, and then they won't need to be living in our parks, Speaker. It's an incredibly straightforward solution.

And then there's the issue of employment, because many people would love to have a job. They would love to have a job that covered the cost of rent, that gave them a home in the province of Ontario, but we have a 7.2% unemployment rate. Recently, YMCA Employment Services in Ottawa held an employment fair at the Merivale Mall just up the street from my office, and when the doors opened there were a thousand people pouring in. People are desperate for jobs in the province of Ontario. They want to be able to cover rent. They want to be able to cover groceries. They want to live a life of dignity in this province. Instead of helping those people, this government is threatening them with \$10,000 fines and jail time. That's not how you look after people. That's not how you solve the problem of income security, and it is not how you solve the problem of homelessness. We need to actually provide the supports, the income security, the jobs and the protections that will allow everybody to have a home in Ontario.

And then there's the whole question of addiction. I met recently with Amethyst Centre, which provides addiction therapy services to women and gender-diverse people in

the city of Ottawa. They haven't seen any increase to their support from the government in decades, despite the fact that demand has increased. So already there's a big challenge that we're not providing the kinds of therapy that help people to start on a recovery journey or to remain on that recovery journey. Even though the demand is increasing, they are at risk of losing staff because of that lack of provincial support.

But they also told me that the number one thing that would help their clients is not more money to them to provide more therapy; it is housing. People are struggling with addiction. They are struggling with a recovery journey. They are struggling to stay sober because they are so stressed out about their housing situation, and that stress makes it so much harder to stay sober. If people had reliable housing, if they knew that they and their children would stay housed, they would not feel the need to self-medicate. So again, this becomes self-defeating when we don't provide the housing, when we don't provide the supports for people on recovery, and then we criminalize them and punish them for having an addiction. It's nonsensical. It is not a long-term solution. It is not going to work, and it's going to end up just like the Safe Streets Act.

Another area where the government is failing to take action that would actually prevent homelessness is cracking down on renovictions. Last summer, in my riding of Ottawa West–Nepean, a landlord bought a new building, Aspen Towers, and immediately tried to evict all of the tenants, giving them information that was incorrect about what their rights were. Thankfully, the city councillor and I were able to get in there and share information with people about what their rights were, but in speaking with the tenants, I spoke to a number of them who said, “I’m not going to have anywhere to go if I lose this unit.” That included a woman in her seventies who had retired and thought she was going to have a secure retirement. She told me, “If this renovation goes ahead, I will be living in my car. I cannot afford another apartment in Ottawa. My children can’t help me. I have literally nowhere else to go.” If the government wants to keep people like that housed, if they don’t want elderly women to have to move into our parks after a lifetime of contributing to our economy in Ontario, then they need to actually crack down on bad-faith renovictions. They need to implement the measures that they’ve already passed, that have already been adopted by this House, and enforce those measures for tenant protections because until we actually start protecting tenants, we are going to see more and more people evicted from their homes with nowhere to go. There are so many solutions that this government could be implementing to protect people, to put an end to homelessness, to help keep them housed. They are choosing not to do that, and that is an utter shame, Speaker.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

Mr. Anthony Leardi: I think that we can all agree that we want to make our parks places that are safe, and I think

we can also all agree that we want to provide housing for people. I think those are goals that we can all agree on.

I think we have an interim problem here, and the interim problem is that there are people who are occupying our parks. They’re not supposed to be there in the first place, occupying them the way they are. So, I suppose you could politely ask them to leave, and some of them might, and then the ones who won’t leave, you’d have to impolitely ask them to leave or motivate them to leave or find methods of getting them to leave the park. I don’t think it’s necessary for people to choose a park to reside at. It is their choice.

1720

My question to the member is this: How would we get the people to leave the parks so that the parks can be used the way the parks are supposed to be used?

Ms. Chandra Pasma: Well, I think, as I’ve just spent 20 minutes saying, the way to get people out of our parks is to provide them with a home to go to, because they are not there because they think a park is a fantastic place to be and they can think of nothing better to do than to sleep in a tent in a park. They are there because there is literally nowhere else for them to go.

If we all in this House agree that we want to see people housed and that we want to see homelessness solved, then why do we see such a terrible record from this government, after seven years in power, that homelessness is only going up instead of going down? If you really care about homelessness and poverty in this province, why don’t we start seeing solutions from your government?

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Mr. Will Bouma: I appreciate the opportunity to ask a question. I listened to the member’s speech intently. I’ve worked with a lot of people on homelessness in Brantford also. I guess my question is, there are a lot of people who are homeless who have a great deal of difficulty being housed, hence the intensive wraparound services. But even so, provided all those services, there are some people who just won’t be housed.

I’m curious what the member’s thoughts are for those people who, even if we had all the housing available—and I agree we don’t. We can have a conversation about why the opposition doesn’t support those moves on behalf of our government to build more of that. But for those people who refuse to be housed, who refuse those supports, what would be the member’s solution to those folks? Would she still be supportive of them staying in encampments even if the housing was all available?

Ms. Chandra Pasma: I’m always skeptical when government members have hypothetical people who happen to share their exact ideological point of view and who justify broad-sweeping measures that target a lot of people. Let’s say for one second that there are a couple of people in Brantford–Brant who are refusing housing. There are 200,000 people in the province of Ontario who are waiting for community housing. There are 36,000 people who are on the wait-list right now for supportive housing, who would stay housed if they had those

supports. So why don't we just start there and see how far that takes us?

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

M^{me} France Gélinas: I would like to congratulate my colleague. It is clear that we all want our parks to be available to our children, our families, and to be able to use them. We all want people in Ontario to be housed so that they do not need to set up encampments in our parks. They do not need to use drugs in public if they have supervised consumption sites to be able to do this at. But this government is bound and determined to make it as hard as possible.

The part of the bill that gives the government, the police force more power to put people in jail, to give them a \$10,000 fine—do you think that this will lead to helping anybody who is facing homelessness or addiction?

Ms. Chandra Pasma: Thanks to my colleague from Nickel Belt for that question. I don't think that charging anyone a \$10,000 fine ever helps them, in particular when they are already low income, when they are already struggling with challenges in life. One of the particular challenges of a \$10,000 fine is, of course, the impact on your credit score, which can influence not only your access to future housing but also your access to future jobs. So we are literally making it harder for people to ever escape the cycle of poverty.

And police already have the powers to remove people from parks. They already have the powers to stop public drug consumption. I don't think police are asking for the capacity to levy a \$10,000 fine when they encounter somebody who is homeless or somebody who is using drugs. If we are saying that more is needed, we're already acknowledging that that approach doesn't work. So it's time that the government starts looking at solutions that actually will work instead of recycling the age-old practice of criminalizing people who actually need a hand.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

M^{me} Lucille Collard: Thank you to the member for Ottawa West—Nepean, who provided a lot of examples of people finding themselves in dire situations. It's quite obvious that people don't live in encampments by choice and people don't become addicted to illegal substances by choice. People don't have mental health issues by choice. Obviously, those are vulnerable people that need help.

The government has been bragging about the fact that they're going to invest all that money to create the homelessness and addiction recovery treatment hubs, called HART hubs. We know that as of last year, there's 234,000 individuals identified or reported as homeless in Ontario. So do you think that those HART hubs are going to be helping to address all that crisis?

Ms. Chandra Pasma: Thank you to the member from Ottawa—Vanier for that question. Absolutely not. Those HART hubs, they don't provide the homes that are needed for people in Ontario who have just hit a patch of bad luck, who can't afford rent, who need a place to live. They're not going to help the people who aren't ready yet to start

on a recovery journey. They're not going to help the people who have been failed by our system for years by the lack of mental health treatments, beginning when people are small children. We have 30,000 kids on the wait-list for mental health care right now.

It's not to say that HART hubs don't have a role to play, but we have to think system-wide here. We have to make sure that housing is there for people. We have to make sure that supportive housing with wraparound services is there. We need to make sure that when somebody says they're ready for a recovery journey, that a bed is available for them immediately. We need to make sure that they're able to come back to that bed as many times as they need it. We have to think about a whole approach of supports for people instead of thinking that one little finger in the dike is going to stop the flood.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Mr. Anthony Leardi: My last question to the member—and she did make reference to people who she stated were not ready to go to a HART hub, but that is exactly what the member from Brantford—Brant was referring to, right? The member from Brantford—Brant was saying there are people who will not be housed. They will not—they're not ready to go. Now the member is exactly referring to exactly what the member from Brantford—Brant said, and yet the NDP does not offer any kind of alternative for that. So I think it's fair that she owes the member from Brantford—Brant an answer.

Ms. Chandra Pasma: Wow. If we're going to talk about what people are owed, I'm probably owed that you listen to my remarks before you ask a question like that. We are actually talking about two different things here. The member for Brantford—Brant was talking about people who are refusing housing; I'm talking about people who are not yet ready to start a recovery journey. Those are two different things. Somebody might not be ready to be housed yet because those recovery supports aren't available for them and an addiction is the only thing that is allowing them to cope with the environment that they are being forced into by the lack of housing options, by the lack of wraparound supports.

Until we have offered everybody the opportunity to have a house, until we have offered everybody the opportunity to access mental health care, addictions care, health care, wraparound services, I don't think we should be blaming anybody here for their failure to succeed in housing or in recovery. We should be addressing the systemic challenges that this province has completely failed—

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Thank you.

Further debate?

1730

Mrs. Karen McCrimmon: I'd like to split my time with the member for Ajax.

It goes without saying—no, I think it really needs to be said that Ontario is in a housing crisis. It weighs constantly in the minds of our young people. It delays new families.

It pushes our young people to leave home. It means that millions of Ontarians are paying exorbitant rent, paying someone else's mortgage, rather than building their own equity. This crisis not only takes up massive proportions of some Ontarians' income and budget, but for some, it creates unimaginable trauma. They cannot afford anywhere to call home.

Now, more than ever, people need help. But this government doesn't reach out with a helping hand. Instead of measures to uplift and support those who are unhoused or struggling with addictions, the government comes crashing down even harder on those at their very lowest. No providing support or protection, only punishment and prosecution. No providing health care or housing, just handcuffs.

This is a bill inspired not only by cruelty, but also a failure to address a worsening problem. Ultimately, the biggest injustice about how this government is lashing out with the legal system is how they are clearly making these problems worse. The underfunding of health care and mental health supports, the slashing of detox and rehab services, rolling back rent control and the consistent eight-year failure to provide accessible, affordable housing are to blame for the amount of people in need.

In 2017, there were approximately 54,000 people in Ontario that were unhoused. In 2024, that number had skyrocketed to 234,000 people. That number comes directly out of a government briefing book. Just last September, the federal government offered the province \$250 million to help address encampments, but the government did not respond. Ottawa had to reach out directly to our municipalities instead. How telling.

Underfunding housing, health care, mental health and addiction support caused this problem.

Now, they want to punish and prosecute their way out of it. That's not right. These strategies have been proven to fail here in Ontario and in jurisdictions elsewhere. We do know that giving people the tools to put their lives back together pays dividends every time. Locking them up costs us money, and it could end up costing lives.

Madam Speaker, when reading this bill, it repeatedly evoked one word: pernicious. I'd like to give the House a Merriam-Webster definition: to be pernicious "implies irreparable harm done through evil or insidious corrupting or undermining." Pernicious.

When this government passes bills without regard to the taxpayer, without regard for results and without regard for the lives of those it affects, what conclusions can we draw—

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): I recognize the member for Essex on a point of order.

Mr. Anthony Leardi: With reference to the rules, the orders, if you're going to ascribe a word to somebody, I think "evil" is crossing the line. If that's the word she's employing, that's crossing the line.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): As I understand it, the member gave a definition of "pernicious." She did not actually state it was evil, so I will allow it.

Mrs. Karen McCrimmon: Thank you, Speaker.

When evidence, experience and data tell us that locking people up just makes the cycle worse and increases the problem, costing us more than it would take to fix it, what possible rationale could this government offer the people of Ontario? There is no reasonable answer—no protection, no prevention; just persecution and punishment. That's pernicious. A government that goes out of its way, defies data, experts and reason, in order to punish its own people? That's unthinkable.

One reason it's so clear that this bill's motivations are all wrong is the simple financials. When this government suggests putting people in jail just for needing a place to get out of the cold and the wind, it's counterproductive. This government's response isn't shelters or more housing, but increasing the possible sentence to six months in jail, or a ridiculous \$10,000 fine for the poorest among us. Six months in one of our correction facilities costs the taxpayer \$64,000. It does not cost \$64,000 to accommodate one person in supportive housing for six months; in fact, it costs only one seventh of that amount. So for the same price, this government could be helping seven people instead of incarcerating one.

Speaker, it was only last week that I was in this House, reminding the government of my mother's wisdom, and I'll say it again: An ounce of prevention is worth a pound of cure. Unfortunately, this government has opted for neither. No investing in the lives of those in need, no changing the determinants of addiction and homelessness—this government has suggested no prevention at all. Furthermore, jail and fines are not cures either.

When these people need to be connected to services and get locked away at our great expense, you can tell that calculated politics is more important than any actual result or outcome.

Madam Speaker, there are tried and tested, humane and successful programs that this government could adopt to help Ontario's homeless—to get them off the street, into homes, to become thriving, safe, happy people.

In Manitoba, the Your Way Home program has invested in social housing and successfully housing people from 17 encampments. With access to comprehensive care, including addiction treatment, this model shows that compassion is not just compatible with policy, but it is the best way to get results.

Other jurisdictions have realized that no one chooses extreme poverty. It seems so obvious to say, but these people are not in encampments by choice. They need comprehensive help to get their life on track. Responding to people in crisis with threats, punishment and incarceration is brutish, ignorant and deliberately cruel. It is beneath us.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): I recognize the member from Ajax.

Mr. Rob Cerjanec: Let's begin with what we can agree on. Parks are not places to sleep. They're not a place for people to use drugs. And they're not where any of us want our neighbours or children or family members to have to live or to die. There's no disagreement there.

You never know who might become homeless. It can happen, frankly, to any of us. Some of us might have a

family member or a friend who is homeless. It even happened to a former member of this House.

The real question before us is, in my view, is this government doing what's actually required to move people out of parks and into safety, care and dignity? The answer right now is no.

The legislation may appear to be about public order, or people sleeping in parks or doing drugs in parks, and trying to make our communities safer, which is a laudable goal. In practice, it's a response to symptoms, not to root causes. It's a smokescreen for making the proper investments into addressing the homelessness crisis that we're facing all across this province, including in my community of Ajax.

1740

Let's talk about it. What happens if someone uses drugs in public? They may face a \$10,000 fine or jail time. So who are we talking about here? People who are unhoused, often living with severe trauma, mental illness or addiction—at least some folks who are on the street; people who have been failed by the systems that have been designed to support them. So where do they go? From one encampment to the next, one park to the next. Let's just move the problem around and pretend it doesn't exist, because that's something that could very well happen here: "Okay, well, you've got to move from this park. You're going to go down the street to the next park," or into the alleyway or any other place, or go to a correctional facility like Maplehurst which, I think we've heard many times in this House, is operating well above capacity.

A jail is not a place for mental health services. Correctional guards are already dealing with a system that's overburdened, and this government is just saying, "Well, let's add to the complexity. Let's make the work of our correctional services officers more difficult."

Now, this approach might move the problem out of sight, out of mind, but it doesn't resolve the underlying crisis that we're facing here in this province. It doesn't provide the care. It doesn't provide the housing. It doesn't provide the community supports that people actually need.

If we're serious about reducing encampments, protecting public spaces and ensuring the safety of all Ontarians, including folks in my community of Ajax, the solution is a home, not a shelter; not a jail but a home—H-O-M-E, a home. We must start by scaling up supportive housing.

Now, supportive housing is more than just a roof; it provides people with access to mental health care, addictions treatment, case management and life skills support in a stable, community environment. It's one of the most evidence-based, cost-effective and, frankly, compassionate tools that we have, and the data proves it.

Individuals in supportive housing experience fewer hospital visits, lower rates of incarceration and greater stability. It reduces pressure on our emergency services, police, shelters and the health care system. When we talk in other debates in this Legislature on what's going on in this province, we hear about the challenges that our police are encountering right now, our emergency services, the shelter system as well and the health care system—as I

think we hear about every single day in here. Frankly, supportive housing is far less expensive than the cycle of shelters, ERs, jails—and rinse, wash and repeat.

Recently, I had the opportunity to visit a shelter in my riding and noticed an individual there who was likely discharged from the hospital and had nowhere else to go—okay, to the shelter. Well, what happens when the shelters are full? Okay, to the park. What are we going to do with that man, that individual? What does he deserve? Right now, this approach, frankly, that the province is taking is not going to do it.

Right now, we've got 30,000 people on wait-lists for mental health and addictions and supportive housing in Ontario. The average wait time is almost four years. Four years of going from park to park to park—come on, Speaker. I think we can do better than that.

The system is not a functional system. It's not a public safety strategy, and it's a system that is producing the very crisis that this bill is trying to manage. If we want people out of parks, let's give them somewhere to go. If we want to reduce public drug use, let's ensure people have access to detox treatment and ongoing care.

We've seen how the current government is opposed to building supportive housing, like it did in Willowdale, supportive housing that's finally being put into place now after years of delays. That's right: 59 units of supportive housing, already built in modular form, was ready to be installed and was held up by this current government. Instead of getting 59 people off the streets, maybe out of a park or an encampment, well, they chose to stop that. That's not the solution.

Too many Ontarians are entering the mental health care system through a crisis response, not through care. We know that approximately 32% of adults and over 40% of children and youth in this province first engage with mental health and addictions services through the emergency department. I don't think that's the way to deal with this crisis. That's not access, frankly; that's collapse.

We can't treat health issues with just fines and handcuffs and pretend, "Oh, it's going to disappear." We can't just ask people to recover while they're homeless, untreated and alone. We can't download the responsibility to municipalities and law enforcement without providing them with the resources they need to actually respond as well.

The bill raises several concerns. No new investments in permanent housing or addictions services. Maybe we'll see that in the budget, let's see what happens on Thursday. It introduces new enforcement obligations without additional support for municipalities, as I mentioned. It promises health referrals—it remains to be seen what that's going to look like—meaning no guaranteed mechanism for diversion of care. And many of the offences covered by this legislation are already addressed by existing laws.

So, in short, the legislation imposes punitive measures without creating the infrastructure of support that's needed to make a meaningful and a long-term impact. It kind of takes the bold move by making what's already illegal, illegal. It's a smokescreen.

I think many of us know Ontarians want balance—I hear the government talking about that sometimes. Folks in my community, they want public spaces to be safe and accessible. I know I do. They want to feel secure and safe in their communities. But they also believe in compassion and care and evidence and dignity. That balanced approach, we can do.

The opportunity is there if government chooses to act with maybe a bit more purpose, a bit more resolve by:

- expanding supportive and transitional housing with the actual wraparound services that are there;

- scaling up mental health and addiction care, especially early intervention;

- investing in community-based responses, not just policing; and

- giving municipalities the funding and flexibility that they need to respond effectively.

Speaker, the desire to act swiftly in the face of this challenge—and it is absolutely a challenge—it’s understandable. I understand that. But if we want to really reduce encampments, if we want to really move people out of parks, if we want to both protect public space and public health, then we need to respond with purpose.

We know what works. Supportive housing works. Wraparound care works. Properly funded, community-based mental health and addiction services work. We hear the government talk about doing some of this, but not nearly to the level and, frankly, the speed at which it’s needed.

So now we see a bill here in the Legislature that really is a smokescreen. It does the bold task of making what’s already illegal, illegal. That moment requires more than appearances; it requires investment, leadership and courage.

The budget is coming up on Thursday. Let’s see what’s in the budget on Thursday. Will it actually do these things? Will it actually build the supportive housing that we need fast? There are a lot of modular solutions. We hear a lot of people talking about modular, about how fast it can be. There are lots of providers now that are doing it in the province. There’s lots of public land. There’s lots of space and ability to build small-scale, supportive, transitional housing in this province. Will the government act with that purpose? Let’s see.

Let’s meet that moment, not with a smokescreen, but with solutions. Thank you.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

MPP Jamie West: Thanks to my colleagues for their debate.

I think that through today, we’ve heard many people talk about what we’re agreed on, that parks should be a safe place to live. The part we’re divided on: It seems to be the Conservative government believes that people in parks who don’t have a place to live should go to jail, and we believe that there should be housing and wraparound supports for people who don’t have housing and are living in parks. Would the member agree with that assessment?

Mr. Rob Cerjanec: I think what needs to happen, again, is the need for supportive housing. So I don’t believe that folks should be in encampments in our parks. I don’t believe that, quite frankly. I don’t believe that illegal drug use should be taking place within our parks. I understand the need—and there are situations where encampments do need to be cleared. It needs to be done with dignity, it needs to be done with compassion, and it needs to be done with supports at the municipal level, provided to the municipal level, in order to deal with and address that.

I really do think that we can do both. I really do think that balanced approach is needed. And frankly, right now, I don’t think that’s taking place.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Questions?

M^{me} Lucille Collard: Thank you to the two members for their presentation, which, with some added information, really reaches the same conclusion we are reaching on this side of the House, which is that what the government is proposing in this bill is not addressing the homelessness crisis in any way. It’s not helping vulnerable people that have mental health issues or addiction issues.

The reality is that we have 234,000 individuals—that’s the estimate of the number of people experiencing homelessness in Ontario as of last year, and I’m sure the number is higher this year. The government has been bragging about creating those HART hubs, 27 of them across the province of Ontario. Do you believe that those hubs will actually provide some timely, efficient and conclusive solutions to the crisis of homelessness we’re in? Any of you.

1750

Mrs. Karen McCrimmon: From my reading, I understand that supportive housing is step number one. You can get people into housing, you can get them into shelter, you can start the journey, but starting the journey without them being in supportive housing is not going to end up where we want to be. So the HART hubs might be part of the puzzle, but the most important thing is supportive housing.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Mr. Brian Saunderson: My question is for the member from Ajax. I listened to his comments with interest and understand that he, too, believes that parks aren’t a place for encampments; they’re not housing. But I would ask him if he considers the \$75.5 million that we put into transition housing to provide accommodation for people that we’re trying to get out of the encampments as well as the \$550 million to create 28 Homelessness and Addiction Recovery Treatment Hubs, HART hubs, as well as the \$700 million we’ve put into homelessness prevention and Indigenous funding—if he considers that to be an important investment in alleviating this situation.

Mr. Rob Cerjanec: You know, on the other side, a lot of numbers get thrown around: “Oh, we’re investing X number of dollars in this, Y in that. This is the largest investment we’ve ever made as a province.” Well, the

problem is the biggest that it's ever been in the province as well.

So the investments are welcome, but frankly, they're not enough, and that goes to the crux of what, in my remarks, we were talking about. It isn't enough. There isn't the purpose and the determination on the other side right now to rapidly scale up supportive housing. The government could take that. They could take that opportunity and do that. I would love for them, frankly, to do that, but right now, that's not the case.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Mr. Tom Rakocvic: I want to thank the members for their presentations—one, an old friend of mine.

We've heard the government talk about a plan. So their plan in the last seven years has been to hike rent in the city of Toronto to \$3,000 a month, build no affordable housing so that when people can't afford their rent, they have nowhere to go. And so what's their plan? To send them into parks. Once they get into a park, they want to throw them out of the park and charge them \$10,000, when they don't have a bank account or any money to pay at all.

So my question to you is, does this sound like a plan or the plot of a Franz Kafka novel?

Mr. Rob Cerjanec: It kind of sounds like the plan is to throw homeless people in parks in jails, frankly. That seems to be the next step, a jail system that's overburdened. That's what it appears for me to be.

Again, jails are not a place for mental health services. We know of cases where folks who have been dealing with mental health issues in the jail system—they don't end up leaving the jail, and I don't mean that they're in the jail forever. So that's a big problem. Let's just throw people in jail? I don't think that's a solution.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): Question?

Hon. Graham McGregor: Look, I hear members on all sides of the House talking about the need to treat people with compassion, and I think part of the struggle in what we're trying to do is help people get to a sense of recovery. It's not enough to enable people down a dangerous path. We need to keep parks clean. We need to keep them safe for families to use. We've got these various priorities that the government is trying to solve, and we put forward a plan: over \$400 million in HART hubs that are on their way—we've got one coming to my community in Brampton—\$500 million, over half a billion dollars; \$75.5 million in transitional housing. These things will take time to build but we're moving as quickly as we can and getting a lot of good work done.

The Homelessness Prevention Program, that had a large investment in it. I know in my community, Peel region, it's \$40 million; it used to be \$30 million. We're spending a lot of money, but we're also going to be giving municipalities the tools to actually clear out encampments while we're building these resources and making sure these resources are available.

I guess for either of the members that spoke, the question would be if these investments aren't enough, do

they have a dollar figure that they'd like to propose by which we would be allowed to take our parks back, clear out the encampments and give families back their public spaces?

Mr. Rob Cerjanec: I'll give you a dollar amount: double ODSP.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): I recognize the member from Nickel Belt.

M^{me} France Gélinas: We've talked a lot about people facing addiction and using drugs and the fact that they are sick, they are ill and they need health care support. I was wondering if his riding is similar to mine, where when a person who has been diagnosed reaches out for help—for children under 18 the wait-list is about 12 months and for people over 18 the wait-list is about 18 months before you can gain access to the health support that you need to deal with your mental illness or with your addiction.

Are the wait times any better in your riding?

Mr. Rob Cerjanec: We actually, for youth under 18, have a phenomenal non-profit operating in Durham region, and they have been quite successful at the early interventions that actually are preventing folks from becoming homeless in the first place. I think some advice for the other side and some advice for all of us is that we need to rely and work with our non-profits more. We need to encourage them more; we need to support them more. Because they're entrepreneurial. So this non-profit—somebody will come to them and they will either find a solution for them to either remain at home and do that kind of mediation or they do have some space in a youth shelter there. They're doing phenomenal work. I think we need to take the example of that non-profit and others in order to help when it comes to youth who are under 18.

Second reading debate deemed adjourned.

HOUSE SITTINGS

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): I recognize the government House leader.

Mr. Steve Clark: Point of order, Speaker. I seek unanimous consent that, notwithstanding standing order 9(g), the House commence the afternoon routine at 1 p.m. on May 14, 2025.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): The government House leader is seeking unanimous consent that, notwithstanding standing order 9(g), the House commence the afternoon routine at 1 p.m. on May 14, 2025. Agreed? Agreed.

Motion agreed to.

ADJOURNMENT DEBATE

GOVERNMENT ACCOUNTABILITY

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): The member for Kingston and the Islands has given notice of dissatisfaction with the answer to a question given by the Minister of the Environment, Conservation and Parks.

The member has up to five minutes to debate the matter and the parliamentary assistant may reply for up to five minutes.

The member for Kingston and the Islands.

Mr. Ted Hsu: I'd like to recap the Dresden landfill issue, give the two substantive points in the minister's replies and explain why they are poor answers.

In January 2024, this government posted a proposal for a 30-fold expansion of the Dresden landfill, prompting strong opposition from residents.

On March 15, 2024, the then Minister of the Environment announced a "comprehensive environmental assessment"—this is a term from the legislation, which I will refer to as "a comprehensive EA." Effectively, this delayed any expansion. Within days, the Progressive Conservative Party hosted multiple \$1,000-per-ticket fundraisers, at least three of which the Premier was expected to attend. During this same period, political contribution records show that approximately 50 individuals donated exactly \$945, an amount consistent with fundraising ticket pricing. Among them were three senior executives and two lobbyists who worked for companies controlled by the landfill owners. Two donors, otherwise uninvolved, confirmed to media that their \$945 donations were for a fundraiser attended by the Premier.

1800

All this occurred within two weeks of the comprehensive EA promise and immediately prior to the April 3 by-election call in Lambton-Kent-Middlesex, the riding where the landfill is located. The PC candidate, who opposed the landfill expansion, ultimately won.

The promised comprehensive EA was never begun, and on April 17, 2025, the government used Bill 5 to cancel it. The sequence of government decisions, namely promising a comprehensive environmental assessment, then intensive fundraising with donors linked to the landfill, then a complete reversal through legislation, gives rise to the reasonable and troubling inference that access and political contributions improperly influenced public policy.

The minister had two responses of substance. The first is that there is a crisis of landfill capacity. Transporting 40% of our waste to the US is risky in the face of the trade wars with Donald Trump—that's what the minister said. This is a poor answer because the money goes in the wrong direction. Taking our money for dumping waste contributes to a US trade surplus. Moreover, there are 60 active landfills in southwestern Ontario and a lot of inactive landfills and lots of potential sites for new landfills. Why did this government decide to break a promise and give special treatment to this one landfill in Bill 5 and not bother to articulate an overall strategy for handling waste?

The minister's second point is that a comprehensive environmental assessment is not legally required. Instead, the law requires a permit, an environmental compliance approval, or ECA. Well, yes, a comprehensive environmental assessment is not legally required. That's why a

promise from the minister was important. However, let's look at the difference between a comprehensive EA, what the minister promised, and an ECA.

An ECA says it's safe for the natural environment and human health to do specific activities. For example, a landfill may be allowed to transport and hold certain materials, use a certain type of liner or be ventilated a certain way, taking into account noise, vibrations, odours or leachates emitted.

A comprehensive environmental assessment is different. It is governed by a different act, the Environmental Assessment Act. It checks effects on the natural environment, human health and social, economic and cultural conditions. For example, how will property values be affected? Will there be cultural or heritage losses? In a comprehensive EA, you must go consult the people who are affected, but not if you only need an ECA.

But the most important difference when it comes to Dresden and Bill 5 is this: A comprehensive EA must check if there are alternatives. Southwestern Ontario has a lot of places with a thick impermeable layer of clay, and so potentially many suitable landfill sites. That's exactly what the landfill owners wouldn't want considered—alternative sites. That's exactly what Bill 5 doesn't address—any other landfills.

Even though the government says we have a landfill crisis, Bill 5 addresses only one landfill, one where the owners have documented connections with the Progressive Conservative Party. Promising a comprehensive EA and delivering an ECA is a promise broken.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): I recognize the member from Windsor-Tecumseh.

Mr. Andrew Dowie: I want to thank the member opposite for his remarks. It's funny that we're speaking about landfills, given the kind of waste rhetoric that I get to hear in this chamber once in a while.

As the member opposite knows, our province is rapidly running out of landfill capacity. Actually, setting aside existing agricultural lands for new landfills is not necessarily a best practice on this side of the House.

At current rates, Ontario's landfills could be full within a decade despite sending 40% of Ontario's industrial, commercial and institutional waste to Michigan and New York. Some 87% went down the 401 through my riding and crossed the border into Michigan. We know the governor of Michigan, Gretchen Whitmer, ran in 2018 on stopping Canadian trash from going into Michigan. In response, she has proposed hiking landfill fees by 1,000% for the 2026 budget year in Michigan. President Trump has already tried to impose across-the-board tariffs on all Canadian goods, which would have impacted waste exports. In short, the old ways of doing business are no longer acceptable.

If we don't act now to build waste processing capacity at home, businesses and jobs will be at risk in Ontario.

That's why we're proposing to exempt the Dresden project from a comprehensive environmental assessment. That's not to say any environmental regulation, but just this specific type. Comprehensive environmental assessments, which can take six years or more to complete, are not to be required for a project of this scope.

I want to emphasize, this does not mean the project gets a free pass. It will still face strict environmental scrutiny through the environmental compliance approval process. It will also have to obtain all necessary permissions under the Environmental Protection Act and the Ontario Water Resources Act. Simply put, we are proposing to return this project to the same standard requirements that would apply to any similar project.

Unfortunately, in the face of President Trump's tariffs and threats, the NDP and Liberals have shown they have no plan to end our reliance on the United States. In fact, they would support the increase in shipping of waste, which was at two million tonnes in 2012 to Michigan, to now 2.9 tonnes of Ontario waste being shipped to Michigan after peaking in 2017. What happened in 2012? Who was in government? The Liberal-NDP alliance. So, on this side of the House, we will do whatever it takes to protect Ontario. Thank you.

The Deputy Speaker (Ms. Effie J. Triantafilopoulos): There being no further matter to debate, pursuant to standing order 36(c), I will now call orders of the day.

Report continues in volume B.

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| Pierre, Natalie (PC) | Burlington | |
| Pinsonneault, Steve (PC) | Lambton—Kent—Middlesex | |
| Pirie, Hon. / L'hon. George (PC) | Timmins | Minister of Northern Economic Development and Growth / Ministre du Développement et de la croissance économique du Nord |
| Quinn, Hon. / L'hon. Nolan (PC) | Stormont—Dundas—South Glengarry | Minister of Colleges, Universities, Research Excellence and Security / Ministre des Collèges et Universités, de l'Excellence en recherche et de la Sécurité |
| Racinsky, Joseph (PC) | Wellington—Halton Hills | |
| Rae, Matthew (PC) | Perth—Wellington | |
| Rakocevic, Tom (NDP) | Humber River—Black Creek | |
| Rickford, Hon. / L'hon. Greg (PC) | Kenora—Rainy River | Minister of Indigenous Affairs and First Nations Economic Reconciliation / Ministre des Affaires autochtones et de la Réconciliation économique avec les Premières Nations Minister Responsible for Ring of Fire Economic and Community Partnerships / Ministre responsable des Partenariats économiques et communautaires pour le développement du Cercle de feu |
| Riddell, Brian (PC) | Cambridge | |
| Rosenberg, Bill (PC) | Algoma—Manitoulin | |
| Sabawy, Sheref (PC) | Mississauga—Erin Mills | |
| Sandhu, Amarjot (PC) | Brampton West / Brampton-Ouest | |
| Sarkaria, Hon. / L'hon. Prabmeet Singh (PC) | Brampton South / Brampton-Sud | Minister of Transportation / Ministre des Transports |
| Sarrazin, Stéphane (PC) | Glengarry—Prescott—Russell | |
| Sattler, Peggy (NDP) | London West / London-Ouest | |
| Saunderson, Brian (PC) | Simcoe—Grey | |
| Schreiner, Mike (GRN) | Guelph | |
| Scott, Chris (PC) | Sault Ste. Marie | |
| Scott, Laurie (PC) | Haliburton—Kawartha Lakes—Brock | |
| Shamji, Adil (LIB) | Don Valley East / Don Valley-Est | |
| Shaw, Sandy (NDP) | Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas | |
| Skelly, Hon. / L'hon. Donna (PC) | Flamborough—Glanbrook | Speaker / Présidente de l'Assemblée législative |
| Smith, Dave (PC) | Peterborough—Kawartha | |
| Smith, David (PC) | Scarborough Centre / Scarborough-Centre | |
| Smith, Hon. / L'hon. Graydon (PC) | Parry Sound—Muskoka | Associate Minister of Municipal Affairs and Housing / Ministre associé des Affaires municipales et du Logement |
| Smith, Laura (PC) | Thornhill | |
| Smyth, Stephanie (LIB) | Toronto—St. Paul's | |
| Stevens, Jennifer (Jennie) (NDP) | St. Catharines | |
| Stiles, Marit (NDP) | Davenport | Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario |
| Surma, Hon. / L'hon. Kinga (PC) | Etobicoke Centre / Etobicoke-Centre | Minister of Infrastructure / Ministre de l'Infrastructure |
| Tabuns, Peter (NDP) | Toronto—Danforth | |
| Tangri, Hon. / L'hon. Nina (PC) | Mississauga—Streetsville | Associate Minister of Small Business / Ministre associée des Petites Entreprises |

| Member and Party / Député(e) et parti | Constituency / Circonscription | Other responsibilities / Autres responsabilités |
|--|--|---|
| Thanigasalam, Hon. / L'hon. Vijay (PC) | Scarborough—Rouge Park | Associate Minister of Mental Health and Addictions / Ministre associé délégué à la Santé mentale et à la Lutte contre les dépendances |
| Thompson, Hon. / L'hon. Lisa M. (PC) | Huron—Bruce | Minister of Rural Affairs / Ministre des Affaires rurales |
| Tibollo, Hon. / L'hon. Michael A. (PC) | Vaughan—Woodbridge | Associate Attorney General / Procureur général associé |
| Triantafilopoulos, Effie J. (PC) | Oakville North—Burlington / Oakville-Nord—Burlington | Deputy Speaker / Vice-Présidente Chair of the Committee of the Whole House / Présidente du Comité plénier de l'Assemblée législative |
| Tsao, Jonathan (LIB) | Don Valley North / Don Valley-Nord | |
| Vanthof, John (NDP) | Timiskaming—Cochrane | Opposition House Leader / Leader parlementaire de l'opposition officielle |
| Vaugeois, Lise (NDP) | Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord | |
| Vickers, Paul (PC) | Bruce—Grey—Owen Sound | |
| Wai, Daisy (PC) | Richmond Hill | |
| Watt, Tyler (LIB) | Nepean | |
| West, Jamie (NDP) | Sudbury | |
| Williams, Hon. / L'hon. Charmaine A. (PC) | Brampton Centre / Brampton-Centre | Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes |
| Wong-Tam, Kristyn (NDP) | Toronto Centre / Toronto-Centre | |